



Idaho State University

Department of Physician Assistant Studies

Guidelines & Policies

Class of 2024

2022 – 2024

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

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INTRODUCTION

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

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

IDAHO STATE UNIVERSITY PA PROGRAM OVERVIEW

Definition of a Physician Assistant

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

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

- **Evaluation** - Eliciting a detailed medical history, performing an appropriate physical examination, delineating problems, and recording information in the medical record.
- **Monitoring** – Working collaboratively with the physician and healthcare team in developing and implementing patient management plans, recording progress notes in office-based and patient health care settings.
- **Diagnostics** - Performing and interpreting laboratory, radiologic, cardiographic, and other routine diagnostic procedures used to identify pathophysiologic processes.
- **Therapeutics** - Performing routine procedures such as injections, immunizations, suturing and wound care, managing simple conditions produced by infection or trauma, participating in the management of more complex illness and injury, and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations.
- **Counseling** - Instructing and counseling patients regarding compliance with prescribed therapeutic regimens, normal growth and development, family planning, situational adjustment reactions and health maintenance.
- **Referral** - Facilitating the referral of patients to the community's health and social service agencies when appropriate.

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

The Profession

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

The clinical role of PAs includes primary and specialty care in all medical and surgical practice settings. PA practice is centered on patient care and may include educational, research and administrative activities. The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes of the graduate PA.

The Program

The Physician Assistant Program at Idaho State University awards the Master of Physician Assistant Studies (MPAS) degree and a PA certificate upon successful completion of its 24 month graduate curriculum. A class of 72 students is enrolled each fall semester. Application to the Program is through the Central Application Service for Physician Assistants (CASPA). The Program is fully accredited by the Accreditation Review Commission on the Education of Physician Assistants, Inc., ARC-PA. Graduates of this Program are eligible to take the NCCPA's Physician Assistant National Certifying Exam (PANCE).

Vision Statement

To create a culture conducive to optimal teaching and learning that is responsive to emerging healthcare challenges and inspires leadership in the profession.

Mission Statement

We cultivate caring, collaborative physician assistants with a passion to serve and improve the health and wellbeing of patients and their communities.

Motto

Training medical professionals who care.

Core Values of the Idaho State University Physician Assistant

Compassionate—We recognize and respond to the needs and feelings of others.

Inclusive—We welcome and value you for who you are.

Collaborative—We believe in the power of working together.

Integrity—We strive to do the right thing personally and professionally.

Service Oriented—We have the heart to care for others.

Intellectual Curiosity—We are eager to learn new knowledge and continue our pursuit of the “why”.

PA PROGRAM OUTCOME OBJECTIVES

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

1. **History:** Elicit an appropriate complete, interval or acute history from any patient in any setting.
2. **Physical Examination:** Perform a complete and focused physical examination on a patient of any age, gender, or condition in any setting.
3. **Diagnostic Studies:** Identify, order, perform and interpret, cost-effective, diagnostic procedures, based on history and physical examination findings, and assist the physician with other diagnostic procedures as directed.
4. **Clinical Knowledge:** Explain the etiology, diagnosis, and management options of health problems within the scope of PA practice.
5. **Differential Diagnosis:** Develop an evidence-based differential diagnosis and diagnostic impression considering the subjective and objective data obtained.
6. **Therapeutics:** Identify, perform, and order cost effective pharmacologic and non-pharmacologic therapeutic modalities and assist the physician with other therapeutic modalities.
7. **Health Promotion/Disease Prevention:** Recognize, develop and implement effective strategies for incorporating health promotion/disease prevention into clinical practice.
8. **Emergency Skills:** Recognize and manage life-threatening conditions jointly with, and in the absence of, the physician.
9. **Communication/Patient Education:** Be able to collaborate and effectively communicate in a medically professional manner, both orally and in writing, to the patient, the family, and with other health professionals.
10. **Research:** Apply evidence-based medical research methodologies to clinical practice.
11. **Cultural Competence:** Demonstrate an understanding that cultural dimensions of health and illness are essential to effective patient care.
12. **Ethics:** Act consistently with the American Academy of Physician Assistant's (AAPA) Code of Ethics of the PA Profession as presented in Appendix A.

Idaho State University Physician Assistant Student Honor Code

As a member of the Physician Assistant Program at Idaho State University, I understand that I am responsible for showing respect to myself, my fellow classmates, faculty, staff, preceptors, and, most importantly, my patients.

As a student, I will conduct myself with integrity. I will not engage in petty or unprofessional behavior. I will have a humble attitude and a sense of appreciation.

I will show my fellow students, faculty, staff, and preceptors respect by focusing on the content being presented and questions being asked/answered. I will respect each person's role, as well as their time. I will be helpful and flexible. I will not participate in any behavior that is dishonest or inappropriate.

As a provider, I will focus on my patient as a human being rather than someone to gather data from for purposes of the Electronic Health Record (EHR) and billing. I will ensure patients are treated with dignity, showing respect for their personal beliefs, and providing care to the best of my ability. I will keep both the patient's physical and emotional needs forefront in my mind. I will seek answers by utilizing my resources when I am unsure.

CURRICULUM

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

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

Didactic Curriculum

Fall Semester:

PAS 6601 Intro to Physician Assistant (IPAS)
PAS 6602 Evidence Based Medicine (EBMS)
PAS 6603 Clinical Assessment (CLAS)
PAS 6604 Pharmacology (PHAR)
BIOS 5529 Regional Anatomy and Histology
BIOS 5564 Lectures in Human Physiology
BIOS 5563 Human Pathophysiology
SPAN 5510 Spanish for the Health Professions (elective)

Spring Semester:

PAS 6629 Allergy/Immunology, ENT, Ophthalmology (ALIM/HENT/OPHT)
PAS 6631 Infectious Disease Module (INDZ)
PAS 6635 Pulmonology Module (PULM)
PAS 6636 Cardiology Module (CARD)
PAS 6634 Renal Module (RENL)
PAS 6632 Hematology/Oncology Module (HEMA)
PAS 6633 Endocrinology Module (ENDO)
PAS 6637 Gastroenterology Module (GAST)
PAS 6640 Rheumatology Module (RHEU)
PAS 6641 Orthopedic Module (ORTH)
PAS 6642 Psychiatry Module (PSCY)
PAS 6656 Alternative/Occupational Medicine Module (ALOC)
SPAN 5510 Spanish for the Health Professions (elective)

Summer Semester:

PAS 6650 Obstetric/Perinatology Module (OBPN)

PAS 6643 Genitourinary Module (GENU)

PAS 6646 Neurology Module (NEUR)

PAS 6639 Dermatology Module (DERM)

PAS 6653 Surgery Module (SURG)

PAS 6651 Pediatric Module (PEDS)

PAS 6652 Geriatric Module (GERI)

PAS 6654 Emergency Medicine Module (EMER)

PAS 6657 Comprehensive Evaluation

GENERIC SYLLABUS EXAMPLE

What follows is an example of what a typical syllabus will look like in the Program. Text in red is intended to be changed for the course and its content. Black text indicates policies and procedures considered typical for a course in the PA Program.

Idaho State University PA Program Module Syllabus and Objectives 22-23

PAS 6000 Generic MODULE

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

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

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

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

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

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

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

Different for FALL courses so add specific wording for fall courses

Learning Outcomes:

These outcomes will be achieved over the course of the academic year through the curriculum which is modular based.

- Elicit an appropriate, complete, interval or acute history from any patient in any setting.

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

Fall courses may need modification

Instructional Objectives:

These are the competencies that the student will attain after completing this module.

Insert objectives for module here

Add Pharmacology objectives if pharmacology part of the module:

Not needed in all modules if no pharmacology taught.

Identify and define the pharmacologic and non-pharmacologic therapeutics of designated diseases as listed in objective _____ above

- a. Drug class
- b. Indications
- c. Dosing
- d. Pharmacodynamics/pharmacokinetics
- e. Adverse effects/contraindications
- f. Monitoring – lab and other
- g. Drug interactions
- h. Patient Education

Grading:

Percentages will have to be adjusted if a module doesn't have all components –

1. Final 70%, Mock pt 30%
2. Final 80-95%, Quizzes 5-20%, Assignments 5-20%
3. Final 100%, Module Clinic Patients – Required Participation

4. Presentation/participation 100% effort and attendance
5. Quizzes maybe added into some modules or courses
6. AHA with BLS and ACLS will require passing in the courses that they are taught in

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

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

Course grades will generally include the following assessments:

Final exam

Mock patient exam – some modules do not have a mock patient exam

Quizzes

Overall competence

In some modules there will be additional assessments:

Other exams or quizzes

Writing assignments

Presentations

Group projects

Case Studies

Etc.

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

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

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

- 1) A passing grade is B minus (75%) or better for written tests
 - a. Exam scores will not be rounded but calculated exactly
 - b. A failure of a written exam will require a repeat of the exam in some form as set forth in the guidelines and policies
- 2) Mock patient exam tests will account for a maximum of 30% of the final module grade if done as an individual student. The final grade for the mock patient exam will be on an exact point basis with 75% or greater for passing. Three components of the module mock patient exam must be passed in order to pass – 1) the history/assessment/plan plus 2) the

physical exam pass off plus 3) a SOAP note write up and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.

- a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies
- 3) Mock patient exam tests may be done in groups as assigned. The final grade for the mock patient exam will be pass fail with passing based on an exact point basis with 75% or greater for passing. The pass or fail will be given to the group. Three components of the module mock patient exam must be passed in order to pass – 1) the history/assessment/plan plus 2) the physical exam pass off plus 3) a SOAP note write up and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.
 - a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies
- 4) For further details regarding failures and remediations refer to the guidelines and policies.
- 5) Professional development, behavior and critical thinking:
 - a. It is understood that this assessment will incorporate some intangible concepts that are not black and white and are somewhat subjective. These are meant to hold the student to a high standard in order to better promote professional and personal development. Also please reference the guidelines and policies on professionalism and behavior as well as competencies for the Physician Assistant.
 - b. The student must demonstrate the following in order to pass the module
 - i. Synthesis of material
 1. The student will be able to put together material in a workable/useable format that demonstrates understanding and clinical relevance.
 - ii. Participation both individual and as a team
 1. The student must contribute meaningful comments in class as opposed to disruptive, unprofessional or inappropriate comments. The student works cooperatively with others in class and group in a meaningful and productive way.
 - iii. Professionalism and professional relationships
 1. The student shows respect, humility, willingness to learn and willingness to take constructive criticism from fellow students and faculty and staff, and demonstrates honesty and integrity.
 - iv. Communication
 1. The student shows respect in their communication and their communication is appropriate to the task at hand.
 - v. Initiative
 1. The student demonstrates an assertive/aggressive/motivated approach to learning, participation in class and participation with classmates.
 - vi. Cultural sensitivity/competence
 1. The student is free of judgemental attitudes and behavior and they demonstrate respect for cultural issues without bias. The student is willing to learn culture competence.
 - vii. Attendance and punctuality

1. The student is on time for class and they demonstrate flexibility to changes when needed.
2. Attendance is required for all class times and scheduled activities
- viii. Clinical judgement and critical thinking
 1. The student demonstrates the ability to think critically. The student is able to integrate material such that they will be able to effectively help patients in a clinical situation.
- ix. Ethics
 1. The student demonstrates an appropriate ethical approach to situations with fellow students, faculty and staff. The student is able to show an understanding of ethical judgement with medical information.
- x. Electronic use
 1. The student does not violate policy by use of cell phone or by computer use during class for internet surfing, emailing, instant messaging, shopping, games and skypeing etc.
- c. In order to receive a module/course grade, the student must satisfy the above professional development/behavior/critical thinking components which will be on a pass/fail basis. Failure of any of these components will result in one or more of the following actions: a warning, an incomplete grade, or a failure. Satisfactory achievement of these components will allow the student to receive the grade earned in the course based on the other course criteria (e.g. written exam, mock patient exam, etc.). Satisfactory performance of the professional development/behavior/critical thinking components will not impact the final course/module grade. The grade of pass/fail of these components will be determined by the module coordinator in conjunction and consultation with the other faculty teaching or involved in the module. The student will be notified of the unsatisfactory completion. A letter will be placed in the students file describing the problem/violation. The student will be counseled by the module coordinator on the problem. Remediation will be determined by the module coordinator and may include being counseled by the module coordinator only, an incomplete in the module until demonstrating satisfactory performance, completing an assignment (reading, writing, research etc) to demonstrate understanding the problem, preparing a presentation to the faculty or other means of remediation including referral to the Academic Affairs Committee. Repetitive problems or failures of the various components in the modules will *result in referral to the Academic Affairs Committee.*

Grading Scale:

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

Students with disabilities:

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

Schedule:

Schedule template

| Day/Date | Time | Topic | Lecturer | Objectives | Readings | Evaluation |
|----------|------|-------|----------|------------|----------|------------|
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Resources: The following resources are *required* or recommended for this course/module:

| Abbr used | Text Title | Online | Ed | Author | ISBN |
|-----------|---|-----------------------------|---------|--------------------------|-------------------|
| CMDT | CURRENT Medical Diagnosis and Treatment 2022 | Online link | 2022 | Papadakis, McPhee, Rabow | 978-1264269389 |
| Ballweg | Physician Assistant: A Guide to Clinical Practice | Online link | 7 | Ballweg et al | 978-0323654166 |
| Spanish | McGraw-Hill Education Spanish for Healthcare Providers | | 4 | Rios, Torres, Rios | 978-1260467888 |
| Dict | Medical Dictionary: Illus. (w/ CD) | | 28 | Stedman | 978-0781733908 |
| Lab | Mosby’s Manual of Diagnostic and Laboratory Tests | | 7 | Pagana & Pagana | 978-0323697033 |
| BLS | Basic Life Support (BLS) Provider Manual 2020 | | 20-1102 | AHA book | 978-1-61669-768-6 |
| ECC | 2020 Handbook of Emergency Cardiovascular Care For Healthcare Providers | | 20-1100 | AHA book | 978-1-61669-766-2 |
| Seidel’s | Seidel's Guide to Physical Examination | Online link | 10 | Seidel et al | 978-0323761833 |

| Abbr used | Text Title | Online | Ed | Author | ISBN |
|-------------------|---|-----------------------------|-----------|--------------------------------|-------------------|
| Seidel's Lab | Student Laboratory Manual for Seidel's Guide to Physical Examination | | 10 | Seidel et al | 978-0323776042 |
| Merck | The Merck Manual & Professional Online | Online link | 20 | Porter | 978-0911910421 |
| Docu | Guide to Clinical Documentation | Online link | 3 | Sullivan | 978-0803666627 |
| Pharm | Basic and Clinical Pharmacology | Online link | 15 | Katsung, Trevor | 978-1260452310 |
| Sanford | The Sanford Guide to Antimicrobial Therapy 2021 | | 52 | Gilbert | |
| Procedures Text | Procedures for Primary Care | Online link | 4 | Pfenninger | 978-0323476331 |
| Procedures Videos | Clinical Key | Online link | | | |
| SX DX | Symptom to Diagnosis: an Evidence-Based Guide | Online link | 4 | Stern et al | 978-1260121117 |
| Surg | Essentials of General Surgery | | 6 | Lawrence, Bell, Dayton, Hebert | 978-1496351043 |
| Wash | The Washington Manual of Medical Therapeutics (Lippincott Manual Series (Formerly known as the Spiral Manual Series)) | | 36 | Bhat et al | 978-1975113483 |
| Peds | Nelson Essentials of Pediatrics | Online link | 8 | Marcdante, Kliegman | 978-0323511452 |
| EKG | Rapid Interpretation of EKG's | Online link | 6 | Dubin | 978-0912912066 |
| MS exam | Musculoskeletal Examination | Online link | 4 | Gross et al | 978-1118962763 |
| MS Care | Essentials of Musculoskeletal Care | Online link | 5 | Armstrong, Hubbard | 978-1284166859 |
| Psych | Introductory Textbook of Psychiatry | | 7 | Black, Andreasen | 978-1615373192 |
| ER | Tintinalli's Emergency Medicine Manual (Paperback) | | 8 | Ma & Cline | 978-0071837026 |
| ACLS | Advanced Cardiovascular Life Support Provider Manual 2020 | | 20-1106 | AHA book | 978-1-61669-772-3 |
| Epocrates | Epocrates App for drugs | App - download | | | |

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

Example below

| Day/Date | Time | Topic | Lecturer | Objectives | Readings | Evaluation |
|-----------------------|-----------|------------------------------|----------|------------|---|---|
| 1/1 Mon | 0800-0900 | Yes | Papa | 1a | POMD Pg 1-5 | Written |
| | 0900-1000 | Yes | Bunnage | 2c | CMDT Chapter 3 Merck Pg 20-40 | Written |
| | 1000-1200 | Help | Johnson | 4d | Mosby Pg 55-58 | Mock Pt Written |
| | 1300-1500 | Whatever | Martin | 7f | Lab Pg 100-104 | Written |
| 1500-1700 OPEN | | | | | | |
| 1/2 Tues | 0800-0900 | Yes | Papa | 1a | POMD Pg 1-5 | Written |
| | 0900-1000 | Yes | Bunnage | 2c | CMDT Pg 590-620 Merck Pg 20-40 | Written |
| | 1000-1200 | Help | Sierra | 4d | Mosby Pg 55-58 | Mock Pt Written |
| | 1300-1500 | Whatever | Martin | 7f | Lab Pg 100-104 | Written |
| | 1500-1700 | Case Studies | Bunde | 8 | | Written |
| 1/3 Wed | 0800-0900 | Yes | Papa | 1a | POMD Pg 1-5 | Written |
| | 0900-1000 | Yes | Bunnage | 2c | Merck Pg 20-40 | Written |
| | 1000-1200 | Help | Hall | 4d | Mosby Pg 55-58 | Mock Pt Written |
| | 1300-1500 | Whatever | Martin | 7f | Lab Pg 100-104 | Written |
| 1500-1700 OPEN | | | | | | |
| 1/4 Thurs | 0800-0900 | Yes | Papa | 1a | POMD Pg 1-5 | Written |
| | 0900-1000 | Yes | Bunnage | 2c | CMDT Pg 20-40 | Written |
| | 1000-1200 | Help | Phelps | 4d | Mosby Pg 55-58 | Mock Pt Written |
| | 1300-1500 | Whatever Lab practical | Martin | 7f | Lab Pg 100-104 | Participation and observation by faculty |
| | 1500-1600 | Case Studies | Johnson | 10c | Handout | Not tested |
| 1600-1700 OPEN | | | | | | |

| Day/Date | Time | Topic | Lecturer | Objectives | Readings | Evaluation |
|--|-------------|------------------------------|-------------------------------------|-------------------|-------------------|---|
| 1/5 Fri | 0800-0900 | Yes | Papa | 1a | POMD Pg 1-5 | Written |
| | 0900-1000 | Yes | Bunnage | 2c | CMDT Pg 20-40 | Written |
| | 1000-1200 | Help | Sierra | 4d | Mosby Pg 55-58 | Mock Pt Written |
| | 1300-1500 | Whatever Lab practical | Martin | 7f | Lab Pg 100-104 | Participation and observation by faculty |
| | 1500-1700 | Clinic | Johnson | 10c | Handout | Not tested |
| Final Written Exam 1/8/10, Mon 0800-1000 | | | Mock Pt Exam 1/9/10, Tues 0800-1000 | | | |

Clinical Curriculum

Fall Semester:

- PAS 6661 Clinical Rotation I: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6662 Clinical Rotation II: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6663 Clinical Rotation III: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6671 Capstone Assessment I: Students are required to complete a project under the direction of the PA Program faculty. This project will consist of the development of an evidence-based case concept vignette presentation, public health-based educational outreach, primary clinical research or other project under the direction of their Capstone Project Advisor.

Spring Semester:

- PAS 6664 Clinical Rotation IV: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6665 Clinical Rotation V: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6666 Clinical Rotation VI: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6672 Capstone Assessment II: Under the direction of the PA Program faculty, the students are required to present the project that they developed in Capstone Assessment I, followed by an oral examination.

Summer Semester:

- PAS 6667 Clinical Rotation VII: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6668 Clinical Rotation VIII: Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations.
- PAS 6673 Capstone Assessment III: PA students will be evaluated in this third capstone course to ensure that each student is prepared to enter clinical practice. Student assessment in this course will be summative in nature and involve multiple approaches. Evaluation instruments will incorporate both didactic and clinical components and assess the student's knowledge, interpersonal skills, patient care skills, and professionalism. Students are required to pass a series of multiple-choice objective examinations (PAEA End of Rotation Exams, End of Curricular Exam, or similar exams) and Objective Structured Clinical Examinations (OSCE). Students will also complete the PACKRAT II in this course and attend a PANCE preparation course.

GUIDELINES & POLICIES

Idaho State University Guidelines & Policies

Federal Family Educational Rights and Privacy Act of 1974

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

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

A student may restrict release of all directory information by filing a Student Non-Disclosure Declaration Of Education Record form with the Office of the Registrar. Any restriction is permanent and remains in place even after the student has stopped attending or has graduated from the University unless the student requests, in writing, that it be removed. Additional FERPA information may be found on the web at: <https://www.isu.edu/registrar/ferpa/> and <https://www.isu.edu/registrar/student-resources/ferpa---student-rights/>.

Americans with Disabilities Statement on Compliance and Services

Idaho State University is committed to providing equal opportunity in education for all students. If you have a diagnosed disability or if you believe you have a disability (physical, learning, hearing, vision, psychiatric) that might require reasonable accommodation in this program, please contact the Disability Services Center, Rendezvous Building, Room 125 (208-282-3599) or at <https://www.isu.edu/disabilityservices/>. It is the responsibility of students to contact instructors during the first week of each semester to discuss appropriate accommodations.

Policies & Procedures for Student Grievances and Allegations of Harassment

Detailed information regarding the University's policies and procedures for student grievances and allegations of harassment may be found in the Student Handbook located on the Idaho State website at <https://www.isu.edu/deanofstudents/student-conduct/>, including further assistance with grievances.

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

Idaho State University Policy and HIPAA

“The Health Insurance Portability and Accountability Act (HIPAA) was passed in 1999. Idaho State University is committed to protecting the confidentiality of protected health information and in complying with Federal and State regulations regarding protected health information.” <https://www.isu.edu/media/libraries/isu-policies-and-procedures/governancex2flegal/HIPAA-Privacy---Hybrid-Entity-Policy-ISUPP-10010.pdf>

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

Medical and Personal Issues

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

Students coming to faculty with difficulties will be referred to the appropriate university resource, such as Idaho State University Student Health, Counseling, ADA Center, or a private

provider as appropriate. The role of faculty is to inform students of available sources of help, and not to provide services. Per ARC-PA accreditation standards, faculty members are not allowed to provide personal counseling or health services to students in the Program.

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

1. Faculty holding individual consultations with the student.
2. Referral of the student to appropriate student services.
3. Referral of the student to the Academic Affairs Committee.

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

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

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

Idaho State University PA Program Guidelines & Policies

1. **ADVANCED PLACEMENT**

The Idaho State University Physician Assistant Studies Program does not award or grant advanced placement.

2. **TEACH-OUT STUDENTS**

The Program may accept teach-out students from a Physician Assistant Program that has lost its ARC-PA accreditation. Admission of these students will be dependent upon the approval of the Program Director and Idaho State University.

3. **EARLY ASSURANCE PROGRAM**

The Early Assurance Program at Idaho State University's Physician Assistant Studies Program allows undergraduate juniors and seniors at Idaho State University and the College of Idaho (C of I) to apply for early acceptance into the Physician Assistant Studies Program upon matriculation. Post-baccalaureate students from Idaho State University and C of I are also welcome to apply. Student receiving this award will receive a provisional offer of admission to the Idaho State University Physician Assistant Studies Program under the Early Assurance Program. Formal acceptance to the Idaho State University Physician Assistant Studies Program is contingent upon completion of the post-acceptance requirements.

4. **ACADEMIC STANDING AND GRADES**

A. Progression through PA Curriculum:

- i) The Physician Assistant curriculum is a progressive immersion experience and each class of students is expected to move through the curriculum as a group.

B. Deceleration Policy:

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

C. Transfer of Credits:

- i) Transfer of credits from other programs is not permitted except in the case of teach-out students.

D. Time Limits

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

E. Final Program of Study:

- i) A final Program of Study must be submitted to and be approved by the Graduate School during the semester immediately preceding the semester in which the student intends to graduate (typically during the Spring semester).

- ii) The Program will initiate the required forms for the Program of Study.
- iii) The final Program of Study form will list all requirements that must be completed in order to receive the degree or certificate.

F. Application for a Degree:

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

G. Graduation Requirements:

- i) In order to graduate from the PA Program,
 - a. Students must successfully complete all Program requirements for the didactic and clinical years.
 - b. Students must meet all requirements of the Graduate School.
 - c. Throughout the Program, students must possess a cumulative grade point average (GPA) of 3.0 for all course work undertaken as part of the Physician Assistant Program.

H. Academic Progression/Dismissal:

- i) Any student who receives a grade of C+ or below for any one course in any given semester must petition the PA Program Academic Affairs Committee (AAC) in order to continue in the Program.
- ii) If a student receives a grade of C+ or below in two or more courses/modules in the Program, the student will be academically dismissed from the Program, regardless of GPA.
- iii) Grades will be reviewed by either the Academic Coordinator or the Clinical year team at the end of each semester.
 - a. Students whose cumulative grade point average falls below 3.0 will be placed on academic probation for the following semester.
 - b. If the student fails to achieve an overall cumulative average of 3.0 after one semester of probation, the student may be academically dismissed from the Program.
- iv) Deviations from these standards must be applied for via formal petition by the student submitted to the Academic Affairs Office. The Academic Affairs Committee (AAC) will make a recommendation to the program director and/or the faculty as a whole. The program will follow the DISMISSAL POLICY as outlined in the graduate catalog: coursecat.isu.edu/graduate/.
- v) There is a discipline folder in each student's file. During the Program, any discipline, warnings, letters, or other documentation will be filed in the discipline file. After a student's graduation or separation from the Program, all student records are kept according to Idaho State University record retention policy. (<https://www.isu.edu/records/>) Only the documentation pertaining to significant

occurrences will be reported to licensure and credentialing services. Student files with significant occurrences may be kept further than standard retention schedules.

Examples of significant occurrences are but not limited to:

- a. A student being placed on probation.
- b. A student being sent to an Academic Affairs Committee.

I. Academic Affairs Committee (AAC):

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

J. Repeated Courses and Auditing Courses in the PA curriculum:

- i) The curriculum is an immersion experience, and all students are expected to move through the Program as a group.
- ii) Students who have previously taken courses that are part of the Program curriculum may petition the AAC to audit the class(es).
 - a. Students who are auditing a class are expected to attend lectures and otherwise meet all course objectives.
 - b. Audits are not allowed if content, labs, or small groups/discussions vary from that required by the Program's objectives.

K. Professional Behavior

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

- i) Successful completion of the Program includes compliance with professional behavior criteria. These criteria include, but are not limited to a consistent demonstration of:
 - a. Mature demeanor, manner, conduct, behavior, character, deportment, and performance;
 - b. Evidence of respect shown for patients, preceptors, staff, instructors and fellow students;

- c. Personal integrity and honesty;
 - d. Sensitivity to patients and respect for their rights to competent, confidential service.
- ii) Examples of unprofessional behavior include, but are not limited to, the following:
- a. Failure to comply with Program guidelines, regulations and rules;
 - b. Failure to participate fully in all aspects of the curriculum.
 - 1) If a student believes that full participation in this professional curriculum is not possible, it is the student's responsibility to notify the Program faculty immediately or as soon as the student is aware that there is a limitation.
 - 2) Failure to notify Program faculty in a timely manner of the inability to fully participate may result in disciplinary action, including dismissal.
 - c. Failure to accept and act upon constructive criticism;
 - d. Attendance problems, including failure to notify program faculty, the clinical site/preceptor, and a Clinical Year Team member; chronic absences; leaving early; etc.
 - 1) Absences will be reported. During the clinical year, the student must report all planned absences to the clinical year team prior to the absence, or within a reasonable time period following the absence if it is not planned.
 - 2) Students are required to attend and participate in all scheduled activities.
 - 3) Classes and/or clinical experiences may include involvement on any day of the week, weekends, evenings, and holidays.
 - 4) Anticipated absences in the academic year must be reported on-line.
 - e. Failure to follow protocol or directions of a supervising preceptor or Program faculty;
 - f. Performing unauthorized procedures or administering services which are not permitted by the Program, supervisor or facility;
 - g. Lack of cooperation with faculty, preceptors, lecturers, and fellow students;
 - h. Improper Electronic Device Use: Laptop use during class is restricted to pursuits that are related to the current class activity.
 EXCEPTION: To email or message one of the video managers regarding technical problems during the lecture, e.g., "The volume is too high/low," "The picture is out of focus," etc.
 - 1) Access to pornography while in an academic or clinical setting, or while on University property is a violation of professional standards and may result in dismissal from the Program.
 - 2) The use of a computer or other electronic devices must not be a distraction to other students during lecture.
 - 3) Cell phones must be silent and are not allowed to make any sound during lecture. Preferably, cell phones should be off (not even vibrate) during lectures. Emergency calls should come through the Program's main phone numbers during a lecture, as found in the Contact Us section at the bottom of the Program's website (isu.edu/pa).
 - 4) Cell phones can be used during breaks, between lectures. Leaving a lecture to make or take a cell phone call is considered unprofessional unless an absolute emergency.
 - i. Hostile and/or disruptive attitudes and behaviors;

- j. Quizzes and Tests:
Students must adhere to standards of professional behavior relating to quiz and test taking procedures. The following guidelines must be maintained during the taking of quizzes and exams:
 - 1) Quizzes and tests are to be taken in the classroom unless determined otherwise by appropriate faculty and/or by ADA accommodations.
 - 2) While taking quizzes and exams, students may have only one piece of paper and a pen, only the test window may be open on a student's computer, and all books/back packs must be outside of the classroom/test-taking area. No other electronic devices are allowed during the exam, including smart watches.
 - a) The use of a simple calculator is acceptable (functions of addition/subtraction/multiplication/division only).
 - b) Ear muffs and ear plugs are allowed. No device capable of transmitting sounds is allowed for noise cancellation.
 - 3) All attempts to maintain silence must be maintained during examinations.
 - 4) Copying exams or quizzes, by any methodology, is forbidden and will be treated as Academic Dishonesty.
- l. Comments made in all evaluations (Program, courses, faculty) must be professional and constructive;
- m. Any violation of HIPAA standards;
- n. Not respecting the rights of patients;
- o. Avoiding or failing to perform, or only partially perform assigned tasks and responsibilities;
- p. Leaving the clinical setting without informing the supervising preceptor and clinical year team member;
- q. Performing any activity which is beyond the scope of the role of a student or beyond a student's clinical ability without appropriate supervision;
- r. Failure to properly identify yourself as a physician assistant student;
- s. Failure to report all observed unethical conduct by other members of the health profession and/or fellow students to program faculty;
- t. Endangering the health and welfare of any patient.
- iii) Violations of professional behavior policy and possible outcomes—
Based upon the nature and degree of the precipitating events, students who fail to maintain appropriate behavior, will, as previously described above, be subject to the following disciplinary actions:
 - a. Guidance Notices:
 - 1) A Guidance Notice is issued to a student whose behavior or performance, in either the classroom or clinical setting, is in violation of the professional behavior policy
 - 2) A Guidance Notice is a recommendation for student improvement.
 - 3) A Guidance Notice is filed in the students discipline file.
 - 4) Guidance Notices will be purged from the Program file at the time of the student's graduation, and will not be part of the student's permanent record.

- 5) Number of Guidance Notices:
 - i. Upon receipt by a student of three (3) Guidance Notices the student will automatically be referred to the Academic Affairs Committee for evaluation.
 - ii. The Academic Affairs Committee will make a recommendation to the program director. The program director will make a final determination of action. Documentation of the program director's decision will be placed in the student's permanent file.
- 6) Written warnings will carry over from the didactic year to the clinical year.
- b. Academic Affairs Committee (AAC) Referrals. Students may be referred to the AAC for violations of professional behavior. See previous Academic Affairs Committee description.
- c. For significant or egregious violations on a first offense, a student may also be referred to the Academic Affairs Committee or to a meeting of the Graduate Faculty without the any previous guidance notices.

L. The Concern Committee:

- i) The Concern Committee is an alternative venue for students who wish to air concerns, grievances, or offenses but are uncomfortable bringing it directly to their advisor; the DY Triad; the AAC; or involved faculty, students, or staff. While it is preferred that individuals attempt to resolve the problem between each other initially, the Program recognizes that interpersonal relations can be difficult to navigate.
- ii) The Committee is comprised of 3 faculty/staff. The Committee will involve the 3 Class Representatives on a case-by-case basis as deemed appropriate.
- iii) Students, faculty, and staff receiving concerns from students may direct the individual to the Concern Committee.
- iv) The Concern Committee will hear the presented concern and discuss it as a committee. The Committee will then determine what action to take, which could include but is not limited to:
 - a. Counsel with the concerned individual(s) and no further action;
 - b. Further investigation of the concern;
 - c. Review of materials substantiating the concern;
 - d. Discussion with anyone involved with the concern including the person(s) accused;
 - e. Consultation with leadership, counseling, the PA department, or other appropriate entities;
 - f. Referral to a more appropriate entity to handle the concern.
- v) The Committee may share their opinions, provide feedback, and lead discussion regarding learning points and how the situation can be better handled in the future.
- vi) It is recognized by the Committee that individual(s) accused of or who are involved in the concern should have the opportunity to share their side of the concern.
- vii) If it is deemed appropriate or if acceptable resolution cannot be reached, the Committee may bring the concern to the full PA Program faculty for further discussion.
- viii) Circumstances covered under Title IX (sexual harassment, discrimination, or violence) must be reported immediately to the University Title IX Coordinator in the Office of Equity and Inclusion. Students who feel they have been a victim of a Title

IX offense can find resources at <https://www.isu.edu/title-ix/> or at the College of Idaho at <https://www.collegeofidaho.edu/about/offices/human-resources/sexual-misconduct>.

- a. Pocatello and Meridian: (208) 282-1439
 - b. Caldwell: (208) 459-5139
- ix) Cases indicating the potential for harm to self or others will be reported to appropriate University authorities.
- a. The Counseling and Testing Service is available to all students in crisis free of charge. Please reach out if you are in need.
 1. Pocatello: (208) 282-2130 <https://www.isu.edu/ctc/>
 2. Meridian: (208) 373-1719 <https://www.isu.edu/clinics/counseling-meridian/>
 3. Caldwell: (208) 459-5561 <https://www.collegeofidaho.edu/student-life/wellness/counseling-center>

5. ABSENCE AND VOLUNTARY WITHDRAWAL FROM THE PA PROGRAM AND REINSTATEMENT

The Physician Assistant Studies (PAS) Program expects full-time students to complete the Master's degree within two years. However, family, medical, personal, or financial emergencies may arise that interrupt one's studies.

- A.** If a student encounters an emergency during the first semester of the Program:
- i) The student must meet with their faculty advisor, the Academic Coordinator, and either the Program Director or an Associate Director to determine the best course of action.
 - ii) The student must submit to the Program Director:
 - a. A brief written statement outlining the reason for the withdrawal and the plan to address it during the intervening time before returning to the Program,
 - b. A letter of support from their faculty advisor, and
 - c. In the event that the withdrawal is medical in nature, the University Medical Withdrawal approval.
- B.** Any student who will need to miss greater than seven consecutive days in the didactic year, or fourteen consecutive days in the clinical year, must:
- i) Meet with the Didactic Year Triad or Clinical Year Team to:
 - a. Determine the best course of action,
 - b. Develop an action plan to address the absence, and
 - c. The student must submit a brief written statement outlining the reason for the absence and plan discussed.
 - ii) The Program Director must approve all action plans.
- C.** Any student requesting a withdrawal from the PAS Program must follow the University Withdrawal Policy for the applicable withdrawal type requested. The University Withdrawal Policy may be found in the Graduate Catalog on the Idaho State website at <http://coursecat.isu.edu/graduate/>.

- D.** If applicable, once the above have transpired, the Program Director will issue an Official Withdrawal Letter to the student outlining any Program requirements that must be met in order for the student to return to the Program.
- E.** Any student returning from a voluntary or medical withdrawal must follow the University Policy, any Medical Withdrawal requirements stipulated in the Medical Withdrawal approval, and any Program requirements outlined in the Program Director's Official Withdrawal Letter.
- F.** TEMPLATE – Program Director's Official Withdrawal Letter
[DATE]

Dear [STUDENT],

This is your official withdrawal letter from the Physician Assistant Studies (PAS) Program. In order to return, you must follow all Idaho State University policies. In addition, you must meet the following Program requirements discussed on [DATE] at the meeting between you and [MEETING ATTENDEES].

1. A minimum of 30 days prior to the end of the withdrawal period, you are required to submit written notification to the Program Director of the date you intend to return to the PAS Program or to request an extension.
2. If you fail to return on the agreed-upon date, you will be considered to have permanently withdrawn from the PAS Program.
3. Your re-instatement is contingent upon your meeting all following conditions:
 - A. Meet University requirements for return.
 - B. Successfully complete the following testing, courses, or certifications by [DATE]:
 - i) [OUTLINED AS NECESSARY]
 - C. Submit the following to the PAS Program Director:
 - i) Current attestation of the PAS Program's Technical Standards, and
 - ii) Current PAS Program-required vaccinations/titers.
 - D. The PAS Program Director will arrange a meeting between you and the Physician Assistant Studies Program Reinstatement Committee to discuss your return.
 - i) The PAS Program Reinstatement Committee will make a recommendation regarding your return to the full faculty.
 - ii) The full faculty will vote to reinstate you or deny your reinstatement. The vote requires a majority.
 - iii) The PAS Program Reinstatement Committee's recommendation and full faculty vote reserve the right to deny reinstatement of a student even if the requirements for reinstatement have been completed.
4. Please note that this withdrawal will result in a delay in your graduation and may incur additional fees and tuition expenses.
5. A leave of absence/withdrawal is granted for a specific time but is not to exceed 12 months.

- A. Multiple interrupted leaves of absence/withdrawals shall not exceed 18 months.
 - B. To request an extension of a leave of absence/withdrawal, you must submit a written notification requesting and explaining the need for the extension to the PAS Program Director.
6. Per Program policy, a copy of this form will be recorded in your student file.

Please sign and date this letter and return it to the PAS Program Director no later than [DATE]. If you have any questions, please contact the PAS Program Director.

6. APPEALS OF GRADE OR DISMISSAL

A. Appeal of a Grade

Detailed information regarding Appeal of a Grade, Procedures, and Protocols may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2022 should refer to the 2022-2023 Graduate Catalog.) The Graduate Catalog may be found on the Idaho State website at <http://coursecat.isu.edu/graduate/>.

B. Dismissal from a Graduate Program

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

7. ACADEMIC DISHONESTY

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

8. EMPLOYMENT POLICY

- A. Employment in the didactic portion of the program is discouraged, and not permitted at all during class hours.
- B. Employment in the clinical portion of the program is not permitted.
- C. Students may not function as instructional faculty, or clinical or administrative staff.

9. ADDITIONAL CREDIT LOAD POLICY

PAS students may request up to 3 credits above and beyond the required PAS curriculum credit load for each semester in order to pursue courses toward an additional Graduate Certificate or recreational courses. The student must be in good standing with the Program. Requests for these additional overrides must be made each semester through the Admissions Director for approval by the Program Director. Requests for credit load increases of 4 or more will not be permitted except in the case of a Clinical Year student pursuing a Graduate

Certificate, who may request an increase of up to 6 credits during one of their Clinical Year semesters if one course is experiential in nature.

Didactic Year Guidelines & Policies

10. DIDACTIC YEAR ATTENDANCE

General Tenets:

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

Policy

- A. The Idaho State PA Program requires attendance for all classes and activities during the didactic year.
- i) It is understood that some legitimate and unavoidable causes such as illness, death in the family, and doctors' appointments, etc., may cause the student to be absent. All absences must be reported with an absence form, available in the Moodle DY Commons.
 - ii) Absence is not allowed for activities such as labs, physical exam practice, testing times, and AHA classes.
 - iii) Absences should be reported to the DY Team 72 business hours in advance unless there are extenuating circumstances.
 - iv) Excessive absence is determined by the DY Team and will result in counseling with the student (generally considered more than 16 hours per semester). Continued excessive absences is considered a breach of the professionalism policy and a violation notice will be written. Continued absences will result in referral to the Academic Affairs Committee.
 - v) In-person attendance is required for the following:
 1. Labs,
 2. Physical exam practice,
 3. Physical exam testing,
 4. AHA courses,
 5. Written tests,
 6. Any lecturers on your campus, and
 7. Tuesdays.
 - vi) Students are expected to be wholly present and participatory in the digital and physical classroom environment. While in-person attendance is strongly encouraged

for student connectedness and attention, attendance by Zoom is permissible outside of the above. Notification of the intention to attend a day's lectures by Zoom should be submitted in the Moodle DY Commons, so the Distance Learning technology team can provide the best solutions for technology-dependent class activities.

11. EVALUATION OF STUDENT PERFORMANCE

A. Behavioral Performance Evaluation:

- i) Student behavioral performance will be evaluated based upon the behavioral objectives and expectations listed in Section 4.K. of this document.

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

Refer to Appendix E for a quick reference guide.

C. Reassessment: Reassessment is the term used to denote a repeat of failed final written and/or mock patient exams (a failed exam is a score <75%). Course/module coordinators can reassess students' failed final written assessments using a variety of modalities to ensure student comprehension and mastery of the course/module material. A failure of any written or mock patient reassessment results in failure of the course/module.

However, mock patient exams have components that can be assessed multiple times; more information can be found below. A successful reassessment of either a written test or a mock patient physical exam will not change the original grade of the assessment.

Refer to Appendix E for a quick reference guide.

D. Fall Semester:

- i) PAS courses: PAS 6601, 6602, 6603, 6604. If a student fails any combination of three exams in the fall semester PAS courses, the student must meet with their advisor to discuss any student's issues. The student's advisor or the Academic Coordinator will then notify the AAC and together, the advisor and AAC will evaluate the student's case. The AAC may decide to meet with the student depending on circumstances and grade issues.
- ii) Four or more exam failures in the PAS courses requires that the student meet with AAC for further evaluation and recommendations to the program director.
- iii) The biology department has the discretion to remediate a student or not. If a student is allowed to remediate a failed biology course in the fall semester, or fails a PAS course during the fall semester, the student is required to use as many remediations as needed to pass the course, but not to exceed the three official remediations available during the didactic year.
- iv) Retaking tests during the fall is at the discretion of the course coordinator to allow the student to repeat a failed exam or not. In the event a student fails a fall PAS course, the student must fulfill a remediation plan at the discretion of the course coordinator and use an official remediation to achieve a score of no greater than 75% for the course.

- v) In regard to clinical assessment pass offs, students must repeat failed clinical assessment pass off(s) in order to become proficient as a clinician. Upon successful completion, the student will retain the original grade for the failed pass off. They must pass the repeat failed clinical assessment before the course can be successfully completed.
- vi) In the event a student fails a PAS course comprehensive final exam, the student must satisfactorily repeat the comprehensive final exam in order to pass the course regardless of overall course grade. A failure to satisfactorily pass a repeat of a PAS course comprehensive final exam will result in a failure of the course regardless of having enough points to technically pass the course. Only one attempt is allowed to repeat the exam. In the event a student's final course score is below passing, an official remediation would subsequently be required to pass the course with a 75%.

E. Spring and Summer Semesters:

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

- 1) After 3 failures and the initial referral to the AAC, each subsequent final written or mock patient failure will result in the referral of the student to the AAC again.
- c. If the student fails a course/module, they must appear before the AAC.
- iv) Failed quizzes are exempt from reassessment; however, these scores will be calculated in the final module grade and could possibly result in failure of a course/module in any semester.
- v) Probation:
 - a. Probation will follow the student through the entire academic year, as well as into the clinical year. Once a student is on probation, any further failures of either a module written exam or a mock patient exam will result in a vote for dismissal.
 - b. If a student is maintained in the program after the above, and fails another written exam or mock patient exam, the student will be automatically dismissed from the program.
 - c. Exceptions to the above include quizzes and pretests. Quizzes and pretests count toward a course or module's overall grade as outlined in the syllabus.
 - d. The Graduate School Catalog's policies allow for students to appeal a dismissal. See the Graduate School Catalog for exact details of the process required for petitions and appeals.

D. Grades:

- i) The standard Module syllabus grading system is:

| | | | |
|-----|-----------|-----|-----------|
| A | 95-100% | C | 69-71.99% |
| A - | 90-94.99% | C - | 66-68.99% |
| B+ | 85-89.99% | D+ | 63-65.99% |
| B | 80-84.99% | D | 60-62.99% |
| B - | 75-79.99% | D - | 57-59.99% |
| C+ | 72-74.99% | F | <57% |
- ii) All didactic PAS courses will be graded according to the scale shown above.
- iii) The Graduate School requires a 3.0 GPA for the courses listed on the program of study in order for a student to graduate. See the Graduate Catalog for grading requirements.
- iv) Each module must be passed with a 75% final course grade when all graded components are combined.
- v) If the student fails to pass a module the student will need to petition the AAC to remain in the program. The recommendation of the AAC may include the following possible consequences:
 - a. No action
 - b. Remediation
 - c. Probation
 - d. Dismissal from the Program
 - e. Other actions as appropriate to the situation

E. Grading:

- i) In general, course grades are determined using the following assessments:
 - a. Quizzes
 - b. Mock patient exam
 - c. Final exam
- ii) In some modules there will be additional assessments:
 - a. Other exams or quizzes
 - b. Writing assignments
 - c. Presentations
 - d. Group projects
 - e. Case Studies
- iii) In order to pass any course or module a student must pass the overall professional development/behavior/critical thinking component, mock patient exam, and the final exam individually. A student will not be allowed to fail any one of these three assessments and pass the module regardless of the overall grade for the module. Other assessments may be calculated into the final grade which will be outlined in each individual syllabus. All assignments must be satisfactorily completed before a course or module is passed, even if the assignment is not graded.
- iv) The following list describes the requirements for passing these assessments as well as remediation grading policy when a student fails on their first attempt.
 - a. The final exam will comprise a minimum of 50% of the module grade. The final exam must be passed with a grade of B minus (75%) or better in order to pass the module.
 1. Exam scores will not be rounded but calculated exactly. For example, if a pass line is 75%, and a student earns a 74.9, the student has not passed.
 2. One reassessment is allowed if the first attempt is failed.
 3. If the student passes the reassessment, their original score will remain.
 4. Failure of the reassessment will result in a failing grade for the module.
 - b. Mock patient testing:
 1. If mock patient exam tests are done as an individual student, it will account for a maximum of 30% of the final module grade. The final grade for the mock patient exam will be on an exact point basis with 75% or greater for passing. Three components of the module mock patient exam must be passed in order to pass – 1) the history/assessment/plan, 2) the physical exam pass off, and 3) a SOAP note write up and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.
 - a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies.
 2. Mock patient exam tests may be done in groups as assigned. The final grade for the mock patient exam will be 5-10% of the total course grade with passing based on an exact point basis with 75% or greater for passing. The numerical score will be given to the group. Three components of the module mock patient exam must be passed in order to pass – 1) the history/assessment/plan, 2) the physical exam pass off, and 3) a SOAP note

write up and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.

- a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies.
- c. Professional development, behavior and critical thinking:
 - 1) It is expected that students should maintain a high level of professionalism and also strive to demonstrate the following:
 - a. Synthesis of material:
 - i. Assimilate material in a workable/useable format that demonstrates understanding and clinical relevance.
 - b. Participation both individually and as a team:
 - i. The student should contribute meaningful and constructive comments in class. The student works cooperatively with others in class and group in a meaningful and productive way.
 - c. Professionalism and professional relationships:
 - i. The student shows respect, humility, willingness to learn and willingness to take constructive criticism from fellow students and faculty and staff, and demonstrates honesty and integrity.
 - d. Communication:
 - i. The student shows respect in their communication and their communication is appropriate to the task at hand.
 - e. Initiative:
 - i. The student demonstrates a motivated approach to learning, participation in class and participation with classmates.
 - f. Cultural sensitivity/competence:
 - i. The student demonstrates respect for cultural issues without bias. The student is willing to learn culture competence.
 - g. Attendance and punctuality:
 - i. The student is expected to be on time for class and demonstrate flexibility to change.
 - h. Clinical judgment and critical thinking:
 - i. The student should demonstrate the ability to think critically, assimilate and integrate material that will allow them to effectively manage patients in a clinical situation.
 - i. Ethics:
 - i. The student will demonstrate an understanding of ethical concepts in dealing with fellow students, faculty and staff and when presented with medical information.
 - 2) Satisfactory performance of the above professional development / behavior / critical thinking components is expected. When it becomes evident that a student is struggling with one or more of the expected components the student will be counseled by the module coordinator or a member of the Didactic Year Team about the problem. Satisfactory performance of the professional development / behavior / critical thinking components will not impact the final course/module grade. The grade of pass/fail of these components will be determined by the module coordinator in conjunction and consultation with

the other faculty teaching or involved in the module. Remediation may be required. For consequences of professionalism issues see Professionalism section of this Guidelines and Policies.

- 3) Pretests or quizzes, if utilized in a module, will account for a maximum of 20% of the final grade in the module. They will be incorporated into the final module grade but will NOT be incorporated into the grade for the final exam.

12. LEARNING OBJECTIVES

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

13. TUTORING

- A. Students may desire tutoring during the didactic year. A formal academic tutoring program for PA courses is not available, however students are encouraged to speak with their classmates to form study groups that build upon each other's strengths, reach out to second-year student mentors, and talk with their faculty advisors when struggling.
- B. In some instances, the PA Program faculty may require a student to obtain tutoring. Tutoring for non-PA courses can be arranged through the Student Success Center at <https://www.isu.edu/success/>.

14. DIDACTIC YEAR CLINICAL EXPERIENCES

- A. Clinical experiences in diverse settings are frequently arranged during the didactic year.
 - i) Attendance may be voluntary or may be appointed and required,
 - ii) Professional attire is mandatory. Program logo shirts or other professional attire and name badges provided by the Program must be worn during these clinical experiences.
- B. All didactic year clinical experiences require the supervision of a Program faculty member or approved preceptor. For liability purposes, unassigned (personally arranged) clinical experiences are not covered and are not permitted.
- C. In order to participate in didactic year clinic experiences/service learning the student MUST have their immunizations fully up to date.
- D. Prior to any didactic year clinic experiences/service learning the student MUST have completed the HIPAA training with the PA program.

15. ENTRANCE INTO CLINICAL YEAR

A. Progression from Didactic Year to Clinical Year:

In order to enter the clinical year of the Program, each student must meet the following criteria:

- i) Successfully complete all didactic year classes as outlined in this document.
 - a. Achieve an overall cumulative average of 3.0
 - 1) If the cumulative GPA at the end of the didactic phase of the Program is below 3.0 the student maybe prohibited from progressing to the clinical year, remediated, or dismissed from the Program.

- b. If a student is, or has been placed, on probation the program faculty will determine if the student is ready to enter the clinical year. At the discretion of the program faculty, the student may be held from entering the clinical year until satisfactory remediation is complete.
- c. Students must meet the behavioral and practice standards of the Idaho State Board of Medicine in order to proceed into the clinical year.
- d. Have current immunizations as required by Idaho State University and the clinical sites.
- e. Complete the PACKRAT examination.
- f. Demonstrate competent physical examination and clinical reasoning skills as determined by clinical skills problems via mock patient, objective examinations, or other simulations, administered by the Program faculty.
- g. Conform to PA code of ethics as listed in Appendix 1.
- h. Conform to professional behavior guidelines in this document.
- i. Read the Clinical Year Guidelines and Policies section of this handbook, and agree to abide thereby by signing the accompanying statement.

B. Background Checks:

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

Masters Capstone Experience

16. CAPSTONE ASSESSMENT I, II, III

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

There are three Capstone Assessment courses in the second year of the PA Program. Together they represent a comprehensive assessment of the students.

- i) In PAS6671, students are required to complete a project under the direction of the PA Program faculty. This project will consist of the development of an evidence-based case concept vignette presentation, development of a public health-based education, primary research or other project under direction of their Capstone Project Advisor.
- ii) In PAS6672, under the direction of the PA Program faculty, the students are required to present the project that they developed in Capstone Assessment I, followed by an oral examination.
- iii) In PAS6673, students will demonstrate their readiness for clinical practice by completing and passing a series of multiple-choice objective examinations (PAEA End of Rotation Exams, End of Curriculum Exam, or similar exams) and Objective Structured Clinical Examinations (OSCE). Students will also complete the PACKRAT II in this course and attend a PANCE preparation course (location to be determined).

B. Case Presentation:

In PAS6672, under the direction of the PA Program faculty, the students are required to present the project that they developed in Capstone Assessment I. The project will be presented by the student to their examining committee. The presentation will be an oral, in-depth, critical analysis and evaluation of this project, and will be followed by a series of oral questions from their committee members. Passing this presentation/examination session will require the application of research skills, critical analysis of the literature, evidence-based medicine, as well as depth and breadth of knowledge in primary care medicine. A schedule of deadlines for all materials will be provided in the course syllabus. All material must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

i) Examining Committees:

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

ii) Conflict of Interest of Graduate Faculty:

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

iii) Written Report:

A written report of the project/presentation must be handed in to the chair of the student's examining committee and to the instructor of the course by the deadline provided in the course syllabus. This report must be submitted to the examining committee no later than two weeks prior to the date of the presentation. The report will be used as a guide for the detailed oral presentation. The report should conform to standards for documentation provided by the Committee Chair and the course instructor.

iv) Project Presentation/Examination:

This will consist of an in-depth project presentation to the student's committee and is open to other selected students as well as the public. These students may be drawn both from the PA Program and other Idaho State University disciplines.

a. The student will be assessed regarding all aspects of the project. In order to determine a student's fund of knowledge, students will be asked questions about the specific aspects of the project presented and related concepts. This portion of the examination is closed to the public.

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

1) Note: Students must request any equipment needed a minimum of two weeks prior to the oral presentation date.

c. Students are generally not allowed to access written materials, electronic devices, charts, or other aids during the oral examination. Specific expectations may be allowed at the discretion of the student's chair.

C. Comprehensive Examination:

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

D. Grading for the Capstone Assessment

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

E. Continuing Registration for Graduate Students

- i) Detailed information regarding Continuing Registration for Graduate Students may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2022 should refer to the 2022-2023 Graduate Catalog.) Graduate Catalogs may be found on the Idaho State website at <http://coursecat.isu.edu/graduate/>.

F. Incomplete Grades

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

Introduction to the Clinical Year

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

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

Maximizing your clinical experience

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

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

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

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

Clinical Year Guidelines & Policies

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

17. CLINICAL ROTATION INFORMATION

A. Clinical Rotation Overview:

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

i) Idaho State catalog descriptions:

PAS 6661 Clinical Rotation I - 4 Credits

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

PAS 6662 Clinical Rotation II - 4 Credits

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

PAS 6663 Clinical Rotation III - 4 Credits

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

PAS 6664 Clinical Rotation IV - 4 Credits

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

PAS 6665 Clinical Rotation V - 4 Credits

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

PAS 6666 Clinical Rotation VI - 4 Credits

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

PAS 6667 Clinical Rotation VII - 4 Credits

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

PAS 6668 Clinical Rotation VIII - 4 Credits

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

PAS 6671 Capstone Assessment I - 1 Credit

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

PAS 6672 Capstone Assessment II - 2 Credit

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

PAS 6673 Capstone Assessment III – 1 Credit

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

B. Clinical Rotations I - VIII Overview:

During the clinical year students will gain experience in the following areas: Internal Medicine, Outpatient Medicine (Family Medicine), Obstetrics & Gynecology (Women's Health), Pediatrics, Emergency Medicine, Psychiatry, General Surgery and an elective area. These focus areas can be completed at one site or multiple sites. Typically a rotation is 5 weeks in length.

C. Rotation Change Policy:

Because of the dynamics of medical practice, it may be necessary to change any rotation at any time during the clinical year. It is the policy of the PA Program that once confirmed, a rotation will not be changed unless there are extreme and unforeseen circumstances. Any request to change a rotation must be done by email to the entire clinical year team. The team will then assess the situation and determine if a change can be made.

D. Out of Area Clinical Site Policy:

- i) The role of the Clinical Year Team is to establish and maintain clinical rotation sites for students. Clinical sites are located throughout the United States.

- ii) If a student desires rotations that are not established with the Program, the student must first contact the entire Clinical Year Team and get permission to contact the site. If the site is acceptable the team will facilitate the development and confirmation of that site.
- iii) The Team reserves the right to deny a clinical site request if the site does not meet qualifications or Program mission/objectives.
- iv) The Team will give students deadlines by which site identification must be completed. If the deadline cannot be met, the student must perform the rotation at an affiliated site as assigned by the team.
- v) Students opting into an international rotation must abide by the requirements of the Idaho State University International Programs Office (isu.edu/ipo/forms) and Center for Disease Control travel guidelines (cdc.gov/travel).

E. Sites Personally Arranged by Students:

- i) The role of the Clinical Year Team is to secure clinical rotation sites and preceptors for all PA students. PA students are not required to provide or solicit any clinical rotation site.
- ii) Students **may not** contact any preceptor or arrange any rotation without the consent of the clinical year team.

F. Student Name Tags:

- i) Your student identification badge is part of your uniform. It must be worn at all times and must clearly identify you as a physician assistant student, in accordance with State regulations.
- ii) If a site also provides a name badge, you must wear it in addition to your ISU name badge.
- iii) Failure to wear proper identification could result in disciplinary action, including dismissal from the clinical site.

G. Professional Appearance:

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

- i) This is a professional program, and students are required to dress professionally and maintain exemplary personal hygiene.
- ii) Each preceptor/clinical site will establish the dress code that is appropriate for that site.
- iii) Unless otherwise specified by the preceptor, business professional attire, including a lab jacket is expected of all students.
- iv) If a student is uncertain regarding appropriate dress/attire it is best to err on the side of conservative professional attire.
 - a. Jeans are not to be worn in any clinical setting or professional setting during the clinical year.
 - b. Sandals and open-toed shoes are not appropriate and expose the student to bodily fluids/excretions.

- c. Clothing should be clean, well-kept, conservative and tasteful. Clothing should not be tight or revealing.
- d. All rings and other jewelry are a source for bacteria and other infectious organisms and therefore put patients and clinicians at risk for infection.
 - 1) Simple bands are acceptable, but require optimal cleanliness.
 - 2) Rings should be removed for procedures requiring sterile technique and some patient handling.
- e. Visible body piercings/decorations during clinical encounters:
 - 1) Minimal ear piercings/decorations (one or two simple studs/ear) are acceptable.
 - 2) Dangling earrings are not appropriate, and constitute a danger because they can easily be grabbed by angry or disoriented patients.
 - 3) Always follow hospital and/or clinic policy regarding piercings/decorations.
- f. Other jewelry, necklaces, and bracelets worn purely for fashion should be avoided since they harbor infectious agents and can be grabbed and broken by disoriented or hostile patients.
- g. Medic alert bracelets and necklaces are acceptable.
- h. Students should maintain the highest level of personal hygiene.
 - 1) Bathe or shower daily using a mildly scented cleanser.
 - 2) Avoid scented colognes, lotions, perfumes, etc.
 - 3) Long hair should be pulled back and secured.
 - 4) Facial hair should be shaved or neatly trimmed.
 - 5) Fingernails should be short and clean.

H. Supervision:

- i) Appropriate supervision is fundamental to the role of the student.
- ii) The PA student is assigned to clinical settings in which adequate and appropriate supervision is available.
- iii) In the event a circumstance arises in which a student is asked or expected to perform clinical procedures or to deliver patient care services without adequate or appropriate supervision, the student must politely but firmly decline. If there is further concern or question, the student must contact their clinical year advisor or any member of the clinical year team.
- iv) To protect your personal and professional integrity and to avoid potential legal liability do not perform any patient care activity if:
 - a. The authorized preceptor or his/her delegate is not on the immediate premises;
 - b. You have not received adequate instruction and/or are not proficient in or knowledgeable about the care you are asked to deliver and direct supervision is not available;
 - c. You have reason to believe that such care or procedure may be harmful to the patient;
 - d. There is no adequate or appropriate supervision available at the time you are expected to carry out the assignment;
 - e. The care or procedure is self-initiated (i.e., the P.A. student assumes or decides that a particular service or procedure should be performed); or

- f. It is beyond the scope of your role as a physician assistant student. (In some settings, especially if there are a large number of patients, you may be pressured to perform services which are inappropriate to your level of training or knowledge.)

I. Occupational Exposure:

- i) See Appendix B for policy on Needlestick/Bloodborne Pathogen Exposure.

18. TRAVEL COSTS

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

19. HOUSING REIMBURSEMENT POLICY:

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

20. CLINICAL YEAR ATTENDANCE

A. Clinical Rotation and Meeting Attendance:

- i) Scheduled time-off is not allowed during the clinical year.
- ii) There are absences that are unavoidable due to illness or death in the family.
- iii) If the student will be late or absent during a clinical rotation, the student should notify the preceptor and assigned clinical coordinator by 10 AM or as soon as possible. If the student is unable to reach their assigned clinical coordinator, they must contact another member of the Clinical Year Team and notify them of the absence.
- iv) Failure to report an absence will result in a meeting with the Clinical Year Team and possible written warning.
- v) All absences will be reviewed by the Clinical Year Team. Make-up days will be assigned as deemed appropriate.
- vi) Attendance during clinical rotations as well as at mandatory meetings is required to successfully pass clinical year.

B. On-Call and Work Schedule Policy:

- i) Students are expected to keep the same clinical hours as their preceptor; approximately 40 hours and up to a maximum of 80 hours per week.
- ii) Students are expected to be available during their rotations for call schedule, evenings, weekends (including Sundays), and holidays.

21. CLINICAL YEAR ACADEMIC STANDARDS

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

- | | |
|---------|----------|
| A | 95-100 |
| A- | 90-94.99 |
| B+ | 85-89.99 |
| B | 80-84.99 |
| B- | 75-79.99 |
| Failure | Below 75 |
- i) Each required rotation, with the exception of the elective rotation, will include the following graded components: a preceptor evaluation, a reflective paper, case logs, and the end of rotation exam. The elective rotation is graded on the following components: reflective paper, case logs, and preceptor evaluation. The final combined percentage must be 75% or greater to successfully pass a rotation course. The Clinical Year Team reserves the right to assign the final grade.
 - ii) Failure to fulfill any one of the above criteria may result in any of the following at the discretion of the Clinical Year Team:
 - a. Receipt of a “Failing” grade;
 - b. Requirement for student to repeat a clinical rotation; or
 - c. Referral to the Academic Affairs Committee.
 - iii) Please refer to the Clinical Year syllabi for further details regarding points and remediation.

22. CLINICAL YEAR EVALUATIONS

A. Evaluations

- i) Preceptor’s Evaluation of the Student:
 - a. A final evaluation needs to be on file for each student for each clinical rotation. If the final evaluation is not received from the preceptor, the Clinical Year Team will determine if a follow-up is necessary and determine the final grade.
 - b. It is strongly recommended that the student and preceptor meet midway through the rotation to discuss strengths and areas of needed improvement. In the event of significant problems, the Clinical Year Team should be notified.
 - c. Multiple Preceptors: When there is more than one preceptor at a site, the preceptors can either submit one consensus evaluation (one that they all agree upon) or they can submit individual evaluations.
- ii) Evaluation of the Clinical Site:
 - a. Periodic site visits will be conducted by instructors as part of the site evaluation.
- iii) Student Evaluations of Site:
 - a. Students will have the opportunity to evaluate preceptors and clinical sites at the completion of each rotation. These evaluations cannot be viewed by preceptors but will be reviewed by the Clinical Year Team periodically and on an as-needed basis.

- iv) Student Evaluations of the Clinical Year:
 - a. Students will also be given the opportunity to evaluate the clinical year instructors.

23. PROGRESSION FROM CLINICAL YEAR TO GRADUATION

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

- i) Complete all clinical year rotation courses as outlined in this document (PAS 6661 through 6668).
- ii) Achieve passing scores on each section of the summative evaluation to include assessment of knowledge, interpersonal skills, patient care, and professionalism.
- iii) Satisfactorily complete PAS 6671, 6672, and 6673 Capstone Assessment courses (see related Section 12).

INFORMATION FOR PRECEPTORS

A. Clinical Rotations:

- i) **Purpose of Clinical Rotations:** The purpose of the clinical rotations is to enable the student to develop fundamental clinical knowledge and skills under appropriate supervision. The clinical experience gained during the rotation, taken during the second year of the Program, form a crucial part of a PA's education. During this time the student makes the transition from classroom to clinical practice.
- ii) **Student Participation:** Upon entering the clinical rotations, the student will have completed one year of the basic and clinical sciences. In addition, the student will have had an introduction to medical practice through a variety of clinical practicums integrated throughout the first 12 months of the PA Program. The history and physical examination is emphasized throughout the first year.
- iii) **Length:** The clinical year runs from August to August of the following year. Individual rotations are typically 5 weeks.
- iv) **Liability Insurance:** The Physician Assistant student is covered by a liability policy carried by Idaho State University. A letter stating the policy number and the policy amounts of single and aggregate coverage is provided from the University to the clinical sites during the credentialing process.
- v) **Supervision:** Idaho State University will provide the preceptor with rotation learning objectives. The clinical preceptor should meet with the student to review objectives. The preceptor should become acquainted with the PA student's capabilities by allowing the student to interact on a one-on-one basis with patients. This interaction is at the discretion of the preceptor and should be based on the perceived level of the student's experience and expertise. The patient interaction should be utilized as a personalized teaching tool of the preceptor. Students are instructed to respectfully decline in engaging in activities for which they are not prepared.
- vi) **Evaluation:** The preceptor is requested to conduct regular informal evaluations. In so doing, the preceptor should identify areas of weakness to the student that need improvement. The student will then have an opportunity to work on those areas of weakness. The preceptor will be asked to complete a formal end-of-rotation evaluation. Also, students are asked to evaluate their clinical rotation. The Evaluation of Student form may be completed from E*Value.
- vii) **Precepting Hours:** Providers will receive a certificate documenting hours precepted during a clinical year. Each rotation is worth 200 hours per student. Credits may be claimed for teaching on an hour-for-hour basis.
- viii) **Affiliate Faculty Status:** Interested preceptors will be accorded the title of Affiliate Faculty to Idaho State University. A certificate will be issued to each preceptor along with privileges granted to affiliate faculty. All interested preceptors must submit a current curriculum vitae/resume and their date of birth.

B. Clinical Rotation Acquisition Process:

- i) Clinical sites are recruited by the Clinical Year Team, PA students (if they have a personal relationship with a provider/site), or other PA faculty/staff. Clinical rotations are assessed by the Clinical Year Team to assure the site is in compliance with program technical standards.

- ii) A member of the Clinical Year Team speaks directly with a representative of the clinical site to determine if the site is suitable for training PA students. A willingness to teach, and adequate numbers of patient encounters are discussed, as well as answering specific questions from the site representatives (manager, preceptor, etc.).
- iii) If the site is determined to meet the clinical standards required by the ARC-PA and the program, appropriate paperwork is initiated.
- iv) A Preceptor Packet will be sent and/or emailed prior to the beginning of the rotation.
- v) The PA student contacts the preceptor/site approximately two to four weeks prior to the beginning of the rotation to make arrangements regarding the exact time and place for the beginning of the rotation.

C. Preceptor/PA Student Scope of Practice:

Provided below are some guidelines regarding what a PA student may be permitted to do by the preceptor. The judgment of the preceptor regarding how much responsibility a student is ready for should determine what tasks are delegated and how much supervision is provided.

In most clinical settings, the PA student sees patients with the preceptor during the first part of the preceptorship. As skills develop, the student progresses to seeing the patient alone, discussing the problem with the provider, and then the student and preceptor see the patient together. This is often a rapid progression during the course of the rotation due to the short length of the clinical rotations. It is encouraged that the student's level of responsibility increases as their skills allow.

PA students may perform medical services within the scope of and under the supervision of a licensed provider.

Typical tasks assigned to PA students by preceptors include:

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

D. Responsibilities During Clinical Rotations:

- i) **Purpose of the Rotation:** To provide second year PA students with opportunities to develop basic clinical skills and knowledge under the supervision of licensed practitioners.
- ii) **Description:** During the 12 months of the clinical year, PA students rotate through a cross section of clinical specialties including: Outpatient Medicine (Family Medicine), Internal Medicine, Surgery, Emergency Medicine, Obstetrics/Gynecology (Women's Health), Pediatrics, Psychiatry, and electives. While on these rotations the student learns the fundamentals of PA and medical practice under the supervision and direction of the supervising preceptor.

iii) **Student Responsibilities:**

- a. Arranges own transportation, room and board;
- b. Abide by the Program attendance policies including mandatory Program meetings;
- c. Conduct themselves in a professional manner at all times;
- d. Become familiar with the rotation objectives and any directed readings, and satisfactorily complete each rotation;
- e. Document history and physical exams as allowed by clinical site.

iv) **Preceptor Responsibilities:**

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

v) **Program Responsibilities:**

- a. Providers will receive a certificate documenting hours precepted during a clinical year. Each rotation is worth 200 hours per student.
- b. Issue the preceptor a certificate of Affiliate Faculty when University qualifications are met.
- c. Coordinate student clinical rotations and maintain education records.
- d. Maintain PA Program accreditation.
- e. Provide liability insurance for the student.
- f. Provide the student a basic fund of knowledge during the didactic year.

E. Student Goals During Rotations:

- i) **Subjective Data - Medical History:** The student should be able to obtain information sufficient to conceptualize a medical problem, demonstrating ability to:
 - a. Use the problem-oriented approach to gather subjective information.
 - b. Collect comprehensive data pertinent to the patient's problems from the following areas:
 - 1) Chief Complaint
 - 2) Present Illness
 - 3) Past medical history
 - 4) Family medical history
 - 5) Personal/social history

- 6) Review of systems
- 7) Previous medical records
- 8) Patient profile (background)
- c. Use effective interview methods

F. Objective Data:

- i) **Physical Examination:** The student should be able to:
 - a. Use effective and systematic examining techniques the results of which are reproducible by other clinicians.
 - b. Emphasize examination of organ systems identified as problem areas by history.
 - c. Perform a comprehensive physical examination when indicated.
 - d. Identify normal/abnormal physical findings through observation and practice.
 - e. Use the physical findings to support or modify tentative diagnostic impressions developed in the history.
- ii) **Laboratory:** The student should be able to:
 - a. Order indicated tests.
 - b. Obtain technically valid specimens.
 - c. Perform office laboratory procedures.
 - d. Evaluate results of diagnostic tests to support or modify the tentative diagnostic impressions.
- iii) **Assessment:** The student should be able to:
 - a. Analyze information obtained from the history, physical examination, laboratory tests, and procedures to:
 - 1) List the patient's problems
 - 2) Formulate a differential diagnosis
- iv) **Plan/Management:** The student should be able to:
 - a. Recognize appropriate management of medical emergencies prior to the arrival of the physician.
 - b. Recognize indications for physician consultation.
 - c. Formulate and assist in implementation of a management plan including:
 - 1) Patient education and counseling procedures.
 - 2) Medical therapies, procedures, treatment and referral.
 - 3) Follow-up care.
 - 4) Develop skills necessary to perform or assist in the performance of common diagnostic and therapeutic procedures.
 - 5) Become knowledgeable of community resources and refer to the appropriate agency when indicated.
 - 6) Record clinical information according to the problem-oriented medical record system.

APPENDICES

Appendix A: Guidelines for Ethical Conduct for the PA Profession

Introduction

The PA 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 is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy, as written, reflects a point in time and should be reviewed through that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science.

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 going a step further and describing how these tenets apply to PA practice. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the healthcare team, clinical information, ethical principles, and legal obligations. Context and/or casuistry (extracting reasoning from case study), often play key roles in decision making.

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

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

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

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

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

PAs are expected to behave both legally and morally. They should know and understand the local, state and federal laws governing their practice. Likewise, they should understand the ethical responsibilities of being a healthcare 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 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 PA Profession

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- PAs recognize and promote the value of diversity.
- PAs do not discriminate; PAs treat equally all persons who seek their care.
- PAs hold in confidence the patient-specific information shared in the course of practicing medicine.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine. PAs assess their personal capabilities and limitations, striving always to improve their practice of medicine.
- PAs work with other members of the healthcare team to provide compassionate and effective care of patients.
- PAs use their knowledge and experience to contribute to a healthy community and the improvement of public health.
- PAs respect their professional relationship with all members of the healthcare team.
- PAs share and expand clinical and professional knowledge with PAs and PA students.

The PA and Patient

PA Role and Responsibilities

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs 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.

PAs 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 healthcare. 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.

PAs should always act in the best interests of their patients and as advocates when necessary. While respecting the law, PAs should actively resist policies that restrict free exchange of medical information whether the restrictions are coming from their institution, regulators or legislators. For example, 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 PA should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination

PAs should not discriminate against classes or categories of patients in the delivery of needed healthcare. 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.

See also section on Nondiscrimination in the Workplace and Classroom.

Initiation and Discontinuation of Care

In the absence of a preexisting patient–PA relationship, the PA 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, when necessary, 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.

Care can be discontinued for many reasons, some positive (such as retirement or a new position) and some negative (such as threatening behavior by the patient or demonstrating non-compliance with recommended medical care).

A professional relationship with an established patient may be discontinued as long as proper procedures are followed. The patient should be provided with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. In the event that discontinuation is the result of a problematic relationship, discontinuation 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.

Many regulator boards have rules or position statements addressing termination of care. PAs should understand any regulatory requirements before taking action.

Informed Consent

PAs have a duty to protect and foster an individual patient's free and informed choices. The doctrine of *informed* consent means that a PA provides adequate information that is comprehensible to a patient or patient surrogate who has medical decision-making capacity. 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 are expected to be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational and personal factors.

See also, AAPA policy paper, Use of Medical Interpreters for Patients with Limited English Proficiency.

In caring for adolescents, the PA must understand all of the laws and regulations in the PA's 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 healthcare decision making. The PA is expected to understand consent laws pertaining to emancipated or mature minors.

See also, the section on Confidentiality and AAPA's policy paper, Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression.

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

PAs 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 institutional policies and local, state and federal laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients.

See also, 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 and advocate for 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

PAs 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 institutional policies and local, state and federal laws and regulations 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 the patient's 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 of Medical Errors

A patient deserves complete and honest explanations of medical errors and adverse outcomes. The 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.

See AAPA policy paper, Acknowledging and Apologizing for Adverse Outcomes.

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches is contextual and casuistic (extracting reason from case study). 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. PAs 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 or have access to the results as a consequence of patient care, 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 aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

Patients have a right to access the full range of reproductive healthcare services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive healthcare.

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.

PAs 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' and their family's wishes for particular treatments when possible, PAs also must weigh their ethical responsibility to withhold futile treatments and to help patients understand such medical decisions. The same is true for evaluating a request to provide assistance in dying.

A PA should not make these decisions in a vacuum. Prior to taking action, the PA should review institutional policy and legal standards. A PA should also consider seeking guidance from the hospital ethics committee, an ethicist, trusted colleagues, a supervisor, or other AAPA policies.

See also, AAPA policy paper, End-of-Life Decision Making.

The PA and Individual Professionalism

Conflict of Interest

PAs 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 American College of Physicians, “What would the public or my patients think of this arrangement?”

Professional Identity

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

Competency

PAs 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. Providing competent care includes seeking consultation with other providers or referring patients when a patient’s condition exceeds the PA’s education and experience, or when it is in the best interest of the patient. PAs should also strive to maintain and increase the quality of their healthcare knowledge, cultural sensitivity, and cultural competence through individual study, self-assessment and continuing education.

Sexual Relationships

It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. The legal definition may vary by jurisdiction, but key third parties are generally individuals who have influence over the patient such as spouses or partners, parents, guardians, or surrogates. PAs should be aware of and understand institutional policies and local, state and federal laws and regulations regarding sexual relationships.

Sexual 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.

However, there are some contexts where a strict moratorium, particularly when extended to third parties, may not be feasible. In these cases, the PA should seek additional resources or guidance from a supervisor, a hospital ethics committee, an ethicist or trusted colleagues. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

Nondiscrimination in the Workplace and Classroom

It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy that adversely affect an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile, inequitable or intimidating work or learning environment. This includes, but is not limited to, discrimination based on sex, 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.

See also, the sections on Nondiscrimination of Patients and Families, and Sexual Harassment

Sexual Harassment

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.

See also, the section on Nondiscrimination in the Workplace and Classroom.

The PA and Other Professionals

Team Practice

PAs should be committed to working collegially with other members of the healthcare team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other healthcare professionals, their organizations, and the general public. The PA should consult with all appropriate team members whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another healthcare professional.

Resolution of Conflict Between Providers

While a PA's first responsibility is the best interest of the patient, it is inevitable that providers will sometimes disagree when working as members of a healthcare team. When conflicts arise between providers in regard to patient care, it is important that patient autonomy and the patient's trusted relationship with each member of the healthcare team are preserved. If providers disagree on the course of action, it is their responsibility to discuss the options openly and honestly with each other, and collaboratively with the patient.

It is unethical for a PA to circumvent the other members of the healthcare team or attempt to disparage or discredit other members of the team with the patient. In the event a PA has

legitimate concerns about a provider's competency or intent, those concerns should be reported to the proper authorities.

PAs should be aware of and take advantage of available employer resources to mitigate and resolve conflicts between providers.

Illegal and Unethical Conduct

PAs 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 healthcare professionals to the appropriate authorities.

Impairment

PAs have an ethical responsibility to protect patients and the public by recognizing their own impairment and 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 any member of the healthcare team and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

See also, AAPA policy paper, PA Impairment.

Complementary, Alternative and Integrative Medicine

When a patient asks about complementary, alternative and/or integrative health approaches, the PA has an ethical obligation to gain a basic understanding of the therapy(ies) being considered or used and how the treatment will affect the patient. PAs should do appropriate research, including seeking advice from colleagues who have experience with the treatment or experts in the therapeutic field. If the PA believes the complementary, alternative or integrative health treatment is not in the best interest of 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

PAs 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 PAs 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 healthcare and wellness.

See also, AAPA policy paper, PA Student Supervised Clinical Practice Experiences – Recommendations to Address Barriers.

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 must be reported to maintain the integrity of the available data in research.

PAs are encouraged to work within the oversight of institutional review boards and institutional animal care and use committees as a means to ensure that ethical standards are maintained.

PAs involved in research must be aware of potential conflicts of interest. Any conflict of interest must be disclosed. The patient's welfare takes precedence over the proposed research project.

PAs are encouraged to undergo research ethics education that includes periodic refresher courses to be maintained throughout the course of their research activity. PAs must be educated on the protection of vulnerable research populations.

Sources of funding for research must be included in the published reports.

The security of personal health data must be maintained to protect patient privacy.

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 PA expert witness should testify to what they believe 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.

See also, AAPA policy paper, Guidelines for the PA Serving as an Expert Witness.

The PA and Society

Lawfulness

PAs 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

PAs, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

See also, AAPA policy HX-4100.1.9.

Access to Care / Resource Allocation

PAs have a responsibility to use healthcare resources in an appropriate and efficient manner so that all patients have access to needed healthcare. 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

PAs 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. When confronted with this situation, a PA may seek guidance from a supervisor, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies.

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

AAPA recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. PAs wrote these guidelines for themselves and other PAs. 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.

Adopted by AAPA in 2000, reaffirmed 2013, amended 2004, 2006, 2007, 2008, 2018.

<https://www.aapa.org/wp-content/uploads/2021/11/Guidelines-for-Ethical-Conduct-for-the-PA-Profession-7-1-21.pdf>

Appendix B: Needlestick/Bloodborne Pathogen Exposure Policy

Purpose: This policy is to provide guidelines for injuries received during a classroom activity, service learning activity clinical rotation, including contaminated needle stick or sharp injury; mucous membrane/non-intact skin exposure to blood or blood containing body fluids, or non-blood bodily fluids. If you are in doubt, treat the event as a needlestick or exposure and seek medical care via one of the following:

- i. Student should present to ISU Health Center at 990 Cesar Chavez Avenue, Pocatello, 83209, (208) 282-2330, if the exposure incident occurs on or near the Pocatello Campus. No appointment necessary. Check hours and seek care elsewhere if the clinic is closed.
- ii. Student should present to Unity Health Center at 1130 E. Fairview Ave, Meridian, ID, 83642, (208) 895-6729, if the exposure incident occurs on or near the Meridian Campus. No appointment necessary. Check hours and seek care elsewhere if the clinic is closed.
- iii. If the exposure/incident occurs after hours, or not near the Pocatello or Meridian Campuses, student should seek treatment at the Clinic/Hospital of their choice.
- iv. **Note: Be sure to notify provider/clinic/hospital, regardless of location, that this is an occupational injury.**

Refer to the CDC Guidelines and Recommendations for Occupational Exposure found at: <https://www.cdc.gov/hai/prevent/ppe.html>

NOTE: These recommendations supersede all other recommendations.

Requirements:

1. Dispose of the needle/sharp in a hard-sided container to prevent further injury.
2. Wash the site thoroughly with soap and water. For mucous membrane exposure, flush with copious amounts of water.
3. Notify Supervisor/Preceptor on site immediately.
4. Follow the site/facility policy for injury/incident reporting.
 - a. **DO NOT GIVE YOUR PERSONAL INSURANCE FOR BILLING.**
Give the following:
STATE INSURANCE FUND
P.O. Box 83720
Boise, ID 83720

If you have out of pocket expenses such as Rx or other, please submit receipts to Risk Management and let them know when you contact them.

5. Contact the PA Program by phone. **YOU MUST SPEAK TO SOMEONE.**
 - a. Didactic Year Students: Refer to the Moodle Commons Didactic Year Needlestick.
 - b. Clinical Year Students: Contact your assigned clinical coordinator.
6. Contact ISU Risk Management at (208) 282-5741 ASAP (within 24 hours if possible).
Note: **DURING BUSINESS HOURS.**
7. Complete Needle Stick Form in Didactic Year Commons or Clinical Year Commons.
8. Follow the treating provider's recommendations regarding follow-up and treatment of needlestick and/or bloodborne exposure.

9. The student's PA Program contact must complete Supervisor's Accident Report Form found through Risk Management.

Effective July 1, 2013, Idaho Code §§ 72-102 and 72-205 were modified to change the existing statutes to require a university or college to purchase workers' compensation coverage for students that fall under the definition of "a work experience student who does not receive wages while participating in the school's work experience program."

Please refer to Idaho State University Compensation of Employees Policy for further information.

| Reviewed: May 2022

Appendix C: Medicare Reimbursement Guidelines for Students

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

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

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

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

Medicare Policy

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

Appendix D: Competencies for the Physician Assistant Profession

Introduction

This document defines the specific knowledge, skills, and attitudes that physician assistants (PAs) in all clinical specialties and settings in the United States should be able to demonstrate throughout their careers. This set of competencies is designed to serve as a roadmap for the individual PA, for teams of clinicians, for healthcare systems, and other organizations committed to promotion the development and maintenance of professional competencies among PAs. While some competencies are acquired during the PA education program, others are developed and mastered as PAs progress through their careers.

The PA professional competencies include seven competency domains that capture the breadth and complexity of modern PA practice. These are: (1) knowledge for practice, (2) interpersonal and communication skills, (3) person-centered care, (4) interprofessional collaboration, (5) professionalism and ethics, (6) practice-based learning and quality improvement, and (7) society and population health. The PA competencies reflect the well-documented need for medical practice to focus on surveillance, patient education, prevention, and population health. These revised competencies reflect the growing autonomy of PA decision-making within a team-based framework and the need for the additional skills in leadership and advocacy.

As PAs develop greater competency throughout their careers, they determine their level of understanding and confidence in addressing patients' health needs, identify knowledge and skills that they need to develop, and then work to acquire further knowledge and skills in these areas.

This is a lifelong process that requires discipline, self-evaluation, and commitment to learning throughout a PA's professional career.

Background

The PA competencies were originally developed in response to the growing demand for accountability and assessment in clinical practice and reflected similar efforts conducted by other healthcare professions. In 2005, a collaborative effort among four national PA organizations produced the first Competencies for the Physician Assistant Profession. These organizations are the National Commission on Certification of Physician Assistants, the Accreditation Review Commission on Education for the Physician Assistant, the American Academy of PAs, and the Physician Assistant Education Association (PAEA, formerly the Association of Physician Assistant Programs). The same four organizations updated and approved this document in 2012.

Methods

This version of the *Competencies for the Physician Assistant Profession* was developed by the Cross-Org Competencies Review Task Force, which included two representatives from each of the four national PA organizations. The task force was charged with reviewing the professional competencies as part of a periodic five-year review process, as well as to "ensure alignment with the *Core Competencies for New PA Graduates*," which were developed by the Physician Assistant Education Association in 2018 to provide a framework for accredited PA programs to standardize practice readiness for new graduates.

The Cross-Org Competencies Review Task Force began by developing the following set of guiding principles that underpinned this work:

1. PAs should pursue self- and professional development throughout their careers.
2. The competencies must be relevant to all PAs, regardless of specialty or patient care setting.
3. Professional competencies are ultimately about patient care.
4. The body of knowledge produced in the past should be respected, while recognizing the changing healthcare environment.
5. The good of the profession must always take precedence over self-interest.

The task force reviewed competency frameworks from several other health professions. The result is a single document that builds on the *Core Competencies for New PA Graduates* and extends through the lifespan of a PA's career.

The competencies were drawn from three sources: the previous Competencies for the Physician Assistant Profession, PAEA's Core Competencies for New PA Graduates, and the Englander et al article *Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians* which drew from the competencies of several health professions. The task force elected not to reference the source of each competency since most of these competencies were foundational to the work of multiple health professions and are in the public domain. The task force acknowledges the work of the many groups that have gone before them in seeking to capture the essential competencies of health professions.

Competencies

1. Knowledge for Practice

Demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. PAs should be able to:

- 1.1. Demonstrate investigative and critical thinking in clinical situations.
- 1.2. Access and interpret current and credible sources of medical information.
- 1.3. Apply principles of epidemiology to identify health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for individuals and populations.
- 1.4. Discern among acute, chronic, and emergent disease states.
- 1.5. Apply principles of clinical sciences to diagnose disease and utilize therapeutic decision-making, clinical problem-solving, and other evidence-based practice skills.
- 1.6. Adhere to standards of care, and to relevant laws, policies, and regulations that govern the delivery of care in the United States.
- 1.7. Consider cost-effectiveness when allocating resources for individual patient or population-based care.
- 1.8. Work effectively and efficiently in various healthcare delivery settings and systems relevant to the PA's clinical specialty.
- 1.9. Identify and address social determinants that affect access to care and deliver high quality care in a value-based system.
- 1.10. Participate in surveillance of community resources to determine if they are adequate to sustain and improve health.

- 1.11. Utilize technological advancements that decrease costs, improve quality, and increase access to healthcare.
2. **Interpersonal and Communication Skills**

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. PAs should be able to:

 - 2.1. Establish meaningful therapeutic relationships with patients and families to ensure that patients' values and preferences are addressed and that needs and goals are met to deliver person-centered care.
 - 2.2. Provide effective, equitable, understandable, respectful, quality, and culturally competent care that is responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
 - 2.3. Communicate effectively to elicit and provide information.
 - 2.4. Accurately and adequately document medical information for clinical, legal, quality, and financial purposes.
 - 2.5. Demonstrate sensitivity, honesty, and compassion in all conversations, including challenging discussions about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.
 - 2.6. Demonstrate emotional resilience, stability, adaptability, flexibility, and tolerance of ambiguity.
 - 2.7. Understand emotions, behaviors, and responses of others, which allows for effective interpersonal interactions.
 - 2.8. Recognize communications barriers and provide solutions.
3. **Person-centered Care**

Provide person-centered care that includes patient- and setting-specific assessment, evaluation, and management and healthcare that is evidence-based, supports patient safety, and advances health equity. PAs should be able to:

 - 3.1. Gather accurate and essential information about patients through history-taking, physical examination, and diagnostic testing.
 - 3.2. Elicit and acknowledge the story of the individual and apply the context of the individual's life to their care, such as environmental and cultural influences.
 - 3.3. Interpret data based on patient information and preferences, current scientific evidence, and clinical judgment to make informed decisions about diagnostic and therapeutic interventions.
 - 3.4. Develop, implement, and monitor effectiveness of patient management plans.
 - 3.5. Maintain proficiency to perform safely all medical, diagnostic, and surgical procedures considered essential for the practice specialty.
 - 3.6. Counsel, educate, and empower patient and their families to participate in their care and enable shared decision-making.
 - 3.7. Refer patients appropriately, ensure continuity of care throughout transitions between providers or settings, and follow up on patient progress and outcomes.
 - 3.8. Provide healthcare services to patients, families, and communities to prevent health problems and to maintain health.
4. **Interprofessional Collaboration**

Demonstrate the ability to engage with a variety of other healthcare professionals in a

manner that optimizes safe, effective, patient- and population-centered care. PAs should be able to:

- 4.1. Work effectively with other health professionals to provide collaborative, patient-centered care while maintaining a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
- 4.2. Communicate effectively with colleagues and other professionals to establish and enhance interprofessional teams.
- 4.3. Engage the abilities of available health professionals and associated resources to complement the PA's professional expertise and develop optimal strategies to enhance patient care.
- 4.4. Collaborate with other professionals to integrate clinical care and public health interventions.
- 4.5. Recognize when to refer patients to other disciplines to ensure that patients receive optimal care at the right time and appropriate level.

5. Professionalism and Ethics

Demonstrate a commitment to practicing medicine in ethically and legally appropriate ways and emphasizing professional maturity and accountability for delivering safe and quality care to patients and populations. PAs should be able to:

- 5.1. Adhere to standards of care in the role of the PA in the healthcare team.
- 5.2. Demonstrate compassion, integrity, and respect for others.
- 5.3. Demonstrate responsiveness to patient needs that supersedes self-interest.
- 5.4. Show accountability to patients, society, and the PA profession.
- 5.5. Demonstrate cultural humility and responsiveness to diverse patient populations, including diversity in sex, gender identity, sexual orientation, age, culture, race, ethnicity, socioeconomic status, religion, and abilities.
- 5.6. Show commitment to ethical principles pertaining to provision or withholding of care, confidentiality, patient autonomy, informed consent, business practices, and compliance with relevant laws, policies, and regulations.
- 5.7. Demonstrate commitment to lifelong learning and education of students and other healthcare professionals.
- 5.8. Demonstrate commitment to personal wellness and self-care that supports the provision of quality patient care.
- 5.9. Exercise good judgment and fiscal responsibility when utilizing resources.
- 5.10. Demonstrate flexibility and professional civility when adapting to change.
- 5.11. Implement leadership practices and principles.
- 5.12. Demonstrate effective advocacy for the PA profession in the workplace and in policy making processes.

6. Practice-based Learning and Quality Improvement

Demonstrate the ability to learn and implement quality improvement practices by engaging in critical analysis of one's own practice experience, the medical literature, and other information resources for the purposes of self-evaluation, lifelong learning, and practice improvement. PAs should be able to:

- 6.1. Exhibit self-awareness to identify strengths, address deficiencies, and recognize limits in knowledge and expertise.
- 6.2. Identify, analyze, and adopt new knowledge, guidelines, standards, technology, products, or services that have been demonstrated to improve outcomes.

- 6.3. Identify improvement goals and perform learning activities that address gaps in knowledge, skills, and attitudes.
- 6.4. Use practice performance data and metrics to identify areas for improvement.
- 6.5. Develop a professional and organizational capacity for ongoing quality improvement.
- 6.6. Analyze the use and allocation of resources to ensure the practice of cost-effective healthcare while maintaining quality of care.
- 6.7. Understand how practice decisions impact the finances of their organizations, while keeping the patient's needs foremost.
- 6.8. Advocate for administrative systems that capture the productivity and value of PA practice.

7. Society and Population Health

Recognize and understand the influences of the ecosystem of person, family, population, environment, and policy on the health of patients and integrate knowledge of these determinants of health into patient care decisions. PAs should be able to:

- 7.1. Apply principles of social-behavior sciences by assessing the impact of psychosocial and cultural influences on health, disease, care seeking, and compliance.
- 7.2. Recognize the influence of genetic, socioeconomic, environmental, and other determinants on the health of the individual and community.
- 7.3. Improve the health of patient populations.
- 7.4. Demonstrate accountability, responsibility, and leadership for removing barriers to health.

Adopted by AAPA, ARC-PA, NCCPA, and PAEA 2005, reaffirmed 2010, 2018, amended 2013, 2021.

<https://www.aapa.org/career-central/employer-resources/employing-a-pa/competencies-physician-assistant-profession/>

Appendix E: A Guide to Remediation and Reassessment

Student fails a PAS course/module's exam or mock patient.

The student completes a **reassessment**.

The form of the **reassessment** is determined by the PAS course/module coordinator and may include: retaking an exam (open- or closed-book, or with extended time); writing short essays on missed exam questions; oral review; performing another mock patient; etc.

Did the exam/mock patient failure also result in a PAS course/module failure?

Yes

After successful **reassessment**, the student must use a **Remediation**. A **Remediation** brings the PAS course/module grade to a passing 75%. The original exam or mock patient grade does not change. Three **Remediations** are available to each student during the Didactic Year. Once all **Remediations** are used, PAS course/module failures remain and the student must petition to continue in the Program. Two PAS course/module failures result in dismissal.

No

The successful **reassessment** assures the student's knowledge and the process ends there. The original exam or mock patient grade does not change. Three exam or mock patient failures result in a referral to the Academic Affairs Committee to evaluate how to help the student. There is no set number of exam or mock patient failures that result in dismissal.

Example: The Renal Module has two grading items—an exam and case studies. A student fails the exam, however their grade from the case studies brings their module grade above a 75%. They pass the module, but must **reassess** the exam. No **Remediation** is used. If their module grade had not been above 75%, the student would **reassess** the exam AND use 1 of their 3 **Remediations** to pass the module.