# MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES (MSPAS) CLINICAL STUDENT HANDBOOK

**2017**

**PHYSICIAN ASSISTANT PROGRAM**
**PRECEPTOR HANDBOOK**

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**INTRODUCTION**

The Physician Assistant Clinical Student Handbook contains specific policies and procedures pertinent to the Physician Assistant Studies program. In addition to the policies and procedures of the Ohio Dominican University Student Handbook, Physician Assistant education requires that PA students be governed by additional policies and procedures that may not be applicable to non-PA students. This handbook provides an overview of the clinical phase of the Ohio Dominican University Physician Assistant program. It is a guide to clinical policies and procedures, and contains essential information regarding the objectives and logistics of clinical rotations. It is intended to enhance and facilitate your clinical time. Clinical rotations consist of Supervised Clinical Practical Experiences or SCPEs. A rotation may be comprised of more than one SCPE to complete the rotation experience. Clinical Sites are obtained by the PA faculty and will be a reasonable distance from the University. It is the responsibility of each student to carefully review this manual prior to starting clinical rotations. Further, each student must adhere to the established goals and objectives, policies, and procedures as outlined in the SCPE syllabi. Any specific SCPE information must also be reviewed prior to its beginning. The PA program will inform students of any new policies, directives, and/or other procedures as appropriate. After reading this handbook thoroughly, each student will sign the Receipt of Clinical Student Handbook. See Appendix 1. This will be filed in each student's official record in the PA program office and a copy needs to be uploaded to Certiphi**.**

## PROGRAM ADMINISTRATION

Ohio Dominican University's Physician Assistant Studies program faculty believes the educational process is a dynamic process. Therefore faculty consistently strive to make changes whenever necessary in order to provide the most optimal physician assistant education possible. Whenever it is necessary, desirable, or appropriate, the program reserves the right in its sole judgment to make changes of any nature to and within its program as follows: admission policies; degree requirements; the academic calendar and/or schedule including, but not limited to, course content and class schedule (including cancellation); rules, regulations, and policies; standards and procedures; other academic activities; requiring or offering alternatives for any of the aforementioned, in any such case giving notice as is reasonable and practical under the circumstances.

In addition, Ohio Dominican University (ODU) reserves the right to make whatever changes in the requirements for admission to the University and/or the program, tuition, student fees, academic programs, and instructors' regulations that it deems necessary prior to the start of any class, semester, or term. The University also reserves the right to divide, cancel, or reschedule classes and clinical rotations if circumstances so dictate.

## MISSION STATEMENT

The Ohio Dominican University Physician Assistant Program will educate students to become well-qualified, competent physician assistants practicing in physician supervised primary care and specialty patient focused teams. The ODU PA Program embraces a holistic approach to the pursuit of excellence in academics, research, clinical practice and community service.

## CATHOLIC STATEMENT OF PRINCIPLES

Ohio Dominican University's Master's program in Physician Assistant Studies promotes the Roman Catholic moral teaching on the transcendent and inherent dignity of the human person. The University's faculty, staff, and students work to guard that dignity through their respect for human life from conception to natural death and by their assurance of the right to freedom of conscience for each person involved in the Physician Assistant Studies program.

## STATEMENT OF GOALS/OBJECTIVES

The ODU Physician Assistant Studies program has been established in accordance with criteria determined by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA). The program goals and objectives are based upon the Curricular Guidelines and Competencies for the PA Profession as ascribed by the following organizations: The Accreditation Review Commission on the Education of the Physician Assistant, Inc. (ARC-PA), The National Commission on Certification of Physician Assistants (NCCPA), The American Academy of Physician Assistants (AAPA) and the Physician Assistant Education Association (PAEA). These goals and objectives ensure that students in the PA program meet nationally recognized standards and attain knowledge, skills, competencies and assessments in order to be successful entry level physician assistants upon completion of the program.

## PHYSICIAN ASSISTANT PROGRAM GOALS

The Program will achieve its mission by accomplishing the following goals:

1. The Well Qualified Competent Physician Assistant

   The Program will provide a high quality curriculum that addresses ARC-PA accreditation standards for curriculum content, PANCE Blueprint curriculum content, and current and evidence- based guidelines for quality care.

   The Program will assess student competency through assessments and evaluations in order to ensure successful completion of the Program, successful PANCE performance, and successful entry into the PA profession.

   The Program will monitor the satisfaction of graduate employers and will modify the Program appropriately to maintain high employer satisfaction.

   The Program will encourage the Team approach to patient care in accordance with curriculum design and clinical rotations.

   Show entry-level proficiencies necessary to provide high quality primary care in a rapidly changing health care system

2. The Holistic Physician Assistant

   The Program will provide policies and curriculum content that identify, develop and reinforce compassion in applicants, students, and graduates.

The Program will emphasize patient-centered care.

The Program will provide curriculum content, service opportunities, and clinical experiences that address the care diverse and vulnerable populations.

The Program will encourage participation in community service through faculty mentorship and example.

3. The Professional Physician Assistant

   The Program will monitor and promote professional behaviors during didactic and clinical years.

   Demonstrate attitudes and skills which show a commitment to professional behavior along with respect for self and others.

## THE CLINICAL PHASE

The Clinical Phase is one of the most anticipated aspects of PA education. Each patient is different; each situation is different; and each student is different. Students will learn by observation and through direct patient contact. Students will have the opportunity to refine skills in history taking and physical examination, perform various clinical procedures, and develop differential diagnosis, assessment, and treatment plan for patients. Collaboration is vital in working as part of the medical team to develop a patient centered care model and entry level competency as a physician assistant as outlined in the Competencies of the PA Profession https://www.nccpa.net/Uploads/docs/PACompetencies.pdf.

Each day on rotation brings a new situation, a new place, new people and new expectations. Students will need to learn the rhythm of each new site. A student's non-working hours should be dedicated to reading medical literature; preparing for the next day's cases; studying for exams; entering patient logs in Typhon; and completing case studies and presentations for Clinical Grand Rounds when designated.

The student's professional responsibilities continue on an even greater level in the clinical phase. Students must provide their patients with the best medical care possible, while respecting the patient and caregiver's dignity and autonomy. The Ohio Dominican Physician Assistant student must be respectful, courteous, and appreciative of patients, preceptors, the clinical site, and all others s/he may interact with during the clinical phase. Students are an invited guest into the clinical setting. Students should be helpful and respectful to all the clinicians and staff. Students are representatives of Ohio Dominican's PA program. Further, students are an ambassador for the Physician Assistant profession and all Ohio PAs. The professional demeanor of the ODU PA student and their personal actions should not only contribute to the site, but be an example for others to follow.

The clinical year, in part, is designed in order for the student to demonstrate the knowledge and skills acquired during the didactic year. The program faculty assigns students to educational settings in order to develop greater understanding of the health care environment and further the student's patient management skills.

As during the didactic year, the program entrusts the student with significant professional responsibility. The PA program believes this sense of professional responsibility is the student's solemn obligation to the patients, clinical facilities, the Ohio Dominican PA program and the physician assistant profession at large.

Professionalism has been an integral part of the PA program's curriculum. The student is advised to review these principles periodically. It is the student's responsibility and the program's expectation the student will continue to embrace the high standards of professionalism throughout the clinical year. Further, the faculty expects the student to understand these same high standards are part of the student's overall evaluation for each clinical rotation.

Physician Assistant students who successfully advance to the clinical phase of the program will complete seven (7) core clinical rotations: Family Medicine, Internal Medicine, Emergency Medicine, General Surgery, Pediatrics, Women's Health, and Behavioral Medicine. Each student will complete core rotations in a different sequence. Additionally, ODU PA students will complete four (4) elective rotations. Elective rotations enhance the overall clinical experience and may allow the student to explore areas of special interest. Although students are able to submit requests for elective rotations, Clinical Coordinators and the Program Director make final determinations regarding rotation assignments.

The Physician Assistant program is grounded in high-level critical thinking and problem-based scenarios to provide the most reliable patient care experiences. All rotations require that PA student work with a preceptor who is responsible for the overall management and care of the patients. The student may work with physicians, physician assistants, nurse practitioners, and other health care professionals in their day-to-day clinical activities. All preceptors receive an ODU PA preceptor handbook and a SCPE rotation syllabus prior to the student beginning the rotation. Preceptors must be licensed by the state in which they practice.

**Clinical Rotations/SCPEs**

Clinical rotations consist of Supervised Clinical Practical Experiences or SCPEs. A rotation may be comprised of more than one SCPE to complete the rotation experience. All clinical rotations are established, coordinated, and supervised by the Clinical Coordinator, Clinical Outreach Coordinator, Program Director, with appropriate consultation with the program's Faculty. Students requesting a specific core or elective rotation at a site that the program does not currently use or have an affiliation agreement with may make requests for specific sites by submitting a written request to the Clinical Coordinator. The Clinical Coordinator or appropriate designee follows up on student requests and processes an affiliation agreement. A Clinical Affiliation agreement must be in place with the site and preceptor prior to a site being utilized for clinical education. It is a privilege to be educated at clinical sites. No clinical site is under any obligation to precept students. Assignment is based solely on the preceptor's willingness to

participate in the education of physician assistants. An attitude of grateful appreciation is often well-received. Additionally, the faculty reserves the right to assign or remove a student from a clinical site as deemed appropriate.

There are approximately 11 months of PA education in the clinical phase. The rotations are full time, with the expectation that the student works a minimum of forty (40) hours per week. The student is to report as assigned by the PA program in the Typhon software to the preceptor or the preceptor site. The student is to be available seven (7) days a week, twenty-four (24) hours a day for the assignment of hours to be worked. No time off is granted without the expressed approval of the program.

The clinical phase consists of twenty four credit hours. Two credit hours are assigned to each SCPE. There are seven core clinical rotations and four elective rotations. The remaining 2 clinical phase credit hours are assigned to the Transition to Practice course which takes place concurrently during the last clinical semester of instruction.

The professional aspect of attendance, punctuality, team participation, motivation for learning, ability to accept criticism, and recognition of personal and professional limitations cannot be overemphasized.

Students are advised to adopt a disciplined approach to continual study which includes daily medical literature review. Constant review helps prepare the student for end-of-rotation examinations, the PACKRAT examination, the national certifying examination, and ultimately, for life-long learning and successful practice.

**Clinical Rotation Goals**

Upon completion of the clinical rotations, it is expected the student will be able to accurately:

1. Develop a differential diagnosis
2. Document patient information accurately in the medical record
3. Manage common medical problems
4. Identify indications for diagnostic procedures
5. Identify the relationship between medical and socioeconomic problems
6. Provide patient education and counseling at an appropriate level for patient comprehension and sensitivity
7. Perform basic clinical procedures (including, but not limited to: Venipuncture, suturing, incision and drainage, pelvic exams)
8. Document patient care experiences and procedures via accurate patient logs with the Typhon software

**Clinical Curriculum Overview:**

| SCPES | Course # | Credits |
|---|---|---|
| **Family Medicine** | **PAS 901** | **2** |

| | | |
|---|---|---|
| **Emergency Medicine** | **PAS 902** | **2** |
| **Internal Medicine** | **PAS 903** | **2** |
| **Women's Health** | **PAS 904** | **2** |
| **Pediatrics** | **PAS 905** | **2** |
| **General Surgery** | **PAS 906** | **2** |
| **Behavioral Medicine** | **PAS 907** | **2** |
| **Elective I** | **PAS 909** | **2** |
| **Elective II** | **PAS 910** | **2** |
| **Elective III** | **PAS 911** | **2** |
| **Elective IV** | **PAS 912** | **2** |
| **Transition to Practice** | **PAS 950** | **2** |

**Family Medicine – PAS 901**

The required Family Medicine rotation that provides supervised exposure to patients in a family practice environment. The student is given the opportunity to apply, integrate, and affirm the skills necessary to provide medical care to patients across the life span. Emphasis is placed on the evaluation and management of primary care medical problems in an ambulatory care setting. Patient education, counseling, and evaluation are encouraged, and the student is familiarized with the role of the physician assistant in a general practice setting. The student is still responsible for taking the PAEA Family Medicine End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Family Medicine SCPE syllabus.

**Emergency Medicine – PAS 902**

The required Emergency Medicine rotation takes place in an Emergency Department and provides the students with exposure to acute medical problems. Through supervised patient contact, the student will gain experience in performing the directed history and physical examination, triage, managing episodic illness, performing lifesaving techniques, and handling emergency equipment. Emphasis is on providing the student with practical clinical experience in the management of acute medical emergencies. Students may be required to work various shifts/times in order to see the variety of patients presenting over 24-hours. The student is still responsible for taking the PAEA Emergency Medicine End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Emergency Medicine SCPE syllabus.

**Internal Medicine – PAS 903**

The required Internal Medicine rotation may place in a hospital and/or out- patient setting. The purpose of the Internal Medicine rotation is to provide the student with practical clinical experience in working with the hospitalized or ambulatory patient who presents with acute or chronic diseases that are routinely seen by Internists. Students may be required to attend conferences, lectures, and take call with their preceptor. The student is still responsible for taking the PAEA Internal Medicine End of Rotation examination, and submitting patient

write ups as assigned and as outlined in the Internal Medicine SCPE syllabus.

**Women's Health – PAS 904**

This is a required rotation which takes place in a hospital, clinic or private practice setting. The purpose of the Women's Health rotation is to provide the student with practical clinical experience in the differential diagnosis, evaluation, and management of normal and abnormal conditions within obstetrics and gynecology to include prenatal care and women's health. The student is still responsible for taking the PAEA Women's Health End of Rotation examination and submitting patient write ups as assigned and as outlined in the Women's Health SCPE syllabus.

**Pediatrics – PAS 905**

This is a required Pediatric rotation that takes place in an outpatient and/or inpatient setting. Through supervised exposure to patients in a pediatric practice setting, the student is given the opportunity to become familiar with the parameters of normal growth and development, proper assessment of the newborn, immunization schedules, nutritional requirements, the evaluation and management of common pediatric problems, and acute illness in the pediatric population. The student is still responsible for taking the PAEA Pediatric End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Pediatric SCPE syllabus.

**General Surgery – PAS 906**

This is a required General Surgery rotation that provides the student with the opportunity to apply basic principles of surgery. The student is provided with practical experience in data collection, and evaluation and management of surgical problems. An opportunity is afforded for development of manual skills and for exposure to basic operating room procedures and techniques. The student may have the opportunity to follow patients from pre-operative, to intra-operative and through post-operative care. Students may be required to attend conferences, lectures, and take call with their preceptor. The student is still responsible for taking the PAEA General Surgery End of Rotation examination, and submitting patient write ups as assigned and as outlined in the General Surgery SCPE syllabus.

**Behavioral Medicine – PAS 907**

This is a required Behavioral Medicine/Psychiatry rotation that takes place in a behavioral health setting. The purpose of the behavioral medicine rotation is to provide students with practical clinical experience in identifying and evaluating patients presenting with common behavioral health problems. The student is still responsible for taking the PAEA Behavioral Medicine End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Behavioral Medicine SCPE syllabus.

**Electives – PAS 909, PAS 910, PAS 911, PAS 912**

There are a total of four elective rotations. Electives may take place in various aspects of Primary Care and Specialty/Subspecialty Medicine and Surgery. Electives are an opportunity for the student to increase his/her knowledge base and skill in a field of interest, or in a complementary medical field. The student will complete assignments as outlined in the perspective SCPE syllabus. The PA Program Faculty reserves the right to determine the type of elective SCPE for the student. If a student fails a core rotation then the PA Faculty will re-assign the core rotation in place of the elective in efforts for the student to successfully complete the clinical phase and qualify for graduation.

**Transition to Practice – PAS 950**

This course will take place in the final semester of the Clinical phase. This course will incorporate the PACKRAT examination, Summative exam and assessments, Clinical OSCE, various learning modules, lectures and case presentations, and the Clinical Experience Documentation necessary for graduation. A graduate/exit self-assessment and exit interview will be conducted to enhance the student's transition into clinical practice.

**Clinical Assessment Days – CAD**

Students will return to campus on a monthly basis at the completion of each clinical rotation for Clinical Assessment Days – CADs. Attendance is mandatory. Students should understand that regardless of geographical location of rotations, end-of-rotation meetings and other program requirements still have mandatory attendance unless otherwise approved by the Clinical Coordinator. CADs will consist of End of Rotation Exams (EORE), Clinical Grand Rounds, advising meetings, and other assessments and education opportunities as determined by the PA program.

**PRECEPTOR SUPERVISION OF STUDENT**

The Physician Assistant is an advanced practice provider. The PA is legally and ethically bound to deliver healthcare under physician supervision. Ohio Dominican PA students will not train or practice in the clinical setting without the supervision of a licensed healthcare provider designated by the program. This may be a physician, physician assistant or nurse practitioner. If a student is asked or expected to deliver patient care services or perform clinical procedures without appropriate or adequate supervision, the student must professionally and firmly decline and immediately contact the PA program.

The PA student must always default to exercising common sense, high ethical standards, and professionalism regarding the welfare of a patient. The Physician Assistant Student are obligated to exercise sound judgment and professionalism in the approach to patient care. In compromising situations, the professional PA student must always contact the PA program in a timely manner.

It is the responsibility of the PA student to protect his/her professional and personal activity as well as to avoid potential legal liability through ethical and professional vigilance. The student must not deliver patient care services or perform any patient care activity or procedure if:

1. The program-designated preceptor or his/her designee is not on the immediate premises.

2. The student has not received adequate instruction and/or is not proficient in or knowledgeable/competent to deliver the care being asked to administer.
3. The student has reasonable cause to believe that such care or procedure may be harmful to the patient.
4. There is no adequate or appropriate supervision available when the student is expected to carry out the assignment.
5. The PA student has not received approval to perform the procedure from the preceptor or his/her designee.

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

**Definition of the Preceptor Role**

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student through guidance and teaching. The preceptor will help the student(s) perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development to further studies and therapy. Participate in the evaluation of clinical skills and medical knowledge base through the assessment of entry level competencies of the student.

**Preceptor Responsibilities and Student Safety**

Preceptor responsibilities include, but are not limited to, the following:

- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
- Provide clinical hours (average of 40 hours/week, max of 60 hours/week) for the student to attend and participate in clinical activities at the rotation site.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
    - Direct supervision, observation, and teaching in the clinical setting
    - Direct evaluation of presentations (including both oral and written)
    - Assignment of outside readings and research to promote further learning
    - Assessment of entry level competency of the student via the preceptor evaluation tool
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- Maintain an ethical approach to the care of patients by serving as a role model for the student.
- Demonstrate cultural competency through interactions with patients.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills to assess entry level competence. This can be done with the student informally each week or at a designated time in conjunction with the mid-rotation evaluation. The preceptor is also expected to formally assess the student submitting an end-of-rotation evaluation via Typhon on the student at the completion of the rotation.
- If a preceptor is unable to precept a student for more than 2 days the preceptor would need to arrange for an alternate preceptor or to give a medically related assignment to the student. If an alternate arrangement cannot be completed, please contact the Clinical Coordinator immediately at (614) 251-4323).
- If a situation presents that might interfere with the accomplishment of the above goals or diminish the overall training experience the preceptor agrees to promptly inform the Clinical Coordinator at (614) 251-4323 or Program Director at (614) 251-8988.
- No money or material goods should be given to the student from the preceptor.
- The preceptor is to ensure the site provides orientation and information regarding safety procedures and precautions.
- The preceptor and student discuss and communicate any safety concerns regarding facility or with patients or staff.
- All students shall be supervised by the preceptor in accordance with the preceptor's scope of practice.

**Orientation and Communicating Student Expectations**

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

- Hours
- Review of site and student safety issues and procedures
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to be in attendance daily and when asked, to be available to the preceptor on evenings and/or weekends. Students are expected to participate in scheduled clinics, hospital rounds, call, and any conferences or other activities assigned by the preceptor during rotation.

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the clinical coordinator well in advance of the clinic absence.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the

students you host, with each "subsequent" student adding to a document that you as the preceptor maintain and edit.

**Informed Patient Consent Regarding Student Involvement in Patient Care**

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

**Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors 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.

**Prescription Writing**

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student's name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

**Expected Progression of PA student**

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they

should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy.

**Liability Insurance**

Each PA student is fully covered for malpractice insurance by the PA program. A copy of the malpractice policy will be provided prior to the start of the clinical rotation.

Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a "student" role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the "PA student" role outside of an assigned clinical rotation.

**Preparing Staff**

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name
- Student's schedule (when they will be in the office)
- Student's expected role in patient care
- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will be scheduled for the student

**Program Responsibilities**

- The program is responsible for assigning and approving all student clinical rotations.
- The program will work with the preceptor/site to coordinate how many students the site can accommodate and which rotation dates are available at a particular site.
- Only those students in good academic standing will be assigned for clinical rotations. Each site will receive a packet with the assigned student's information a minimum of one month prior to rotation. The program faculty will assist the student to complete all appropriate paperwork in a timely manner.
- The program will be responsible for providing each student with professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 aggregate limit. This document will be provided to the preceptor prior to the start of the clinical rotation.
- The program will be responsible for assuring that each student is covered by major medical insurance during their clinical rotations.
- The program will maintain that all students are up to date on their immunization requirements prior to clinical rotations.
- The program will complete appropriate HIPAA training and blood borne pathogen training with all students prior to clinical rotations.
- The program will assure that each student has passed a FBI and BCI background check.
- The program will assure that all students have successfully completed CPR and ACLS training prior to clinical rotations.
- The program will strive to protect our students and their educational learning experience. If it is found that a student is in an unsafe learning environment that is nonconductive to learning we reserve the right to withdraw our student from that particular site.
- The program will withdraw a student from a site if there is conflict between a student and preceptor that would interfere with the learning experience.
- The program will coordinate the assignment of students with the preceptor and designates the Clinical Coordinator as the liaison to assist the preceptor with any needed information.

## THE STUDENT - PRECEPTOR RELATIONSHIP

As a critical part of the clinical portion of the PA student's education, the preceptor functions in many ways. The preceptor's primary responsibilities are to share clinical medical experience and knowledge, assist in the development or improvement of the student's clinical skills, and assess entry level skills of practice based on the Competencies of the PA Profession with the Preceptor Evaluation to determine satisfactory completion of rotations.

It is usual for the preceptor to assign specific patients to the student, who is then responsible for obtaining a complete or directed history and physical examination. The student is expected to develop a differential diagnosis, order and interpret diagnostic studies, develop a diagnostic impression and suggest a therapeutic plan. The student is expected to participate in daily patient care, rounds on the service, writing progress notes, pre- and post-operative notes, procedure notes, and transfer or discharge summaries.

It is not appropriate to leave students as the sole practitioner for patients. The preceptor's supervision of the student need not always be direct, but it must be consistent. In addition, at no time should pre-signed prescriptions be given to students.

In addition to direct patient responsibilities, students should attend and participate in formal and informal case presentations. This is particularly encouraged when there are a number of students or residents on the service to promote the idea of a team approach to education. In addition, students may be required to attend Grand Rounds, conferences or lectures, or may be assigned readings and literature reviews.

**PROBLEM RESOLUTION**

Any problems on rotation which are not quickly resolved with the clinical preceptor and which affect either the student's learning or the preceptor's perception of student performance must be communicated immediately to the Clinical Coordinator(s) and/or PA Program Director. The procedure to follow should any problem arise on clinical rotations is:

- Attempt to resolve the problem with the individual directly involved.
- Try to resolve the problem through your immediate supervisor (i.e., resident or delegate, as assigned by the preceptor).
- Consult the preceptor
- If all these steps fail, contact PA program faculty.

**SITE VISITS**

It is the goal of the program to monitor the student's progress by faculty visiting the student while on clinical rotations. These site visits enable the program to assist the student's progress by:

- discussion of the student's progress with the preceptor
- directly observing the student perform as part of the medical team
- utilizing electronic means of communication, such has SKYPE, face-time, and video conferencing

Site visits are typically scheduled ahead of time; however, on occasion there may be unscheduled site visits. The student should expect a minimum of one site visit during the clinical year. The student should expect to communicate regularly with the Clinical Coordinators via phone and/or e-mail. Students are responsible for checking their e-mail daily for announcements and messages. Faculty may also contact the site at any time by telephone or email to make random

checks on a student's progress. The program faculty, based upon the report of a clinical site visit, may place a student on probation and direct corrective action when a student is felt to be lacking in any area that the visit is intended to evaluate. These areas may include, but are not limited to, general fund of knowledge; information specific to that rotation; professional development and behavior; or issues which question the ability of the student to competently function as a graduate-level health professional student.

## PROGRAM EXPECTATIONS FOR STUDENT SUCCESS

### Program Expectation of Student Required Clinical Exposures, Settings, Providers, and Associated Documentation

The program will verify and assure the completion of the following student requirements through monitoring of Typhon student patient logging and assessment of submitted clinical experience documentation.

Required student exposure to patients seeking the following types of care:
Students will demonstrate patient experiences in taking a history, performing a physical and completing an assessment and plan for patients approved by preceptors for patients in the following areas:

a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly represented in each of the following age categories:
   - < 2 yrs
   - 2-4 yrs
   - 5-11 yrs
   - 12-17 yrs
   - 18-49 yrs
   - 50-64 yrs
   - >=65 yrs

b) women's health (to include prenatal and gynecologic care)
c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care
d) care for behavioral and mental health conditions in which the chief complaint is non-addiction related.

The required Clinical Experience Documentation will be monitored and reviewed by the Program Director. It is noted that these experiences may not be specific to a particular SCPE however they are required by the program and are essential in meeting program graduation requirements. These experiences may occur throughout the Clinical year in various practice settings. Students will submit the clinical experiences documentation via the SOAP note format to Typhon. The Program Director audits and evaluates the clinical experiences on an ongoing basis. The Clinical Coordinator will implement an action plan by utilizing quarterly clinical site analyses to guide future SCPE placement to assure the student obtains and documents all required clinical experiences prior to graduation. Our students are required to obtain a final calculated grade of 77% or higher, representing a B- or greater, in order to validate the acquisition of competency.

Required settings in which SCPEs must occur:
Supervised clinical practice experiences must occur in the following settings and must be documented by students on an ongoing basis in the Typhon logs.

a) outpatient
b) emergency department
c) inpatient
d) operating room

Course Coordinators will assure students are logging the appropriate setting with each rotation assignment. Course coordinators will utilize the Custom Cross-Tabs report feature in Typhon to determine if students have had met the required setting experiences. If it is determined that the student has had the experiences, the course coordinator will check the appropriate standard boxes located in the student's account profile in Typhon. If standards are not being met, course coordinator should contact student and advise to seek out specific cases (i.e. If a student is in General Surgery and has not experienced any pre-op cases, the course coordinator should advise that student to be proactive in seeking out such experiences) as well as ensuring that the setting has been determined that it can provide needed experiences.

Required providers with whom the student should work to obtain clinical experience
Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines:

a) family medicine
b) internal medicine
c) general surgery
d) pediatrics
e) ob/gyn
f) behavioral and mental health care

The areas are the required core rotation and the program will insure that each student is placed in clinical sites providing SCPEs in these areas.

**Program Expectation of Student Acquired Competencies**
Student competency will be evaluated by clinical preceptors utilizing the preceptor evaluation. The competencies are to be obtained while engaging in all aspects of patient care through: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient and family education, anticipatory guidance, as well as appropriate health maintenance and disease prevention measures. The following represents the level of performance students are expected to achieve throughout the clinical year and based off of the competencies of the PA profession.

**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 assistant students are expected to understand, evaluate, and apply the following to clinical scenarios:

The student can explain disease etiologies, risk factors, underlying pathologic process and epidemiology for medical conditions.

The student can describe signs and symptoms for disease states related to the most frequent presentation for a given disorder.

The student collects sufficient essential and accurate history to direct physical examination and develops correct diagnoses.

The student demonstrates knowledge of normal and abnormal physical examination findings and their relationship to possible diagnoses.

The student selects and interprets appropriate diagnostic or lab studies.

The student can identify appropriate interventions for prevention of conditions.

**Interpersonal and Communication 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 assistant students are expected to:

The student appropriately adapts communication style to the context of all patient interactions.

The student conducts respectful interviews, with empathy and sensitivity.

The student's documentation demonstrates improvement over the course of the rotation with regards to physical exam descriptions and patient presentation.

The student produces reliably accurate concise organized documentation for patient interactions. Evidence: Documentation demonstrates an accurate record of patient encounters and patient case presentation.

**Patient Care**

Patient care includes patient and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable.

Physician assistant students are expected to:

The student can develop and carry out patient management plans.

The student demonstrates correct use of instruments, skills in performing procedures, and maintains calm in the face of unplanned complications.

The student demonstrates appropriate physical examination skills.
Evidence: Findings are reproducible by preceptor.

The student counsels and educates patients and their families.

**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 assistant students are expected to demonstrate:

The student demonstrates a respectful attitude to and works appropriately with preceptors, staff and patients at all times.

The student demonstrates timely attendance, appropriate dress and accomplishes assigned tasks on time.

The student recognizes the role of the Physician Assistant.

The student recognizes personal learning needs and limitations and seeks to rectify them.

The student promptly completes assigned tasks and takes initiative in approach to learning. Demonstrates self-directed study.

The student openly seeks and positively responds to constructive criticism from preceptors and staff.

The student demonstrates the ability to use criticism to change behavior/attitudes.

**Practice-based Learning and 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 assistant students are expected to:

The student locates, appraises and integrates evidence from scientific studies related to patients' health problems.

The student applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

**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 assistant students are expected to:

The student acts as an advocate for patients and their families.

The student applies information technology to manage information; is able to access online medical information and support their own education.

## PROGRAM DEFINED ENTRY LEVEL CLINICAL SKILLS

Students are expected to proactively pursue any opportunity to participate in procedures during their clinical rotations to develop skills and achieve entry level clinical competency. The procedures below represent the skills consistent with the scope PA practice. Students should be prepared to assist and/or perform the clinical skills listed below.

1. Core Clinical Skills
   a. Obtain a comprehensive or directed patient medical history in patients across the lifespan. (BH, FM, EM, IM, Peds, S, WH)
   b. Perform a comprehensive or directed physical exam. To include sports physical, rectal, pelvic, genitourinary and breast exams. (BH, FM, EM, IM, Peds, S, WH)
   c. Identify normal and abnormal findings on history, physical exam and basic diagnostic testing in patients across the lifespan. (BH, FM, EM, IM, Peds, S, WH)
   d. Assess patients and develop and implement treatment plans for patients across the lifespan. (BH, FM, EM, IM, Peds, S, WH)
   e. Monitor the effectiveness of therapeutic interventions. (BH, FM, EM, IM, Peds, S, WH)
   f. Provide appropriate patient education. (BH, FM, EM, IM, Peds, S, WH)
2. Vascular Access, Injections and General Skills
   a. Venipuncture (EM, FM, IM)
   b. Arterial puncture (EM, IM)

c. Peripheral IV catheterization (EM, FM, IM, Peds)
d. Central venous catheter insertion (EM, IM, S)
e. Intramuscular, subcutaneous, intradermal and intravenous injections (EM, FM, Peds)

3. Laboratory and Diagnostic Imaging Skills
   a. Collection of specimens for aerobic and anaerobic cultures (EM, FM, IM, Peds, S)
   b. Blood glucose testing (EM, FM, IM, Peds, WH)
   c. Fecal occult blood testing (EM, FM, IM)
   d. Rapid Strep-A antigen testing (EM, FM, Peds)
   e. Dipstick urinalysis (EM, FM, Peds, WH)
   f. Urine pregnancy (hCG) testing (FM, WH, Peds)
   g. Microscopic examination of a KOH wet prep (FM, WH)
   h. Interpret plain radiographic images (EM, FM, IM, Peds)
   i. Perform and interpret point of care ultrasonography (EM, IM, Surg)
4. EENT Skills
   a. Foreign body removal from skin, eyes, nose, and ears (EM, FM, Peds, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (EM, FM, Peds)
   d. Slit lamp examination (w/ fluorescein staining) (EM, FM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. Tympanometry (EM, FM)
   g. Tonometry (EM, IM)
   h. Cerumen removal of the external auditory canal (EM, FM, Peds)
   i. Anterior nasal packing (EM, FM, Peds, S)
   j. Management of epistaxis (EM, FM, Peds)
5. Cardiovascular Skills
   a. Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (EM, FM, IM, Peds)
   b. Identify the following heart sounds: S1, S2, gallops, and murmurs (EM, FM, IM, Peds, S, WH)
   c. Doppler assessment of peripheral pulses (EM, FM, IM, S)
   d. Cardiac stress testing (IM)
6. Respiratory Skills
   a. Peak flow testing (EM, FM, IM, Peds)
   b. Pulmonary function testing (spirometry) (FM, Peds)
   c. Deliver nebulized medication (EM, FM, IM)
   d. Deliver oxygen via nasal cannula and/or mask (EM, FM, IM, Peds)
   e. Pharyngeal suctioning (EM, IM)
   f. Tracheal and bronchial suctioning (EM, IM)
   g. Endotracheal intubation (EM, IM, S)
   h. Laryngeal mask airway (LMA) placement (EM, IM)
   i. Needle decompression of a pneumothorax (EM, S)
   j. Thoracentesis and chest tube placement (EM, IM, S)
7. GI/GU Skills
   a. Urinary catheterization (EM, IM, S)
   b. Nasogastric Intubation (EM, IM, S)

c. Digital rectal exam (EM, FM, IM)
d. Male GU Exam (EM, FM, IM)
e. Anoscopy (EM, FM, IM)
f. Endoscopy (FM, IM)

8. Orthopedic Skills
   a. Splinting and casting, application and removal (EM, FM, Peds)
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (EM, FM)
   c. Bursa/joint aspirations and injections (EM, FM)
   d. Non-invasive spinal immobilization (EM)
9. Neurology Skills
   a. Lumbar puncture (EM, IM)
   b. Interpret EEG report (IM)
10. Reproductive Health Skills
    a. Vaginal delivery or C-section (EM, WH)
    b. Fundal height measurement (EM, FM, WH)
    c. Fetal heart tone assessment (EM, WH)
    d. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (EM, FM, IM, Peds, WH)
    e. Pelvic exam for collection of vaginal and/or cervical specimens for cytologic (PAP) examination (FM, WH)
    f. Clinical breast exam (FM, WH, S)
11. Surgical Skills and Wound Care
    a. Aseptic technique (EM, FM, IM, Peds, S)
    b. Administration of local anesthesia, digital nerve blocks, regional blocks (EM, FM, IM, Peds, S)
    c. Wound closure with sutures, liquid skin adhesive, steri-strips and staples (EM, FM, IM, Peds, S)
    d. Superficial wound incision and drainage (I&D) +/- packing (EM, FM, Peds, S)
    e. Wound care, debridement, and dressing (EM, FM, IM, S)
    f. Dermatologic biopsy (FM, S)
    g. Cryotherapy (FM, Peds, S)
    h. Electrodessication of skin lesions (FM, Peds, S)
    i. Nail trephination/removal (EM, FM, S)
    j. Chemical and electrical cauterization (EM, FM, IM, S)
    k. Assist in Surgery (S)
12. Life Support Skills
    a. Basic life support (BLS) procedures (BH, FM, EM, IM, Peds, S, WH)
    b. Advance cardiac life support (ACLS) procedures (BH, FM, EM, IM, S, WH)
    c. Pediatric advanced life support (PALS) procedures (BH, FM, EM, IM, Peds, S)

**BH = Behavioral Health, EM = Emergency Medicine, FM = Family Medicine, IM = Internal Medicine, Peds = Pediatrics, S = Surgery, WH = Women's Health**

## ASSESSMENT OF THE CLINICAL STUDENT

### Core SCPE Evaluation Criteria:

Each assigned activity and assessment must be completed in order to complete the course and progress in the program. No assignment or assessment can be deferred. The student must have an overall SCPE total grade of 70% to pass the rotation. Please refer to each Clinical Course Syllabus for a detailed breakdown of grades for that rotation consisting of the following components.

The final course grade is determined based upon the following:

| Assignment | Final Grade % Weight |
|---|---|
| PAEA End of rotation exam | 40% |
| Preceptor Evaluation | 30% |
| Written assignment | 10% |
| Typhon Patient and Procedure Logs | 10% |
| Typhon Student Midpoint and Site Evaluation | 5% |
| Online resource assignment completion<br>HELP<br>CME Procedures<br>Rosh Review | 5% |
| **Total** | **100%** |

### Clinical SCPE Assessments and Evaluation:

The following is an outline of the various types of assessments and evaluations used in the clinical phase to determine course grades. The following items must be submitted as outlined:

1. End of Rotation Exam (EORE): 40%
    a. An EORE is taken at the conclusion of a core SCPE to assess the student on knowledge that relates to the required SCPE. Questions will be based on, but not limited to, clinical experiences, objectives, required readings, and information covered during the didactic year. Independent readings from SCPE texts, core texts, board review books, and current literature is strongly suggested, as the exam questions can come from any source. The ODU PA program purchases EORE from the PAEA. Please see the above linked site for PAEA EOR Topic and Blueprint Lists for your associated core content. The EORE is online and will be proctored by PA program faculty and/or staff and consist of 120 questions. Students will have 120 minutes to complete the each exam.

    The ODU PA program has determined that EORE scores must be no more than two standard deviations below the mean of the national average in order to receive a passing grade. A student that fails is required to remediate the EORE prior to the next clinical assessment day (CAD). Individual EORE grades are calculated based on the following: Individual RAW SCORE; National Average

for a given EORE; Standard Deviation from the National Average for a given EORE. It is noted that the National Average and the Standard Deviation data are unique for EACH EORE and will change regularly as the test pool increases. The Raw Score, National Average, and the Standard Deviation are calculated and reported by the PAEA and issued to the ODU PA faculty along with PAEA score reports.

Raw scores above 2 Standard Deviation above the national average = A
Raw scores between 1 and 2 Standard Deviation above the national average = A-
Raw scores AT the Nat'l Avg or 1 Standard Deviation above the Nat'l Avg = B
Raw scores 1 Standard Deviation BELOW the Nat'l Avg = B-
Raw scores between 1 and 2 Standard Deviation BELOW the national average = C
Raw scores 2 Standard Deviation BELOW the national average = F

The percentages are assigned as the following:

| | |
|---|---|
| A | 100% |
| A- | 94% |
| B | 84% |
| B- | 79% |
| C | 73% |
| F | 69% |

If a student fails an EORE the student must retake the exam. If it is a PAEA EORE the cost of the retake exam will be incurred by the student. The exam content report will be reviewed by the designated PA faculty and appropriate remediation of the material will be determined. The student can only receive the maximum passing grade of 73% for the retake regardless of the passing score on the retake exam.

2. SCPE Preceptor evaluation: 30%
    a. The preceptor evaluation assesses the student's clinical skills and achievement of competencies during the SCPE. Evaluations should be used as a tool to identify the student's strengths and weaknesses and to provide assessment of the entry level achievement of the Competencies of the PA profession based on the required learning outcomes as noted in the SCPE syllabus.

    <u>How to complete Evaluations</u>

    The End of Rotation Evaluation is performed by completing an online questionnaire, reviewing it with the student, and discussing strengths and areas for improvement with the student. It is important to mentor the student to develop them into competent practitioners of patient-centered care.
    Preceptors will receive an e-mail from Typhon during the final week of the student's rotation when an evaluation is ready to complete. Clicking on the hyper-

link will take preceptors directly to the evaluation. Alternately, preceptors can log in to Typhon and view the evaluations to be completed. Should the preceptor have any issues accessing the evaluation, he/she should contact Program Coordinator, Allie Gensner at gensnera@ohiodominican.edu.

The evaluation completed by the preceptor is instrumental in determining a grade for the student accounting for 30% of his/her grade. The student's clinical performance should be evaluated according to their level of training at this point. The student is evaluated in each category from Outstanding to Poor. Students should be evaluated based on entry-level expectations as detailed in the NCCPA Competencies for the Physician Assistant Profession (https://www.nccpa.net/Uploads/docs/PACompetencies.pdf).

A grade is determined by averaging the preceptor's responses to the competencies for the physician assistant using the Likert scale below. The grading scale ranges from 60% to 100%. At the end of the evaluation a final grade is calculated by using a point system attached to each response. A response of "N/A" is not calculated into the final percentage. Our students are required to obtain a final calculated grade of 77% or higher, representing a B- or greater, in order to validate the acquisition of competency.

| | |
|---|---|
| N/A | Not applicable to this clinical experience |
| 1 | Poor performance (F): Unsatisfactory proficiency. Requires remediation. Rarely, if ever meets standard of care |
| 2 | Below average performance (C): Many deficiencies are noted. Inconsistently meets standard of care. |
| 3 | Average performance (B): Meets standard of care. |
| 4 | Above average performance (A-): Frequently exceeds standard of care. Top 25% of PA students. |
| 5 | Outstanding performance (A): Nearly always exceeds standard of care. Top 10% of PA |

3. Written Assignment: 10%
    a. Written assignments must be submitted via a PantherLearn drop box by Friday at midnight of the third week of the rotation. It must be submitted in Word file format and titled with a file name with your last name first followed by a description of the assignment (i.e. *"Smith Family Medicine write-up.docx"*). No patient or provider identifiers should be included in any written assignment submitted. Any late submission will incur a 10% deduction for every day late beginning immediately following the due date and time. All core rotations will submit a patient write up.

4. Typhon patient and procedure logs: 10%
    a. The student must utilize Typhon to complete daily patient activity logs. Daily patient activity logs must be submitted for each patient encounter during a SCPE. The daily patient and activity log is an anonymous data sheet completed using Typhon. All information must be completely filled-in including: patient age, gender,

referrals made, level of clinical decision-making for patient care, level of student participation (i.e., whether the patient visit was observed, shared with the preceptor, or if the student was the primary provider for patient care under preceptor supervision), reason for visit (i.e., initial or follow up visit, annual exam, sport's exam, etc.), number of times patient has been seen, type of history and physical (i.e., focused, comprehensive, etc.), types of illnesses seen or chief complaint if the diagnosis is unknown via ICD code, lab and diagnostic procedures performed via CPT code (i.e., E&M code, pelvic exams, laceration repair, incision and drainage, etc.), and time and hours worked. Typhon also requires students indicate time spent doing rounds, attending lectures/continuing medical education sessions, and orientation. This information is important for assessing the student, the clinical site and to help provide insight into the patient case mix and student involvement. Typhon requires patients be logged within 48 hours of the encounter. All levels of encounters must be logged, even if student participation was observation.

b. Logs are monitored on a weekly basis by PA Program faculty who will assess logs to ensure they are appropriate for the assigned SCPE and site. If logs are seen to be inappropriate for the assigned SCPE and site the student will be contacted to discuss the site logging and develop an action plan. If the student is failing to log appropriately they may not receive the allotted 10% of the final SCPE course grade. This portion of the final course grade is given on an all or none basis.

5. Typhon student midpoint and site evaluation completion: 5%
    a. The student must utilize Typhon to complete mid-rotation self-evaluations, and student evaluations of the clinical site at the completion of the SCPE. The completion of these two items constitutes 5% of the rotation grade. Both must be completed to get the 5% points monthly. No partial credit will be given in the grade category if only one of the two components are complete. All must be complete to receive the 5% of the overall grade.
        i. Mid-rotation self-evaluations are due by 8am on the Monday following the second week of the current SCPE via Typhon.
        ii. Student evaluation of the clinical site is due by 8am on the Monday following the completion of the SCPE via Typhon. The final student evaluations may be shared with the preceptor and/or site and are used as a tool to help identify a site's strengths and weaknesses.

6. Online Instructional Resources: 5%
    a. HELP
        i. All students must complete all assigned HELP modules for their assigned SCPE and submit a screen shot at the completion of the module and posttest (2 screen shots for each module). The screen shots should be submitted to the associated Drop Box on PantherLearn. The screen shot file name should clearly indicate the content (i.e *"Cardio Module 1 completion screenshot"* and *"Cardio Module 1 posttest screenshot"*). Each student should have one submission to the drop box with multiple attached screen shots corresponding to the assigned modules outlined below. These will be monitored by PA Program faculty and correlated

with monthly time logs provided by the HELP support team. All modules must be completed in order to receive the full credit for the online instructional resources 5%, no partial credit will be given. The student MUST use Firefox or Safari web browsers when accessing HELP Campus web site. You MUST have private browsing turned OFF and cannot use an institutional computer (i.e. ODU campus computer, hospital computer). Use your personal computer.

b. CME Procedures
    i. All students must complete all assigned procedure videos and posttests for their assigned SCPE. The PA program receives monthly usage reports for each clinical student. All procedure videos must be completed in order to receive the full credit for the online instructional resources 5%, no partial credit will be given.

c. Rosh Review
    i. All students must complete all assigned questions in Rosh Review and submit a screen shot that indicates their completion of the assigned organ system questions and their overall performance on the exam. The screen shot should be submitted to the associated Drop Box on PantherLearn. The screen shot file name should clearly indicate the content (i.e *"Cardio Rosh questions"*). All questions must be completed in order to receive the full credit for the online instructional resources 5%, no partial credit will be given.

7. Clinical Grand Rounds will occur during CADs. The purpose of Clinical Grand Rounds is to provide a forum for discussion of topics that may strengthen the patient care experience by relating best practices with current medical research and treatment. Students that have completed Elective I or Elective IV are required to do a 5 minute presentation to their peers and faculty on a patient case or condition that stood out to them during that month. The presentations reflect on the didactic experiences and highlight the student's patient care experiences and the relationship with the latest research and application in clinical practice. The presentations have created a shared learning environment that will be transferable to the classmates and students in other cohorts.

   Topics for Grand Rounds must be submitted for approval to the Clinical Coordinator a week in advance of completing the elective rotation. The Clinical Grand Round Presentation power point must be emailed electronically to the program office by 8 am on the CAD or unless otherwise determined by the PA program. The program will place all clinical grand round presentations on a flash drive to be accessed by the students during the Clinical Grand Rounds presentations. The rubric that will used by PA program faculty and staff to evaluate the student presentation is listed as Appendix 4 of this handbook. Please refer to the rotation syllabi for a further breakdown of rotation percentage.

## PANCE RISK ASSESSMENT

ODU PA program implements a process during the clinical phase of the program to assess the students' preparedness for the physician assistant national certification examination (PANCE). This is a three step process that provides a predicted PANCE score and risk category for each student. The steps are outlined below.

1. The Predicted PANCE Step 1 (PP 1) is a comprehensive, 360-question PANCE simulated exam based on the NCCPA blueprint.

2. The Predicted PANCE Step 2 (PP 2), taken in the fall semester of the clinical year, is the PAEA PACKRAT exam also referred to as Clinical PACKRAT.

3. The third and final examination in the process, the Predicted PANCE Step 3 (PP 3), is taken in the fall semester of the clinical year, within 4 months from program completion. The PP Step 3 is a 700-question PANCE simulated summative assessment based on the NCCPA blueprint

Raw scores from the three examinations are collected and sent to outside collaborating PA program faculty. Multiple PA programs participate in this process to allow for more robust data gathering. The data is collected and a predicted PANCE score is calculated for each student using a regression formula. The Assistant PD and the PD review the data and distribute the scores to the students. A Power Point presentation is also given to students at a Clinical Assessment Day to describe the risk categories.

Data analysis has determined there is a correlation between the performance on the PANCE and the risk stratification from the predicted PANCE (PP). The PA Progress and Promotion Committee (PPC) will meet with any student that is assigned in one of the three highest risk categories.

## SUMMATIVE EVALUATION

Summative evaluation assesses student competency, strength of curriculum and need for curricular modifications, individual student competency and overall evaluation of the cohort to help analyze the strength of curriculum. This occurs in the last four months prior to graduation.
The summative evaluation consists of 4 components:

1. Predicted PANCE Step 3 (PP 3), occurs in the fall semester of the clinical year, within 4 months from program completion. The PP 3 is a 700-question PANCE simulated summative assessment based on the NCCPA blueprint. Results are compiled as part of their Predicted PANCE (PP) score.
2. Summative OSCE, occurs in the fall semester of the clinical year, within 4 months of program completion. The emphasis of the summative OSCE is on problem-solving and assessment of professional behaviors. The OSCE assesses the student's ability to elicit appropriate history from a patient based on given information, the student's ability to perform appropriate physical exam based on given information, the student's ability to interpret diagnostic tests used in the evaluation of a given medical problem, the student's

ability to assess a patient's risk for a specified condition, the student's ability to educate and counsel a patient on a given medical problem and the student's professional behaviors.
3. Exit/Graduate Self-Assessment Survey - this is a self-assessment by the student.
4. Exit Interview - this helps identify program structure, organization and resources.

All students must compete the PP 3, Exit Survey and Exit Interview. All students must obtain > 70% on the Summative OSCE

## GRADUATION REQUIREMENTS

1. Successful completion of Didactic Assessments with a GPA > 3.0
2. Successful completion of CADs and Clinical Assessments with a GPA > 3.0
3. Clinical Patient Experiences Documentation
4. Completion of Board Review Course
5. Completion of Program Exit Evaluation
6. Exit Interview with PA Faculty/Staff Member
7. Signature Verification by the Program Director and then submitted to the University Registrar to ensure Program Completion

## PATIENT CONFIDENTIALITY

Students are expected to maintain patient confidentiality in both the clinical and academic settings and adhere to H.I.P.A.A. (Health Insurance Portability and Accountability Act) regulations. The student completed online module designed to provide understanding of HIPAA Privacy and Security Rules as part of their PAS 510 course. The student completion of the module demonstrates knowledge of HIPAA and the impact on patients and providers and uploaded to Certiphi. Students are responsible for completing education as determined by Clinical Sites with regards to maintaining patient confidentiality.

The Student understands that patient confidentiality includes but is not limited to the following and the student will comply with the following HIPAA regulations:

- Respect for the patient's confidentiality
- Do not share the medical or personal details of a patient with anyone except those health care professionals integral to the wellbeing of the patient, or within the context of an educational endeavor.
- Do not discuss patients or their illnesses in public places where conversations may be overheard.
- Do not publicly identify patients in spoken words, or in writing, without adequate justification.
- Do not invite or permit unauthorized persons into patient care areas of the institution.
- Do not share your confidential computer system passwords with nonprofessionals.
- Do not take photos or videos of patients and/or their diagnostic imaging while on clinical rotation.
- Do not post any comments regarding clinical sites, preceptors or patients on social media.
- Do not identify the patient or site while writing or presenting clinical rotation based case studies.

Failure to comply with these standards of professional demeanor is cause for disciplinary action, which may include warning, probation, suspension, and/or termination from the program. It is the program's expectation that each person involved in the education of ODU PA students maintains the highest standards of professionalism. Faculty will evaluate professional behavior of students with the same diligence devoted to academic and clinical performance.

## PROFESSIONALISM

In addition to meeting minimum grade requirements, students must adhere to normally accepted standards of professional behavior which include, but are not limited to the following:

- Commitment to the ethical standards of the PA profession
- Strives for the highest standards of competence in skills and knowledge and is committed to ongoing professional development
- Exhibits altruistic behavior
- Accepts responsibility for educational challenges and self-learning
- Acceptable dress (as defined under Dress Code)
- Ability to accept constructive criticism and develop appropriate behavioral changes in response to such criticism
- Personal and academic integrity
- Sensitivity to patients and their families, with respect for their right to competent, compassionate and confidential care and effective identification of patient concerns
- Dedicated to providing the highest quality of holistic care to patients ever-mindful to promote their emotional and physical well-being
- Uses language appropriate to others' level of understanding
- Respectful, courteous and empathetic behavior toward others regardless of differences in opinion, philosophy, religion, creed, gender, sexual orientation, culture, ethnicity and language

### Dress Code

The program expects students to dress appropriately both in the classroom and in clinical/patient areas. Student must wear their name tag clearly identifying them as a PA student at all times on the clinical site. Your dress is a reflection of the profession and the program. There is no second chance to make a first impression. The student should be neatly attired and appropriately dressed at all times. The short white jacket with the name tag/plate indicating "student" status and emblem is required at all times, except in the OR. No sneakers, open-toed shoes, bare legs or midriff, leggings, jeans, T-shirts or sweats should be worn. Scrubs will be worn only in the operating room or where mandated by the clinical site. The student should minimize jewelry, have short clean nails, and hair should be well groomed and cleaned, and if long, pulled back. Women should not wear short or tight skirts and low cut tops. Men should wear clean and pressed collared shirts with a conservative tie. Facial hair must be neatly trimmed. No facial or tongue piercings are permitted. All tattoos must be hidden from view from the patient while at the clinical site.

Examples of unacceptable dress may include but is not limited to: hats, sloppy or torn clothing, garments with offensive or suggestive designs or words, pajamas, bare feet or inappropriately revealing clothing.

For Clinical Experiences the following *guidelines* apply:

**Women:**
- pants/skirt and blouse or dress
- stockings
- closed toe shoes with heels less than two inches
- no dangling earrings or other hanging jewelry
- no mini-skirts
- no perfume, cologne or strongly-scented deodorant

**Men:**
- slacks (preferably neatly-pressed)
- dress shirt with tie
- shoes and socks
- no hanging jewelry
- no cologne or strongly-scented deodorant

**Both:**
- no sneakers
- no jeans
- no T-shirts
- no sweats
- no bare feet
- no open sandals
- no hats
- facial piercings removed
- tattoos covered

Being sent home from a clinical site due to improper dress will reflect poorly on the student evaluation, on Ohio Dominican University, and on the PA profession. Those students sent home from a clinical site because of inappropriate dress will be subject to review, and action may include failure of the rotation/dismissal. The student must notify the program if they have been sent home for improper dress code.

The program provided the student with a name plate that must be worn as noted above. The student is responsible for the cost of replacing this nameplate in the event that it is lost, damaged beyond use, or the student changes his/her name during the Clinical Phase.

**Transportation**

It is the student's responsibility to have reliable transportation to and from clinical rotation sites. Other expenses associated with parking, gasoline, commuting, meals, or housing are the

student's responsibility. Clinical Sites are obtained by the PA faculty and will be a reasonable distance from the University.

**Equipment**

Students are required to have and bring the following equipment to each clinical setting if it is not provided by the site:

- Stethoscope
- Reflex Hammer
- Tuning Fork
- Oto-Ophthalmoscope (and penlight, if necessary)
- Pocket Vision Screener
- Ruler or Tape Measure
- Special equipment as required by Clinical Site Preceptor or Clinical Coordinators/PA Program Faculty.

Please be aware that equipment should be carefully labeled (preferably engraved) with your name and address. The likelihood of the equipment being returned, if lost or stolen, is greatly increased if this is done.

**Student Identification**

The student acknowledges that they should have their ODU ID with them while on campus and while at clinical rotations at all times.

Ohio Dominican Physician Assistant students will wear a short, white laboratory coat, affixed with a clearly visible nametag/name plate and an Ohio Dominican University Physician Assistant program patch at all clinical sites and experiences as determined by the PA Program. The PA student will introduce him/herself as a "Physician Assistant Student" at all clinical sites and experiences.

Students must not represent themselves as anything other than a Physician Assistant Student, regardless of former experience or title. No other clinical designations should be noted while the student is representing themselves as an ODU PA Student.

**Medical Records**

Students are reminded that the medical record is a legal document. Whenever a student makes an entry into a patient's medical record (i.e., H&P, progress notes), the student must indicate that s/he is a Physician Assistant Student when signing the entry. Either of the following is acceptable:

- John Doe, PA-S
- John Doe, PA-Student

Some institutions may prefer the longer version.
Students are referred to individual institutional policy regarding the types of entries which can be made by students on Medical Records. All student entries must be countersigned by the supervising preceptor. If there is any doubt as to the correct format, students must consult with their preceptor or the PA program. Be neat and orderly; avoid abbreviations that may not be uniform from hospital to hospital. It is recommended to request an approved abbreviation list unique to each site at the start of each rotation.

**Attendance**

- Attendance at Clinical Rotations is mandatory.
- Students are given a specific time to report on their first day of each rotation and are required to work until the end of each day including the last of the rotation, unless otherwise directed by the PA Program or preceptor.
- The student is to work hours/shifts as assigned by the preceptor.
- Students are to email the corresponding SCPE Course Coordinator their Clinical Rotation Schedule at the SCPE once it is assigned in the first week of the rotation.
- Students are required to spend a minimum of forty (40) hours per week in each clinical rotation, though most require additional hours.
- If the student is not able to receive the minimum of 40 hours per week then the student must complete case studies as assigned by the program. Completion of case studies must occur prior to the end of the SCPE. Failure to complete the case studies will result in a 10% overall grade reduction per each day they are submitted late and/or failure of the SCPE/rotation.
- There are NO self-selected vacation days or personal days during clinical rotations.
- Students should observe the schedule of the facility to which they are currently assigned and should not assume that holidays are days off.
- The first point of contact regarding approval for absences from the rotation is the Clinical Coordinator. The initial contact should first occur via telephone and followed by an email to the Clinical Coordinator. In the event the Clinical Coordinator is unavailable, the student should contact the Program Coordinator or the Program Director. Students should not assume that he/she has approval to be absent from a clinical rotation site without the explicit prior approval of the Clinical Coordinator and/or Program Coordinator and/or Program Director.
- Any absences without prior and explicit approval from the Clinical Coordinator and/or Program Coordinator and/or Program Director may result in a failing grade.
- Any unexcused absence can result in a lowering of the clinical grade by 10% with each occurrence and/or failure of that rotation.
- If a student is unable to report to his/her assigned site for any reason, the student must call the Clinical Coordinator and his/her clinical preceptor before the student's scheduled reporting time and explain the reason for his/her absence/tardiness. The student is required to make up any hours missed.
- If the student is absent from a site and does not call both the preceptor and the Clinical Coordinator, the student will be subject to review by the PA Progress and Promotion Committee and action that may include failure of the rotation.
- The student must log all approved or unapproved absences in Typhon.

- Preceptors are also informed to call the program about any absences from the rotation.
- If a preceptor is absent then the site and the student must notify the Clinical Coordinator to determine appropriate action plan.

**Unexcused Absences:**

- UNEXCUSED ABSENCES FROM ROTATION MAY RESULT IN A FAILING GRADE.
- An unexcused absence is defined as absence from a rotation without prior and explicit approval of the Clinical Coordinator.
- The Clinical Coordinator will make the determination as to whether an absence from a rotation is truly an emergency. Issue such as an "upset stomach," "headache," "cramps," etc. are NOT medical emergencies and are not considered excused.
- Absences from rotations for conferences, job interviewing, or "study time" are NOT considered excused and require prior, explicit approval from the Clinical Coordinator and the rotation preceptor for consideration.
- Do NOT schedule routine personal business and non-emergency medical or dental care during clinical rotations.
- All CADs are mandatory and cannot be missed.
- Natural disasters: Follow the procedure of the clinical site and notify the program if you will not attend clinic. If there are any questions, contact the
- Clinical Coordinator or the Program Director.

**Inclement weather**:

Clinical phase students are to report to the Clinical rotation/SCPE unless the weather conditions have been deemed to be a Level 3 snow emergency or as determined otherwise unsafe. It will be up to the discretion of the clinical site to close for other weather conditions or emergencies. The student is to notify the PA program whenever a clinical site has an unplanned closure for the day.

**Leave of Absence**

Requests for a leave of absence must be submitted in writing to the PA program director and should indicate the reason for the leave and expected duration. The director may approve such a request if you are in good standing and are maintaining the equivalent of a grade of C in each course in progress at the time of your request. Granting of a leave of absence is a rare and unusual event reserved only for exceptional circumstances. No leave of absence during the clinical phase of the program may exceed three (3) months. The student accepts that a leave of absence will most likely delay graduation and it is the responsibility of the student to incur costs associated with this leave of absence.

## Computer and Email Policy

The program will utilize email as the primary means of communication. All students are expected to have access to a computer and their Ohio Dominican email accounts that should be checked on a daily basis.

Faculty will to respond to emails from students between the hours of 9 am to 5 pm during the week. Faculty will have up to 72 business hours to elicit a response to a student via email. Students should not expect communication from faculty on weekends and/or holidays unless it is an emergency situation.

**Social Media Policies/Guidelines (Web Etiquette)**

Whether you choose to create or participate in social media activities such as blogging, tweeting, Wiki, or any other form of online publishing is your own choice. In general, what you do on your own time is your own business. However, whenever you are connected to an institution, employer, or any other group, you want to consider yourself governed by policies and guidelines of the aforementioned. As a future medical professional, you should always consider the tenets of professionalism, good taste, respect, and plain common sense. If you identify yourself as a Physician Assistant Student, or as a person in Ohio Dominican University's program(s), or any group for that matter, you are now connected to every person in your class, your program, your group, and even those who will follow you as students. The following guidelines and policies are intended to help you make the proper choice as you engage in social media.

**General Guidelines**

Be thoughtful as to how you represent yourself on social networks. The line between private and public, personal and professional typically blur in online social networks. Respect your colleagues and your audience. Recognize that your cohort, students at Ohio Dominican in general, and the community as a whole represent diverse customs, values and points of view. Express your opinion, be yourself, but be respectful. This includes the obvious (obscenity, personal insults, ethnic, religious or racial slurs, sexually harassing or inappropriate commentary, etc.) but also topics that can be considered inflammatory or obscene. If you are unsure, ask for guidance from faculty. Respect the privacy of others, especially classmates, other students, faculty and staff. If you disagree with anyone, it is rarely appropriate to air your differences publically. Basically, use sound judgment.

**General Email etiquette**

- Always address an Email with an appropriate salutation (ie. Dear Professor Jones, Dear Susan, Dear Doctor Smith).
- Always sign an Email and include PA-S or Physician Assistant Student
- All Email should be written in a professional and appropriate manner. No one should write in an Email anything which you would not be comfortable putting on the board in front of a class.
- Be judicious when cc'ing Emails. "Reply to all," is not always an appropriate action.
- Respond to Emails in a timely fashion. Disagreements may occur; opinions however, should be appropriate and polite.
- Please understand Email is not necessarily designed to provide unrestricted 24/7 access to the recipient.
- Avoid SPAM.

- Email transmitted in part or wholly over University operated electronic systems is subject to the acceptable use policy as described in the student handbook and elsewhere.
- The use of social media, chat rooms, instant messaging and/or "surfing" the web during clinical rotation is unprofessional and inappropriate. A student will receive one verbal warning and if the student is found to be engaging in such behaviors during class or as reported from a clinical preceptor on a second occasion, this will result in a meeting with the PA Progress and Promotion Committee and documentation will be placed in the student's file.
- Do not email the PA program office or faculty during lecture or Clinical Grand Rounds. As in all situations, use good judgment.

**Guidelines/Policy when posting as a member of Ohio Dominican's Community**

- Maintain confidentiality. Do not post confidential or proprietary information about your patients or their families, preceptors or rotation sites, Ohio Dominican University, its students, or its alumni. Use good ethical judgment and follow university policies and federal requirements, such as the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act (FERPA).
- Respect class time and your colleagues' time. You should participate in personal social media conversations on your own time and not during scheduled class time or PA program activities unless appropriate as in class activities. Maintain privacy. Do not discuss a situation involving named or pictured individuals on a social media site without their permission. In personal posts, if you identify yourself as a PA student or a member of ODU's community, be clear that you are posting your own views and not the views of ODU or the PA Program or the clinical rotation site. If you make a mistake, correct it. If you modify an earlier post, make it clear you are doing so. Rarely do you "speak on behalf of…" If you say it, it is yours to own.
- Primum non nocere: "First, do no harm." This is one of the central ethical tenets of medical practice. Also this is known as the principle of non-maleficence. The principle is that you should not do anything that worsens the situation, and risks causing more harm than good. Keeping in line with this philosophy, your Internet activities should do no harm to others.
- Responsibility and liability: You are responsible for the content that you publish. Remember that which goes out there stays out there for a long time. Protect your privacy and respect the privacy of others. Individuals have been held responsible for commentary and other postings deemed to be copyright infringement, defamatory, proprietary, obscene, or dangerous (see Rutgers University and video posting: http://www.latimes.com/news/nation/nationnow/la-nn-rutgers-verdict-guilty-hate-20120316,0,1906278.story). Moreover, employers typically conduct web searches (including searches on facebook and other social media) on job candidates before extending offers. You want to make sure that what you did before, or how you represented yourself before, will not prejudice others and haunt you later. If you have posted in the past, commentary and other postings deemed to be copyright infringement, defamatory, proprietary, obscene, or dangerous on the web, you may want to consider deleting it.

- Respect others: Be constructive and respectful while disagreeing with concepts of others or if discussing bad experiences.
- Be valued: Importantly, make sure you contribute value to your group. Don't redirect and monopolize discussions. Watch self-promotion in social groups. Typically this results in negative thoughts and possible banning from social sites.
- Think before you act: There is no protected or private speech on a social media site. Search engines turn up your words and pictures years later. Comments can be copied by others and forwarded. Even clearing your words may not work due to archiving. If you are angry, it is not a good time to email or post. Delay and post after you calm down. Post only pictures you would feel comfortable sharing with family, friends, peers, public, or employers.
- Respect copyright laws.
- Do not post personally identifiable information: Information that can be used to locate someone offline, including phone numbers, addresses, birth dates, etc. should not be posted.

**Guidelines/Policy when posting as an Individual**

- In personal posts, if you identify yourself as a PA student at Ohio Dominican University, please be clear that you are sharing your personal views and are not speaking as a formal representative of ODU. If you identify yourself as a member of the ODU community, ensure your profile and related content are consistent with how you wish to present yourself to colleagues.
- Protect Yourself: Don't provide personal information that scammers or identity thieves could use. Don't list your home address or telephone number. It is a good idea to create a separate Email address that is used only with social media sites. You should not use your ODU address for social media sites.
- Don't use the ODU logo or make endorsements without permission: Don't use the ODU logo to endorse political candidates or endorse products or causes.
- Use a disclaimer: If you publish content to any website outside of ODU and it has something to do with subjects associated with Ohio Dominican University, use a disclaimer such as this: "The postings on this site are my own and do not represent Ohio Dominican's positions, strategies or opinions."
- Is your content appropriate: If the content of your message would not be acceptable for face-to-face conversation, over the telephone, or in another medium, it is not acceptable for a social networking site. Ask yourself, would I want to see this published in the newspaper or posted on a billboard tomorrow or ten years from now?
- Respect: Don't use religious or ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in ODU's community. You should also show proper consideration for others' privacy and for topics that may be considered sensitive —such as politics and religion.

Now that you have reviewed the guidelines:

1. You expressly acknowledge that you assume all responsibility related to the security, privacy, and confidentiality risks inherent in sending any content over the Internet. By its

very nature, a website and the Internet cannot be absolutely protected against intentional or malicious intrusion attempts. Ohio Dominican University does not control the third party sites and the Internet over which you may choose to send confidential, personal, or health information or other content and, therefore, does not warrant any safeguard against any such interceptions or compromises to your information. Ohio Dominican University does not endorse any product, service, views or content displayed on your or other's social media site(s).

2. You agree that any claim or dispute relating to your posting of any content on a Social Media Site on the Internet shall be construed in accordance with the laws of the state of Ohio without regard to its conflict of laws and provisions and you agree to be bound and shall be subject to the exclusive jurisdiction of the local, state or federal courts located in Franklin County, Ohio.

3. If identifying yourself with Ohio Dominican University, you may not provide any content to a Social Media Site that contains any product or service endorsements or any content that may be construed as political lobbying, solicitation or contributions or use the Social Media Site to link to any sites of political candidates or parties or use the Social Media Site to discuss political campaigns, issues or for taking a position on any legislation or law.

4. This policy may be updated at any time without notice, and each time a user accesses a social networking site, the new policy will govern usage, effective upon posting.

## ACADEMIC POLICIES

All students accepted into the Physician Assistant program are expected to abide by the regulations set forth by Ohio Dominican University as specified in the Ohio Dominican University Student Handbook (http://www.ohiodominican.edu/StudentHandbook/) and the written Policies of the Physician Assistant program.

### Academic Integrity

Academic integrity presumes that each member of the academic community exhibits respect for him/herself, respect for others, respect for property (including intellectual property), and respect for authority. Honesty and respectful behavior are fundamental to the learning and development of each member of the academic community. Ohio Dominican University expects that all members of the community adhere to these values through the honest pursuit of learning and through the maintenance of an atmosphere of support and respect within the community.

### Honesty and the Pursuit of Truth

The Dominican Motto, "To contemplate truth, and to share with others the fruits of this contemplation" guides the thinking and the actions of faculty and students at Ohio Dominican

University. Ohio Dominican University expects that all members of the community adhere to the Dominican academic tradition and adopt a strict standard of integrity as their own.

**Academic Dishonesty**

Academic dishonesty and cheating in any of its forms will not be tolerated. Academic dishonesty may be grounds for immediate dismissal from the program. Offenses such as copying from another person or using unauthorized notes or materials during exams, unauthorized collaboration on tests or projects, falsifying research and using fictitious data and so forth, are strictly prohibited. The term "academic dishonesty" includes, but is not limited to:

- Receipt or exchange of information regardless of the means obtained during any examination (online, written, oral or practical).
- Soliciting or obtaining knowledge of test items prior to the administration of examinations.
- Preparing written materials such as examination notes, copies of test items, examination topic item lists or other testing materials, following the administration of examinations, regardless of the means by which they are obtained.
- Submission of written assignments as original writing without proper footnoting and/or referencing.
- Ohio Dominican's Policy on Plagiarism in the "Student Handbook" states:

**Plagiarism (from the ODU Student Handbook)**

A special form of academic dishonesty is plagiarism. Plagiarism occurs when a student submits work purporting to be his/her own, but that borrows ideas, organization, wording or anything else from some other source without an appropriate acknowledgment of that fact. Plagiarism may take many forms. The most flagrant form of plagiarism consists of directly reproducing someone else's work, whether it is published or unpublished, complete or in part. Examples of this work would include books, articles, another's writings, a friend's paper in another class or school, or a page from the internet. Students may discuss assignments among themselves or with an instructor or tutor, but when the actual work is done, the student and the student alone must do it except in cases where the faculty member requires collaboration.

Similarly, when the student's assignment involves research, she/he must be careful to acknowledge exactly what, where and how she/he has employed the work of others. If the student uses the words of someone else, quotation marks must be used with some appropriate indication of its origin added. A citation is also required when the organization, content and phraseology of another's thought remains substantially intact.

These guidelines apply equally to students' academic work of all kinds, and not only to written work. In a case where a student feels unsure about a question of plagiarism involving his/her work, she/he is obligated to consult the instructor on the matter before submitting it. Students who violate University and instructor policy on plagiarism are subject to University discipline.

A thorough discussion of plagiarism occurs in most college writing courses, and detailed information is available through the Writing Center. Faculty members in other courses and other fields also establish expectations and provide guidance about academic honesty in their fields. Students are encouraged to carefully observe academic honesty guidelines presented in all their courses. If you wish to seek assistance from another student (i.e., proofreading for typographical errors) consult your instructor to determine if such assistance is permissible. If permitted, such assistance should be acknowledged in the written work.

**Academic Standing and Promotion**

The University reserves the right to dismiss a student at any time for unsatisfactory academic performance, academic dishonesty, conduct detrimental to the University, to the welfare of patients, or to the welfare of other students. The program also reserves the right to dismiss a student if it is determined that a student's conduct is not consistent with the professional behavior of a future Physician Assistant.

Failure to maintain good academic standing may result in dismissal from the program. All courses in the Physician Assistant curriculum are required and sequential. Students must receive a minimum grade of "C" in all courses before progressing in the program.

The program reserves the right to prevent any student's promotion into the clinical phase of the program if the student's minimum GPA is less than 3.00. The student must maintain a GPA of greater than 3.0 throughout the clinical phase of the program as well.

**Probation, Remediation, Dismissal, and Readmission with Advanced Placement**

Academic progress is monitored closely. The Physician Assistant Program Progress and Promotion Committee may consist of the Program Director, Academic Coordinator, Clinical Coordinator, Clinical Faculty, Program Coordinator, Medical Director and any other designated staff/instructor/or faculty member. The Associate Vice President of Academic Affairs and/or the Vice President of Academic Affairs may also participate as active members in the Physician Assistant Program Progress and Promotion Committee.

Students in either the Didactic or Clinical phase of the program with a cumulative GPA or semester GPA of 3.333 or less will be considered "At Risk". A student may also be considered to be "At Risk" by the faculty based on a sudden decline in performance or change in trend of their academic performance or clinical rotation performance, a decline in performance on end of rotation examinations, and a high risk designation as part of the PANCE Examination Risk Stratification Process. The PA Progress and Promotion Committee will conduct meetings with "At Risk" students at the start of each semester and as otherwise deemed appropriate. Documentation of the PA Progress and Promotion Committee meeting will be placed in the student's file and maintained electronically on the Program Administrative Drive. A list of "At Risk" Students will be sent to the VPAA and the Associate VP of Academic Affairs as determined necessary.

**Probation**

If a student fails to maintain a minimum cumulative grade point average (GPA) of 3.00 on a 4.0 scale in any semester, the student will be placed on academic probation. The student must then achieve a minimum cumulative GPA of 3.00 during the probationary (next) semester in order to progress in the program. Failure to achieve a minimum cumulative GPA by the end of the probationary semester will result in dismissal from the program. The Associate Vice President of Academic Affairs and/or the Vice President of Academic Affairs will be notified in writing if any student is placed on probation.

The student may face consequences which could include remediation of the program's design, inability to progress in the clinical phase, or dismissal from the program. Students on probation are ineligible for any academic or programmatic merit awards.

**Remediation/EORE Failure**

If a student fails an End of Rotation Examination (EORE), the student must retake the EORE and the cost of retaking the exam is borne by the student. The Clinical Coordinator will meet with the student in order to determine a retest date and to areas of content concern and remediation of the material if needed in addition to retesting the student. If the student fails a second attempt at an EORE a remediation plan will be developed for the student of the content and the PA Progress and Promotion Committee will review the student's performance and determine if this results in failure of the rotation. If a student fails an EORE that assessment content must be remediated as determined by the Clinical Coordinator and the designated principal faculty. Remediation may include, and is not limited to, the discussion of improvement strategies for the course, reviewing the assessment on an individual basis, being given a second assessment to complete and/or repeating the original assessment. Remediation is a privilege and should not be taken lightly. All failed assessments must be remediated, however, the remediated grade change may not exceed the minimum grade originally required to pass the exam. Failure of a final or comprehensive examination that leads to the failure of a course will result in dismissal from the program.

**Failure of Rotation**

If the student combined score for all rotation assessments is less than 70% then the student would fail that rotation as outlined in the course syllabus. If a student fails a clinical rotation, the student must repeat the rotation and all requirements thereof. Repeating a rotation may entail a student substituting the failed rotation for one or more clinical elective rotations—if circumstances allow. If the program is unable to reschedule the rotation and substitute for one or more clinical elective rotations, then the student must repeat the rotation following the end of the clinical year. This results in a delayed graduation.

Any costs for delayed graduation and/or repeating a rotation are borne by the student. If a student fails a second rotation, s/he will be immediately dismissed from the program.

**Dismissal from the Program**

Failure to maintain a minimum cumulative grade point average of 3.00 for two (2) consecutive semesters will result in the student's dismissal from the program. The Associate Vice President for Academic Affairs will notify the student in writing of their Final Dismissal from the PA Program based on their Academic Standing.

If a student fails a rotation the student is given the opportunity to repeat that rotation and incur any cost and potential delayed graduation. However, if the student fails a second rotation or fails a repeated rotation then that student will automatically be dismissed from the program.

Students must understand that Ohio Dominican University Physician Assistant Studies Program considers professionalism to be an academic responsibility as well. As such, breaches of professionalism will be considered as both an academic and a professional issue and could result in failure of a clinical rotation and/or dismissal from the PA program.

**Readmission with Advanced Placement**

There is no provision for admission of students into the PA program with advanced placement. However, students who have withdrawn or have been dismissed from the program may be readmitted and granted credit for courses successfully completed if the student appeals for readmission.

This process begins with a student request for readmission which must be submitted no later than three (3) months after the dismissal date. This request must include an explanation of the reasons that led up to dismissal or withdrawal and a plan addressing how the student plans to overcome the obstacles that prevented his/her success.

The student must demonstrate a clear understanding of the obstacles that prevented success as well as a realistic plan for completion of the PA program. The request is evaluated by the PA Progress and Promotion Committee along with the Associate Vice President for Academic Affairs and the Vice President of Academic Affairs and other appropriate deemed University representative. A recommendation regarding readmission is made to the Vice President for Academic Affairs. The decision to grant or deny readmission is made by the Vice President for Academic Affairs in consultation with Associate Vice President for Academic Affairs and the PA Progress and Promotion Committee.

If the decision is made to readmit, then the PA Progress and Promotion Committee and any other appropriate individuals as needed, convenes to develop a readmission plan. This plan addresses numerous factors including grades, need for continuity of the academic experience, cohort support and other pedagogical concerns. The plan is then presented to the student requesting readmission. If all parties agree to the terms, an agreement is signed by the student. Students readmitted to the program will undergo periodic academic review by the PA Progress and Promotion Committee. Readmission is not a guarantee for successful completion of the program.

The dismissed student must understand that readmission to the program is not guaranteed and can be denied by the Vice President of Academic Affairs.

**Student Conduct and Facility Usage**

It is expected that students will conduct themselves both on and off campus in a manner consistent with University policies and expectations. University regulations by their nature cover many types of situations and include all behavior during a student's time of enrollment. This includes, but is not limited to, behavior on or off campus, during any University sponsored activities including athletic events, and includes semesters enrolled in a study abroad program. A violation of University policies will subject a student to University discipline with possible sanctions up to and including suspension or dismissal from the University, depending on the severity of the offense and the student's record. Students are expected to conduct themselves in a mature and morally sound manner, showing respect for persons and property. Such behavior must stem from recognition of and a basic concern and respect for the dignity, rights, and sensibilities of self and others. Ohio Dominican anticipates that all students will behave in accordance with this expectation and abide by all laws as well as the policies and regulations of the University.

**Access to Facilities**

Campus buildings are open and closed according to class and event schedules. After a building is closed only individuals with prior authorization from a faculty or staff member will be allowed access. Students who provide unauthorized access to others are in violation of University policy and subject to disciplinary action. All faculty, staff, and students are required to carry their ODU ID card on campus at all times. A Public Safety Officer or other University personnel may request an identification card before granting access to certain areas of campus such as the Alumni Hall athletic facilities, computer labs, or residence halls. A card reader controls access to the Residence Halls. Any problems with card access should be reported immediately to the Public Safety Department, 251-4700

**Physician Assistant Office Policies**

Students are not permitted to use office telephones, copy machines, fax machines, computers, stationery, microwave, refrigerators or supplies. Administrative assistants cannot duplicate materials, nor do other work for students.

Students are not permitted to use the office area as a lounge. There are lounges available within St. Albert Hall. No “guests” are permitted in the classroom without prior approval from the program. If granted permission, all guests must be introduced to the entire class.

Program staff cannot accept or deliver messages or allow students to place or receive phone calls unless in an emergency.

**Compliance with Campus Officials**

It is expected that students will cooperate fully with University officials at all times. Any student who ignores or abuses the right to mutual respect and cooperation will be subject to sanction. Abusive or defiant language or behavior towards University personnel will not be tolerated. In

addition, students are required 1) to present their identification cards when requested by a University official, 2) to report to the office of a University official when requested to do so, 3) to respond favorably and in compliance with the directives of a University official. The term "University official" applies to any Public Safety Officer, Faculty Member, Director, Chair, Dean, Vice President, or President. Clinical students are expected to comply with officials and public safety officers at clinical sites as well.

## STUDENT EMPLOYMENT WHILE ENROLLED IN PROGRAM

Due to the rigor of the Physician Assistant Studies curriculum, students are strongly advised against employment while enrolled in the program. No time will be granted for students to seek or maintain employment. Employment while enrolled in the program may lead to poor academic performance and failure and should not be pursued.

Further students may not be employed by the program for any reason including, but not limited to clerical or other program work. Students may not be employed and receiving compensation at clinical or shadowing sites in any capacity while enrolled in the program.

## FACULTY ADVISORS

Students will meet with faculty advisors as determined throughout the clinical year during designated CADs either in a group or one on one setting. Students are encouraged to see him/her when necessary for personal or academic reasons throughout the clinical phase.

## MEDICAL CONDITIONS

If a student has any temporary or chronic medical problems that may impair their ability to provide medical care or pose a risk to themselves, to patients, or to fellow students; the student must inform the program director immediately.

## STUDENT TEACHING

Students enrolled in the Physician Assistant program are not permitted to teach components of the program curriculum, although they are expected to make presentations before the class as part of their learning experience. In addition, students are encouraged to support their classmates through study groups and informal peer tutoring. Those students with training, education and experiences unique to themselves are encouraged to share with their colleagues in a collaborative fashion. However, this is done in supervised course activity settings or informally in study or peer activities. This is not permitted in a formal teaching fashion.

## STUDENT HEALTH

The student is required to have their own major medical health insurance throughout the didactic and clinical phase of the program. Students are required to show proof of such valid health insurance. Any student that does not have major medical health insurance will not be permitted to begin clinical rotations. The student’s personal medical record must also be kept up to date at

all times. Updates of the medical record should be sent to the Health Services Office in the Wellness Center.

## IMMUNIZATIONS

All students must provide a record of immunizations or proof of immunity from childhood communicable diseases, including a 2-step PPD (tuberculosis test) as required for health professionals prior to matriculation into the program. All immunizations and proof of same must be consistent with The Centers for Disease Control (CDC) most up-to-date standards and must be uploaded into Certiphi. Ohio Dominican University's policies regarding health forms and immunization requirements are adapted herein:

A medical history, physical examination and completion of immunizations are required prior to entering the program. The Program e-mails necessary health forms to all students accepted into the Physician Assistant Studies Program. The forms include tests and immunizations which are required by agencies to protect both the student and the patient. All forms must be uploaded to Certiphi and submitted to the Student Health Center if deemed necessary, in order to be in compliance. The student must also submit a Student Release Form indicate that they permit the PA program to release their immunization information to perspective Clinical sites. See Appendix 2.

In addition to standard immunizations, an initial two-step Mantoux TB skin test (or chest x-ray for converters) and completion of Hepatitis B immunizations per the Centers for Disease Control and Prevention guidelines are required along with standard immunizations. All students must obtain annual one-step TB test updates (or chest x-ray every 2 years for converters) while enrolled in the program. Students with a positive TB skin test must be evaluated at the Columbus Public Health Department (or its designee) annually. The results of this evaluation must be sent to Ohio Dominican University's Student Health Services. If a student tests positive for tuberculosis, as designated by the Columbus Public Health Department, s/he must be treated for active TB per instructions from the Columbus Public Health Department (in keeping with Centers for Disease Control and Prevention recommendations). The Health Insurance & Medical History form, Immunization form, Meningococcal and Hepatitis B Vaccination Status form must be returned and on file prior to matriculation. Students are not allowed to begin the program until all health requirements are met and on file at the Student Health Center. Questions may be directed to Ohio Dominican University Wellness Center at: (614) 251- 4709

All students who participate in rotations must provide proof of compliance with current CDC guidelines.

All students must adhere to any specific hospital/institutional/practice guidelines prior to rotation at the hospital/institution/practice. All students must upload their immunizations and documents into Certiphi for record keeping. It is recommended that students also maintain a personal copy of their immunization records.

## CRIMINAL BACKGROUND CHECK AND DRUG SCREENING

Students who are offered admission to Ohio Dominican University PA program are required to have a criminal background check drug screening. This must be uploaded into Certiphi.

Students must complete these initial screenings prior to matriculation and they must be repeated at the end of the Didactic Phase in preparation for the Clinical phase. Clinical sites can request drug screens to be done prior to the start of each rotation. Students are responsible for the cost of these clearances and screening tests. Clinical rotation sites that require a criminal background check and/or child abuse clearance may deny a student's participation in the clinical experience or rotation because of a felony or misdemeanor arrest or conviction, or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, such as failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences or rotations is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of graduation or dismissal from the program.

Regardless of whether or not a student graduates from Ohio Dominican University, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

## EXPOSURE TO BLOOD BORNE PATHOGENS/ENVIRONMENTAL HAZARDS

### Blood-Borne Pathogen Training

The students completed an online module during the PA 510 course designed to provide an understanding of blood-borne pathogens, modes of transmission and methods of prevention. The student module completion demonstrates knowledge of the blood-borne pathogens, immunization importance, transmission and risk for health care providers. This is uploaded by the students to Certiphi.

### Accident/Incident Reporting

In the event of an accident or incident that requires the application of first aid or other emergency equipment while on campus at ODU, an incident report must be filled and submitted to the Office of Public safety. ODU Public Safety may be contacted at 251-4700. This report serves as a means to, if necessary, rectify and improve safety areas that need to be addressed in current risk assessments to prevent such a situation from occurring again.

Should any student receive a percutaneous (needle-stick, laceration or bite) or peri-mucosal (ocular or mucosal membrane) exposure to a blood borne pathogen, or environmental hazard, during their clinical rotation, he student should go immediately to the preceptor/ individual at the clinical rotation site responsible for managing exposures. The student should complete an appropriate incident report and have it signed by the appropriate preceptor or their designee. Any student who has been exposed needs evaluation as soon as possible in the Emergency Department (unless directed to an appropriate designated area at the clinical site) after the

incident occurs after which you may be offered blood tests (e.g., hepatitis profiles, confidential HIV testing), and/or immunizations or booster shots (e.g., hepatitis, tetanus). The student should be counseled regarding the risks and benefits of post-exposure prophylactic treatment at the site in which the incident occurred.

Further, students should refer to the training received during the first month(s) as a matriculated didactic student. Testing of the source patient is also recommended. After being evaluated, the student should contact his/her Primary Care Provider to discuss follow-up care (e.g., HIV antibody and Hepatitis C testing during the 6 months post-exposure period). Students are required to notify the Physician Assistant Program immediately of exposure (contact numbers located on page 3 of this Handbook). Ohio Dominican University is not financially responsible for any cost incurred as a result of a student's exposure to a blood borne pathogen and/or environmental hazard.

## CLINICAL PHASE BOARD REVIEW

Mandatory Attendance is required at the Clinical Phase Board Review. The board review is a crucial event in preparation for practice as a Physician Assistant. It is an important review of primary care medicine helpful in your preparation to take national board examinations and in transitioning into a graduate Physician Assistant. Attendance is MANDATORY at all scheduled presentations of the Clinical Phase Board Review.

## MINIMUM TECHNICAL STANDARDS

Technical standards are defined as the attributes considered necessary for students to complete their education and training and subsequently enter clinical practice. These standards are prerequisites for entrance to, continuation within, and graduation from the Ohio Dominican University Physician Assistant program. They are also prerequisites to licensure by various state professional boards. Reasonable accommodation will be offered for persons with disabilities in conjunction with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

Students must possess aptitude, ability, and skills in the following five (5) areas:

1. Observation
2. Communication
3. Sensory and motor coordination and function
4. Conceptualization, integration, and quantitation
5. Behavioral and social skills, abilities, and aptitudes

The functions described below are critically important and must be autonomously performed by the student. It should be understood that these are standards for minimum competence in the program:

**Observation**

Students must be able to observe demonstrations and conduct experiments in the basic sciences including, but not limited to chemical, biological, anatomic, and physiologic sciences. Students must be able to observe details through a microscope and observe

demonstrations in the classroom, including films, projected overheads, slides or other forms of visual presentation.

Students must be able to accurately observe a patient near and at a distance, noting nonverbal as well as verbal signs. Specific vision related criteria include, but are not limited to detecting and identifying changes in color of fluids, skin, and culture media, visualizing and discriminating findings on x-rays and other imaging tests, and reading written and illustrated materials. Students must be able to observe and differentiate changes in body movement, observe anatomic structures, discriminate among numbers and patterns associated with diagnostic tests such as an electrocardiogram and competently use diagnostic instruments such as an otoscope, ophthalmoscope, and microscope.

**Communication**

Students must be able to relate effectively to patients while conveying compassion and empathy. They must be able to clearly communicate with patients in order to elicit information, accurately describe changes in mood, activity and posture of patients, and understand verbal as well as nonverbal communication.

Communication includes not only speech, but reading and writing. Physician Assistant education presents exceptional challenges in the volume and breadth of reading required to master subject areas and impart the information to others. Students must be able to communicate quickly, effectively, and efficiently in oral and written English in the classroom and later with all members of the health care team. Specific requirements include, but are not limited to the following: rapidly and clearly communicating with the medical staff on rounds or elsewhere, eliciting an accurate history from patients, and communicating complex findings in appropriate terms to patients and to various members of the health care team. Students must learn to recognize and promptly respond to emotional cues, such as sadness and agitation.

Students must be able to accurately and legibly record observations and plans in legal documents, such as the patient record. Students must be able to prepare and communicate concise, complete summaries of both limited patient encounters and complex, prolonged encounters, including hospitalizations. Students must be able to complete forms, in a timely fashion, and according to directions.

**Sensory and Motor Coordination and Function**

Students must possess sufficient sensory and motor function to perform physical examinations using palpation, auscultation, percussion, and other diagnostic maneuvers. This requires sufficient senses (visual, auditory, touch, and temperature), coordination to manipulate patients, and adequate motor and diagnostic instruments.

Students must be able to evaluate various components of the voice, such as pitch, intensity, and timbre. They must also be able to accurately differentiate percussive notes

and auscultatory findings, including but not limited to, heart, lung, and abdominal sounds. Students must be able to accurately discern normal and abnormal findings, using instruments including, but not limited to, tuning forks, stethoscopes, and sphygmomanometers.

Students should be able to execute physical movements needed to provide general care and emergency treatments to patients. The student, therefore, must be able to respond promptly to emergencies within the hospital or practice setting, and must not hinder the ability of his/her co-workers to provide prompt care. Examples of emergency treatment reasonably required of a physician assistant include arriving quickly when called and assisting in cardiopulmonary resuscitation (CPR), administering intravenous medications, applying pressure to arrest bleeding, maintaining an airway, suturing wounds, and assisting with obstetrical maneuvers. As further illustration, CPR may require moving an adult patient, applying considerable chest pressure over a prolonged period of time, delivering artificial respiration and calling for help.

Students should be able to learn to perform basic laboratory tests such as wet mount, urinalysis, gram stain, and diagnostic/therapeutic procedures such as venipuncture and placement of catheters and tubes. The administration of intravenous medications requires a certain level of dexterity, sensation, and visual acuity. Students must be able to measure angles and diameters of various body structures using a tape measure or other devices to measure blood pressure, respiration and pulse, and interpret graphs describing biologic relationships. Clinical rotations require the ability to transport oneself to a variety of settings in a timely manner.

**Intellectual, Conceptualization, Integration, and Quantitation**

Problem-solving, a critical skill demanded of physician assistants, often requires rapid intellectual function, especially in emergency situations. These intellectual functions include numerical recognition, measurement, calculations, reasoning analysis, judgment, and synthesis. Students must be able to identify significant findings in the patient's history, physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, and choose appropriate medications and therapy.

It is essential that the student is able to incorporate new information from many sources toward the formulation of a diagnosis and plan. Good judgment in patient assessment and diagnostic/ therapeutic planning is also essential. When appropriate, students must be able to identify and communicate the extent of their knowledge to others.

**Behavioral and Social Skills, Abilities, and Aptitudes**

Students must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities associated with the diagnosis and care of patients and the development of mature, sensitive, and effective relationships in diagnosis and care of patients. Empathy, integrity, honesty, concern for others, good interpersonal skills, interest in people, and motivation

are all required personal qualities. Students must be able to monitor and react appropriately to their own emotional needs. For example, students need to maintain balanced demeanor and good organization in the face of long hours, fatigued colleagues, and dissatisfied patients.

Students must be able to develop appropriate professional relationships with their colleagues and patients, provide comfort and reassurance to patients and protect patients' confidentiality. Students must possess the endurance to tolerate physically taxing workloads and to function effectively under stress. All students are at times required to work for extended periods of time, occasionally with rotating schedules. Students must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the practice of medicine. Students are expected to accept suggestions and criticisms, and if necessary, to respond by modifying their behavior appropriately.

## STUDENTS WITH DISABILITIES

Ohio Dominican University is committed to providing equal access and reasonable accommodations to students with disabilities. Any requests for special accommodations must be requested and approved by the Disability Services Office, prior to or at the very beginning of a course and preferably in advance of matriculation in a program of study. Forms and guidelines for documentation are available from the Office of Disability Services. The request must stipulate accommodations to be considered for the entire course of study at the college and must be approved IN ADVANCE of receiving the accommodation. Accommodations are not retroactive. Students requiring accommodations are advised to contact the Disability Services office as soon as possible to begin the formal request process. The Disability Services Office is located in the Advising Center, 105 Erskine Hall, the phone number is (614) 251-4233, and the e-mail is disabilityservices@ohiodominican.edu.

## GRIEVANCE PROCEDURES, HARASSMENT AND PERSONAL ISSUES

Please refer to Ohio Dominican University Student Handbook (http://www.ohiodominican.edu/StudentHandbook/ ) for a detailed explanation of grievance procedures, appeals process and harassment policies. For issues of a personal nature that may interfere with success in the PA program, the student is advised to do one or more of the following: notify and/or consult with his/her faculty advisor, the program director, any faculty member, or student health services.

## ALCOHOL/DRUGS/ILLEGAL SUBSTANCES

Excessive drinking and intoxication will not be tolerated and members of the Ohio Dominican community who choose to drink will be held fully responsible for their behavior while under the influence of alcohol. Loss of control due to intoxication does not excuse or justify violation of State Law, University policies or the rights of others. According to Ohio State code, it is

unlawful for any person under the age of 21 to possess, purchase, or consume any beer, wine, mixed beverage, or other liquor. It is also unlawful for a person over the age of 21 to distribute, sell or give another person under the age of 21 any alcoholic beverage mentioned above. Ohio Dominican University upholds these laws. Public intoxication is not permitted regardless of the age of the individual. Any individual who enters the campus and indicates signs of intoxication (slurred speech, red eyes, smell of alcohol on breath or clothing, difficulty with motor skills, etc.) will be subject to disciplinary action.

The University maintains a "zero tolerance" approach to all illegal drugs and other illegal substances and expects all members of the community to comply with state and federal laws pertaining to illegal drugs. The sale, purchase, possession, complicity, use and/or distribution of illicit drugs or drug paraphernalia on University premises or as part of any of the University's activities are prohibited. The unlawful manufacture, distribution, possession, use or complicity with the use of a controlled substance is a violation of University policy whether those activities occur on or off campus. Additionally, to enter the campus under the influence of any non-prescription drug is considered a violation and will be treated the same as if the individual used the drug on campus grounds. In off-campus cases involving legal procedures, the Dean of Student Life can suspend a student from the University. Violation of state and federal drug laws may result in fines and/or incarceration.

**HARASSMENT**

All students and University employees deserve to be treated with respect. Abusive language, including but not limited to, profanity and threats, prank phone calls or text messages, racist or degrading language, remarks or jokes, inappropriate sexual language or gestures that discriminate against an individual or group, or unwanted physical contact or threats are considered harassment/offensive behaviors and are not acceptable. Such behavior degrades the dignity due all persons and will be treated seriously and dealt with severely.

In order to guarantee the well-being of each and every student, both physically and psychologically, harassment of any kind will not be tolerated. In particular, sexual harassment, hazing for the purposes of initiation into a student group, athletic team, or other club or association, or any behavior creating a hostile environment will not be tolerated. The student discipline process provides an opportunity for a student to bring charges against another student who is engaging in intimidating or harassing behavior that is tormenting, disturbing or threatening. Any student who believes s/he has experienced harassment should report this to the Director of the PA Program immediately. Once the matter has been brought to the Director, it will be investigated and acted upon promptly. The nature of the complaint and the identities of the individuals involved will be held in strict confidence and revealed on a "need-to-know" basis only. The severity of the sanctions imposed will depend on the seriousness of the incident(s) reported.

All students and University employees deserve to be treated with respect. Abusive language, including but not limited to, profanity and threats, prank phone calls, e-mails, text messages; racist or degrading language, remarks or jokes; inappropriate sexual language or gestures that discriminate against an individual or group, or unwanted physical contact or threats are

considered offensive behaviors and are not acceptable. Such behavior degrades the dignity due all persons and will be treated seriously and dealt with severely.

## SEXUAL HARASSMENT AND SEXUAL VIOLENCE

Ohio Dominican reaffirms the principle that students, faculty, and staff have a right to be free from discrimination in any form. Actions, words, jokes, or comments based on an individual's sex, race, national origin, age, sexual orientation, disability, religion, or any other legally protected characteristic will not be tolerated.

Sexual harassment is defined as unwanted sexual advances, requests for sexual favors, or other visual, verbal, or physical conduct of a sexual nature. Any individual who feels that s/he has been sexually harassed should discuss the issue with the Dean of Student Life. The discussion should focus on the validity of the allegation and the scope of the problem. However, an individual may also address the issue through any of the established informal and formal procedures of the institution and may seek the assistance from the Faculty of the PA Program, Director of the PA Program, Assistant Dean of Student Life, Public Safety, Counseling Service, or Campus Ministry, Residence Life, or other University faculty or staff. Complaints about sexual harassment will be responded to promptly and equitably.

Insofar as possible, the University community will make every effort to respect and maintain the privacy of individuals involved in both informal and formal procedures, but in some cases this cannot be ensured. If informal attempts to resolve the complaint fail and there is basis for the allegation, the individual should write out a complete complaint and statement of the incident with as much detail as possible.

## VIOLENCE OR OTHER CRIMINAL BEHAVIOR

Students are expected to comply with all federal, state, and local laws at all times. Students who violate these laws also violate University policy. The University reserves the right to take independent disciplinary action in cases where students are charged with violations of these laws.

Ohio Dominican University is committed to providing a safe, non-threatening workplace and place of learning for all employees, students, and visitors where individuals are respected and protected from offensive or threatening verbal or physical behavior.

We do not tolerate any type of harassment or threatening contact of any kind, against any student, employee, faculty member, visitor, or any other person on University property or at any University sponsored event or function.

- The list of prohibitive behaviors, while not inclusive, includes:
- Causing physical injury to another person;
- Making threatening remarks;
- Stalking;
- Threats of suicide;
- Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another person to emotional distress;

- Intentionally damaging University property or property of another individual;
- Committing acts motivated by, or related to, sexual harassment or other harassment or domestic violence;
- Any other conduct that a reasonable person would perceive as constituting a threat of violence.

Any student who is subjected to, witnesses, or has knowledge of violent behavior of any of the types listed above, or has reason to believe that violent behavior may occur at or in connection with the activities of the University, is required to report it promptly to his/her Program Director or appropriate Faculty or Staff member or Human Resources and Public Safety. All reported incidents are promptly and discreetly investigated, and the University will treat such reports as confidential to the extent circumstances permit.

In order to promote the safety of employees, students, and visitors, as well as the security of its facilities, Ohio Dominican University reserves the right to conduct video surveillance of any portion of its premises at any time. Video cameras will be positioned in appropriate places within and around company buildings. The only exceptions to this policy include private areas of restrooms, showers and dressing rooms.

ODU campus policy prohibits weapons on University property as described in our Weapon-Free Workplace policy. The University reserves the right to conduct a search of any vehicle, personal property, campus property or person if it is suspected that a weapon has been brought onto campus or that a person intends to harm another individual on campus.

Violations of this policy will lead to accelerated disciplinary action, not corrective action, up to and including dismissal from the University and/or referral to appropriate law enforcement agencies for arrest and prosecution. Ohio Dominican University can and will take any necessary legal action to protect its employees, students, visitors, and property.

**WEAPON-FREE ENVIRONMENT**

To ensure that Ohio Dominican University is an environment safe and free of violence for all students, employees, contractors, temporary, and visitors, the University prohibits the possession or use of weapons on University property or off University property while conducting University business. A license to carry a weapon, regardless of Ohio law, does not supersede this University policy.

Any student in violation of this policy will be subject to prompt disciplinary action, up to and including termination. All students are subject to this provision. "University property" is defined as all University-owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under the University's ownership or control. This policy applies to all University-owned or leased vehicles and all vehicles that come onto University property. "Dangerous weapons" include, but are not limited to, firearms, explosives, knives, ammunition and other weapons that might be considered dangerous or that could cause harm. The malicious use of other items not intended as weapons is also prohibited.

Ohio Dominican University reserves the right at any time and at its discretion to search all vehicles, packages, containers, briefcases, purses, lockers, desks, enclosures and persons entering its property for the purpose of determining whether any weapon has been brought onto its property or premises in violation of this policy.

Any student who believes that another person possesses a concealed weapon or is behaving in a threatening manner has an obligation to report this immediately to the Public Safety Department and/or the PA Program. Failure to report knowledge of the presence of any dangerous weapon shall subject the student to disciplinary action up to and including dismissal from the program. Under no circumstances should any student take any unnecessary risks or compromise his or her safety in enforcing this policy. Public Safety and local law enforcement should be contacted as necessary.

## Guidelines for Ethical Conduct for the Physician Assistant Profession

The following code of conduct and ethics is from the American Academy of Physician Assistants website: http://www.aapa.org/manual/22-EthicalConduct.pdf. It was adopted in 2000, and amended in 2004, 2006, 2007, and 2008.

### 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, non-maleficence, 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.

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

The PA and Patient

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

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

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

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

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

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

**Initiation and Discontinuation of Care**

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

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

**Informed Consent**

Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehendible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

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

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

**Confidentiality**

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

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy.

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

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.
PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

**The Patient and the Medical Record**
Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

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

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

**Care of Family Members and Co-workers**
Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate,

a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

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

**Genetic Testing**
Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients 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.

## Competencies for the Physician Assistant Profession

*(Originally adopted 2005; revised 2012)*

**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.

This document was updated in 2012 and then approved in its current form by the same four organizations.

**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**
Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients
- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

**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 Adopted 2013 by AAPA*

**Appendix 1**

**RECEIPT OF CLINICAL STUDENT HANDBOOK**

This is to verify that I have received and read the Ohio Dominican University Physician Assistant (PA) Studies Program Clinical Student Handbook and accept responsibility for adhering to all policies, procedures, and regulations. I understand that a signed copy of this agreement will be kept on file with my student records and that I have the right to keep a copy of this receipt for my personal records upon request.

I further understand that violating patient confidentiality, making a false statement on a patient record or program material, or the commission of academic dishonesty may result in dismissal from the PA program. Additionally, I understand that failure to read this handbook does not excuse me from the requirements and regulations described therein. This handbook supersedes all previous editions of the Ohio Dominican University Physician Assistant Program Clinical Student Handbook. I understand that the information in this Handbook is subject to change and I will be notified of any such changes should they occur.

Signature: _____

Print Name: _____

Date: _____

**Appendix 2**

Physician Assistant Studies
Ohio Dominican University
1216
Sunbury Road
Columbus, OH
43219

## Authorization to Release Student Information for Clinical Experiences

Student's Last Name, First Name of SS#

Student's ID# or last four

I hereby authorize the Physician Assistant Studies Program at Ohio Dominican University the ability to release my information that is requested for clinical rotations to various hospitals and clinic sites as deemed appropriate and necessary.

I understand that this authorization is good for the entire clinical phase of the program and that the information will be released from Ohio Dominican University **directly** to the authorized personnel at the various hospital and or clinic sites. I further understand that any additional copies that I may want for my own personal use must be requested for in writing or in person and be accompanied by the standard payment.

Student's Signature

Date

## Appendix 3

### SCPE Assignments

| SCPE | Written Assignment | CME Procedures Assignment* | HELP Modules Assignment | Rosh Review Question Assignment |
|---|---|---|---|---|
| PAS 901 Family Medicine | New patient complete H&P | *None* | • GI (17 modules) | • GI (210 questions) |
| PAS 902 Emergency Medicine | Directed H&P | • Acute Eye Injury and Slit Lamp Findings<br>• Digital Nerve Blocks<br>• Laceration and Wound Care | • Dermatology (12)<br>• ID (2) | • Emergency Care (44)<br>• Derm (91)<br>• ID (112) |
| PAS 903 Internal Medicine | Admission (Intake) H&P | *None* | • Cardiology (10)<br>• EKG (8) | • Cardio (232) |
| PAS 904 Women's Health | Prenatal visit note | *None* | • OB/GYN (14)<br>• Hematology (5) | • Reproductive (122)<br>• Hematology (62) |
| PAS 905 Pediatrics | Well visit H&P and growth chart | *None* | • ENT (7)<br>• Eye (5) | • Peds (227)<br>• EENT (184) |
| PAS 906 General Surgery | Operative note | • Incision and Drainage | • Orthopedics (15) | • Musculoskeletal (141) |
| PAS 907 Behavioral Medicine | Progress note (may be SOAP format) | *None* | • Psych (8) | • Psych (115) |
| PAS 909 Elective I | Grand Rounds Case presentation | • Joint Arthrocentesis | • Pulmonary (8) | • Pulm (101) |
| PAS 910 Elective II | Case Report Abstract submission | • Dental and Facial Nerve Blocks | • Endocrine (7)<br>• Rheumatology (3) | • Endocrine (81) |
| PAS 911 Elective III | Directed H&P | • Lumbar Puncture | • Neurology (11) | • Neuro (140) |
| PAS 912 Elective IV | Grand Rounds Case presentation | *None* | • GU (8) | • GU (153) |

*Must successfully complete the posttest with 70% or greater.

## Core Rotation SCPE Grading Breakdown:

| Assignment | Final Grade % Weight |
|---|---|
| PAEA End of rotation exam | 40% |
| Preceptor Evaluation | 30% |
| Written assignment | 10% |
| Typhon Patient and Procedure Logs | 10% |
| Typhon Student Midpoint and Site Evaluation | 5% |
| Online resource assignment completion<br>HELP<br>CME Procedures<br>Rosh Review | 5% |
| **Total** | **100%** |

## Elective I & IV SCPE Grading Breakdown:

| Assignment | Final Grade % Weight |
|---|---|
| Grand rounds presentation | 50% |
| Preceptor Evaluation | 30% |
| Typhon Patient and Procedure Logs | 10% |
| Typhon Student Midpoint and Site Evaluation | 5% |
| Online resource assignment completion<br>HELP<br>CME Procedures<br>Rosh Review | 5% |
| **Total** | **100%** |

## Elective II SCPE Grading Breakdown:

| Assignment | Final Grade % Weight |
|---|---|
| Abstract submission | 50% |
| Preceptor Evaluation | 30% |
| Typhon Patient and Procedure Logs | 10% |
| Typhon Student Midpoint and Site Evaluation | 5% |
| Online resource assignment completion<br>HELP<br>CME Procedures<br>Rosh Review | 5% |
| **Total** | **100%** |

## Elective III SCPE Grading Breakdown:

| Assignment | Final Grade % Weight |
|---|---|
| Directed H&P | 50% |
| Preceptor evaluation | 30% |
| Typhon Patient and Procedure Logs | 10% |
| Typhon Student Midpoint and Site Evaluation | 5% |
| Online resource assignment completion<br>HELP<br>CME Procedures<br>Rosh Review | 5% |
| **Total** | **100%** |

## SCPE Faculty Assignments:

| SCPE | Faculty |
|---|---|
| PAS 901 Family Medicine | Maria Gluys |

| | |
|---|---|
| PAS 902 Emergency Medicine | Cameron Powell |
| PAS 903 Internal Medicine | Barry Brownstein |
| PAS 904 Women's Health | Erin Fenzel |
| PAS 905 Pediatrics | Scott Kravitz |
| PAS 906 Surgery | Tim Budnik |
| PAS 907 Behavioral Medicine | Maria Gluys |
| PAS 909 Elective I | Scott Kravitz |
| PAS 910 Elective II | Nicole Powell |
| PAS 911 Elective III | Tim Budnik |
| PAS 912 Elective IV | Erin Fenzel |
| PAS 950 Transition to Practice | Shonna Riedlinger |

**Appendix 4**

## Ohio Dominican University Physician Assistant Studies
## END OF ROTATION PA STUDENT EVALUATION FORM

Student Name: _____ Date:_____
Preceptor Name: _____
Clinical Rotation: _____
Site: _____

Please evaluate the student's clinical performance according to their level of training at this point. The student should be evaluated in each category from Outstanding to Poor. We ask that you review the program's expectations for the student prior to completing the evaluation. These can be found in the Preceptor Handbook and course syllabus. Students should be evaluated based on entry-level expectations as detailed in the NCCPA Competencies for the Physician Assistant Profession (https://www.nccpa.net/Uploads/docs/PACompetencies.pdf). Please refer to the table below for an explanation of grading and descriptions of evaluation categories. Our students are required to obtain a final calculated grade of 77% or higher, representing a B- or greater, in order to validate the acquisition of competency.

| | |
|---|---|
| N/A | Not applicable to this clinical experience |
| 1 | Poor performance (F): Unsatisfactory proficiency. Requires remediation. Rarely, if ever meets standard of care |
| 2 | Below average performance (C): Many deficiencies are noted. Inconsistently meets standard of care. |
| 3 | Average performance (B): Meets standard of care. |
| 4 | Above average performance (A-): Frequently exceeds standard of care. Top 25% of PA students. |
| 5 | Outstanding performance (A): Nearly always exceeds standard of care. Top 10% of PA |

**Please submit to the PA Program via the link provided to you by Typhon at the completion of the student rotation.**

### Medical Knowledge

Demonstrates appropriate knowledge of disease pathophysiology, clinical presentation, treatment options, and prognosis.

| | | | | | | |
|---|---|---|---|---|---|---|
| The student can explain disease etiologies, risk factors, underlying pathologic process and epidemiology for medical conditions. | 1 | 2 | 3 | 4 | 5 | NA |
| The student can describe signs and symptoms for disease states related to the most frequent presentation for a given disorder. | 1 | 2 | 3 | 4 | 5 | NA |
| The student collects sufficient essential and accurate history to direct physical examination and develops correct diagnoses. | 1 | 2 | 3 | 4 | 5 | NA |

| | | | | | | |
|---|---|---|---|---|---|---|
| The student demonstrates knowledge of normal and abnormal physical examination findings and their relationship to possible diagnoses. | 1 | 2 | 3 | 4 | 5 | NA |
| The student selects and interprets appropriate diagnostic or lab studies. | 1 | 2 | 3 | 4 | 5 | NA |
| The student can identify appropriate interventions for prevention of conditions. | 1 | 2 | 3 | 4 | 5 | NA |

## Interpersonal and Communication Skills

| | | | | | | |
|---|---|---|---|---|---|---|
| The student appropriately adapts communication style to the context of all patient interactions. | 1 | 2 | 3 | 4 | 5 | NA |
| The student conducts respectful interviews, with empathy and sensitivity. | 1 | 2 | 3 | 4 | 5 | NA |
| The student's documentation demonstrates improvement over the course of the rotation with regards to physical exam descriptions and patient presentation. | 1 | 2 | 3 | 4 | 5 | NA |
| The student produces reliably accurate concise organized documentation for patient interactions. Evidence: Documentation demonstrates an accurate record of patient encounters and patient case presentation. | 1 | 2 | 3 | 4 | 5 | NA |

## Patient Care

| | | | | | | |
|---|---|---|---|---|---|---|
| The student can develop and carry out patient management plans. | 1 | 2 | 3 | 4 | 5 | NA |
| The student demonstrates correct use of instruments, skills in performing procedures, and maintains calm in the face of unplanned complications. | 1 | 2 | 3 | 4 | 5 | NA |
| The student demonstrates appropriate physical examination skills. Evidence: Findings are reproducible by preceptor. | 1 | 2 | 3 | 4 | 5 | NA |
| The student counsels and educates patients and their families. | 1 | 2 | 3 | 4 | 5 | NA |

## Professionalism

| | | | | | | |
|---|---|---|---|---|---|---|
| The student demonstrates a respectful attitude to and works appropriately with preceptors, staff and patients at all times. | 1 | 2 | 3 | 4 | 5 | NA |
| The student demonstrates timely attendance, appropriate dress and accomplishes assigned tasks on time. | 1 | 2 | 3 | 4 | 5 | NA |
| The student recognizes the role of the Physician Assistant. | 1 | 2 | 3 | 4 | 5 | NA |
| The student recognizes personal learning needs and limitations and seeks to rectify them. | 1 | 2 | 3 | 4 | 5 | NA |
| The student promptly completes assigned tasks and takes initiative in approach to learning. Demonstrates self-directed study. | 1 | 2 | 3 | 4 | 5 | NA |
| The student openly seeks and positively responds to constructive criticism from preceptors and staff. | 1 | 2 | 3 | 4 | 5 | NA |
| The student demonstrates the ability to use criticism to change behavior/attitudes. | 1 | 2 | 3 | 4 | 5 | NA |

## Practice-based Learning

| | | | | | | |
|---|---|---|---|---|---|---|
| The student locates, appraises and integrates evidence from scientific studies related to patients' health problems. | 1 | 2 | 3 | 4 | 5 | NA |
| The student applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness. | 1 | 2 | 3 | 4 | 5 | NA |

## Systems-based Learning

| | | | | | | |
|---|---|---|---|---|---|---|
| The student acts as an advocate for patients and their families. | 1 | 2 | 3 | 4 | 5 | NA |
| The student applies information technology to manage information; is able to access online medical information and support their own education. | 1 | 2 | 3 | 4 | 5 | NA |

## Supervised Clinical Rotation Assessment

Please select the appropriate level of your agreement or disagreement with respect to each of the three statements listed below:

1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree

*The below information will not be calculated into the overall scoring of the evaluation of the student.

| | | | | | | |
|---|---|---|---|---|---|---|
| The student effectively applied his/her knowledge and skills learned in their didactic training at the onset of this rotation. | 1 | 2 | 3 | 4 | 5 | NA |
| The student has effectively developed NEW knowledge and skills gained through experiences throughout this rotation. | 1 | 2 | 3 | 4 | 5 | NA |
| This clinical rotation provided the student with access to the supervision necessary to fulfill the rotation objectives. | 1 | 2 | 3 | 4 | 5 | NA |
| This clinical rotation provided the student with access to the patient populations necessary to fulfill the rotation objectives. | 1 | 2 | 3 | 4 | 5 | NA |
| This clinical rotation provided the student with access to the physical facilities and resources necessary to fulfill the rotation objectives | 1 | 2 | 3 | 4 | 5 | NA |
| This student met my expectations of a Physician Assistant student, regarding the students' preparedness to undertake the rotation/SCPE at their current level of training. | 1 | 2 | 3 | 4 | 5 | NA |

Have you ever precepted a Physician Assistant student? YES NO

Has the student had any unexcused absences from the clinical rotation? YES NO

Would you give the student a passing grade for this clinical rotation? YES NO

Did this student meet your expectations as a Physician Assistant *in training*? YES NO

Would you recommend this student for employment upon graduation? YES NO

I have discussed this evaluation with the student. YES NO

## Additional Comments

Please comment on the overall student performance. In particular, please comment on any areas where the student received very high or very low marks?

_____

_____

Have you any suggestions to improve the preparedness of our students for their clinical clerkships?

_____

_____

## Preceptor Information

_____ _____

**Preceptor's Name (Signature)** **Date**

_____

**Preceptor's Name (Print)**

**Appendix 5**

**Ohio Dominican University Physician Assistant Studies**
**STUDENT MID-ROTATION SELF-EVALUATION**

**Student Name: _____Date: _____**
**Name of Preceptor: _____**
**Clinical Rotation: _____Name of Site: _____**

The Mid-Rotation Student Self-Evaluation is designed to allow each student to reflect on his or her current performance at the mid-point of each SCPE, and to help facilitate a conversation with his or her Preceptor regarding progress in the SCPE. Upon completing the Mid-Rotation Student Self-Evaluation, the student must meet with his or her Preceptor to review their self-assessment evaluation and obtain feedback from the Preceptor. Students are required to complete and submit the Mid-Rotation Student Self-Evaluation on Typhon by Monday at 8 am of the third week of each SCPE. Notification of evaluation availability and deadline will be sent to each student via email.

Please use the following criteria for feedback and check appropriate box:
**5 = Outstanding 4 = Above Average 3 = Average 2 = Below Average 1 = Poor**

## Student Self-Assessment

| | 5 | 4 | 3 | 2 | 1 | N/A |
|---|---|---|---|---|---|---|
| How do you rate your ability to obtain and appropriate, accurate patient history? | | | | | | |
| How do you rate your ability to perform an appropriate, comprehensive physical exam? | | | | | | |
| How do you rate your ability to present findings orally to your preceptor and or other clinicians? | | | | | | |
| How do you rate your ability to formulate a differential diagnosis? | | | | | | |
| How do you rate your ability to formulate and implement a patient plan? | | | | | | |
| How do you rate your ability to perform clinical procedures (sutures, IV, etc.)? | | | | | | |
| How do you rate your professional behavior (attendance, punctuality, appearance, etc.)? | | | | | | |

My current clinical rotation is in the following practice setting (check all that apply):

☐ Inpatient
☐ Outpatient
☐ Emergency Department
☐ Operating Room

## Safety

Have you had any safety concerns during this rotation? YES _____ NO_____

If yes, did you communicate your concerns? YES _____ NO_____

If yes, please explain

_____
_____
_____

I have discussed the above self-assessment with my Preceptor. YES _____ NO_____

Please provide any feedback provided by your Preceptor of your mid-rotation performance:

_____
_____
_____
_____
_____

**Appendix 6**

Ohio Dominican University Physician Assistant Studies
**STUDENT END OF CLINICAL ROTATION EVALUATION**

Student Name: _____ Date: _____
**Name of Preceptor:** _____
**Clinical Rotation:** _____ **Name of Site:** _____

Please answer the following questions which are reflective of your most recently completed SCPE. You are required to complete and submit the Student End of Rotation Evaluation at the conclusion of each SCPE. Notification of evaluation availability and deadline will be sent to each student via email during the final week of the SCPE.

| **Learning Assessment and Environment** | | |
|---|---|---|
| 1. Did you review the syllabus, learning outcomes and instructional objectives for this rotation? | Yes | No |
| 2. Did the preceptor review the rotation objectives and his/her expectations with you? | Yes | No |
| 3. Did the preceptor provide feedback regarding your progress BEFORE the end of the rotation? | Yes | No |
| 4. Did the preceptor discuss your final evaluation with you? | Yes | No |
| 5. Do you feel your evaluation accurately reflects the strengths and weaknesses you displayed during this rotation? | Yes | No |
| 6. Did you have any safety concerns during this rotation? | Yes | No |
| 7. If yes to question #6, did you communicate your concerns? | Yes | No |

| **Patient Assessment** | | | | | |
|---|---|---|---|---|---|
| 8. Do you feel there was an adequate amount of patient contact? | Yes | No – Too Few | No – Too Many | Not Sure | |
| **My assessment of patients included:**<br>**Please use the following criteria for feedback and select appropriate answer:**<br>**5 = >80% of the time; 4 = 50-80% of the time; 3 = 20-50% of the time; 2 = <20% of the time; 1 = Never** | | | | | |
| 9. Eliciting a complete medical history | 5 | 4 | 3 | 2 | 1 |
| 10. Eliciting a problem oriented medical examination | 5 | 4 | 3 | 2 | 1 |
| 11. Performing a complete physical examination | 5 | 4 | 3 | 2 | 1 |
| 12. Performing a problem oriented physical examination | 5 | 4 | 3 | 2 | 1 |

| | | | | | |
|---|---|---|---|---|---|
| 13. Developing a problem list | 5 | 4 | 3 | 2 | 1 |
| 14. Selecting appropriate laboratory tests/studies | 5 | 4 | 3 | 2 | 1 |
| 15. Interpreting the results of laboratory tests/studies | 5 | 4 | 3 | 2 | 1 |
| 16. Formulating a differential diagnosis | 5 | 4 | 3 | 2 | 1 |
| 17. Developing a tentative management plan | 5 | 4 | 3 | 2 | 1 |
| 18. Giving case presentations to my preceptor | 5 | 4 | 3 | 2 | 1 |
| 19. Providing patient education | 5 | 4 | 3 | 2 | 1 |
| 20. Recording the findings of my H&P in patient's chart with supervising preceptor's co-signature | 5 | 4 | 3 | 2 | 1 |
| 21. Reassessment on follow-up visit | 5 | 4 | 3 | 2 | 1 |

| **Please use the following criteria for feedback and select appropriate answer:**<br>**5 = Strongly Agree 4 = Agree 3 = Not Sure 2 = Disagree 1 = Strongly Disagree** | | | | | |
|---|---|---|---|---|---|
| 22. There was sufficient resources available for performing pertinent technical skills | 5 | 4 | 3 | 2 | 1 |
| 23. There was sufficient resources available for self-study | 5 | 4 | 3 | 2 | 1 |
| 24. The clinical experience was appropriate with the learning outcomes and instructional objectives in the syllabus | 5 | 4 | 3 | 2 | 1 |
| 25. I was well prepared for this rotation by the first year didactic courses | 5 | 4 | 3 | 2 | 1 |
| 26. I was well accepted by the staff | 5 | 4 | 3 | 2 | 1 |
| 27. I was appropriately supervised by the preceptor | 5 | 4 | 3 | 2 | 1 |
| 28. The preceptor provided adequate teaching | 5 | 4 | 3 | 2 | 1 |
| 29. The preceptor was interested in my learning | 5 | 4 | 3 | 2 | 1 |
| 30. The preceptor gave positive feedback and constructive criticism throughout the rotation | 5 | 4 | 3 | 2 | 1 |
| 31. The program should continue to use this rotation/preceptor on a regular basis | 5 | 4 | 3 | 2 | 1 |

## OVERALL ASSESSMENT:

32. My overall evaluation of this rotation is best described by assigning the letter grade of:

| | |
|---|---|
| A | Outstanding performance |
| A- | Above average performance |
| B | Average performance |
| C | Below average performance |
| F | Failed performance |

33. List the 5 most frequent patient problems or disease entities you encountered during this rotation:

1.
2.
3.
4.
5.

34. What problems/diseases did you NOT encounter that you expected?

_____

_____

35. What did you like BEST about this rotation?

_____

_____

36. What did you like LEAST about this rotation?

_____

_____

Any additional comments:

_____

_____