



Physician Assistant Program
Clinical Education Handbook
Class of 2013



Table of Contents

SECTION 1 Introduction	4
Philosophy	4
Purpose of this Handbook	4
SECTION 2 The Clinical Year Curriculum	6
Required Clinical Rotations	6
Required Preceptorships	7
Primary Care Selective	7
Elective	7
Additional Curriculum Requirements during the Clinical Year	8
Clinical Year Instructional Goals	8
Clinical Year Learning Outcomes	9
Program Contact Information	9
Clinical Year Schedule	10
SECTION 3 CLINICAL YEAR POLICIES AND PROCEDURES	11
Clinical Rotation Placement	11
Student Requests for a New Site	11
Procedures to Request a New Site	12
Housing and Transportation	12
Inclement Weather	13
Malpractice Insurance	13
Health Insurance and Immunization Requirements	13
CPR Certification	13
Background Checks, Drug/Alcohol Testing and Fingerprint Screening	14
HIPAA	14
OSHA	14
Needlestick/Bodily Fluids Exposures	14
Attendance and Timeliness	15
Absence	16
Student Time Away Requests	16
Student Advising and Counseling	17
Leave of Absence	18
Harassment	18
Attire and Identification	18
Electronic Device Policy	19
Standards of Conduct	19
Academic Integrity	22
Student Disabilities	22
Outside Employment	22
Use of Students as Staff	22
Grievances	22

SECTION 4 GRADING AND EVALUATION	24
Rotation Grading and Evaluation Components	25
Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance	28
Additional Grading and Evaluation Components	29
SECTION 5 STUDENT RESPONSIBILITIES	31
SECTION 6 CLINICAL PRECEPTOR RESPONSIBILITIES	35
SECTION 7 PROGRAM RESPONSIBILITIES	38
SECTION 8 ACADEMIC AND PROFESSIONAL POLICIES AND PROCEDURES	40
Academic and Professional Progress During the Clinical Year	40
Failure of Post Rotation Examinations	40
Rotation/Preceptorship Failures	40
Failure/Unsatisfactory Mid Rotation and/or Final Preceptor Evaluation	41
Policy on Unprofessional Behavior	41
Academic and Professional Progression Criteria	42
Academic and Professional Standards Review Committee	44
Appeal Process	44
Graduation Requirements for the PA Program	44
Revision of Clinical Year Policies and Procedures	45
APPENDICES	46
Appendix A	47
Clinical Rotation Calendar	47
Rotation Block Deadlines and Deliverables	48
Appendix B	49
Student Call In Report Instructions	49
Appendix C	50
Needlestick/Bodily Fluids Exposure Guidelines	50
Student Exposure Form	51
Appendix D	53
AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession	53

Section 1

INTRODUCTION

The second year of the Physician Assistant Studies Program consists of supervised clinical experiences including Rotations and Preceptorships. The purpose of these experiences is to provide hands-on practical training to physician assistant students enabling them to integrate the knowledge obtained in the basic medical science, applied medical science and behavioral science curriculum, and use this in the diagnosis and treatment of patients in a supervised educational setting.

These experiences are designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for graduation and practice.

PHILOSOPHY

We believe that learning the skills necessary to become a competent empathetic health care practitioner is best accomplished through organized clinical experiences in a positive nurturing environment through direct observation, hands-on practice, constructive feedback, mentoring, and supplemental reading. We view this process as an active partnership between the student, the clinical supervisor or preceptor, the Physician Assistant Studies Program, and the University.

Students must always remember that they represent themselves, the Program, the University, and the Physician Assistant profession.

PURPOSE OF THIS HANDBOOK

This handbook is to provide the students with the policies, procedures and expectations required during the clinical phase of the program. It is a valuable source of information for success during the clinical experiential phase and contains specific instructions, helpful hints, tools and guidelines to assist the student in obtaining the necessary knowledge and skills to competently complete their training as a physician assistant.

This handbook is to be used by students in the PA Studies Program in conjunction with:

1. Philadelphia University [Catalog](#), Undergraduate & Graduate
2. Philadelphia University [Student Handbook](#)
3. PA Studies Program [Student Manual](#)

Together these resources are designed to provide students with information that will assist them in their academic and clinical endeavors at the University including: available resources, policies that pertain to students, lists of needed equipment, an outline of the curriculum, and some guidelines to help students in preparation for this challenging academic experience.

This handbook was not designed to be all inclusive. There are some policies that may pertain to students that may not be covered in these sources. If you have any questions that cannot be answered from these sources, please feel free to discuss these with the Program Director or faculty. Students are required to sign the attestation statement on the last page of this handbook as a condition for participation in the clinical phase of the Program.

PA Studies Program specific policies are in addition to University policies listed in the Philadelphia University Student Handbook.

Please read these sources carefully and thoroughly. We hope they will be helpful.

Section 2

THE CLINICAL YEAR CURRICULUM

The clinical portion of the Program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules will vary depending on the site.

The clinical portion of the PA Program consists of ten clinical blocks including:

- Six standard 5 week rotations
- two Primary Care Preceptorships (2 consecutive five week blocks)
- one Primary Care Selective 5 week rotation
- one elective 5 week rotation

The student **cannot** begin any clinical year until successfully completing all didactic course work, background checks, drug and alcohol screens, fingerprinting, documentation of all required immunizations and titers, verification of health care insurance, current American Health Association BLS card and completion of HIPAA and OSHA training. ***Failure to complete any of these required items by their designated due date may result in a delayed start to the clinical year. This may in turn delay the student's graduation from the Program.*** Some rotations have additional requirements which students will also be required to complete prior to starting the specific rotation (i.e. drug testing or physical exam, site orientation). The student shall be responsible for paying any and all associated costs of urine drug, alcohol screening, background checks and fingerprinting including retesting for any reason.

Required Clinical Rotations

Course No.	Rotations	Length	Credits
PAS 741	Internal Medicine	5 wks	6.0
PAS 742	Pediatrics	5 wks	6.0
PAS 743	Women's Health	5 wks	6.0
PAS 744	Psychiatry/Mental Health	5 wks	6.0
PAS 745	Surgery	5 wks	6.0
PAS 746	Emergency Medicine	5 wks	6.0
PAS 763	Primary Care Selective	5 wks	6.0
PAS 764	Elective	5 wks	6.0

Required Preceptorships The purpose of the required primary care preceptorship is to provide the student with an extended experience in an ambulatory family medicine or internal medicine setting to gain exposure, practice and familiarity within a continuity of care model.

PAS 759	Primary Care 1	5 wks	6.0
PAS 760	Primary Care 2	5 wks	6.0

Total Credit Hours for Clinical Year

50 wks

60

Primary Care Selective Rotation

Each student will complete one five week Primary Care Selective rotation in Family Practice, Internal Medicine, Pediatrics, Women’s Health, or Emergency Medicine. Prior to the start of the clinical year, students will complete and submit a ranked request form indicating their preferences. The Program will make every attempt to place the student in their requested selective; however this may not always be possible.

Elective Rotation

Each student is permitted to choose one elective. If a student has an interest in a discipline for which the program has an established site, students will most likely be placed in program established sites. Requests for a specific elective discipline for which the program does not have a site must go through the Procedure to Request a New Site and will count as one of the three (3) allotted placement requests. The Program will determine the viability of the requested elective discipline to ensure it supports “generalist” based training.

Please note: The Program reserves the right to replace a student’s primary care selective choice and/or elective rotation with a program determined core rotation.

Clinical rotations and preceptorships will have a designated preceptor who is responsible for coordination of the student’s overall learning experience. The preceptor may delegate some of the teaching or coordination functions to other qualified clinicians such as other attending physicians, residents, physician assistants, or nurse practitioners.

Clinical rotations and preceptorships will average approximately 40 hours a week on site. Some rotations may involve slightly shorter or longer hours, evening or on-call responsibilities, and weekend hours. The preceptor will determine the student’s on site schedule and clinical responsibilities. Students **MUST** adhere to each rotation site schedule and to all assignments developed by the sites and preceptors.

Additional curriculum requirements during the clinical year:

In addition to rotations, students will also be enrolled in one course throughout the clinical year.

PAS 771	PA Master's Comprehensive Experience		3.0
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Clinical Year Instructional Goals:

1. Expose student to a variety of diseases and injuries involving all body systems and including but not limited to cardiovascular, pulmonary, gastrointestinal/nutritional, genitourinary, psychological, musculoskeletal, neurological, endocrine, hematological, dermatological, and infectious.
2. Reinforce, support and continue to develop the student's ability to obtain an appropriate history.
3. Reinforce, support and continue to develop the student's ability to conduct a thorough and accurate physical examination.
4. Reinforce, support and continue to develop the student's knowledge base of the indications, limitations, and costs of various diagnostic studies used in the evaluation of disease and injury and disease prevention.
5. Reinforce, support and continue to develop the student's ability to recommend, select and interpret (where applicable) appropriate diagnostic methods in the evaluation of a patient.
6. Familiarize student with the therapeutic needs of patients with medical, surgical and/or psychological disorders, as well as the indications, limitations, and side effects of these therapeutic efforts.
7. Reinforce, support and continue to develop the student's skills to generate written documentation of each patient encounter.
8. Reinforce, support and continue to develop the student's ability to generate differential diagnoses.
9. Reinforce, support and continue to develop the student's ability to select a definitive diagnosis.
10. Facilitate the development of the student's ability to choose the appropriate treatment plan for each patient encounter, including pharmacologic and non-pharmacologic therapies.
11. Facilitate the development of the student's ability to recognize situations where referral to other healthcare providers is necessary and to identify the appropriate referral resource.
12. Facilitate the student's use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team.
13. Expose the student to ways of incorporating the principles of public health and health promotion and disease prevention into patient care and practice.
14. Expose the student to the special needs and considerations warranted in effective, efficient and compassionate patient care for rural and urban underserved populations.
15. Foster continued development of the student's ability to effectively and efficiently communicate

with a diverse population of patients as well as with other professionals in the health care environment.

16. Foster continued development of the skills needed to search, interpret and evaluate medical literature in relationship to medical decision-making and patient care.
17. Foster inter-professional understanding and collaboration.

Clinical Year Learning Outcomes

By the completion of the clinical year, the student will be able to:

1. Elicit a comprehensive and/or focused medical history and perform the appropriate physical examination on patients in a variety of care settings and medical disciplines.
2. Order and interpret appropriate diagnostic evaluation (laboratory and/or imaging) utilizing patient history and physical examination information.
3. Formulate differential diagnoses.
4. Diagnose medical, psychological and surgical diseases, conditions and states utilizing patient history, physical examination findings and diagnostic evaluation results.
5. Recommend, determine and/or implement appropriate medical, psychological or surgical interventions and/or treatments.
6. Initiate, encourage and/or recommend health promotion and disease prevention education, screening and counseling.
7. Provide patient education and counseling.
8. Accurately and effectively document patient encounters.
9. Perform common diagnostic, therapeutic, medical and/or surgical procedures.
10. Perform oral presentations of patient encountered cases in a clear, concise manner.
11. Recognize the limits of one's knowledge and experience and seek assistance and/or refer as appropriate.
12. Integrate and utilize core biomedical and clinical science knowledge into the evaluation and assessment of a patient.
13. Utilize and apply the principles of evidence based medicine.
14. Effectively, ethically and professionally navigate and demonstrate the role and responsibilities needed for clinical PA practice.
15. Use respectful and effective communication skills with patients and their families, physicians, colleagues and all members of the health care team.
16. Administer respectful care to all patients.

Program Contact Information

Paul D. Bradford Clinical Coordinator 215.951.2523 (Ofc) **215.341.3247 (Emergency Phone)**
bradfordp@philau.edu

Mary E. Barton Administrative Asst. 215.951.0208 (Ofc) 215.951.2526 (Fax) bartonm@philau.edu

Lawrence Carey Program Director 215.951.2674 (Ofc) careyl@philau.edu

CLINICAL YEAR SCHEDULE

Rotation Block #1 07/16/12 to 08/16/12

Senior Seminar 1 Friday 8/17/12 (one exam)

Rotation Block #2 08/20/12 to 9/19/12

Senior Seminar 2 Thursday and Friday 9/20 & 9/21 (one exam)

Rotation Block #3 09/24/12 to 10/26/12

Rotation Block #4 10/29/12 to 11/27/12

Senior Seminar 3 Wednesday, Thursday and Friday 11/28 - 11/30 (two exams)

Rotation Block #5 12/03/12 to 01/11/13

Rotation Block #6 01/14/13 to 02/13/13

Senior Seminar 4 Thursday and Friday 02/14 & 02/15 (two exams)

Rotation Block #7 02/18/13 to 3/22/13

Rotation Block #8 03/25/13 to 04/24/13

Senior Seminar 5 Thursday and Friday 04/25 & 04/26 (two exams)

Rotation Block #9 04/29/13 to 06/07/13

Rotation Block #10 06/10/13 to 07/10/13

Return to Campus Thursday July 11, 2013 (two exams)

Senior Seminars are **mandatory**. Students must report on time for all Senior Seminar days and remain until all activities have been completed. Senior seminar day events will usually run from 8 AM – 5 PM each day. Failure to attend on time or stay for any Senior Seminar day without prior program approval will result in the loss of 10 points from the student's overall grade for that rotation/preceptorship. Students are to remain on their clinical site for the entire day prior to the first senior seminar day unless they are more than 200 miles away from campus. If students are 200 miles or more from campus, they may use only the one day before the senior day as a travel day (see Section 5 Student Responsibilities).

Section 3

CLINICAL YEAR POLICIES AND PROCEDURES

Clinical Rotation Placement

Clinical rotation placement for each student is the responsibility of the Clinical Coordinator(s) and Program. All decisions regarding student placement will be made by the Program.

The Program maintains many clinical education sites with clinicians who work with the program to provide clinical experience and training and priority will be given to student placement in these sites. Students may not develop or arrange their own clinical sites or clinical schedule, however students will have the opportunity to request potential new sites and/or preceptors through the *Preceptor/Site Request Form*.

Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only. Students may not switch rotation assignments with other students or arrange their own rotations solely to avoid moving or placement at a particular site. While the program has many sites in the Greater Philadelphia area students will also be placed in sites distant from campus and outside the state. The Program works toward firmly establishing each five week block, however unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a rotation. Students are responsible for all financial costs associated with travel and/or relocation regardless of the cause.

Placement at some clinical sites will require special paperwork to be completed by the student and/or require attendance at an orientation and/or additional background, drug and alcohol screening. The student shall be responsible for paying any and all associated costs of urine drug, alcohol screening, background checks and fingerprinting including retesting for any reason.

Student Requests for a New Site

The Program will accept requests from students by the defined deadline dates only. Students must be in good academic standing within the Program to be considered for placement in a requested site or a requested elective rotation. Students may submit up to three (3) requests per deadline date. The maximum number of *actual placement* in new sites over the entire clinical year is three (3). If more than one request is submitted the student must rank the requests in order of preference. Deadline dates are **MARCH 19, 2012** and **OCTOBER 15, 2012**. These deadline dates are established to provide the Program adequate time to visit (or contact) the site, speak to the potential preceptor, evaluate the site's suitability, and develop an affiliation agreement. Determination of site viability for educational purpose and appropriateness is made solely by the program. Please note requests may not be with family friends, personal physicians, family members etc. **Completion of the request form does not guarantee student placement in the requested site.**

Procedure to Request a New Site

It is important that students follow the procedures outlined here in submitting a request for a new site. Failure to follow these steps may result in disqualification of the request. Please be sure to meet all request deadlines. Late submissions will not be considered.

Step 1:

Pre-request: Students must submit a Clinical Year Student New Site Pre-Request Form and receive Program permission **before contacting any site regarding potential development of a new rotation.**

Step 2:

If permission is granted, the student will be given a New Preceptor/Site Request Form. The student is to contact the site, complete the form and submit it to the Clinical Coordinator. These forms must be submitted by the submission deadline date. Late submissions will not be accepted.

Step 3:

Once the program receives the New Preceptor/Site Request Form, all communication with the Site will occur through the program. Students are not to contact the site during this process.

Please note:

Once the program has begun the process of site development, the student will not be able to opt out of that site. **Remember submission of the request form does not guarantee that the site will be acceptable or that the student will be placed in the site.**

Housing and Transportation

All PhilaU students are governed by the Community Standards (see University Student Handbook Section 9). Students placed at clinical sites that have housing provided by the University will adhere to all University Policies of Conduct and Community Standards and the PA Standards of Conduct. Please read these policies thoroughly as failure to comply may result in a student being removed from the rotation site, repeating the rotation and/or incurring charges, fines or fees. In addition, students living in University provided housing will adhere and follow all location rules and regulations of the residence site. Upon arrival students are to report to the housing office and complete the required paperwork.

It is the student's responsibility to have reliable transportation during the clinical year. Students may not decline or refuse placement at a site due but not limited to lack of or cost of transportation. Failure to report to or attend a site due to transportation issues, including fuel costs, may result in forfeit or removal from that rotation block, which will be rescheduled at the end of the clinical year. This could delay graduation.

Inclement Weather

The University Inclement Weather policy does not apply to rotation sites as they are off campus. The student will follow the policies of the clinical rotation site regarding attendance during inclement weather and are responsible for exercising their own judgment concerning whether road conditions are safe enough for travel to the clinical site. The student is advised to discuss the inclement weather policy for the assigned rotation site with the preceptor at the time of start of the rotation. If the student decides against attending a clinical site because of inclement weather, the student must notify the Preceptor and the Clinical Coordinator by phone or e-mail as soon as possible regarding the absence.

If weather conditions at the time of Senior Seminar days are uncertain, a notice will be posted on www.PhilaU.edu, the University will email an announcement to the students, and KYW 1060AM will make an announcement of the snow number.

The number for cancellation of classes:

Day 112

Malpractice Insurance

All PA students are required to maintain malpractice liability insurance while in the program.

Health Insurance and Immunization Requirements

All students must have and maintain health insurance coverage while enrolled in the Physician Assistant Studies Program. Students are responsible for any costs incurred in treating injuries and illness during matriculation in the PA Program including during the clinical year (i.e. needlestick or bodily fluid exposure). Each student should carefully evaluate his/her health insurance policy, including coverage and co-pay to fully understand all potential costs that may be incurred due to illness or injury.

Prior to starting clinical education rotations students must update their Student Health Checksheet to include a physical examination, a new PPD test (and chest x-ray if needed) with results and documentation of all other immunizations. The updated Student Health Checksheet, along with copies of the student's current health insurance card must be submitted to Clinical Coordinator **no later than June 15th each year**. Students who fail to submit these documents will not be permitted to participate in clinical training. Students must also keep all required immunizations current. If there is any lapse in immunization status, the student will immediately be removed from the clinical site. Students must also report any significant health changes which may affect patient care to the Program immediately. Failure to notify the Program may result in dismissal from the Program.

CPR Certification

Students are required to maintain current CPR certification from the American Heart Association at the Healthcare Provider level. Prior to starting clinical education rotations, copies of CPR certification cards must be submitted to the Clinical Coordinator **no later than June 15th each year**. Students not submitting these documents will not be permitted to participate in clinical training.

Background Checks, Drug/Alcohol Testing and Fingerprint Screenings

All Physician Assistant students shall be subjected to background checks, drug testing and fingerprint screening prior to the start of clinical education in the second year. The Physician Assistant Studies Program reserves the right to prohibit progression in the Physician Assistant Studies Program based upon the results of such testing or the refusal to submit to such testing (see PA Student Manual Appendices). Some clinical sites may require repeat or additional testing of students. Students shall be responsible for paying any and all associated costs of urine drug screening, background checks and fingerprinting including necessary retesting for any reason. Please see the online student handbook for the University drug and alcohol policy at <http://www.philau.edu/studenthandbook/1011/>

Health Insurance Portability and Accountability Act (HIPAA)

Students must complete their required HIPAA training prior to being placed on clinical rotations. Failure to complete this training will result in immediate removal from the schedule rotation site. This may result in additional clinical time required to make up missed time and may delay graduation.

Occupational Safety and Health Administration (OSHA)/Universal Precautions

Working in a clinical setting can expose the student to a wide variety of health risks and infectious disorders. Health care professionals and students can also act as vectors carrying infectious illnesses to patients who are already ill and sometimes immunocompromised. Safety of the student, patients and other health care provider is critical to the health and well being of all. Health care practitioners can reasonably anticipate that they will come in contact with blood and/or other potentially infectious materials. Therefore all students will complete the OSHA training prior to beginning their clinical year and must be compliant with OSHA and universal precaution requirements including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures. Failure to complete this training will result in immediate removal from the schedule rotation site. This may result in additional clinical time required to make up missed time and may delay graduation.

Needlestick/Bodily Fluids Exposures

If an exposure occurs, the student should instantly cleanse the affected area and report the exposure to the supervising physician or supervisor **IMMEDIATELY** (please see *Needlestick/Bodily Fluids Exposure Guidelines* in Appendix C). The protocol at the clinical site will govern the medical approach to that exposure. Immediate medical care and lab work will be done either at the rotation site or the nearest appropriate emergency department. Additional care and follow up may be with the student's personal provider. Clinical sites are under no obligation to provide the student with free medical care. The student's health insurance provider will be billed for the costs associated with the students care. Student must also notify the Clinical Coordinator within 2 hours of the exposure and complete *Student Exposure Form* located in Appendix C. Any and all expenses for the care and potential treatment are the responsibility of the student.

Attendance and Timeliness

Attendance at all assigned preceptorships is considered an aspect of professional responsibility and individual dependability. The student is expected to be in attendance and on site daily and when asked or requested, to be available for evenings and/or weekends hours. The work schedule will be determined by the preceptor or his/her agent. College holidays do not apply in the clinical year. Preceptors are not obligated to give the student days off on weekdays or weekends. In addition students are not permitted to arrive late to a rotation or leave early without the permission of the Preceptor.

If a student needs to be absent for illness or other reason at any time during the Clinical Phase they must contact the preceptor **and** the Clinical Coordinator **prior** to the regular reporting time. Students wishing to take an absence to attend a conference or job interview must request advance permission from the Clinical Coordinator and preceptor. Failure to contact the Program or preceptor of absences in advance will result in the lowering of the rotation/ preceptorship grade one full letter for the first infraction. Failure to contact the Program or preceptor of absences for the second infraction will result in referral to the Academic and Professional Standards Review Committee and notification to the student's advisor. Any additional failures (>2) to notify the preceptor and Program of an absence will result in failure of the rotation, referral to the Academic and Professional Standards Review Committee, notification to the student's advisor and consideration for dismissal.

Students absent for more than two days on one rotation/ preceptorship, or for more than ten days throughout the entire Clinical Phase, will be required to make-up the missed time or repeat a rotation/preceptorship. This may prolong the length of the Program and delay graduation.

Promptness is another trait the healthcare practitioner must display. Repeated tardiness reflects a lack of professionalism and is considered unprofessional conduct and, at the discretion of the Clinical Coordinator, the student may be referred to the Academic and Professional Standards Review Committee which may result in failure of the rotation, the delay of completion of the program or other disciplinary action.

In the Clinical Phase, it is the responsibility of the student to report to clinical sites promptly at assigned times designated by the preceptor. If a student feels they will be late they must contact the preceptor. Students must report to, and stay at the site the entire time designated on their approved schedule and should not leave early without preceptor approval.

Attendance and timeliness are important aspects of professional behavior. Repetitive lateness, absences, leaving early, or paperwork/assignment tardiness in any portion of the Program may result in disciplinary action including referral to the Academic and Professional Standards Review Committee. The Program may place additional requirements on students with repeated absences or absence patterns.

Absence

All absences must be approved by both the Preceptor and the Clinical Coordinator to be considered excused.

Students are not permitted to take “time off for vacations” during the clinical year. Although attendance and punctuality are required, on occasion it may not be possible for a student to attend his or her rotation on a particular day.

Absences or lateness due to unexpected medical and/or personal issues are unavoidable. Students *must contact both the Preceptor and the Clinical Coordinator prior to the regular reporting time* by telephone (215.341.3247). If no one answers, the student must leave a voice mail message explaining the circumstances of the absence.

The student must continue to contact the Clinical Preceptor and the Clinical Coordinator by telephone each day that he or she is absent. The student is required to provide a medical note from the medical provider (cannot be family members or friends) who saw, examined and treated the student in an office/clinic or hospital setting for absences due to illness of more than two days. Under some circumstances the student may be required to provide evidence of illness and medical clearance from health provider who saw, examined and treated them before being permitted to return to the clinical site. The clinical preceptor may not evaluate or examine the student.

Students on clinical rotations and preceptorships will be excused from their clinical sites for the following holidays but may be scheduled on a volunteer basis:

1. Thanksgiving Thursday and Friday
2. Winter break (December 25, 2012 through January 1, 2013).
3. Memorial Day
4. Labor Day
5. July 4th

Students may also be excused for other religious holidays such as Rosh Hashanah and Yom Kippur but must notify their preceptor and submit and have approved a Time Away Request form in advance.

Inability to work either Saturdays or Sundays for religious reasons **MUST** be discussed and approved by the Clinical Coordinator and the Program Director at least four weeks **prior** to beginning the Clinical Phase.

Student Time Away Requests

Anticipated absence:

While it is the policy of the program that students are required to attend all program required educational events including preceptorships and rotations, the program understands students may have exceptional events which might keep them from classes or program activities. Any student requesting time away for an exceptional event must complete a *Time Away Request Form* and submit it to the

Clinical Coordinator at least **one month** in advance of the event. Time off may be granted for **no more than 2 days**. The approval of each request is made on an individual basis and there is no guarantee the approval will be granted.

If a student will be missing a POST ROTATION EXAMINATION or other examination, a deadline for submission of required paperwork, assignments, projects or presentations, the student **must** discuss this and make arrangements with the Clinical Coordinator **PRIOR** to the absence to determine any adjustments to examination and/or assignment/project dates and/or deadlines. Examination may be in a different format than the original examination given to the rest of the students. Failure to make such arrangements may result in grade reductions, no credit, or failure of exams paperwork, assignments, projects or presentations.

Regardless of whether the absence is excused or unexcused, students may be required to make up days absent or to repeat the rotation if significant absences occur. **Students absent for more than two days on one rotation/ preceptorship, or for more than ten days throughout the entire Clinical Phase**, will be required to make-up the missed time or repeat a rotation/preceptorship.

Adherence to scheduled rotation hours and attendance policies is mandatory. Failure to fulfill this requirement is considered in the evaluation of student's overall performance and professional attitude and may result in disciplinary action including but not limited to failure of the rotation.

Student Advising & Counseling

The PA educational process can be highly demanding and stressful. Many PA students have significant outside responsibilities such as family duties. These stresses, along with other factors, sometimes leave people vulnerable to a wide variety of psychological, social, health, and substance abuse problems.

PA students have the responsibility of patient care in addition to the usual academic responsibilities of a college student. The university has a responsibility to ensure that students are functionally capable of handling these duties in a competent, appropriate manner.

Students should keep their faculty advisor aware of any problems or stresses that may affect their academic and/or patient care responsibilities in the Program. Program faculty and staff will try to be attuned to signs of psychosocial problems in students. They will then refer the student, initially, to their faculty advisor for assistance. The faculty advisor or Program Director may advise a student to seek further help from the University Counseling Center, Student Health Center, or outside resources. The Counseling Center can provide counseling and referral to students for psychosocial problems.

If a faculty member or preceptor feels that a problem may be impairing a student's ability to safely and effectively carry out their responsibilities, the Program may remove the student from classes or a clinical site.

Philadelphia University and the Physician Assistant Studies Program recognizes that emotional distress is often a normal part of life, and usually does not impact on an individual's ability to participate in an

academic community. However, there are certain situations where an individual's presence in the community may be detrimental to themselves or others. Students should contact the Program, the Clinical Coordinator, their advisor or any PA faculty member if they are feeling overwhelmed or are having difficulty. In addition, the student may directly contact the Counseling Center (215.951.2868). Guidelines for cases in which the University may require a student to undergo a psychological evaluation can be found in the University handbook (<http://www.philau.edu/studenthandbook/> page 66).

Leave of Absence

Students can request a Leave of Absence for medical or personal reasons, or withdrawal from the Program and University. They must request these in writing to the Program Director. The approval process is based on appropriate processes and paperwork completion as outline by the University, and by following all procedures outlined in the Philadelphia University Student Handbook (see also Physician Assistant Student Handbook pg 22).

Harassment

Philadelphia University affirms its commitment to provide a professional learning and working environment that is free of discriminatory conduct and communication and that supports and rewards educational and employment growth on the basis of ability and performance. Harassment threatens this environment because it compromises institutional integrity and negates traditional academic values. Harassment includes verbal or physical conduct that has the intention or effect of interfering with an individual's educational or work performance. Such conduct creates an intimidating, hostile and/or offensive educational or work environment.

The definition of harassment also includes sexual advances and requests for sexual favors that might be perceived as explicitly or implicitly affecting educational or employment decisions. In addition, comments, actions and attitudes that may be interpreted as derogatory or offensive by the person to whom they are directed fall within the definition of harassment. Harassment is not limited to sexual harassment, and may include any form of harassment based on race, color, religion, national origin, sex, age, disability, veteran status or other classification protected by federal, state or local law. It is the policy of the University to investigate promptly and attempt to resolve any allegations of harassment, as it is completely unacceptable in any form.

Attire and Identification

As health professionals, Physician Assistant students are expected to maintain the highest possible standard of appearance. Students are expected to be conservatively and neatly dressed and groomed throughout all phases of their professional education. Physician Assistant students are expected to be in full professional attire and to comply with the standards for attire as outlined by the clinical setting. All Physician Assistant students are expected to wear clean, pressed, short white jackets with the Program insignia at all times unless specifically directed not to do so by the preceptor.

Students shall dress in the following manner unless otherwise requested by the Preceptor:

Clothing:	<ul style="list-style-type: none"> ▪ Clothing should allow for adequate movement during patient care, and should not be tight, short or low cut. ▪ Students are not to wear such items as jeans, flip-flops, tennis shoes, sneakers, open toe or high heel shoes, shorts, cut-offs, T-shirts, hats, sweat clothing, workout attire, or clothing with rips/tears. ▪ Men are to wear dress shirts and ties. ▪ Women are not to wear short skirts, short revealing tops, or halter tops. ▪ A short white lab coat with Philadelphia University student identification will be worn at all times unless directed otherwise by the preceptor.
Jewelry:	<ul style="list-style-type: none"> • Watches, wedding bands and/or engagement rings are permissible. • No excessive bracelets or necklaces. • Earrings - no more than two earrings per ear, no dangling or oversized earrings. • No other visible body piercings (including nose piercings) are permitted.
Nails:	<ul style="list-style-type: none"> ▪ Fingernails should be kept trimmed and without nail polish.
Tattoos	<ul style="list-style-type: none"> ▪ Students may not exhibit offensive tattoos.
Perfume / after-shave:	<ul style="list-style-type: none"> ▪ No excessive or heavy perfumes or aftershaves/colognes.
Hair	<ul style="list-style-type: none"> ▪ Hair should be clean and arranged so as not to interfere with patient care.
Name tags	<ul style="list-style-type: none"> ▪ A name tag identifying you as a Philadelphia University PA student is mandatory at all times, and must be worn on either your lab coat or clothes while at the clinical site.
	<ul style="list-style-type: none"> ▪ NO GUM CHEWING OR USE OF TOBACCO PRODUCTS WILL BE ALLOWED IN THE CLINICAL SETTING.

To summarize: Clothing should allow for adequate movement during patient care, and should not be tight, short, low cut or expose the trunk or undergarments. Students are not to wear flip flops, shorts, cutoffs, hats, jeans, clothing with rips/tears, sweat clothing, workout attire, short skirts/tops, halter type tops or T shirts.

Electronic Device Policy (Cell/smart phones, iPads, iPods, tablets, pagers, etc)

Students will place all electronic communication devices (pagers, cell/smart phones) in the OFF mode while on clinical sites. Student use of cell/smart phones, iPads, tablets, and/or use of the facility site computer for clinical site work, program business or research must be approved by the preceptor. Students are required to comply with site policies regarding the use of cell/smart phones within the facility.

Standards of Conduct

Success in the physician assistant profession requires certain behavioral attributes including: empathy, discipline, honesty, integrity, the ability to work effectively with others in a team environment, and the

ability to address a crisis or emergency situation in a composed manner. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Accreditation Standards for Physician Assistant Education states: “The role of the physician assistant 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”. Adherence to these attributes requires that physician assistants and physician assistant students exhibit a high level of maturity and self control even in highly stressful situations.

In keeping with these precepts physician assistant students must conduct themselves in a highly professional manner consistent with the patient care responsibilities they will be entrusted with during their training in the Program. Students must adhere to the following standards. Failure to do so will necessitate that the student’s case will be presented before the PA Program Academic and Professional Standards Review Committee and may result in corrective action or dismissal from the Program.

- **Respect:** Students must conduct themselves in a professional courteous manner at all times displaying respect for the privacy, confidentiality, and dignity of patients, preceptors, faculty, health care workers, and fellow students. Conflicts should be resolved in a diplomatic, reasoned manner. Students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust. Displays of anger, argumentative speech, threatening language or behavior, inappropriate sexual conduct or speech, demeaning language, and behavior and language that is deemed to be insensitive to, or intolerant of, race, religion, gender, sexual orientation, and ethnicity will not be tolerated.

Students must be cognizant that patient care is the primary activity of the clinical sites and should follow any legal directions given by preceptors, site authorities and the Program including issues involving student schedule and activities. The PA and PA student role demands teamwork and the ability to carefully follow directions from a clinical supervisor. Breaches of these precepts may result in disciplinary action or dismissal from the Program.

- **Flexibility:** PA training involves instruction from practicing clinicians with unpredictable schedules. At times, lectures or clinical session times may need to be adjusted with short notice. We believe the advantage of utilizing practicing clinicians outweighs this inconvenience, and ask students to be flexible and tolerant of changes. Students may ask a fellow student to tape a rescheduled lecture that they will miss. Student schedules in the clinical year are set by the clinical sites and may involve night and weekend hours.
- **Integrity:** Students are expected to follow the PA Student Honor Code document and all policies in the Student Code of Conduct outlined in the University Student Handbook including those pertaining to academic honesty. Infractions such as forgery, plagiarism, stealing/copying tests, and cheating on examinations will not be tolerated. Students shall neither give nor receive old tests or past assignments from other students or past students. PA students are also expected to display the highest ethical standards commensurate with work as a health care professional.

Some of these are outlined in the Code of Ethics of the Physician Assistant Profession published by the American Academy of Physician Assistants (see Appendix D). Students shall report any illegal or unethical activity to the preceptor and Program. Students may not accept gifts or gratuities from patients or families. Breaches in confidentiality, falsification of records, misuse of medications, and sexual relationships with patients will not be tolerated.

- **Identification:** *PA students must always identify themselves as “physician assistant students”* to patients and clinical site staff, and never present themselves as physicians, residents, medical students, or graduate physician assistants. Students must wear a short clinical jacket with the Program patch while at all clinical sites unless instructed not to do so by the clinical site or the Program. Students must always wear their Program-supplied name tag while at clinical sites. At no time should a student either by virtue of his/her skills or knowledge attained while progressing through the Program misrepresent him/herself as being other than a physician assistant student. While in the Program students may not use previously earned titles (i.e. RN, MD, DC, Ph.D., Dr., etc.) for identification purposes.
- **Confidentiality:** Students must respect the confidentiality of patients and fellow students and are not permitted to discuss any patients by name outside the clinical encounter situation. For academic presentations and H&P assignments, please use patients' initials or first name only.
- **Health and Safety:** PA students shall not exhibit any behavior that that may jeopardize the health and safety of patients, faculty, or fellow students. PA students must not utilize PA faculty members as personal healthcare providers.
- **Nondiscrimination:** Students shall deliver health care service to patients without regard to their race, religion, gender, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, legal involvement, or political beliefs.
- **Student Role:** Students at clinical sites must always work under the supervision of a preceptor. They may not function in the place of an employee, or assume primary responsibility for a patient’s care. Students shall not treat and discharge a patient from care without consultation with a clinical preceptor or supervisor. Students shall perform only those procedures authorized by the Program, clinical site, and preceptor. Students must adhere to all regulations of the Program and the clinical sites.
- **Impairment:** Students shall not appear at the university or clinical sites under the influence of alcohol or drugs.
- **Timeliness/Lateness/Leaving Early-** Students must report to all clinical sites at the scheduled time. Students must also return messages from the PA Program, faculty, clinical preceptors, and clinical sites in a timely manner (within 24 hours).

Academic Integrity

Academic honesty and integrity is expected of all students throughout their course of study. Any violation of this code is considered to be a serious academic violation. Students are obligated to adhere to the standards, expectations and policies adopted for academic integrity as defined and delineated in the Philadelphia University Student Handbook page 73 at <http://www.philau.edu/studenthandbook/>.

Student Disabilities

Students must meet the technical standards of the Physician Assistant Program as listed in the University Catalog. Students who wish to request accommodations for documented physical, psychological, or learning disabilities must notify the Coordinator of Disability Services in the Academic Achievement Program office before the start of the semester.

Outside Employment

The Program strongly discourages outside employment of students while in the Program. If a student feels that it is necessary to work while in the Program, it is advisable that the student inform their faculty advisor of this. Program expectations, assignments, schedules, deadlines, and responsibilities will not be altered or adjusted to accommodate working students. It is expected that their employment will not interfere with their learning experience. No PA students may be employed within the Program itself.

Use of Students as Staff

Clinical rotations should be an educational experience for the physician assistant student. At no time during the clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where an individual is asked to perform in a role other than that of student or to substitute for a staff member, the student should contact the program immediately for guidance.

Grievances

Grievances with a specific faculty member should initially be addressed directly with the faculty member unless the nature of the complaint is such that the student feels uncomfortable doing this. Complaints should be expressed using a diplomatic, reasoned approach with the goal of quick amicable conflict resolution, if possible. If the student feels uncomfortable approaching the involved faculty member for whatever reason, or if they have not been successful at resolution of the conflict with the faculty member, they should register the grievance with the Associate Director or Program Director of the Physician Assistant Studies Program.

If the grievance is with the Physician Assistant Studies Program Director, or if the student has not been able to resolve a conflict at that level, he/she should contact the Executive Dean of the College of Science, Health and the Liberal Arts.

If the grievance is with the Executive Dean of the College of Science, Health and the Liberal Arts they should contact the Provost.

Grievances may also be addressed using the policies outlined in the Philadelphia University Student Handbook pages 63-65 at <http://www.philau.edu/studenthandbook/>

Section 4

GRADING AND EVALUATION

The passing grade for graduate courses are “A” “B” “C” and “CR” (credit received). A grade of “F” signifies that the course has been failed. The grade of “C” is the minimum passing grade, but is considered unsatisfactory performance for graduate program students.

The following is a list of GPA equivalents of letter grades:

A	4.00	C	2.00
A-	3.67	C-	1.67
B+	3.33	F	0.00
B	3.00	WF	0.00
B-	2.67		
C+	2.33		
C-	2.67		
C+	2.33		

It is important to note that while a grade of “C” is officially passing, all grades below a “B” are considered marginal.

Students will be evaluated both academically and professionally in a variety of ways during the clinical year. A grade of 70% or better is required to pass all clinical year courses.

Clinical rotation course grades will be based on the following components.

<u>Clinical Knowledge/Didactic (CK/D)</u>	60%	<u>Components of Professionalism</u>	40%
End of Rotation Examination*	45%	Preceptor Evaluations	20%
Final Preceptor Evaluation	15%	(Professionalism Portion)	
(Clinical Portion)		Rotation Deliverable <u>or</u>	10%
		Site Visit	
		<u>FORMS (Completion & Submission)</u>	(10%)
		Student Call In and Schedule	2.5%
		Patient Logs	2.5%
		Mid Rotation Preceptor Evaluation	2.5%
		Student Evaluation-Preceptor/Site	2.5%

*An End of Rotation Examination is not required for the elective rotation. For elective rotations the preceptor evaluation will be worth 80% of the rotation grade (60% clinical portion, 20% professional) and 20% for completion and submission of required deliverable and forms as listed above.

It is fundamental in the role of a PA to be detail oriented, accountable, meet deadlines, communicate effectively, document thoroughly and demonstrate intellectual initiative. Completed "FORMS" must be received in the PA program office no later than 4 PM ET by the designated due dates. Each "FORM" is worth 2.5% of the Professionalism grade. Submission of incomplete "FORMS" and/or failure to submit any "FORMS" by the designated due date is considered unprofessional conduct and constitutes an unprofessional behavior infraction. Each infraction will result in the loss of the corresponding percentage points plus additional actions as defined by the Policy on Unprofessional Behavior (see pages 41-42)

Please note: "FORMS" infractions are tallied cumulatively over the clinical year. For example, incomplete logs in Rotation 2 and a failure to submit the Student Call-In in Rotation 4 would count as two breaches of professional behavior and thus two infractions.

Rotation Grading and Evaluation Components

1. Student Call-In – Students are required to **CALL** their Faculty Advisor (See appendices for faculty advisor assignments and phone numbers) **on the FRIDAY (by midnight) of the FIRST week of each Rotation** (Refer to the Rotation Block Deadlines and Deliverables in Appendix A and Student Call in Report Guidelines in Appendix B). Call-ins are designed to ensure that the student is not encountering any difficulties with the clinical rotations/preceptors or sites and to monitor the professionalism of the student. Students need not speak directly to their advisor but may leave a voice mail message, containing all of the necessary information, in a professional manner. Failure to call in by the designated time will result in a loss of 2.5% from the rotation grade.
2. Student Clinical Schedule - Students are to submit a clinical schedule for each clinical block. This form is to be **FAXED** to the Program (215-951-2526) **no later than 4 PM ET FRIDAY of the FIRST week of each rotation. The preceptor must develop, review, approve and sign this clinical schedule prior to the student submitting it to the Program.** Once submitted, the student **must** adhere to this schedule. *Any changes to this schedule must be reported to the Clinical Coordinator immediately.* Failure to call in by the designated time will result in a loss of 2.5% from the rotation grade. Please see Rotation Block Deadlines and Deliverables in Appendix A.
3. Patient Logging - Utilizing E-Value, the student will keep a daily patient log. Students must log all patient encounters. Patient encounter logging windows will be open for 15 days only. This means the student must enter their patient encounter information within 15 days of seeing the patient otherwise the window will close and the ability to log that patient data will be lost. "Case Log Total" reports will be submitted TWICE to the program, once after the first two weeks and again at the end of the rotation. The first report shall consist of the first 2 weeks of the rotation and must be **E-MAILED** directly to the Clinical Coordinator **no later than 4 PM ET**

MONDAY of the THIRD week of each rotation. The final “Case Logs Total” report shall consist of the entire rotation. The final “Case Logs Total” report must be sent to the program through the US mail and postmarked no later than the Monday following the last day of the rotation. ***Please address envelope to: Mary Barton at the Program (PhilaU PA Program, 4201 Henry Av, Philadelphia, PA 19144.*** Please see Rotation Block Deadlines and Deliverables in Appendix A.

4. Rotation Deliverables – Each rotation has a specific deliverable required to be completed and submitted by the student. Please refer to the rotation course syllabi for specific information. Please see Rotation Block Deadlines and Deliverables in Appendix A.
5. Mid Rotation Preceptor Evaluation – The mid rotation evaluation form is completed by the preceptor no later than Friday of the second week of the rotation. The purpose of the mid rotation evaluation is to monitor and assess the student’s progress and clinical performance by identifying areas of weakness so they can be nurtured as well as showcase any strengths. The student is responsible to **FAX** (215-951-2526) the completed and signed evaluation to the Program **no later than 4 PM ET MONDAY of the THIRD week of each rotation.** (Refer to the Rotation Block Deadlines and Deliverables in Appendix A). If the medical office, clinic or hospital does not have fax capability, the student must contact the Clinical Coordinator immediately for further instructions. Failure to do so will be considered unprofessional behavior and may result in an infraction. Please see Rotation Block Deadlines and Deliverables in Appendix A.

All unsatisfactory evaluations shall be investigated by the Clinical Coordinator via correspondence with the student and/or preceptor. An unsatisfactory evaluation on any mid-rotation preceptor evaluations will result in a meeting with the Clinical Coordinator (in person or via phone). Repeated unsatisfactory evaluations of 3 or more times will result in referral to the Academic Professional Standards Review Committee and notification to the student’s advisor.

6. Site Visit – Each student will be site visited by a faculty member at least two times during the Clinical Year. The purpose of the rotation site visits is to assess the student’s progress. All students will receive a formative site visit which is not graded but rather provides assessment and feedback to the student regarding their clinical skills and performance. Each student will have at least one graded site visit in the second half of the clinical year which is worth 10% of the student’s rotation grade and will be in lieu of the value for the rotation deliverable. The faculty member speaks with the student and preceptor, reviews student chart notes and observes the student in at least one clinical encounter. Student schedules will be utilized to determine the timing of these visits. Occasional ungraded site visits may also be unannounced.

The student is **required to pass the graded site visit evaluation** with a minimum grade of 70%.

Failure of the graded site visit or an unsatisfactory evaluation from a preceptor during this visit constitutes a lack of academic/clinical/professional progression. As a result:

Failure of the graded site visit on the first attempt will result in the student meeting with the Clinical Coordinator, placement on probation, the student's advisor will be notified and additional site visits may be scheduled.

If a student should fail two or more graded site visits at any time, the student will be removed from the current rotation and will fail that rotation. If the site visit occurs late in the rotation the program may choose to remove the student from the subsequent rotation. In addition to removal from and failure of the rotation, the student will be placed on probation, referred to the Academic and Professional Standards Review Committee and the student's advisor will be notified.

7. Post Rotation Examination – There will be an exam for each core rotation and the primary care selective. These exams will be based on the rotation syllabus objectives for the rotation. In the case of the primary care selective, the exam will be in the chosen selective discipline. Post Rotation Examinations will be administered on campus during Senior Seminar Days. **Students must receive a grade of $\geq 70\%$ to pass the post rotation examination.**

If a student receives a grade below a 70% on the end of rotation exam the student may proceed on to the next rotation but shall be scheduled for a retake examination within two weeks. In addition, correspondence between the student and the Clinical Coordinator via phone, e-mail or in person shall occur. Although retake examinations will test the same body of subject material as covered by the original examination, they may be different in format than the original examination. **The students may not review post rotation examinations at any time.** Students failing the exam will be provided with keyword modifiers to assist in their preparation for the re-examination. A passing grade of **75%** or above must be obtained on the retake. If a grade of 75% or above is attained on the retake exam, the maximum post rotation examination score which will be factored into the overall rotation grade will be a 70%.

Failure to successfully pass the post rotation examination on two attempts (with a grade of at least 70% on the first attempt, and at least 75% on the second attempt) will result in **failure of the rotation, referral to the Academic and Professional Standards Review Committee, notification to the student's advisor and potential consideration for dismissal.**

Failure of any two post rotation examinations on the first attempt will result in a meeting with the Clinical Coordinator, placement on probation and notification of the student's advisor.

Failure of three or more post rotation examinations on the first attempt will result in referral to Academic and Professional Standards Review Committee, and potential consideration for dismissal and notification to the student's advisor. Please **note**: The number of post rotation examination failures on the first attempt will be tallied cumulatively over the entire clinical year.

8. Preceptor Evaluation - The Preceptor Evaluation Form is completed by the preceptor at the conclusion of the rotation. Each form is divided into **two** sections. The first section evaluates the student's clinical knowledge and competence. The second section evaluates the student's

professional behavior. **The preceptor must place the completed evaluation in an envelope, seal the envelope, and sign the back of the envelope over the seal.**

The student must either **MAIL** the evaluation to the Program **post marked no later than MONDAY following the end of the rotation** or **HAND DELIVER** it to the program **no later than 4 PM on the MONDAY following the end of the rotation** unless the Preceptor indicates that they prefer to send it directly to the Program. In this situation the student **MUST notify** the Clinical Coordinator that the Preceptor has elected to mail it in directly. Failure to notify the program will be considered a professionalism infraction. For those rotations which conclude on Rotation Seminar days, the student may turn in the Preceptor Evaluation (in the sealed envelope) to the Program during the Rotation Seminar. Please see the guidelines for obtaining and submitting this evaluation below and the Rotation Block Deadlines and Deliverables in Appendix A.

Students must receive a **minimum score of 70%** on each section.

Failure of any section of the preceptor evaluation raises concern regarding academic progression and/or professionalism. The first failure of one section of the preceptor evaluations mandates communication with the Clinical Coordinator via phone, email or in person.

Any second failure of one section of the preceptor evaluation will immediately result in the student being placed on probation and the student's advisor will be notified. In addition, a meeting with the Clinical Coordinator will occur, and at the discretion of the Clinical Coordinator, the student may be referral to Academic and Professional Standards Review Committee.

Any additional failures (≥ 3) of one section of the Preceptor Evaluation at any time during the clinical year will result in referral to the Academic and Professional Standards Review Committee, notification to the student's advisor and potential consideration for dismissal.

Failure of **both** sections and/or overall failure of a Preceptor Evaluation will result in **failure of the rotation** and referral to the Academic and Professional Standards Review Committee and notification to the student's advisor.

Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance

- A. Use the approved forms to obtain evaluations
- B. Obtain the evaluation from the clinical preceptor. This is someone with whom you have worked closely and who can fully evaluate your clinical abilities and professional behavior. Preceptors are clinical instructors (MD, DO, PA-C, and NP) who have been assigned by the clinical site to supervise you. The preceptor should observe you performing clinical functions such as history taking, physical examination, performance of procedures and clinical documentation. It is not necessary that the preceptor observe you performing these functions for all patients in routine cases. You should be presenting cases to your

preceptors. They should also observe you interacting with patients and be familiar with your professional behavior. At some sites a preceptor or their representative may complete the form after obtaining input from several team members who have directly supervised the student. This is also appropriate and you should follow the site policies regarding evaluations.

- C. If you have spent significant time with more than one preceptor or clinical instructor you should obtain your evaluation from the person with whom you have spent the majority of your clinical time, and who will be most familiar with your clinical performance. If you spent equal time with 2 preceptors you may obtain evaluations from both of these preceptors, and both of these evaluations must be submitted. Your grade will be calculated using the average (mean) of both evaluations. If you spent equal time with more than 2 preceptors (as may be the case in some emergency medicine settings) please contact the Program for further clarification. **All** evaluations you receive must be submitted. You may not choose the best evaluation or disregard or destroy any evaluation.
- D. The Program strongly encourages preceptors to complete the evaluation either with you present or to review it with you before you leave the site. Students may discuss a preceptor's evaluation in a calm manner but should **never** be argumentative, aggressive or debate the evaluation. Preceptors do have the option to complete these forms without your presence as well as the option not to review them with you. In these cases, you will be given the opportunity upon returning to campus to review all evaluations.
- E. The preceptor is to **place the evaluation in an envelope, seal the envelope, and put their signature over the back seal.** The preceptor may then give the envelope to the student who will mail or deliver it to the Program. Some preceptors prefer to send these evaluations directly to the Program themselves. This is also acceptable. If this is the case, you **must** provide the preceptor with an envelope stamped and addressed to the Program.

Any falsification of evaluation forms or logs, forgery of signatures, tampering with or destruction of evaluation forms is prohibited and will be referred to the Academic and Professional Standards Review Committee and may be grounds for disciplinary action, up to and including program dismissal.

9. Student Preceptor/Site Evaluation

Students are required to complete the on line E-Value evaluation of both the preceptor and site following each five week rotation **by 4 pm on the MONDAY following the end of the rotation.**

Additional Grading and Evaluation Components

In addition to the rotation grading components, there are other requirements which occur during the clinical year.

1. Master's Project – All students are required to complete and pass a master's project as defined by the PA Master's Comprehensive Experience course.

2. Formative and Summative Evaluations: Prior to the completion of the clinical year, there will be additional evaluations performed by the program. These evaluations will occur during Senior Seminars and include but are not limited to Objective Structured Clinical Evaluations (OSCE), Clinical Skills Assessment (CSA), Simulated Patient Cases, and the Physician Assistant Clinical Knowledge Rating Assessment Test (PACKRAT).

Summative Testing: The summative testing consists of two main components, the OSCE and the written examination. These will be administered after rotation Block 10 which occurs during July. Students must pass both the OSCE component and the written examination within 2 attempts to pass the summative examination. It is graded on a Pass/Fail system.

OSCE Examinations- There will be one series of OSCE examinations in the clinical year. Students will be presented with four brief case descriptions and will need to perform the appropriate history and physical exam, counseling, assessment and management plan. Students will also be required to write a CC and complete history and physical along with an assessment and plan. Students must receive a grade of 75 (NOT ROUNDED) or above to pass this examination.

Grade: Pass/Fail

Comprehensive Written Exam- This extensive written exam which includes 3 separate sections, two medicine based exams of 130 questions each and a pharmacology examination of 40 questionS will encompass topics drawn from the entire PA Program curriculum. It will be based on all the Core Rotations and Primary Care Preceptorship Learning Objectives included in each rotation/preceptorship course syllabus. This test may also include case studies with multiple questions based on those cases. The students must receive an overall grade of 70 (NOT ROUNDED) or above to pass this component of the summative testing.

Grade: Pass/Fail

Students who fail to pass either the OSCE or the written examination in two attempts will fail PAS 771 PA Masters Comprehensive Experience course and be referred to the PA Program Academic and Professional Standards Review Committee. The Committee may recommend that the student (if not already on program academic probation) perform an additional preceptorship and/or remediation period with repeat testing. If the student, after remediation, then fails any of these examinations on the third attempt, or if a student on academic probation fails any of these tests on two attempts, the Committee may dismiss the student from the program.

Section 5

STUDENT RESPONSIBILITIES

The following is a list of responsibilities (in conjunction with or in addition to those covered elsewhere in this handbook) to which the student must adhere during their participation in the clinical year.

Students are required to meet all defined policies and procedures included in this handbook. Failure to meet those requirements will be considered a professional conduct infraction/violation and may result in disciplinary action including but not limited to removal from the clinical site.

1. Attendance, Timeliness and Absence- It is the responsibility of the student to report to clinical sites promptly at assigned times designated by the Preceptor and to comply with the defined policies regarding attendance, tardiness and absences from the clinical site (see page 15).

Senior Seminar Days – Senior Seminars are **mandatory**. All students in the Clinical Phase are required to return to the Program for Senior Seminars (attendance policy applies) and to participate in the educational activities scheduled for those days.

Time Away Requests will not be accepted for senior seminar days. Student must directly speak with or meet with the Clinical Coordinator in advance in cases of extreme extenuating or emergency situations.

Students are required to report to the clinical site for the entire time the day before senior seminar days unless they are 200 miles or more from campus. Students are not permitted nor is it acceptable to request a shortened day or this day off from the preceptor in order to study or for travel (unless 200 or more miles from campus).

Students who are 200 miles or more from campus may use only the one day before the start of the senior seminar as a travel day (example, if the senior seminar begins on Thursday, Wednesday would be the travel day).

Failure to follow this policy will be viewed as unprofessional behavior and may result in disciplinary action including referral to the Academic and Professional Standards Review Committee.

Students must report on time for all Senior Seminar days and remain until all activities have been completed. Senior seminar day events will usually run from 8 AM – 5 PM each day. Failure

to attend on time or stay for any Senior Seminar day without prior program approval will result in the loss of 10 points from the student's overall grade for that rotation/preceptorship.

Repeated incidences of failure to attend, arriving late or leaving early will be viewed as a professionalism infraction and will be subject to disciplinary action including but not limited to referral to the Academic and Professional Standards Review Committee, failure of a rotation, additional rotation assignments, probation and/or dismissal.

2. Attire and Identification- Students are expected to dress in professional attire and present a clean neat appearance and must introduce themselves to every patient and all site staff using their name, and the term "physician assistant student". Students should at no time present themselves to patients or other practitioners as a physician, resident, medical student, or as a graduate or certified physician assistant (refer to pages 18-19). Failure to comply with appropriate attire and identification is considered a professional conduct infraction/violation and may result in disciplinary action including but not limited to removal from the clinical site.
3. Student Role- Student should meet with their preceptor to discuss mutual goals and expectations for the rotation during the first week and periodically during the rotations. Students must be aware of their limitations as students and of the limitations and regulations pertaining to PA practice. Students at clinical sites must always work under the supervision of a Preceptor. They may not function in the place of an employee or assume primary responsibility for a patient's care. Students should seek advice when appropriate and should not be evaluating or treating patients without supervision from, and direct access to a supervising clinical preceptor at all times. Unusual or abnormal physical findings must be confirmed by a licensed provider. Students shall perform only those procedures authorized by the preceptor. Students must adhere to all regulations of the Program and the clinical sites. The student is to contact the Program immediately with any questions or concerns about the student's role at a site. **Students shall not treat and discharge a patient from care without the patient being seen by the clinical preceptor. All patients must be seen by a licensed provider PRIOR to leaving the facility.**
4. Communication – Timely and appropriate communication is key to the professional work of a physician assistant and paramount during the educational process of becoming a medical professional. **Students must check their PhilaU e-mail accounts daily as any and all communication to and from the Program will be through the University e-mail system.** Student should empty e-mail mailboxes regularly to ensure space for incoming message from the Program, staff and faculty. "Not checking my e-mail" is not an allowable excuse for missing a Program event or notification. Student must respond to Program e-mails within 24 hours. Failure to do may be considered unprofessional conduct and may result in disciplinary action or referral to Academic & Professional Standards Review Committee.

Communication is also critical while on rotation site between the student, the preceptor, the site staff and the program. The student and preceptor should communicate on a regular basis to discuss expectations, goals and performance.

5. Adherence to Policies and Procedures – The student will adhere to and be held responsible for all policies, regulations and procedures defined in the Physician Assistant Student and Clinical Education Handbook and the University Student Handbook in addition to complying with all rules and regulations of the clinical site including completing any additional training and/or testing required by the facility. Failure to comply with any of these policies, regulation or procedures may result in disciplinary action including but not limited to removal or failure of the rotation and/or referral to Academic & Professional Standards Review Committee.
6. Health and Safety- Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. Removal from a clinical rotation may prolong the length of the program and delay the student’s graduation.
7. Nondiscrimination- Students shall deliver quality health care service to patients without regard to their race, religion, gender, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, legal involvement, or political beliefs.
8. Impairment: Students shall not appear at the university or clinical sites under the influence of alcohol or drugs. Should this occur, the student will immediately be removed from the rotation and referred to the Academic & Professional Standards Review Committee for disciplinary action.
9. Preparation- Students must report to clinical sites fully prepared for work with all necessary equipment (i.e. stethoscope, etc.).
10. Learning- Students are responsible for fulfilling all learning objectives. It is not possible nor expected that the student be exposed to each entity or problem listed during their rotations; however it is the student’s responsibility to ensure knowledge about all the objectives for each discipline. Students must take an active part in the learning process during this phase of their training. They should show initiative and an eagerness to learn. Preceptors have very different teaching styles and time constraints. Students must be assertive in pursuing their educational goals but never aggressive or disrespectful. Students are expected to manage their time well and use slow periods for medical reading and preparation for examinations. Students are responsible for assignments given by the preceptor and the Program.
11. Flexibility- Students must be flexible to accommodate the various teaching styles, and schedules of the preceptors/sites,
12. Problems/Conflicts- Students should initially attempt to work out any minor problems with their Preceptor or Supervisor. If the student still perceives a problem in any area of the experience

including personality conflicts, communication issues, supervision, or inadequacy of the learning experience they should contact the Clinical Coordinator immediately.

13. Senior Seminar Days- Students are **required** to attend and participate in **all** Senior Seminars. Students must arrive on time and stay for the entire day. Failure to arrive on time or stay for the entire day without prior program approval will result in the loss of 10 points from the student's overall professionalism grade for last completed rotation (please see Attendance, Timeliness and Absence page 31).
14. Weapons- Students are not permitted to carry any firearms or other weapons to clinical sites.
15. Registration and Financial Obligations- Students on clinical rotations **MUST** continue to be attentive to all necessary forms, and adhere to deadlines concerning tuition bills, financial aid, registration and current contact information.
16. Needlestick/Body Fluids Exposure- Students are expected to report all blood/body fluid exposure(s) to their Preceptor and/or any hospital personnel (if instructed by their preceptor) **immediately**.

The protocol at the clinical site will govern the medical approach to that exposure. Immediate medical care and lab work will be done either at the rotation site or the nearest appropriate emergency department. Additional care and follow up may be with the student's personal provider. Clinical sites are under no obligation to provide the student with **free** medical care. The student's health insurance provider will be billed for the costs associated with the student's care. Student must also notify the Clinical Coordinator within 2 hours of the exposure and complete *Student Exposure Form* located in the Appendix. Any and all expenses for the care and potential treatment are the responsibility of the student.

Students are expected to adhere to the Needlestick/Bodily Fluids Exposure Guidelines and Program reporting requirements. A copy of the guidelines and reporting form can be found in Appendix C and also on Blackboard.

17. Contact Information – Since students will be away from campus and in different locations, all students are required to provide the Program with current and accurate contact information to include phone numbers. Should a student be in a location where there is limited cell phone or computer access, the student must inform the Program and provide an alternate reliable contact phone number.
18. Addresses and Changes – Students are required to provide the Program with permanent contact information for the entire rotation year prior to the clinical year. Students are expected to notify the Program **immediately**, as well as the Office of the Registrar upon any change of original contact data. It is not the responsibility of the Program to confirm the accuracy of this information or report it to the Registrar.

Section 6

CLINICAL PRECEPTOR RESPONSIBILITIES

The role and responsibility of the Preceptor is central to the clinical experience of the student. Along with the Program, the Preceptor plays a vital role in the educational process. The Preceptor must be a licensed healthcare provider and is responsible for the on-site supervision, training, assessment and evaluation of the physician assistant student. While on rotation, the physician assistant student must be supervised in all his/her activities commensurate with the complexity of care being given and the student's own abilities. Rotations are designed to expose the physician assistant student to patient care in a variety of settings. The student shall be directly involved in the evaluation and management of patients to the extent that the clinical preceptor or supervisor is comfortable and based on the level of knowledge and skills of the physician assistant student. The responsibilities of the clinical preceptor and/or his/her designee are as following:

1. Orientation - A tour and orientation to the practice, including: staff introductions, operating practices, scheduling system, medical records and documentation systems should occur within the first day or two. It is also important for the preceptor and student to discuss expectations and goals at the start of the rotation and periodically throughout the rotation to ensure educational needs and responsibilities are being met for each.
2. Student Schedule - The Preceptor determines the student's schedule. Students are expected to adhere to the Preceptor's work schedule. Students are expected to work at the site approximately 40 hours per week but this can vary depending on the site. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights, weekends, and be on-call if required by the site.

There may be times when it will be necessary for the student to return to the campus for administrative and/or educational reasons. The program will notify the preceptor regarding these events.

3. Clinical Experience - Students should spend as much time as possible involved in supervised hands-on patient care activities by seeing a wide variety of complaints and diagnoses and diversity of patients as possible at the site to enhance their learning experience.
4. Learning Objectives and Outcomes - Students are given learning objectives and outcomes to guide their learning and to focus their study efforts for the end of rotation exam. The program acknowledges that it is not possible for the site to expose the student to every item in the topic list or provide experience in all the clinical skills; however we do ask that the preceptor review the learning outcomes for the rotation.

5. Supervision - The preceptor is responsible for the overall supervision of the physician assistant student's educational experience at the clinical site. The preceptor and/or his/her designee are to supervise, demonstrate, teach and observe the student's clinical activities to aid in the development of clinical skills and to ensure proper patient care. An assigned qualified practitioner (attending physician, resident physician, PA, NP) **must be on the premises and available at all times** while the student is performing patient care tasks. The student must know who this person is and how to contact them. Unusual or abnormal physical findings must be confirmed. Students require supervision for procedures. **All patients must be seen by a licensed provider PRIOR to leaving the facility.**
6. Assignment of Activities - The preceptor should assign the students to appropriate clinical oriented activities to include but not limited to obtaining patient histories and physical examinations, recommending, ordering and interpreting diagnostic evaluation, developing a treatment plan, providing patient education and counseling and performing clinical procedures, searching and reviewing medical literature, topic presentations etc. If the practice uses an Electronic Medical Record system and the student does not have access to the system or if the system uses predominately checklists, the program encourages the preceptor to assign (and subsequently evaluate) written notes to the student and/ or additional case presentations to the student. Students are not to be used to substitute for regular clinical or administrative staff.
7. Oral Presentation - Preceptors should have the student orally present the patient they see on a regular basis. Student may also be assigned to present cases or medical topics.
8. Documentation - **Preceptors must review and countersign all student documentation and charting.** If student is unable to directly document on the patient's chart or enter the data in the electronic medical record, preceptors should require the student to write up their note on plain paper and review it for accuracy and appropriateness.
9. Teaching - The Preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments or informal consultations between patient encounters and/or recommending specific conferences. It is expected that the preceptor will model, expose students to and teach in accordance with current practice guidelines and the accepted standards of care.
10. Evaluation - The preceptor, or his/her designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor will be responsible for completing a written evaluation of student competence and performance mid-way through the rotation and again at the end of the rotation using the designated form. Receiving honest critique and constructive feedback is critical to the academic and professional progression of a student.

11. Problems – Preceptors and students should initially attempt to handle minor problems directly with the student, however the Clinical Coordinator (215.341.3247 or 215.951.2523) or the Program Director (215.951.2674) should promptly be informed of any circumstances that might interfere with the accomplishment of the items stated above or diminish the overall training experience. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that by notifying appropriate program personnel early, should problems arise; early problem solving will result without unduly burdening the preceptor. Major or persistent problems should be referred to the Clinical Coordinator or Program Director.

12. Vacation – On site supervision is a critical component of the clinical experience, therefore it is imperative for the preceptor inform the Clinical Coordinator or Program if he/she will be taking a vacation of one week or greater while supervising a student. Student supervision may be delegated to another licensed healthcare provider during the period of absence with Program approval.

Section 7

PROGRAM RESPONSIBILITIES

The Program maintains responsibilities regarding ensuring the educational environment and activities during the clinical phase of the program.

1. Preparation - The Program will adequately prepare the student for their clinical experiences.
2. Assignment - The Program will be responsible for assigning students to clinical sites that will provide a quality learning experience.
3. Site Objectives and Rotation Syllabi – Objectives and outcomes for each rotation will be provided to the student and preceptor as an outline of expected rotation experiences. Clinical experiences may vary depending on patient population and site variation. It is the student's responsibility to review the objectives and augment clinical experiences with independent study, research and discussion with the preceptor and clinical faculty.
4. Affiliation Agreements- The Program will develop and maintain affiliation agreements with all clinical sites.
5. Insurance - The Program will ensure that all students have current malpractice liability insurance. The Program will also ensure that all students have current health insurance and up to date immunizations.
6. Grading - The Program will be responsible for assigning a final grade to every student for all rotations.
7. Problems - The Program will interact with all preceptors, sites and students and be available to respond to any problems or concerns. In addition, should problems arise at the site, the Program retains the right to remove a student from a rotation.
8. Health and Safety- The Program will work with the preceptor and site to ensure a healthy and safe clinical learning environment. Preceptors must notify the program immediately of any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students. The program retains the right to immediately remove the student removed from a clinical rotation(s) immediately if such behavior is demonstrated and/or reported.

The program provides and ensures each student has completed training in HIPAA and OSHA prior to beginning clinical rotations and that all students have received instruction regarding risk of exposure and reporting procedures should an exposure occur.

9. Background Checks, Fingerprinting and Drug/Alcohol Screens: The program performs a Background Checks, Fingerprinting and Drug/Alcohol Screens on all PA students upon their matriculation to the program and again just before the start of the clinical year. Any concerns will be handled by the program prior to the student's clinical placement.
10. Student Advisors: The clinical coordinator will keep faculty student advisors informed regarding the progress of their advisees during the clinical year.

Section 8

ACADEMIC AND PROFESSIONAL POLICIES AND PROCEDURES

Academic and Professional Progress During the Clinical Year

Students must complete and pass all didactic courses before they can progress to the clinical phase of the program.

Failure of Post Rotation Examinations

If a student receives a grade below a 70% on the post rotation exam the student may proceed on to the next rotation but shall be scheduled for a retake examination within two weeks. In addition, correspondence between the student and the Clinical Coordinator via phone, e-mail or in person shall occur. Although retake examinations will test the same body of subject material as covered by the original examination, they may be different in format than the original examination. **The students may not review post rotation examinations at any time.** Students failing the exam will be provided with keyword modifiers to assist in their preparation for the re-examination. A passing grade of **75%** or above must be obtained on the retake. If a grade of 75% or above is attained on the retake exam, the maximum post rotation examination score which will be factored into the overall rotation grade will be a 70%.

Failure to successfully pass the post rotation examination on two attempts (with a grade of at least 70% on the first attempt, and at least 75% on the second attempt) will result in **failure of the rotation, referral to the Academic and Professional Standards Review Committee, notification to the student's advisor and potential consideration for dismissal.**

Failure of any two post rotation examinations on the first attempt will result in a meeting with the Clinical Coordinator, placement on probation and notification of the student's advisor.

Failure of three or more post rotation examinations on the first attempt will result in **referral to Academic and Professional Standards Review Committee and notification to the student's advisor and potential consideration for dismissal.** *Please note:* The number of post rotation examination failures on the first attempt will be tallied cumulatively over the entire clinical year.

Rotation/Preceptorship Failures

Any student who fails *one* rotation/preceptorship will automatically be placed on probation and referred to Academic and Professional Standards Review Committee.

Any student who fails *more than one* rotation/preceptorship over the course of the clinical year will automatically be placed on probation, referred to the Academic and Professional Standards Review Committee and may be dismissed.

Failure /Unsatisfactory Mid-Rotation and/or Final Preceptor Evaluations

All unsatisfactory evaluations shall be investigated by the Clinical Coordinator via correspondence with the student and/or preceptor.

Mid Rotation Preceptor Evaluation

An unsatisfactory evaluation on any mid rotation preceptor evaluations will result in a meeting with the Clinical Coordinator (in person or via phone). Repeated unsatisfactory evaluations of 3 or more times will result in referral to the Academic Professional Standards Committee and notification to the student's advisor.

Final Preceptor Evaluation

Students must receive a **minimum score of 70%** on each section.

Failure of any section of the preceptor evaluation raises concern regarding academic progression and/or professionalism. The first failure of one section of the preceptor evaluations mandates communication with the Clinical Coordinator via phone, email or in person.

Any second failure of one section of the preceptor evaluation will immediately result in the student being placed on probation and the student's advisor will be notified. In addition, a meeting with the Clinical Coordinator will occur, and at the discretion of the Clinical Coordinator, the student may be referral to Academic and Professional Standards Review Committee.

Any additional failures (≥ 3) of one section of the Preceptor Evaluation at any time during the clinical year will result in referral to the Academic and Professional Standards Review Committee, notification to the student's advisor and potential consideration for dismissal.

Failure of **both** sections and/or overall failure of a Preceptor Evaluation will result in **failure of the rotation** and referral to the Academic and Professional Standards Review Committee and notification to the student's advisor.

Policy on Unprofessional Behavior

Professional progress is as important as academic progress and any instance by a student that demonstrates unprofessional behavior will be addressed accordingly.

All students are required to adhere to the University Community Standards as defined in Section 9 of the University Student Handbook (<http://www.philau.edu/studenthandbook/>) in addition to the Standards of Conduct as defined by the PA Program Student Handbook as well as this handbook (pages 19-21) and those which govern the physician assistant profession (Appendix D AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession).

Unprofessional behavior or conduct will result in one or any of the following dependent upon the severity and/or frequency of the behavior, conduct and/or violations.

Formal notification of the infraction via e-mail, in person or phone by the program (CC, APD, PD, faculty or student advisor).

Formal meeting with appropriate program personnel (CC, APD, PD, faculty or student advisor) and documentation in the student's record.

Referral to the Academic and Professional Standards Review Committee for possible disciplinary action including but not limited to removal from the rotations, additional rotation assignments, failure of the rotation, probation, suspension and/or dismissal from the program.

Academic and Professional Progression Criteria

Year 2 (MS) or 5 (BS/MS): Clinical Year: Includes Summer II at end of didactic year, Fall, Spring, and Summer Semesters of Clinical Year

Criteria for maintenance of Good Standing in the PA Studies Program:

- Students must maintain a minimum semester grade point average (SGPA) of **3.00** or above each semester.
- Students must maintain a CGPA of **3.00** or above.
- Students must receive a grade of "C" (2.00) or above in all clinical rotations and preceptorships.
- Students must not receive a grade below a "B-" in more than two courses, clinical rotations or preceptorships.
- Students must not fail more than one post-rotation test on the first attempt.
- Students must pass all parts of the Summary Testing including the Written Comprehensive and OSCE in 2 attempts.
- Students must successfully receive a grade of "credit" (CR) for their Master's Project.
- Students must fully comply with all University and Program Policies and Procedures, including but not limited to the University Community Standards, and the Standards of Conduct as defined this handbook. Students must receive satisfactory reports and evaluations from all clinical preceptors.
- Students must pass all competency exams and assignments if on decelerated status.

Criteria for placement on Probation:

- Students with SGPA's below **3.00** for one semester.
- Students with a CGPA below **3.00** for one semester.
- Students receiving a grade below "C" (2.0), including "W" (withdrawal), in one clinical rotation or preceptorship. These rotations and preceptorships must be repeated to progress in the Studies Program. Repetition of a rotation or preceptorship will delay graduation.
- Students who receive a grade of "C" or "C+" in three or more courses/rotations/preceptorships in the Studies Program. The student would have to repeat

one or more of these and receive a grade of at least a “B-” to graduate from the PA Studies Program. This will delay graduation.

- Unprofessional behavior and/or conduct.
- Students failing 2 post-rotation exams on the first attempt.
- Students failing any part of the Summary Testing 2 times. These students will have a special remediation plan/contract developed to assist them in passing these exams on the 3rd and last attempt. This plan will delay graduation.
- Students failing a competency exam or assignment one time if on decelerated status.
- Verbal or written reports from clinical preceptors indicating that a student is not adhering to site regulations, site schedule, ethical standards of conduct, limitations of student role, or that the student is not progressing academically or not demonstrating proficiency to a level where it may jeopardize patient safety. It is important to remember that some aspects of knowledge integration and clinical judgment cannot be adequately evaluated by examinations alone. Observations from clinical faculty are crucial for evaluating these critical skills.
- Students with positive drug and/or alcohol screening results.
- Students failing the first graded site visit.
- Students failing one section of the final preceptor evaluation on two occasions

Criteria for dismissal from the PA Studies Program:

- Students with SGPA's below **3.00** for more than one semester (These DO NOT have to be consecutive semesters)
- Students with a CGPA of below **3.00** while on academic probation.
- Students receiving a grade below “C” (2.0), including “W”(withdrawal), in more than one clinical rotation or preceptorship, or in the same rotation/preceptorship twice. Withdrawal from a course/rotation/preceptorship for medical or personal reasons, and approved by the Academic and Professional Standards Review Committee, may not lead to dismissal.
- Students failing to repeat specified courses/rotations/preceptorships, including outstanding “C” and “C+” grades, within the period of time specified in their academic probation notices.
- Unprofessional behavior and/or conduct
- Students who display any behavior which may present a potential risk to the health of patients.
- Students who fail 3 post-rotation exams on the first attempt.
- Students who fail any part of the Summary Testing 3 times.
- Students who do not receive a grade of “credit” (CR) for their Master’s Project.
- Students on Academic Probation who elect not to sign and comply with the remediation plan/contract developed by the PA Studies Program Academic and Professional Standards Review Committee.
- Students failing a competency exam or assignment 3 times if on decelerated status.
- Students on Academic Probation who receive continued verbal or written reports from clinical preceptors indicating that they are not adhering to site regulations, site schedule, ethical standards of conduct, limitations of student role, or are not progressing academically or not demonstrating proficiency to a level where it may jeopardize patient safety.
- Students who fail to report significant changes in their health that may affect patient care to the Studies Program within 48 hours.

- Students who fail to comply with required background checks including fingerprinting, drug and/or alcohol screening.
- Students who test positive for drug or alcohol while in a substance abuse program.
- Students with positive drug and/or alcohol screening results.
- Students failing one section of the final preceptor evaluation on three or more occasions.

Academic & Professional Standards Review Committee

The Physician Assistant Studies Program Academic and Professional Standards Review Committee is made up of faculty members from the PA Studies Program and College of Science, Health and the Liberal Arts, and may include others such as students and representatives from other university departments. This Committee is responsible for monitoring the progress of all students in the PA Studies Program and determining an appropriate course of action for students experiencing academic and professional conduct difficulties in the PA Studies Program.

The Committee reviews student records and may interview students, faculty members, and preceptors. They can recommend remedial action, suspension, academic probation, or dismissal, which then must be approved by the Program Director. They also can recommend repetition of classes, clinical rotations, or preceptorships.

Appeal Process

Students may appeal a decision of probation, dismissal and/or a required remediation plan to the Program Director within **ten working days** from the date of the decision letter. If the student feels the situation has not been resolved, the student may appeal to the Vice President of Academic Affairs and must follow the guidelines provided in the University Student Handbook (<http://www.philau.edu/studenthandbook/>) page 130.

Graduation Requirements for the PA Program:

To graduate students must:

- Students must complete the entire Professional Phase within **4** academic years.
- Successfully complete and pass all required courses, rotations, preceptorships, and seminars.
- Successfully complete and pass the PA Master's Project.
- Pass all components of Summary Testing.
- Have a minimum **3.0** graduate cumulative grade point average.
- Have corrected all deficiencies as outlined in their academic probation notices within the specified time period
- Have no more than two graduate course grades below a "B-".
- Have no grades below a "C".
- Complete the Application for Graduation prior to the semester in which they plan to graduate.

- Have no outstanding financial obligations to the University. Students will be billed for graduation fees.
- Comply with all procedures, and meet all requirements, of the University as defined in the Student Handbook and Catalog.

REVISION OF CLINICAL YEAR POLICIES AND PROCEDURES

These policies and procedures are reviewed a minimum of one time a year and are revised as needed to facilitate the Mission of the Program and the University. The Program reserves the right to make changes to any and all aspects of this Clinical Education Handbook. Students will be notified of any substantial changes to the policies and procedures outlined here and will be provided copies of such changes. Students are expected to remain current in all policies and procedures.

APPENDICES

Appendix A

Clinical Rotation Calendar - Class of 2013

Block	Dates	Senior Seminar Dates
1	07/16/12 to 08/16/12	Friday 08/17
2	08/20/12 to 9/19/12	Thursday and Friday 09/20 & 09/21
3	09/24/12 to 10/26/12	
4	10/29/12 to 11/27/12	Wednesday, Thursday and Friday 11/28 - 11/30
5	12/03/12 to 01/11/13	
6	01/14/13 to 02/13/13	Thursday and Friday 02/14 & 02/15
7	02/18/13 to 3/22/13	
8	03/25/13 to 04/24/13	Thursday and Friday 04/25 & 04/26
9	04/29/13 to 06/07/13	
10	06/10/13 to 07/10/13	Post Rotation Block 10 begins Thursday July 11, 2013

Rotation Block Deadlines and Deliverables

* Due dates that fall on a Federal Holiday will be due the following business day.

WEEK	DEADLINES	ITEMS DUE
1	Friday by 4 PM by FAX	Clinical Schedule
	Friday by midnight CALL	Student Call In
2	Friday by midnight POST	BB case first post
3	Monday by 4 PM E-MAIL	Clinical note or Article Critique
	Monday by 4 PM FAX	Mid Rotation Preceptor Evaluation
	Monday by 4 PM E-MAIL	Case Log Totals Report 1
4	Friday by midnight POST	BB case second post
5		
1 (next rotation)	US MAIL Postmarked no later than Monday, or HAND DELIVERED no later than Monday 4 PM or HANDED IN during senior day (where applicable)	Final Preceptor Evaluation
	US MAIL Postmarked no later than Monday	Case Log Totals Report 2
	Completed ON LINE no later than Monday 4 PM	Student Site/Preceptor Evaluation (E-Value)
		<i>(see week 1 above)</i>

Appendix B

Student Call-In Report

Instructions

Each student on each rotation is required to call in to their designed faculty advisor (see below) as defined by the schedule (see Clinical Rotation Schedule). The student may call in and leave a message on the faculty member's voice mail. It is not required that the student speak directly with the faculty member.

During the call, the student is to state all of the identifying data on the top of the sheet and answer each of the questions on the Call-In Report.

Please refer to Advisee list on blackboard under Clinical Year Class 2013 for advisor and contact information.

Appendix C

Needlestick/Bodily Fluids Exposure Guidelines

If a student believes he/she has been exposed, the student should:

1. **Immediately** cleanse the affected area:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth or skin with water
- Irrigate eyes with clean water, saline or sterile fluids

2. **Immediately** report the exposure to the supervising physician or other supervisor and follow site established protocols.

3. **Immediately** seek medical evaluation and treatment. If there is no established protocol on site, seek treatment at the closest Emergency Department.

4. Notify the Clinical Coordinator's emergency phone number (215.341.3247) within 2 hours.

5. Complete and submit the *Student Exposure Form* to the Clinical Coordinator within 24 hours.

Student Exposure Form

This form is to be complete when there has been a student needlestick or bodily fluid exposure and submitted via fax (215.951.2526) or e-mail (bradfordp@philau.edu) to the Clinical Coordinator within 24 hours of the exposure. Students must also directly report the exposure incident to the Clinical Coordinator's emergency phone (215.341.3247) within 2 hours of the exposure.

Date: _____

Name of Student: _____

Date and Time of Exposure: _____

Rotation #: 1 2 3 4 5 6 7 8 9 10

Rotation Type: IM PC Surgery ER WH Peds Psych

Selective/Elective

Name of Site: _____

Name of person notified at the site: _____

Date _____ Time _____

Please provide a brief description of incident, including how the exposure occurred and location (body part).

Continue to next page

Did you receive medical evaluation and/or treatment? Yes No

Did you notify the PA program (Clinical Coordinator)? Yes No

Date _____ Time _____

Name of person notified at the Program: _____

Signatures:

Student: _____

Clinical Coordinator/ Faculty: _____

Appendix D

Guidelines for Ethical Conduct for the Physician Assistant Profession

(Adopted 2000, amended 2004, 2006, 2007, and 2008)

Introduction

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

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

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

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

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

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

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

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a supervising physician, a hospital ethics

committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

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

Statement of Values of the Physician Assistant Profession

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

The PA and Patient

PA Role and Responsibilities

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

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

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

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

The PA and Diversity

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

Nondiscrimination

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

Initiation and Discontinuation of Care

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

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be

undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

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

Informed Consent

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

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

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

Confidentiality

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

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

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

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

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

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

Disclosure

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

Care of Family Members and Co-workers

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

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

Genetic Testing

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

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

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

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

End of Life

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

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

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

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

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

The PA and Individual Professionalism

Conflict of Interest

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

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

Professional Identity

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

Competency

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

Sexual Relationships

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

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

Gender Discrimination and Sexual Harassment

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

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

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

The PA and Other Professionals

Team Practice

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

Illegal and Unethical Conduct

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

Impairment

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

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

PA–Physician Relationship

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

Complementary and Alternative Medicine

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

The PA and the Health Care System

Workplace Actions

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

PAs as Educators

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

PAs and Research

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

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

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

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

PAs as Expert Witnesses

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

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

The PA and Society

Lawfulness

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

Executions

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

Access to Care / Resource Allocation

Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well Being

Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and

enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

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

STUDENT SIGNATURE SHEET

I attest that I have received, read, fully understand and agree to comply with all policies and procedures set forth in the Philadelphia University Physician Assistant Clinical Education Handbook.

Student Signature

Date

Student Name (Print)

This form is due back to the Physician Assistant Office on **Wednesday July 12 by noon**. Failure to return this form will result in a delay of the start of the clinical year.