

MARIETTA COLLEGE PHYSICIAN ASSISTANT STUDENT HANDBOOK



CLASS OF 2017 & CLASS OF 2018

**MARIETTA COLLEGE
PHYSICIAN ASSISTANT PROGRAM
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**MARIETTA COLLEGE
PHYSICIAN ASSISTANT PROGRAM**

STUDENT HANDBOOK

This handbook is published by the Marietta College Physician Assistant Program and includes important requirements, policies, practices and procedures that will be applicable throughout the didactic (first 12 months) and clinical phase (second 14 months) of the program. The handbook is updated each March and the program reserves the right to alter the contents (curriculum, the schedule of required courses, assignments, requirements, etc.) at any time. All changes will apply to all current and prospective students.

It is the responsibility of each student to read and completely understand the contents of this handbook. Anything unclear should be discussed with the program director. The Marietta College Physician Assistant Program faculty and staff extend our sincere best wishes for each student's success in the program.

**DIDACTIC PHASE
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MARIETTA COLLEGE

Marietta College has been providing an education in “the various branches of useful knowledge” since its chartering in 1835. The College is committed to providing a liberal arts education while preparing its students for graduate school and the world of work. The depth of the intellectual experience is evidenced by the Ohio chapter of Phi Beta Kappa, established at the College in 1860; it was the third chapter in Ohio and the 16th in the nation. As the only private liberal arts college in Southeast Ohio, Marietta College is uniquely positioned to serve the region as a cultural and intellectual center, while at the same time continuing its long tradition of educating students throughout the United States.

MISSION

Marietta College provides a strong foundation for a lifetime of leadership, critical thinking, and problem solving. We achieve this mission by offering undergraduates a contemporary liberal arts education and graduate students an education grounded in advance knowledge and professional practice. Intellectual and creative excellence defines the Marietta experience.

DISCRIMINATION POLICY

It is the policy of Marietta College to provide to all persons the opportunity for an equal education. No person, on the basis of race, color, national origin, sex, religion, age, or handicap, shall be excluded, or denied benefits, or otherwise discriminated against in admission or participation in education programs or activities. Discrimination shall not be tolerated in any service or operation including but not limited to recruiting, testing, counseling, awarding financial aid, teaching, assignment of work study and assistantships, granting of degrees, or participation in College sponsored student recreation or organizational activities. Each member of the College community is responsible for adhering to and implementing this policy. Employees and students will be subject to disciplinary action for violation of this policy.

PHYSICIAN ASSISTANT PROGRAM

In May 1999, the Marietta College Board of Trustees identified the development of a Master’s level Physician Assistant Program as a goal to serve the needs of the public by providing a health profession educational program to help meet the health care provider needs of Ohio and the region. Marietta College established the Physician Assistant Program within the Physician Assistant Department in the spring of 2002 and graduated their first class of students in August 2004. The Marietta College Physician Assistant Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) with our next site visit scheduled in 2017.

The Physician Assistant Department offers a 26-month curriculum and upon successful completion of the program, students graduate with a Master of Science in Physician Assistant Studies (MSPAS). As a graduate of an ARC-PA accredited program, our students are eligible to sit for the Physician Assistant National Certifying Examination (PANCE), administered by the National Commission on Certification of Physician Assistants (NCCPA), which is required for licensure.

MISSION

The Marietta College Physician Assistant Program's mission is to help meet the need for qualified health care providers. The program accomplishes this by selecting individuals who have the academic, clinical and interpersonal aptitudes necessary for education as physician assistants.

GOALS

The Marietta College Physician Assistant Program's goals are to provide a curriculum with the breadth and depth of knowledge that builds the cognitive, clinical, interpersonal, and professional skills needed for the supervised practice of medicine as physician assistants. And to provide the educational tools so that graduates will be able to identify, analyze and manage clinical problems, and provide effective, efficient, and humane patient care with physician supervision.

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TECHNICAL STANDARDS OF PERFORMANCE FOR STUDENTS

Marietta College Physician Assistant Program students are expected to perform and be competent in many functions and tasks which signify that the student is an individual prepared for entry-level employment as a physician assistant. In a professional role, the physician assistant can provide medical services under the supervision of a Doctor of Medicine or Doctor of Osteopathy in accordance with the laws of medical practice within each state. The services must, for the safety and welfare of the patient, be of the same professional quality that would be rendered by the supervising physician. The physician assistant must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

A student for the physician assistant profession must have abilities and skills including observation, communication, motor, conceptual, integrative, quantitative, behavioral and social. Technological compensation can be made for some handicaps in the above areas, but such a candidate should be able to perform in a reasonably independent manner. They must be able to integrate all information received by whatever sense(s) employed, consistently, quickly, and accurately, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

- I. Observation:** A student must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell and touch. The student must possess adequate sensation of vision, hearing, equilibrium, smell, taste, touch, pain, temperature, position, pressure, movement, stereognosis, and vibration in the observation of changes in symmetry. The student must be able to observe demonstrations, laboratory exercises, and results in the basic sciences and clinical courses.
- II. Communication:** A student must be able to communicate effectively and sensitively with patients, physicians, and other health care professionals. The student must be able to communicate effectively and efficiently in oral and written form with all members of the health care team. A student should be able to speak, hear, and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications.
- III. Motor:** A student should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A student should be able to perform basic clinical skills, carry out treatment and diagnostic procedures, and read EKGs and X-rays. A student should be able to execute motor movements reasonably required to provide general care and emergency treatment of patients. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

- IV. Intellectual-Conceptual, Integrative and Quantitative Abilities:** The student must possess abilities of measurement, calculation, reasoning, analysis and synthesis. Problem solving, the critical skill demanded of physician assistants, requires all of these intellectual abilities. In addition the student should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
- V. Behavioral and Social Attributes:** The student must possess the emotional health and stability required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Students must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, and interest and motivation are all personal qualities that are assessed during the admissions and education processes.
- VI. Professional Standards:** The student must consistently display honesty, integrity, respect for self and others, tolerance, caring, fairness, confidentiality, and dedication to their supervising physician(s), patients, peers, PA faculty and staff, Marietta College faculty and staff, the community and the PA profession.

GRADUATE FUNCTIONS AND TASKS

Marietta College Physician Assistant Program graduates are expected to perform and be competent in many functions and tasks as entry-level physician assistants. The entry-level physician assistant must be able to function in various clinical encounters, including: initial workups, continued care, and emergency care. The graduate must be able to identify, analyze, and manage clinical problems and be able to apply a scientific method to the solution of the medical problems. The graduate's functions and tasks are divided into seven categories: evaluation, monitoring, diagnostics, therapeutics, counseling, referral, and professional standards.

A. Evaluation

The graduate will be able to perform an accurate comprehensive and focused history and physical examination for patients of any age, in any health care setting, and be able to recognize and interpret pertinent factors in the patient's history and physical findings and risk factors in medical conditions. The medical information obtained will be organized and presented in the form of correlated normal and abnormal findings and used to formulate differential diagnoses.

B. Monitoring

The graduate will be able to manage health care activities in the acute and chronic care setting, including inpatient and outpatient; ordering needed diagnostic tests and therapies; accurately recording progress notes and other documentation; and providing services necessary for continuity of care. The graduate will be able to focus on identifying risk factors and characteristics for patient population groups at risk.

C. Diagnostics

The graduate will be able to initiate requests for routine diagnostic procedures, assist with obtaining quality specimens and/or performing common laboratory and diagnostic procedures, and establish priorities for appropriate diagnostic and laboratory testing. The graduate will be able to order, collect, and interpret common laboratory procedures such as, CBCs, sedimentation rates, serum chemistries, urinalyses, microbiological smears and cultures from various sites, pulmonary function testing, electrocardiograms, and diagnostic imaging studies. Identify risks associated with diagnostic studies/procedures and provide appropriate patient education related to diagnostic studies.

D. Therapeutics

The graduate will be able to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment. The graduate will be able to perform routine clinical intervention therapeutic and/or diagnostic procedures including injections, immunizations, applying and removing casts and splints, debriding and repairing minor lacerations and wound care, managing and caring for simple conditions, assisting surgeons, and assisting in the management of complex illnesses and injuries such as: initiating evaluation and management of acute life-threatening situations from motor vehicle accidents and trauma injuries, cardiac arrest, respiratory failure and other life-threatening situations. The graduate will be able to provide the patient with an understanding of the indications and contraindications of pharmacologic agent prescribed for their patients care.

E. Counseling

The graduate will be able to provide patient education and counseling services such as: instructing preventive medicine measures and the impact of habits and life styles on health; fostering an awareness of signs, symptoms and precautions for certain diseases common to certain age groups; helping patients and families understand issues of normal growth and development; sensitively working with patients making family planning decisions; helping patients cope with emotional problems of daily living; help patients and family members cope with the emotional issue of the dying patient; and being able to discuss implications of certain diagnostic and therapeutic procedures, diseases, and medications.

F. Referral

The graduate will be able to recognize their own limitations and the limitations of their practice setting, facilitating timely referral of patients to appropriate physicians and others in the interdisciplinary health care team and social service agencies.

G. Professional Standards

The graduate must consistently display honesty, integrity, respect for self and others, tolerance, caring, fairness, confidentiality, and dedication to their supervising physician(s), patients, peers, PA faculty and staff, Marietta College faculty and staff, the community, and the PA profession.

CURRICULUM

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition and competency of skills and professional attitudes and behavior. It is in the care of the patients that the physician assistant learns the application of scientific knowledge and skills. It is impossible to consider changes in medical education without considering their impact on patients who are an integral part of the educational process. The faculty has immediate responsibilities to students and patients and ultimately responsibilities to society to graduate the best possible physician assistants. As a member of this program, you will be expected to contribute your talents, learning abilities and energy to foster a professional learning and working environment for you, your classmates, and the PA faculty.

The education of a Marietta College PA student includes:

- **Didactic Phase (12 months)**
 - Classroom instruction and clinical experiences
 - Comprehensive examination
- **Clinical Phase (14 months)**
 - Clinical training under the supervision of a physician and/or advanced practitioner
 - Summative examination
 - Capstone completion
- **Life-Long Learning**
 - Continuing medical education - learning following the formal PA education

Graduation from the program certifies that the individual has acquired competencies over a broad knowledge base and skills essential for practice in a primary care setting in concert with a supervising physician. Students must possess the physical and mental potential for becoming generally trained physician assistants. This involves a strong foundation of knowledge in all of the major disciplines of the biological and behavioral sciences. Including, but not limited to, biochemistry, pharmacology, microbiology, immunology, psychology, physiology, anatomy, and laboratory medicine. These must be taught in sufficient depth and breadth to insure that there is a fundamental knowledge base for ongoing continuing medical education.

The curriculum requires the study of both mental and physical disease, as well as preventive medicine and the socioeconomic aspects of health and disease, in both well and ill persons and groups. This instruction relates both to in-patient and ambulatory patients. Small group and case based learning are used throughout the program curriculum as a means of fostering attitudes and skills essential to critical thinking and life-long learning. Achievement of comprehensive cognitive and skills knowledge in both the didactic and clinical phase prepare the graduate as an entry-level health care provider.

It is a responsibility of the faculty to insure that each student is provided with an opportunity to observe and to participate in the expert care of patients with a broad spectrum of disease in each of the major disciplines of medicine. In addition to the rotations in internal medicine, pediatrics, general surgery, psychiatry/behavioral medicine, prenatal care and gynecology, orthopedics, emergency medicine, and electives, the program requires a 10-week rotation in family medicine.

Certification as a physician assistant signifies that the PA is prepared for entry level practice of primary care. Therefore, graduates must have the knowledge, skills, and ability to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The continued competence of the PA in future years will require every student to utilize the fundamentals of both basic medical sciences and clinical knowledge so that they will be able to evaluate and understand current literature and advances in basic medical sciences, including their application to clinical medicine.

Competencies for the Physician Assistant Profession (Appendix 1) is a document prepared by the four organizations that represent the physician assistant profession: 1) the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the body that accredits PA educational programs; 2) Physician Assistant Education Association (PAEA), the membership association for PA educators; 3) National Commission on Certification of Physician Assistants (NCCPA), the body that certifies graduate physician assistants; and 4) American Academy of Physician Assistants (AAPA), the national membership association representing all PAs. The document includes competencies that a PA gains following their formal PA education. This document is a way to communicate to the public a set of competencies that all PAs, regardless of specialty or setting, are expected to acquire and maintain throughout their careers. It serves as a map for the individual PA, the physician-PA team and organizations that are committed to promoting the development, maintenance and future advancements of professional competencies among PAs.

MARIETTA COLLEGE PHYSICIAN ASSISTANT PROGRAM
Didactic Phase (44 credits)

Summer Semester

PASP 501	Gross Anatomy	6 Credits
PASP 510	Introduction to Clinical Medicine	1 Credit
PASP 516	Professional Issues I	2 Credits
		Total 9 Credits

Fall Semester

PASP 502	Physical Examination I	4 Credits
PASP 503	Advanced Human Physiology I	3 Credits
PASP 505	Pathophysiology I	3 Credits
PASP 508	Advanced Pharmacology I	3 Credits
PASP 520	Clinical Medicine I	3 Credits
PASP 590	Research Methods I	1 Credit
		Total 17 Credits

Spring Semester

PASP 504	Physical Examination II	4 Credits
PASP 506	Advanced Human Physiology II	3 Credits
PASP 507	Pathophysiology II	3 Credits
PASP 509	Advanced Pharmacology II	3 Credits
PASP 522	Clinical Medicine II	3 Credits
PASP 591	Research Methods II	2 Credits
		Total 18 Credits

Clinical Phase (58 Credits)

Fall Semester

PASP 660	Family Medicine I	5 Credits
PASP 650	Internal Medicine	5 Credits
PASP 651	General Surgery	5 Credits
PASP 652	Prenatal Care/GYN	5 Credits
PASP 653	Pediatrics	5 Credits
		Total 25 Credits

Spring Semester

PASP 654	Emergency Medicine	5 Credits
PASP 655	Orthopedics	5 Credits
PASP 657	Psychiatry/Behavioral Medicine	5 Credits
PASP 658	Elective (s)	8 Credits
PASP 661	Family Medicine II	5 Credits
PASP 690	Capstone Project	3 Credits
PASP 616	Professional Issues II	2 Credits
PASP 693	Summative Assessment	0 Credits
		Total 33 Credits

Total Credits for the Program = 102 Credits

The program reserves the right to change curriculum offerings and sequence

STUDENT SUPPORT SERVICES

It is important that all students achieve their potential and to this end, the College provides several support services which are open to all Marietta College students.

LEGACY LIBRARY

Website: <http://library.marietta.edu/>

E-mail: library@marietta.edu

Reference Desk: 740-376-4543, Circulation Desk: 740-376-4757

The Legacy Library opened for services as Marietta College's new library building in Spring 2009. The 53,000 square foot facility is located at the center of campus. On its main floor the Legacy Library features an Information Commons for technologically intensive research. This area combines a traditional reference desk staffed to provide research assistance with numerous Internet workstations. Additionally, the building offers other useful features, including a cybercafé operated by the College's dining services and accessible to students 24 hours per day during the Fall and Spring terms; wireless Internet access throughout the building; generous space for Special Collections research and storage of materials; a hands-on computer classroom for library instruction; varied and comfortable spaces for student study, including several group study and media viewing rooms; a Center for Teaching Excellence, with an experimental classroom and a program of support for instructional technology; and compact, moveable shelving to maximize space for other functions. An integrated, multi-function library management system enhances the capabilities of users to search for materials in the library's collections and includes an automated circulation system, as well as serials check-in and electronic ordering modules. As a member of Ohio LINK, a statewide consortium of 90 Ohio college and university libraries and the State Library of Ohio, the Library provides access to 47.6 million books and other library materials, millions of electronic articles, 12,000 electronic journals, over 100 electronic research databases, 40,000 e-books, thousands of images, videos and sounds, and 17,500 theses and dissertations from Ohio students. Students and faculty, using the patron-initiated, online borrowing feature, can request books directly from other OhioLINK libraries.

The Legacy Library's print collections include over 245,000 print volumes, including General Collection books, Bound Periodicals, and Special Collections books. Audio-visual holdings include more than 2700 audio CDs and 2200 videos. As a designated government document depository the Library also receives selected documents of the United States Government and the State of Ohio.

Marietta College is a charter member of OHIONET, a cooperative serving Ohio libraries, and of OCLC Inc., a national computerized electronic network organized in 1967 and located in Columbus, Ohio, which links together over 60,000 academic, public, and special libraries and library systems worldwide.

THE ACADEMIC RESOURCE CENTER (ARC)

Website: www.marietta.edu/Academics/resources/ARC/index.html

Location: Andrews Hall - Third floor

Phone: 740-376-4700

The primary mission of the Academic Resource Center (ARC) is to provide resources and services to assist all Marietta College students in the acquisition of information and development of skills to

achieve their academic potential. In addition to the individualized services for students, ARC resources are available to all members of the campus community. The ARC also coordinates campus services for students with disabilities. (See Services for Students with Disabilities section below.)

Services offered by the ARC include:

- Individualized academic support. Learning style and study strategy assessment, study strategy development, and academic success plan development.
- Early alert and intervention system for students having academic difficulty.
- Individual, small group, and drop-in tutoring.
- Services for students with disabilities including classroom accommodations and ongoing support.
- Access to computers, printers, scanners, and assistive technology, including the Kurzweil 3000 Scan/Read System, the Dragon Naturally Speaking Voice Dictation Software, Math Talk, and Scientific Notebook.
- Quiet study area.
- Academic and personal development workshops.
- Resource library of materials and tutorials on general study strategies, time management, learning disabilities and more.
- Referrals to other campus resources and outside agencies as needed.

SERVICES FOR STUDENTS WITH DISABILITIES

All services for students with disabilities are coordinated through the Academic Resource Center (ARC). Recent documentation of a student's disability from a licensed psychologist, psychiatrist or physician must be provided to the ARC to establish accommodations prior to enrollment. In addition to reviewing documentation to facilitate arrangements for specific classroom accommodations, ongoing individualized guidance is available from the ARC's Disabilities Specialist to include referrals to outside agencies for testing and assessment as necessary. Other available services include tutoring, study skills assistance, access to adaptive technology and personalized services based upon documented needs.

Students needing assistance with disability-related issues should contact the ARC (Andrews Hall, 740-376-4700, arc@marietta.edu) for more information. In addition, students are strongly encouraged to discuss individual class-specific needs with each faculty member at the outset of each academic course.

Marietta College complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act regarding non-discrimination against persons with disabilities. The College seeks to offer support to all students and strives to make reasonable accommodations for individuals with documented disabilities.

THE CAMPUS WRITING CENTER

Website: www.marietta.edu/academics/resources/writing

Location: Thomas Hall - Room 221

Phone: 740-376- 4651

Marietta College's Campus Writing Center provides a collaborative, supportive, and instructional environment where students work closely with peer Writing Consultants to strengthen their college-level writing skills. We are committed to fostering growth and understanding in the writer, not just in the paper.

The Campus Writing Center is a place of learning, and is open to all students, faculty and staff of Marietta College who desire to improve their writing confidence and self-editing skills. Writers seeking help with the conception, research, drafting, or revising stages of their paper are welcome.

THE CAREER CENTER

Website: www.marietta.edu/departments/Career_Center

Location: Upper Level, Gilman Center

Phone: 740-376-4645

The Career Center at Marietta College is staffed by professionals who prepare students for successful futures by providing career advising; access to experiential education; state-of-the-art job search and graduate school resources and programs; and the necessary tools to transition from Marietta College to the “world of work”. Students are encouraged to visit the Center for individual advising, and they can also take advantage of the variety of career workshops and events offered throughout the year.

CENTER FOR HEALTH AND WELLNESS

Website:

http://www.marietta.edu/Student_Life/Living_on_Campus/Safety/health&wellness_center.html

Location: Harrison Hall, 7th Street entrance

Phone: 740-376-4477

Hours during academic year: Monday - Friday 9 a.m. – 5 p.m.

Walk-in and evening appointments may be available.

The Dr. J. Michael Harding Center for Health and Wellness (CHW) is an integrated wellness center offering services in three areas: *Health Services, Counseling & Psychological Services* and *Sexual Assault Prevention*. Their mission is to provide high quality medical and psychological services as to achieve and/or maintain a healthy lifestyle for each student and to create a learning environment that supports that status.

As such, they have specific goals which guide their work:

- Provide high quality psychological and medical services to students in need.
- Provide primary prevention programming and consultation to students, faculty and staff that aims to facilitate healthy development and psychological functioning of students and systems
- Ensure that the services we provide are vital, current and ethical

Marietta College Center for Health and Wellness serves as your primary-care provider while you are away from home. All full-time students are eligible to be seen at the Center for Health and Wellness. The Center is staffed with a registered nurse, physician assistant and a physician. The office offers multiple services, including treatment for common illnesses and injuries, preventive sexual-health services and physical exams. Most services, including office visits, are covered by the health services fee. However, students will be responsible for any charges not covered by student fees (i.e., lab work, x-rays, pharmaceuticals, injections, etc.). Center for Health and Wellness does not bill insurance companies. Any fees associated with services provided by the Center for Health and Wellness will be discussed with the student before services are provided and if necessary, appropriate referrals will be made to assist the student in receiving quality health care.

All sessions are confidential and no information is released to anyone without your permission. The obvious exceptions to confidentiality include cases that involve imminent harm and danger to you or to others. To make an appointment, call during office hours. In emergency situations, students generally can be seen almost immediately.

PROGRAM REQUIREMENTS AND TRAINING

HEALTH INSURANCE

Policies require that all students carry major medical health insurance during their education at Marietta College. Students may maintain coverage through parent, spouse or a private plan for the medical health insurance. Unfortunately, the College does not offer student health insurance. Students are **required** to upload proof of their coverage through www.CertifiedBackground.com **prior** to matriculation and as needed, if changes are made.

BACKGROUND CHECKS

Two background checks will be conducted on students during their educational experience. The first will be performed by www.CertifiedBackground.com **prior** to matriculation into the program and **finalization of admission acceptance is contingent upon successfully passing this background check**. The second background check will occur prior to clinical rotations.

MEDICAL HEALTH FORM

Students are required to have a complete history and physical examination **prior** to matriculation into the program and to submit the “Medical Health Form” to the Marietta College Center for Health and Wellness. The Center for Health and Wellness office will review the form and submit a verification report to the program that the student has met all of the health requirements. All student health forms will be confidentially maintained at the Marietta College Center for Health and Wellness office.

IMMUNIZATION POLICY

The program takes seriously its responsibility to maximally protect students, staff, and patients from all potential health threats including infections and follows the Center for Disease Control (CDC) recommendations for health care providers. You must provide proof of all of the following immunizations **prior** to entry into the program with the exception of the tuberculosis and the influenza vaccines: these will be administered on campus during the fall of the first and second year in the program. It is the student’s responsibility to keep up-to-date with all immunizations throughout the 26 month program. Failure to do so will prohibit the student from starting/continuing their clinical experiences.

Measles, Mumps & Rubella (MMR) Vaccines

- Documentation of dates of immunizations (2 doses).

Measles (Rubeola) Titer

- Proof of immunity with **IgG** titer (lab report required).

Mumps Titer

- Proof of immunity with **IgG** titer (lab report required).

Rubella Titer

- Proof of immunity with **IgG** titer (lab report required).

Hepatitis B Vaccines

- Documentation of dates of immunizations (3 doses).

Hepatitis B Surface Antibody Titer

- Proof of immunity with anti-HBs titer (lab report required).
- If titer does not show immunity, the entire hepatitis B series (3 vaccines) must be repeated and a second titer obtained.

Varicella (Chicken Pox)

- Documentation of one of the following:
 - Dates of immunizations (2 doses) **OR** dates of history of the disease

Varicella (Chicken Pox) Titer

- Proof of immunity with **IgG** titer (lab report required).

Tetanus, Diphtheria, & Pertussis (Tdap)

- Documentation of Tdap booster within the past 10 years.

Tuberculosis (will be administered on campus in the fall)

- Students will be vaccinated in the fall of the didactic year by the Marietta College Center for Health and Wellness with baseline 2-step tuberculin skin test (TST) and subsequent annual TST testing. The program will coordinate and organize the testing.
- If a TST test is positive, a clear baseline chest X-Ray (report) is required and is the student's responsibility.

Influenza (will be administered on campus in the fall)

- Students will be vaccinated in the fall by the Marietta College Center for Health and Wellness. The program will coordinate and organize the immunizations.

The student will submit their immunization records to www.CertifiedBackground.com. This company will review submitted records and notify the student of any incomplete immunizations. The program will be notified of students not fulfilling immunization requirements. It is the student's responsibility to keep all immunizations up-to-date throughout the duration of the program.

CARDIOPULMONARY RESUSCITATION (CPR)

All students must upload verification of CPR certification to www.CertifiedBackground.com **prior** to matriculation. Accepted certifications include:

- American Red Cross (CPR/AED for Professional Rescuers & Healthcare Providers)
OR
- American Heart Association (BLS Certification for Healthcare Providers)

Lack of certification will make a student ineligible Advanced Cardiac Life Support (ACLS) (provided by the program) and clinical rotations. It is the students' responsibility to maintain their CPR certification throughout the program.

MALPRACTICE INSURANCE

Prior to any clinical experience, students must have malpractice insurance from the Marietta College carrier. The program provides the administration of this service and adds the charges to each student's tuition bill in the fall of each year.

HIPAA COMPLIANCE

Prior to any clinical experience, students are trained in the Health Insurance Portability Accountability Act (HIPAA) (<http://www.hhs.gov/ocr/privacy>) medical privacy regulations. Students will not be permitted to perform clinical activities without HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the entire program. Failure to do so may result in suspension or dismissal from the program.

COMPLIANCE WITH UNIVERSAL PRECAUTIONS

The program recognizes that as students interact with patients during their clinical training, they will encounter the risk of exposure to infectious diseases. Safety is an important objective for the student and for patients. During the didactic phase of the program, each student receives training in accordance with the requirements of the Occupational Health & Safety Administration on Universal Precautions and learns appropriate methods of handling blood, tissues and bodily fluids as well as dealing with the management of communicable diseases.

GUIDELINES FOR STUDENT EXPOSURES

Seek medical treatment IMMEDIATELY and follow the procedure outlined below:

- Decontamination – vigorous flushing of mucous membranes, eyes and/or thorough hand washing.
- Immediately report incident to appropriate office or hospital personnel (and your preceptor) and follow established protocol.
- If no established protocol, seek treatment at the nearest emergency department.

Provide thorough and detailed history of incident to include:

- Date/time of incident and procedure being performed when the incident occurred
- Who assigned the duties
- Nature of the accident – how it happened
- Nature of the injury – puncture, scratch, bite, etc.
- Extent of injury – depth, amount of blood or fluid potentially injected or on exposed surface
- Medical record number of patient whose blood or fluid you were exposed to and any pertinent information known about the patient
- Personal protective equipment worn at the time of the exposure
- Decontamination/first aid provided at time of incident
- Name(s) of other personnel that witnessed incident
- Name(s) of personnel notified of incident

The clinical coordinator (740-376-4987) should be notified immediately of incident with a detailed history of the incident. The form for reporting incident is found on Moodle under "Clinical Year Assignments" (Appendix 2).

For more information go to:

- http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf

Cost of testing and treatment following incident, if not covered by the facility or student's health insurance, will be the responsibility of the student.

STUDENT RECORDS, FERPA AND FINANCIAL AID

STUDENT RECORDS

Are maintained by the following departments:

1. The PA program - official application, didactic and clinical academic performance, disciplinary actions, malpractice and health care insurance documentation, immunization verification and faculty advising forms. All records are maintained by the program after graduation.
2. The Registrar's Office – official transcripts.
3. The Marietta College Center For Health & Wellness – health information.

It is the responsibility of the student to keep his/her records current. Information on file in the program office may be reviewed anytime. The program must be notified immediately for changes in:

1. Legal name
2. Current mailing address
3. Current phone number
4. Name and contact number of person to call in case of emergency
5. Medical insurance information

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA, "BUCKLEY AMENDMENT") - Source: United States Department of Education

The FERPA is a Federal Law designed to protect the privacy of a student's education records. The law applies to all schools which receive funds under an applicable program from the U.S. Department of Education.

The FERPA gives certain rights to parents regarding their children's education records. These rights transfer to the student or former student who has reached the age of 18 or is attending any school beyond the high school level. Students and former students to whom the rights have transferred are called eligible students.

--Parents or eligible students have the right to inspect and review all of the student's education records maintained by the school. Schools are not required to provide copies of materials in education records unless, for reasons such as great distance, it is impossible for parents or eligible students to inspect the records personally. The school may charge a fee for copies.

--Parents and eligible students have the right to request that a school correct records believed to be inaccurate or misleading. If the school refuses to change the records, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still refuses the correction, the parent or eligible student has the right to place a statement in the records commenting on the contested information in the records.

--Generally, the school must have written permission from the parent or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records, without consent, to the following parties:

- School employees who have a need-to-know;
- Other schools to which a student is transferring;
- Parents when a student over 18 is still dependent;
- Certain government officials in order to carry out lawful functions;
- Appropriate parties in connection with financial aid to a student;
- Organizations doing certain studies for the school;
- Accrediting organizations;
- Individuals who have obtained court orders or subpoenas;
- Persons who need to know in case of health and safety emergencies;
- State and local authorities to whom disclosure is required by state laws adopted before November 19, 1974;

--Schools may also disclose, without consent, "directory" type information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, the school must tell parents and students of the information that is designated as directory information and provide a reasonable amount of time to allow the parent or eligible student not to disclose that information about them.

--Schools must notify parents and eligible students of their right under this law. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to each school.

Schools must adopt a written policy about complying with the FERPA. Schools must give parent or eligible student a copy of the policy, on request.

If you wish to see your child's education records, or if you are over 18 or are attending college and would like to see your records, you should contact the school for the procedure to follow.

If you have any questions about the FERPA, or if you have problems in securing your rights under this Act, you may call 1-800-872-5327 or go to:

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

REGISTRATION AND FINANCIAL AID

The program will work with the Registrar to register you for all PA classes. Each academic school year you need to fill out a FAFSA form and a Marietta College financial aid application in order to be eligible for financial aid. While you are enrolled in the program, you may be eligible for financial aid for three academic periods.

- **Period one - Summer – June to August**
- **Period two – Didactic phase – August to May**
- **Period three – Clinical phase – June to July of the following year**

Please access the information from the FAFSA web site to help you with the FAFSA report. Make sure your printer is on before you log on to www.fafsa.ed.gov. If you don't have the PIN number, you may go in as a new student and after you have submitted your information a PIN number will automatically be sent to you. Follow the directions and submit the form. Students can verify their web application was received immediately after it is submitted by returning to the home page, www.fafsa.ed.gov and "Login" to check the status. The online status check allows the student to check on the status of their application for submission all the way from submission to the processed SAR. If the student has a PIN he or she can even look up the processed EFC.

WITHDRAWALS AND REFUNDS

A student who withdraws from the program during a semester must fill out and return a form obtained at the Registrar's office. The College may provide a partial refund only when the student withdraws from a course during the first five weeks of classes for the semester. The date of withdrawal determines the proportion of tuition and student fee refunded. During the first week of the semester, 90 percent; second week, 80 percent; third week, 70 percent; fourth week, 60 percent; fifth week, 50 percent. The College will offer no refund after the fifth week of classes.

If the College grants a refund, some of the financial aid might be returned to the provider. When the financial aid package includes federal financial aid, the College will follow the federal refund policy for federal funds. The Marietta College refund policy will be followed for all non-federal funds. The student may be responsible to repay to the aid provider the difference between what has been earned in financial aid (based on length of enrollment in the semester of withdrawal) and what the school has returned to the provider. According to federal regulation, the amount of federal aid earned is equal to the percentage of the payment term completed. If the date of withdrawal occurs on or before 60% of the semester is completed, the percentage earned equals the percentage of the semester completed. If the withdrawal date is after the 60% point, the student has earned 100% of federal money. If the reduction in charges exceeds the amount of financial aid to be returned to the financial aid programs and there is no resulting unpaid balance on your student account, the excess funds will be returned to the student.

Refunds to the following financial aid program accounts will be calculated according to published federal and state regulations. Repayments are credited to accounts in the following order:

1. Unsubsidized Direct loans
2. Subsidized Direct loans
3. Direct graduate PLUS
4. Other Federal Title IV aid (excluding work-study)
5. Other programs as required by the program

A sample calculation may be obtained by contacting the Office of Student Financial Services.

HOURS OF OPERATION AND EQUIPMENT

CLASSROOM HOURS

Regular class hours are generally 8:00/9:00 AM to 5:00/6:00 PM Monday through Friday with the possibility of evening and/or weekend classes. Class times and locations are estimates and are subject to change AT ANY TIME during the didactic phase of the program. The program will make every reasonable attempt to notify students of changes as soon as possible. Changes are made to benefit the quality of the education. **Classroom attendance is mandatory.**

FACULTY OFFICE HOURS

Faculty office hours are posted outside their office doors, located on the third floor. Faculty members maintain an open door policy, but students should not enter a faculty office without permission. Removal of any article from a faculty office will not be tolerated and will be referred to the Progress and Conduct Committee.

PA OFFICE HOURS

The program office hours are 8:00 AM to 5:00 PM Monday through Friday.

COPIER AND FAX MACHINE

The PA office staff will assist you if you are required to make copies of a presentation for your fellow students or the faculty. A fee is established if personal copy and/or fax services need to be done and will be performed when the staff has an opportunity to assist you.

SOCIETIES AND THE COMMUNITY

PI ALPHA NATIONAL HONOR SOCIETY

Physician Assistant students who have excelled academically, as well as in research, publishing, community/professional service, and/or leadership activities are eligible for nomination by the program for membership to Pi Alpha. Academic excellence is defined as having a minimum cumulative grade point average (GPA) of 3.5. GPA alone is not an indication for induction. Demonstrated excellence in research, publishing, community/professional service, or leadership activities is to be weighted in addition to GPA. The total number of nominees elected shall not exceed fifteen percent of the total number in the class expected to graduate.

STUDENT SOCIETY

All students are members of the Marietta College Physician Assistant Student Society (MCPASS). The program also encourages each student to become an active student member of both the American Academy of Physician Assistants (AAPA) and the Ohio Academy of Physician Assistants (OAPA).

COMMUNITY INVOLVEMENT

As a member of the program, you are an ambassador for our program to the College, clinical preceptors and sites, patients, and the public at large. The impression that the program and you as individuals make will be determined by your actions and in turn will determine other's interest and willingness to work with our program. Always be courteous and respectful and take pride in your work as you communicate with faculty, students, staff, preceptors, patients and the public.

The program encourages and supports your participation in service activities that contribute to the community. Please work with your student society to involve your entire class in community-based projects.

POLICIES AND PROCEDURES

The student is expected to maintain him/herself in good academic standing and to conduct him/herself with honesty and integrity in all academic and professional manners and is responsible for the following policies and procedures of Marietta College and the Marietta College Physician Assistant Program that are currently in effect. As a member of the Marietta College community, students are expected to adhere to the policies and procedures outlined in the Marietta College Student Handbook which include: use of the campus library, bookstore, counseling services, student health services, motor vehicle registration, use of recreational facilities, student with disabilities, security/information technology policies/procedures and other general policies which can be found online at http://www.marietta.edu/Student_Life/Living_on_Campus/housing/housing_forms/index.html#student_handbook

Policies and procedures that are appropriate for graduate students can be found in the Graduate Catalog, online at http://www.marietta.edu/Academics/academic_schedule/index.html

Additionally, this handbook outlines specific policies and procedures that deal with the expectations and professional conduct of graduate PA students.

HOW TO RESOLVE PROBLEMS – DIDACTIC PHASE

1. Course questions and/or issue should be discussed with the course coordinator.
2. If the question and/or issue is not resolved by the course coordinator, then the student should meet with the academic coordinator.
3. If the situation needs further review or the student does not feel that the question/issue has been resolved, they should meet with the program director.

Do not allow small problems to turn into large problems, address those issues immediately so that the issue can be resolved quickly.

E-MAIL AND INTERNET ACCESS AND POLICY

Students are required to receive and send all program correspondence via their Marietta College e-mail address. Students should check their e-mail multiple times per day while in the program. Failure to check e-mail will not be accepted as a reason for missed communication.

PA classrooms are equipped with wireless capability. The PA calendar may be accessed through Moodle.

All students, faculty and staff of Marietta College are subject to all applicable federal, state, and international computer laws. Unprofessional behavior on the computer systems will not be tolerated and could result in dismissal from the program. Unauthorized duplication of software is a Federal crime. Penalties include fines and jail terms. Violation will result in dismissal from Marietta College and the Marietta College PA Program.

USE OF ELECTRONIC COMMUNICATION DEVICES

In order to respect the learning environment of classmates and faculty, students should turn off all personal electronic devices during class-related activities. Use of laptops or technology other than for instructional use is inappropriate (e.g. checking e-mail, texting, surfing the internet, instant messaging, etc.). A student who fails to comply will be asked to leave the class and it will be considered an unexcused absence. Use of unauthorized technology assistance during an exam will be treated as a form of academic dishonesty (Academic Dishonesty policy [page 34](#)) and could result in dismissal from the program.

SOCIAL MEDIA POLICY

PA students must understand they are no longer anonymous individuals when posting and/or commenting on blogs and/or social media sites. Instead they are now members of identifiable groups; the Marietta College Physician Assistant Program, Marietta College, the Marietta community and physician assistants in general. Therefore, blogging, postings and/or comments to such sites should be thoughtful, respectful and in good taste as to portray themselves in a positive light for all groups that they represent. Comments and postings done as a student can and may harm you as a professional. Any comments made regarding a patient interaction is a direct HIPAA violation and will be treated as such.

IDENTIFICATION BADGE

All students will receive their identification badge during orientation. This will provide students with 24/7 access to the PA building. If a student loses their ID badge, they should report it to the program office immediately.

Students participating in clinical experiences and clinical rotations must wear their ID badges at all times.

DRESS CODE AND PERSONAL APPEARANCE REQUIREMENTS

The intent of the dress code is to promote a professional atmosphere in the classroom while allowing the student maximal freedom in attire, as long as such freedom does not interrupt the educational process. The public respects health care professionals largely due to their expertise, education, and performance. The program believes that professional appearance and dress helps

to maintain this respect. Personal hygiene is of the utmost importance and the student is expected to be clean and well-groomed at all times. All clothing must be clean, not ripped or torn, and devoid of advertising or slogans.

Dress code – Anatomy lecture/lab:

- Scrubs are permitted in both lecture and lab.
- No hats.
- The student's body must be adequately covered. Inappropriate skin exposure includes the torso, back, shoulders, thighs, and cleavage.
- Shoes must be closed-toe in lab.
- No food, drinks or gum are permitted in lab.

Dress code – classroom attire during didactic phase:

- Professional (business casual), conservative dress required.
- Jeans and/or scrubs are permitted one day per week as assigned.
- No hats.
- The student's body must be adequately covered. Inappropriate skin exposure includes the torso, back, shoulders, thighs, and cleavage.
- Shoes should be comfortable.

Dress code – Physical Exam course attire during didactic phase:

- MCPAP short-sleeve tee shirt and shorts.
- Under-attire for females must be sports bra or similar garment.
- All clothing worn during physical exam lab must be cleaned regularly.

Dress code – clinical setting (ER, long-term care, in-patient, etc.):

It is the responsibility of the student to dress appropriately during any function involving patient care or contact during the clinical setting. Patient care areas are defined as any setting in which patients are examined, evaluated or rendered care by any means including both inpatient and outpatient settings.

- The student must always look professional (business casual).
- The student will dress in a conservative fashion.
- The student will wear a clean and pressed, white waist-length lab coat at all times.
- The student will always wear their Marietta College ID badge.
- The student's body must be adequately covered. Inappropriate skin exposure includes the torso, back, shoulders, thighs, and cleavage.
- Inappropriate clothing includes camisoles, tank tops, anything denim, sweatshirts, belly shirts, low-riders, mini-skirts, anything transparent or see-through, and any stained, ripped, or torn clothing.
- The student's clothing should always be clean and pressed.
- Shoes should be comfortable and quiet.
- Nails should be short and void of colored polish. Acrylic nails are not permitted.
- Jewelry should be minimal. The only appropriate piercings are two per ear. No facial piercings are allowed.
- The student should attempt to conceal any offensive tattoos.

- Cologne/perfume is not appropriate in clinic.
- Make-up should be minimal.
- Hair should be clean and neat. Women should keep hair pulled back from face. Men should keep hair above the collar. Men should keep facial hair neatly trimmed.

Appearance and hygiene projects a professional image representing the student, the profession and the College. Students improperly attired and/or with poor hygiene can expect to receive a verbal warning from a clinical preceptor or faculty/staff member. A second infraction will result in a letter of concern and/or a meeting with the Progress and Conduct Committee.

PROFESSIONAL CONDUCT

The professional relationship between a health care provider and their patients requires a dedication to responsibility and accountability. As a student you will earn the trust of your patients and instill confidence in your ability to be a steward of the patient's health according to state law. As a student you need to understand that it is an honor and a privilege to be a physician assistant.

The program promotes learning, personal responsibility, self-discipline, respect for others and self in an atmosphere of mutual respect. As student physician assistants you are expected to adhere to professional decorum in all related activities. As professionals, students are responsible for attendance, completion of all documentation, preparedness, handling of program resources and equipment, participation, and ultimately, their performance in the program.

Professionalism is taken very seriously and our students are continuously assessed in this area. During the didactic phase, students are required to complete and discuss the "Professionalism Self-Assessment" form (Appendix 3) with faculty advisors each semester. During the clinical phase, professionalism is evaluated by both clinical preceptors and the program.

Any violations of professional conduct will be brought to the Progress and Conduct Committee and could result in a student's dismissal from the program.

ATTENDANCE

The program faculty believe that significant learning occurs in the classroom and that regular class attendance is vital to a student's education. Therefore, attendance is mandatory. This means students must attend all scheduled instructional periods and assigned clinical experiences. Attendance is reflective of commitment, acquisition of knowledge, and professional behavior. Failure to fulfill this requirement is considered in the evaluation of a student's academic performance and professional attitude, and could result in a failing grade for a course and a meeting with the Progress and Conduct Committee for possible dismissal from the program.

ABSENCES

Didactic phase absences due to illness will **require notification of the program office (740-376-4458) as early as possible**. An absence of more than 2 days will require a medical excuse from a health care provider. An extended illness (more than 3 days) must be "cleared" through the program director and will require a medical excuse from a health care provider. All missed work/exams are the responsibility of the student.

Absences of students from scheduled examinations and/or laboratory sessions will be excused only under extraordinary circumstances (i.e., death in the family, personal illness, etc.). All such absences require notification/approval from the program director and all class instructors teaching on the missed day(s). Unexcused absence from class is not acceptable and may affect your academic status in the program. All missed work/exams are the responsibility of the student.

INCLEMENT WEATHER

Didactic phase students should adhere to the Marietta College emergency protocol regarding inclement weather. Information may be accessed by calling 740-376-HELP, on the College website main page www.marietta.edu, or through Pioneer Alert. To receive Pioneer Alert messages, sign up as follows:

Go to mymarietta.edu; under the WebAdvisor tab click on User Account, then click on Emergency Information. It will open and you'll see the fields to enter information. Once information is entered click SUBMIT at the bottom of the page.

LEAVE OF ABSENCE

A leave of absence from the program may be granted by the program director for a specific period of time, if deemed necessary for medical or personal reasons. Reasons may include, but not limited to: family or personal medical leave, pregnancy, birth of a child, injury or disability. Requests for leaves of absence must be discussed with the program director. If granted, a written contract detailing the leave will be generated by the program director and signed by the student. Such students will be permitted to resume course work upon satisfactory resolution of the problem necessitating the leave of absence. All possible efforts will be made by the faculty to provide a means for remediating deficiencies incurred and the student bears the responsibility for learning any material missed and for exam make-ups. However, for an extensive leave of absence, remediation may not be an option. In these situations, the student will be permitted to re-enroll in the program the following year to continue their studies.

LEAVE

Funeral – Individual arrangements are between the student and the program director. The details of making up missed work will be discussed between the course coordinator(s) and the student. Ultimately, all missed work is the responsibility of the student.

Jury Duty – Immediately, upon receiving a notice for jury duty the student must provide the program director with a copy of the notice. The program director will provide a letter documenting the student's position and standing in the program for the court. Ultimately, all missed work is the responsibility of the student.

Military - If a student is called to serve as a member of the U.S. Armed Forces during the program, they will be eligible for re-admission following completion of their service term. The procedure is as follows:

1. The student must show the orders to the program director as soon they are received.
2. The student must satisfactorily complete the active duty service.

Pregnancy – Students who become pregnant while enrolled in the program are advised to notify the program director as soon as possible. Because there is always some risk of exposure to infectious disease, it is important that the student take the necessary precautions to avoid harm to the fetus. A pregnant student has several options:

- Continuing with the didactic and/or clinical phase of the curriculum after providing a signed health care provider's statement indicating physical ability to do so has been submitted to the program director.
- Continuing didactic courses through the fall semester only followed by a leave of absence delaying the start of the spring semester. Students seeking this option will need to make special arrangements with the program director for the completion of the spring courses during the following academic year.
- Continuing didactic courses through the spring semester followed by a leave of absence delaying start of the clinical phase of the curriculum. Students seeking this option will need to make special arrangements with the program director.
- Withdrawing from the program entirely.

Regardless of which option the pregnant student selects, all requirements for the program must be completed before the College can award the Master of Science in Physician Assistant Studies degree. Each student's case is based on individual circumstances.

HOUSEKEEPING

Neatness and good housekeeping reflect professionalism and pride. For the safety and health of all, students are expected to keep all program areas neat and orderly. **Eating is not permitted in the PA classroom and all liquids must be in a non-spill container.** Trash receptacles and recycle containers are accessible throughout the building and should be utilized appropriately. All buildings are smoke-free.

In order to keep our program looking and working properly, please report any situation or equipment that may need repaired or replaced to the program as soon as they are discovered.

COLLEGE PROPERTY

All College property issued to you must be returned at the request of the program. You are responsible to pay for any lost or damaged items. The value of any item not returned or damaged will be charged to your financial account. Diplomas and transcripts will be withheld for any outstanding financial obligation. The program is not responsible for loss or damage to personal property of any students.

STUDENT HOUSING

There is no on-campus housing available for graduate students. The program will provide a list of possible housing, but it is the responsibility of each student to find housing throughout the program.

EMERGENCY CONTACT

During the didactic phase, family members and/or friends should be given the program office numbers (740-376-4458) and (740-376-4986) in case the student needs to be reached during class. In cases of emergency, the program staff will locate a student to transmit requested emergency information during regular hours.

OUTSIDE EMPLOYMENT

The program is extremely intense and rigorous. Students should see their education as their primary responsibility and should not allow any outside activity to interfere with their ability to accomplish the requirements necessary as a PA student. Therefore, outside employment is strongly discouraged during the first 12 months of the program and prohibits employment during the clinical phase rotations.

USE OF STUDENTS AS STAFF OR INSTRUCTIONAL FACULTY

The program will not require students to work for the program, or to use students as a substitute for regular administrative staff, or as instructional faculty.

ACADEMIC ADVISORS

A faculty advisor is assigned to each student during the didactic year and will continue as their advisor throughout the program. Students are required to meet with their advisor at least once per semester (mid-term) and at the request of the faculty advisor. Prior to each mid-semester meeting during the didactic phase, students should honestly complete the “Professionalism Self-Assessment” form (Appendix 3) and bring it to the meeting to discuss with their faculty advisor.

Students should not hesitate to contact their advisor with any questions. Faculty members primarily are academic advisors, but they are also available to help assist any problem that could affect a student’s academic progress. Advisors will be able to refer students to campus resources such as the Center for Health and Wellness and the Academic Resource Center.

CONFIDENTIALITY

Students, preceptors, and patients trust the program and the students with important information relating to their lives, practices, and medical problems. The physician assistant profession requires that you maintain all issues of confidentiality and it is the program’s responsibility to safeguard the information.

When you matriculate into the program you have an obligation to maintain confidentiality, even after you leave the program. Any violation of confidentiality seriously affects the program’s reputation and effectiveness. Casual remarks may be misinterpreted and repeated, so students must learn to develop the personal discipline needed to maintain confidentiality. Also, applicable to internet and social media sites (see SOCIAL MEDIA POLICY).

HARASSMENT

Harassment of any sort by students, faculty or staff will not be tolerated. See the Marietta College Student Handbook, beginning on [page 112](#) at the following link:

RESPECTFUL INTERACTIONS

Respectful interactions are required of all students. Respectful is being considerate, courteous, professional, and by maintaining confidentiality of patient information. While participating in any college-related activities (i.e. coursework, clinical experiences, volunteer work, etc.), it is expected that all students, faculty and staff affiliated with the program will act in a manner that is guided by a respect for other students, staff, faculty, patients and health care practitioners who may have differences that include (but are not limited to) the following:

- Religious beliefs and practices
- Socioeconomic status
- Ethnicity/Language
- Racial background
- Gender
- Nontraditional medical beliefs and practices
- Sexual orientation
- Physical/emotional disabilities
- Intellectual capabilities

The program will not tolerate verbal or social media (see SOCIAL MEDIA POLICY) incivility by any member of the College community. Examples of incivility include rude, sarcastic, obscene, disruptive or disrespectful behavior, threats, or damage to property. Students exhibiting uncivil behavior and/or behavior which significantly disrupts teaching, research, administrative, or student functions may be brought before the Progress and Conduct Committee for possible disciplinary action.

EVALUATION AND TESTING

STUDENT EVALUATION

During both the didactic and the clinical phase, students will be evaluated by various mechanisms including, but not limited to, class participation, written examinations, practical examinations, oral examinations, and professional behavior. Final grades for each course are established by the individual course coordinator and will be outlined in their course syllabus.

COMPREHENSIVE EXAMINATION

As part of the PASP 693 Summative Assessment course, students are required to successfully complete (at the end of the didactic year), a comprehensive exam with a score of 65% or higher. Failure to reach a 65% will require remediation and could delay the start of clinical rotations.

COURSE AND FACULTY EVALUATIONS

The program requires that each student complete course and faculty evaluations for each course at the end of each semester. The evaluations will be completed on-line during scheduled class time. These evaluations are a student responsibility and should be taken seriously. Constructive suggestions are beneficial and aid the faculty in designing course materials for successful learning. It is unprofessional for a student to include disrespectful comments in his/her written

course evaluation. Final grades will be withheld until all evaluations are completed. Students will also complete evaluations following all guest lecturer presentations throughout the program.

TESTING POLICIES

1. Attendance is mandatory for all exams.
2. Students are expected to take examinations at designated time.
3. Students will clear desk and surrounding area of all materials, binders, backpacks, etc. (other than a pencil/pen) prior to exam.
4. Students are responsible for properly marking the answers on the computer (LXR).
5. Students who arrive late to an exam will not be given additional time.
6. Students must not communicate with each other in any way during an exam.
7. Students must submit all exam materials to the instructor when finished with the exam and before leaving the room.
8. The use of unauthorized technology assistance including smart phones, during an exam will be treated as a form of academic dishonesty (Academic Dishonesty Policy, page 33) and could result in dismissal from the program.
9. All exams will be monitored by cameras and, if necessary, recordings will be made.
10. Students will not be permitted to use the restroom during exams, except in extreme emergencies.
11. Students may not re-enter the room after they have completed the exam.
12. In the event of an illness, the student must contact the PA office (740-376-4458), BEFORE the test begins.
13. If a student misses an exam due to an excused illness or personal crisis, a make-up exam will be offered to the student on the first day back in classes.
14. Exam feedback will be provided to students within 24 hours of the exam.
15. Questions and/or discrepancies regarding an exam should be respectfully addressed to the course coordinator and/or faculty member responsible for the exam question. Students should be prepared to provide proof of discrepancy in writing by citing and listing references.
16. Changes in exam scores will be made at the discretion of the course coordinator and/or faculty member responsible for the exam question.
17. Review sessions are at the discretion of the course coordinator.

GRADING SYSTEM

Passing grades are “A” (excellent), “B” (good), and “C” (average). The grades of “D” (scholastically deficient) or “F” (failure), are non-passing grades and will require the student to appear before the Progress and Conduct Committee (Remediation Policy).

The grade of “PR” (in process) may be given for reasons acceptable to the program director in cases where a student has been unable to complete all the required work in the course. In order for a student to receive a “PR”, the *Supplementary Grade Report* must be completed by the department stating the reason(s) for the "PR"; conditions for removal of the "PR"; and deadline for removing the "PR", and turned into the Records Office. The program director must sign this form. When the conditions for removal of the in process have been fulfilled the department must then submit a *Change of Grade*.

Grade point values of permanent grades for courses and rotations in the program are as follows:

A	89.5 - 100%	4
B	79.5 - 89.4%	3
C	69.5 - 79.4%	2
D	59.5 - 69.4%	1
F	0 - 59.4%	0

PROMOTION, REMEDIATION, DISMISSAL AND GRADUATION

The ability of a physician assistant student to remain as a student, be promoted and to graduate from the program is the responsibility of the PA faculty and student.

The program has established the Progress and Conduct Committee to review a student's scholastic performance and personal suitability for a career in medicine and make appropriate recommendations pertaining to promotion, remediation, dismissal and graduation.

REQUIREMENTS FOR GRADUATION (PASP 693 SUMMATIVE ASSESSMENT)

The Master of Science in Physician Assistant Studies Degree is granted to all students who have successfully:

- 1) Completed the required curriculum of the program with a minimum grade of "C" in all courses, and
- 2) Attained a cumulative grade point average of 3.00 or higher, and
- 3) Have satisfactorily passed the comprehensive exam at the end of the didactic phase with a score of 65% or higher to have proceeded into the clinical phase of the program, and
- 4) Satisfactorily passed the summative exam at the end of the clinical phase with a score of 70% or higher, and
- 5) Satisfactorily passed a problem-focused physical exam at the end of the clinical phase with a score of 90% or higher.
- 6) Complete an exit interview with the program director.

The successful completion of the above requirements demonstrates that the student has met the minimum requirements for graduation from the Marietta College Physician Assistant Program and is a candidate suitable to sit for the Physician Assistant National Certification Examination.

Students who fail to meet all promotion criteria may either be dismissed from the program, or be required to remediate any deficiencies at the discretion of the Progress and Conduct Committee.

Promotion and graduation is based on *both* academic and professional growth and development. The student must demonstrate acceptable levels of maturity, integrity, and other attitudes and behaviors expected of health professionals. The student must be free of any impediments to licensure or to performance as a physician assistant. Failure to meet these requirements will jeopardize continued enrollment in the program or graduation from the program.

SCHOLASTIC PERFORMANCE

Note: within the meaning of these guidelines, a course is defined as a subject listed in the catalog under a specific name and number, with a designated number of credit hours and for which registration will be required. It will apply to both the didactic and clinical phases of the program curriculum.

- 1) **Students are required to maintain a CUMULATIVE GPA of 3.0 or higher THROUGHOUT the program to be considered in good academic standing AND to graduate from the program. Students with a cumulative GPA falling below the 3.0 requirement will be notified by letter at the semester completion explaining they are on academic probation.** Subsequently, when the student's cumulative GPA rises above 3.0 they will be notified by letter stating they are no longer on academic probation.
- 2) Assignment of a course grade below a "C" is considered a failing grade. Students receiving a failing grade ("D" or "F") will be immediately notified by letter that they are on academic probation and referred to the Progress and Conduct Committee for evaluation. Students receiving a failing grade are not eligible to proceed in the program until the deficiency has been removed. A student who receives a failing grade in one course may remove the deficiency in a manner satisfactory to the program (Remediation Policy). A failing grade obtained during a clinical rotation may require the student to repeat the specific rotation at the conclusion of the clinical year, thus delaying completion and graduation from the program.
- 3) **A student receiving two or more failing grades (original or repeated course work), either in the didactic and/or clinical phase of the curriculum, is automatically dismissed from the program.**
- 4) Any student receiving a failing grade ("D" or "F") on a repeated course will be notified by the program director of their dismissal from the program. A student dismissed for academic reasons has fifteen (15) days to appeal in writing any adverse decision to the Graduate Council. The Graduate Council will hear the graduate student's case and make a recommendation to the Provost who can affirm or overturn the decision. There is no appeal of the Provost's decision (Grievance Procedure).
- 5) A student cannot, without written permission from the program director, withdraw from any course in the PA Program curriculum. However, students in good standing may request a leave of absence for personal/health reasons. The Provost, on the recommendation of the program director, is empowered to grant such a leave for a specific period of time.

REMEDIATION POLICY

The program is academically very intense and challenging. Most students can accomplish this highly integrated and compact curriculum maintaining a high degree of academic excellence. Students who may ultimately become quality PAs may not be suited to this intense curriculum given their individual skills and/or special situations. Thus, the program has developed the "Remediation Policy" which will allow students to remediate only one course, should a failing grade be achieved.

If a failing grade is received in an individual course, the student will be allowed to take a comprehensive exam for that course at the end of the semester. If the student does not pass the comprehensive exam, the student will be allowed to re-enroll in the course the following year that the course is offered. Students cannot progress to any other courses until the failed course has been remediated. The student must audit all other courses during the semester that they repeat a failed course. The student must obtain a grade of “C” or better in the repeated course in order to progress through the program. The student will be responsible for the full cost of the repeated course.

After successful remediation of the repeated course, any additional failing course and/or rotation will result in the automatic dismissal from the program. Questions regarding this policy should be addressed to the program director.

ACADEMIC DISHONESTY

Dishonesty within the academic community is a very serious matter, because dishonesty destroys the basic trust necessary for a healthy educational environment. Academic dishonesty is any treatment or representation of work as if one were fully responsible for it when it is in fact the work of another person.

Academic dishonesty includes cheating, plagiarism, theft or improper manipulation of laboratory or research data. A substantiated case of academic dishonesty may result in disciplinary action, including a failing grade on the project, or failing grade in the course, or expulsion from the College.

Plagiarism is one specific example of academic dishonesty that is often misunderstood by students. Plagiarism is defined as “the unauthorized use or close imitation of the language and thoughts of another author and the representation of them as one’s own original work.” Appropriate paraphrasing and proper referencing are necessary to avoid plagiarism. As a student you will have access to electronic and printed materials which are the “intellectual property” of others. The distribution or presentation of these materials, whether or not copyrighted and including both electronic and print formats, without appropriate citation will be considered plagiarism. Falsification of any program documents (Typhon, preceptor evaluations, site evaluations, case studies, etc.) is a violation of academic dishonesty and professionalism of a physician assistant student.

In order to deter plagiarism and ensure appropriate use of resources in student research and learning, Marietta College subscribes to a plagiarism prevention service, www.turnitin.com. Faculty may request that students submit their written work to the service to ensure that others’ ideas are cited appropriately.

In cases of suspected academic dishonesty and/or violation of professional conduct, the instructor is advised to consult with the program director and, if deemed necessary, with the Provost. If it is determined that academic dishonesty and/or professional misconduct has occurred, it is the responsibility of the instructor to notify the program director who will then notify the Provost.

Students have the right to appeal any penalties imposed for academic dishonesty or professional misconduct (Grievance Procedure).

PERSONAL APTITUDE FOR MEDICINE

Awarding the Master of Science Degree in Physician Assistant Studies is predicated on the determination by the faculty that a student is suitable for the practice of medicine in terms of his/her personal characteristics and conduct, as well as scholastic achievement. Academic grades alone are not sufficient to warrant promotion to the next class, clinical phase or graduation. The faculty reserves the right to dismiss any student when the student's behavior is not in keeping with the standards of the medical profession or when the student's presence in the program is considered detrimental to the student in question, the other students in the school, or to society in general.

DISCIPLINARY COMMITTEES AND PROCEDURES

THE PROGRAM PROGRESS AND CONDUCT COMMITTEE

This Committee has a membership of all full-time PA Program faculty members, the clinical coordinator, any available part-time faculty, and the PA medical director. The program director presents the information to the Committee. The Progress and Conduct Committee process may be enforced during either phase of the program (didactic or clinical). Appearance before the Progress and Conduct Committee include but are not limited to: reviewing cases of students who have received a failing grade(s), and reviewing cases of students whose professional behavior and/or ethics have been questioned by the faculty, program director, a preceptor, or a patient. Additionally, the Committee may, at its discretion, meet with students to discuss that student's individual situation. After meeting with the student, the Committee will submit recommendations regarding promotion, remediation, probation or dismissal from the program.

THE MARIETTA COLLEGE GRADUATE COUNCIL

1. The program has empowered the Progress and Conduct Committee to evaluate the cases of students whose grades are deficient and/or students whose professional behavior and/or ethics have been questioned and to make appropriate recommendations to the program director.
2. Once the PA program director notifies the student of the Committee's decision; he/she has fifteen (15) days to appeal in writing to the Graduate Council (Grievance Procedure).
3. The Graduate Council will hear the graduate student's case and make a recommendation to the Provost who will make the final decision. There is no appeal of the Provost's decision.

PROCEDURE FOR ACADEMIC GRIEVANCES

Marietta College has three criteria for student appeal: 1) procedural errors, 2) new evidence, and/or 3) insufficient evidence. If a graduate student believes he or she has a legitimate complaint or grievance, the student should follow the following procedure:

Step I

It is recommended that a graduate student consult with his or her academic advisor and/or program director before and while initiating a complaint or grievance.

1. The graduate student shall discuss the problem with the instructor (for problems involving a single class) or program director (for problems involving the program in general).

Step II

1. If the complaint is not satisfactorily resolved in Step I, the graduate student has the right to file a grievance with the Graduate Council. The graduate student wishing to file an appeal must submit a letter of appeal (petition) to the Chair of the Graduate Council (see Graduate Council Grievance Procedure below).
2. In general, the following types of grievances will be heard by the Graduate Council: appeal of grades, extension of time to complete program requirements, non-professional behavior, plagiarism, and any other matter that may potentially fall within the scope of the Council.
3. The Graduate Council will hear the graduate student's case (using the procedure below). The decision of the Graduate Council will be forwarded to the Provost within eight days of the hearing. If an appeal of the Graduate Council's decision arises, the Provost can affirm or overturn the decision. The Provost will inform the graduate student and the council of the final decision. There is no appeal of the Provost's decision.

GRADUATE COUNCIL GRIEVANCE PROCEDURE

1. The Chair of the Council will supply the graduate student with a copy of this procedure.
2. The Chair of the Council will assign an advocate from the Council to assist in the preparation and presentation of the petition.
3. The student, working with the Council representative, will produce a written allegation describing the grievance, a summary of the circumstances surrounding it, the related evidence, and what has already been done in attempting to resolve it. Sufficient copies of this document must be delivered to all faculty/administration members of the Graduate Council at least 48 hours prior to the hearing. Student representatives on the Graduate Council do not hear grievances.
4. The graduate student will work with the Chair of the Graduate Council to schedule the hearing at a mutually agreeable time, normally the regular meeting time of the Council. The student is entitled to a hearing within 15 days of the time the student first contacts the chair of the Graduate Council.
5. At the hearing, the graduate student will have a reasonable amount of time (about 15 minutes) to present his or her grievance. The faculty member and/or affected program will then have a similar amount of time. Neither of the affected parties will be present to hear the other party's presentation; neither of the affected parties will be present during deliberations. The Graduate Council may hear additional witnesses at the chair's discretion. A decision will be forwarded to the Provost within 8 days of the hearing.
6. There shall be no legal counsel present in the hearing.

7. The Graduate Council shall maintain confidentiality concerning any information presented in the hearing.
8. The Graduate Council shall have access to all material it feels is relevant to the case.
9. Cases brought before Graduate Council will be decided by a simple majority vote.
10. The decision of Graduate Council will be forwarded to the Provost within eight days of the hearing. If an appeal of the Graduate Council's decision arises, the Provost can affirm or overturn the decision. The Provost will inform the graduate student and the Council of the final decision. There is no appeal of the Provost's decision.
11. The graduate student may withdraw the grievance at any point in the proceedings by requesting in writing to the Provost or Chair of the Graduate Council.
12. The Provost or Chair of the Graduate Council may grant an extension of the time limit of this procedure for good cause.

IMPORTANT NOTE TO GRADUATE STUDENTS

Marietta College is committed to the highest principles of academic and personal integrity and a sensitive regard for the rights of others. Essential to these rights are the individual responsibilities of faculty and graduate students. Faculty is responsible for clearly communicating their grading policies, testing procedures, and expectations of graduate student performance at the beginning of each course, as described in the Faculty Handbook. Graduate students are responsible for following these policies and fulfilling those expectations. Although graduate students have the right to their opinions about course content and delivery, they remain responsible for learning the content of the course and for fulfilling all degree requirements.

There is always a subjective component to grading. Because of the specialized nature of graduate education, the Graduate Council is not in a position (i.e. does not have the expertise) to second-guess the instructor as to the appropriateness of a grade. In an appeal of a grade, you must demonstrate that the grade was unfair in some way (expectations were not clear, the instructor was unprofessional in dealing with you, etc.) The standard for successfully appealing a grade is very high and must be accompanied by clear, unambiguous documentary evidence.

**MARIETTA COLLEGE
PHYSICIAN ASSISTANT PROGRAM
CLINICAL PHASE
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APPENDICES: (Beginning at Page 72)

- Appendix 1 - Competencies for the Physician Assistant Profession
- Appendix 2 - Detailed History of Accidental Exposure
- Appendix 3 - MCPA Program Professionalism Self-Assessment
- Appendix 4 - State Medical Board of Ohio Guidance Document
- Appendix 5 - Preceptor Evaluation of Student’s Clinical Skills
- Appendix 6 - Procedures – Performed, Performed/Observed, Recommended

CLINICAL PHASE

The Marietta College Physician Assistant Program offers students a challenging course of study designed to prepare them for future roles as a physician assistant. The innovative curriculum during the didactic phase prepares students for clinical rotations. The clinical phase (14 months) will be the most challenging, rewarding, and yes, at times frustrating segment on your journey to becoming a physician assistant.

The clinical year involves an in-depth exposure to patients in a variety of clinical settings. It is during this phase that the student shapes and reinforces the skills described within the clinical role of a physician assistant. The opportunities for learning, enhancing your skills, and developing your identity as a physician assistant will *never* be greater than they will be during the clinical phase. The responsibilities to yourself, your preceptors, and your patients will be tremendous; you need to take advantage of every opportunity and live up to the responsibilities – ultimately you and your patients will be the major beneficiaries.

Temptations to choose the “easy road” during this time will be great, but allowing yourself to take this path will be a disservice to your preceptors, your patients, and especially to yourself. Discipline and challenge yourself to study to make the most of the opportunities afforded to you during this time – remember there is always something new to learn, even in the most mundane tasks and that each clinical encounter will be as successful as you make it.

During the clinical phase you are representing the physician assistant profession as well as the Marietta College Physician Assistant Program. Many times you may be the first contact that a patient or other healthcare professional has had with the PA profession or Marietta College, so make every attempt to be a “positive representative” for your profession and for the College.

Clinical rotations provide further instruction in anatomy, pathophysiology and clinical medicine, focusing on the areas traditionally defined by family medicine, internal medicine, pediatrics, prenatal care/gynecology, emergency medicine, surgery, orthopedics, and psychiatry/behavioral medicine. Training experiences occur in ambulatory, emergency, in-hospital and long-term care settings. Physician assistant students learn how to better interview and examine patients, identify health care risks and problems, transmit patient information in verbal and written form to physicians, obtain specimens for diagnostic testing, participate in surgeries, monitor programs of evaluation and therapy to diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions, and discuss preventive health care behaviors with patients and families.

The faculty and staff of the Marietta College Physician Assistant Program want to offer any help and guidance you may need during this time, remember we are only a phone call away. We wish you the best of luck and hope your clinical phase is both enjoyable and rewarding.

CURRICULUM

Fall Semester		Credits
PASP 660	Family Medicine I	5
PASP 650	Internal Medicine	5
PASP 651	General Surgery	5
PASP 652	Prenatal Care/GYN	5
PASP 653	Pediatrics	5
Spring Semester		
PASP 654	Emergency Medicine	5
PASP 655	Orthopedics	5
PASP 657	Psychiatry/Behavioral Medicine	5
PASP 658	Elective(s)	8
PASP 661	Family Medicine II	5
PASP 690	Capstone Project	3
PASP 616	Professional Issues II	2
PASP 693	Summative Assessment	0
Total Credits		58

Core rotations vary from fall to spring semester during the clinical year depending on preceptor availability.

FACULTY

PA faculty are assigned for each clinical rotation. Please contact them with clinically related questions during your rotation. They will be responsible for preparing the rotational exams and grading assignments.

Family Medicine I & II	Ms. Patricia Martin
Internal Medicine	Mr. Brad Pierce
General Surgery	Dr. John Grosel
Prenatal Care/Gyn	Dr. Kevin Alten
Pediatrics	Mrs. Miranda Collins
Emergency Medicine	Ms. Patricia Martin
Orthopedics	Ms. Patricia Martin
Psychiatry/Behavioral Medicine	Dr. Kevin Alten
Elective	Mrs. Miranda Collins

CLINICAL ACADEMIC CALENDARS

CLASS OF 2017

2016 – 2017

Family Medicine

June 13, 2016 – July 14, 2016

Core Rotations

Internal Medicine, Emergency Medicine, General Surgery,
Prenatal Care/Gyn, Pediatrics, Orthopedics, Psychiatry

July 18, 2016 – August 18, 2016

August 22, 2016 – September 22, 2016

September 26, 2016 – October 27, 2016

October 31, 2016 – December 1, 2016

Vacation

December 3, 2016 – December 25, 2016

Elective Rotation I

Total of 8 weeks, may be all done at 1 or 2 site(s)

December 26, 2016 – January 19, 2017

Core Rotations

(Continued from above)

January 23, 2017 – February 23, 2017

February 27, 2017 – March 30, 2017

April 3, 2017 – May 4, 2017

Family Medicine II

May 8, 2017 – June 7, 2017

Elective Rotation II

June 12, 2017 – July 7, 2017

Board Prep Week

July 10, 2017 – July 14, 2017

Summative Evaluations and Board Preparation

July 17, 2017 – July 21, 2017

Graduation

July 22, 2017

CLASS OF 2018
2017 – 2018
Family Medicine
June 12, 2017 – July 13, 2017

Core Rotations

Internal Medicine, Emergency Medicine, General Surgery,
Prenatal Care/GYN, Pediatrics, Orthopedics, Psychiatry

July 17, 2017 – August 17, 2017

August 21, 2017 – September 21, 2017

September 25, 2017 – October 26, 2017

October 30, 2017 – November 30, 2017

Vacation

December 4, 2017 – December 25, 2017

Elective Rotation I

Total of 8 weeks, may be all done at 1 or 2 site(s)
December 26, 2017 – January 18, 2018

Core Rotations

(Continued from above)

January 22, 2018 – February 22, 2018

February 26, 2018 – March 29, 2018

April 2, 2018 – May 3, 2018

Family Medicine II

May 7, 2018 – June 6, 2018

Elective Rotation II

June 11, 2018 – July 6, 2018

Board Prep Week

July 9, 2018 – July 13, 2018

Summative Evaluations and Board Preparation

July 16, 2018 – July 20, 2018

Graduation

July 21, 2018

ROTATION CALL BACK DAYS

Call back days are used to capture feedback from students about their rotational experiences, orient students to their upcoming clinical rotations, evaluate student knowledge and performance, and provide the student with enrichment seminars. All students are **required** to return to the Marietta College campus for “call back days”. **Attendance is mandatory**. If you do not attend a call back day, you will be placed on probation. If you are late or leave early, 10 points will be deducted from your final grade for the rotation.

Each student is allotted \$500 during their clinical year for travel expenses to and from their clinical site for call back days. A “Request for Reimbursement” form will be completed at the July call back day. Reimbursement will be made in the form of a check which will be mailed to the student.

The call back days will consist of end of rotation exams specific for the area of medicine recently finished, as well as instructional time, case presentations/clinical vignette questions, problem focused exams, OSCEs and lectures. Call back dates for the **Class of 2017** are listed below:

July 15, 2016	Family Medicine I Exam
August 19, 2016	Exam
September 23, 2016	Exam
October 28, 2016	Exam
December 2, 2016	Exam
January 20, 2017	PACKRAT (off site)
February 24, 2017	Exam
March 31, 2017	Exam
May 5, 2017	Exam
June 8, 2017	Family Medicine II Exam

RESPONSIBILITIES

PROGRAM RESPONSIBILITIES

- The program is responsible for approving and assigning all student clinical rotations.
- The program will be responsible for assuring that during the clinical rotations each student keeps in force professional liability insurance in the amount of \$2,000,000 per occurrence and \$5,000,000 in the aggregate covering students of the College for claims involving bodily injury, or death on account of alleged malpractice, professional negligence, failure to provide care, breach of contract, or other claim based upon failure to obtain informed consent for an operation or treatment. This document will be provided to the hospital and/or preceptor prior to the start of the rotation.

- The program will be responsible for assuring that during the clinical rotations each student keeps in force major medical insurance as stipulated by the College.
- The program will protect the student and their educational learning experience if it is deemed they are in danger or in an environment not conducive of learning.
- The program will withdraw any student from a rotation at the request of the preceptor when it is deemed that the student's work, conduct, or health is considered detrimental to patients or the practice site.
- The program will withdraw any student from a rotation if there is a significant conflict between the student and preceptor that would deter from the rotation experience.
- The program will coordinate the assignment of students with the preceptor and designate a staff member(s) who shall act as a liaison and information resource for the preceptor.
- The program will evaluate rotation sites to assess student progress and to address any preceptor and/or student issues.
- The program will maintain frequent communication with students while they are on rotations.
- The program will determine the final grades for students in the clinical year.

PRECEPTOR RESPONSIBILITIES

- The preceptor agrees to orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
- The preceptor agrees to promptly inform the clinical coordinator (740-376-4987) of any circumstance that might interfere with the accomplishment of the rotation goals or diminish the overall training experience.
- The preceptor agrees to provide clinical hours (approx. 40 hours/week) for the student to attend and participate in clinical activities at the rotation site understanding it may be more or less depending upon the setting.
- The preceptor agrees to review the educational objectives to make reasonable efforts to assist the student in attaining the competencies and skills listed in the objectives.
- The preceptor agrees to provide ongoing and timely feedback regarding clinical performance, knowledge base and critical thinking skills.
- The preceptor agrees to maintain an ethical approach to the care of patients by serving as a role model for the student.
- The preceptor agrees to delegate the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
- The preceptor agrees to arrange an alternate preceptor (another physician or mid-level) or to give an assignment to the student if they will not be able to precept the student for more than 2 days. If an alternate cannot be found, please contact the clinical coordinator (740-376-4987) immediately.
- The preceptor agrees not to use students as a substitute for regular clinical or administrative staff.
- The preceptor agrees to accept responsibility and to provide supervision (to the point he/she deems necessary) of a student's clinical activities in the clinical/office setting:
 - Histories, physical exams, laboratory/radiology tests, making assessment and treatment plans.
 - Case presentations or research projects as required by the preceptor.
 - Clinical procedures that are consistent with patient care.
- The preceptor agrees to accept responsibility and to provide supervision (to the point he/she deems necessary) of the student's clinical activities in the hospital setting:

- Daily rounds: in-patient rounding, physical exams, recording progress notes and performing procedures that are consistent with patient care.
- Assisting in surgery as directed by the preceptor.
- Documentation (written/dictated) of admission/discharge summaries utilizing the established protocols.
- The preceptor agrees not to provide money or material goods to the student in return for his/her assistance in the medical care of patients.
- The preceptor agrees to allow student visits by faculty/staff or regional coordinators of the Marietta College Physician Assistant Program to assess the progress of students.
- The preceptor agrees to complete and return the end of rotation evaluation form provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation.
- The preceptor agrees to supervise the student within the preceptors' scope of practice. The State Medical Board of Ohio Guidance Document dated October 15, 2015, is provided as an example. (Appendix 4)

STUDENT RESPONSIBILITIES

- The student will conduct themselves in a courteous, respectful, and professional manner at all times.
- The student will identify themselves as a Marietta College Physician Assistant Student.
- The student will be hardworking, conscientious and accountable.
- The student will be responsible for taking an active role in their clinical education.
- The student will demonstrate awareness of professional limitations and will only perform activities assigned by and under the supervision of their preceptor.
- On the first day of the rotation, the student will inform the preceptor of their individual needs; this includes sharing with the preceptor where the student feels he/she “is” and where he/she “ought to be” in specific clinical requirements and clinical skills. He/she will review rotation objectives and evaluation form with the preceptor.
- The student will adhere to the regulations and policies of the Marietta College PA Student Handbook.
- The student will follow the rules and regulations of the hospital or other institutions in which he/she works and agrees to complete all required documentation, additional training and/or testing required by the facilities.
- The student will make all reasonable efforts to maintain good relationships at all times with patients, staff, and preceptors.
- The student will complete all assignments, Typhon tracking, and site/preceptor evaluations at the completion of each rotation.
- The student is responsible for discussing with preceptor a mid-point evaluation for each rotation.
- The student will never see, treat and discharge a patient without having the preceptor see the patient.
- The student shall handle all confidential information in a professional and ethical manner and in accordance with all applicable federal and state regulations, including HIPAA laws.
- The student shall be permitted to document in designated portions of the hospital patient's permanent medical record, in accordance with Hospital policy. It is the student's responsibility to complete all required documentation for each clinical rotation as required by the hospital.

- If a drug/alcohol screen or additional background check are required by the hospital (prior, during or after rotation), it is the student's responsibility to have the proper testing or screening done and to incur all expenses.
- It is the responsibility of the program to assign clinical placements.
- The student understands that if they are removed from a rotation either by the program or a request from a preceptor, the student must appear before the Progress and Conduct Committee. The student could be dismissed from the program or the graduation of the student could be delayed until other rotations can be found that are approved by the program.
- Falsification of clinical rotation documents will result in dismissal from the program.

SURVIVAL SKILLS

PLANNING AND SELF-REFLECTION

The student should review and use as a study guide the instructional and outcome objectives for each rotation. When this step is complete, the student should identify the specific objectives to accomplish while assigned to each clinical service.

At the end of each rotational experience, the student should spend some time reflecting on expectations and how they compare with actual achievements over the five weeks. What personal and professional factors served to facilitate or impede the student's learning experience? What would the student have done differently if the opportunity to repeat a particular rotation were provided?

As the student gets ready to begin the clinical year, there are several axioms that have emerged over the years that should be kept in mind. Following each of the tenets presented below has proven to reduce error and oversight while maintaining focus on the processes of quality medical care.

PRECEPTOR COMMUNICATION

- At the beginning of each rotation, review your rotation objectives with your preceptor. Help your preceptor understand your educational background and experience, your strengths and weaknesses, and the areas in which you would like to focus.
- Ask questions. Clinical instructors like to teach inquisitive students.
- Practice your patient presentations: presentations tell the preceptor about your organizational skills, your ability to make decisions about the information you have elicited and the manner in which you approach a problem.
- Take advantage of all patient care opportunities: students minimize their educational experiences when they "skip" morning and evening rounds. Ask permission first and if given the go-ahead, consider doing rounds before your preceptor arrives.
- Create educational opportunities: if you have a free hour, do "heart sound rounds", listen to the hearts of all of your patients trying to pick up the gallops, murmurs, arrhythmias, PMI's and pulses.
- When patient volume is low, consider asking your preceptor if you can spend time with a specialist (radiology, gastroenterologist, pulmonologist, and anesthesiologist) who seems particularly interested in teaching for the day.
- Organize lists or charts of common drugs used in the rotation and include the rationale of using them compared to drugs listed as gold standards in textbooks.

- The difference between a successful student and one who struggles is the amount of quality reading done.
- Be a team player. Being a team player may involve doing “scut” work. When the opportunity arises, volunteer to start IV’s, get lab test results, help with patient transfers, and arrange for patient transportation.
- You will be exposed to many variations on how to perform physical examinations, including shortcuts, omissions and legitimately different approaches.

PATIENT INTERACTION

- Introduce oneself to patients and their families and be prepared to describe the role and responsibilities of the physician assistant succinctly.
- Keep an open mind: Patients and families may bring different perspectives, values, and experiences to their health care. It is the student’s responsibility to cherish these values while providing the best care possible.
- Listen to the chief complaint: Patients will tell the provider much necessary information in most instances.
- Be genuine: The therapeutic relationship is built on open and caring interactions.
- Take the time to explain: Patients appreciate providers who spend time with them, explain in clear and unambiguous language, and acknowledge their feelings about what is happening.

MEDICAL KNOWLEDGE

- Know the patient case thoroughly: Students should know the illness history, pertinent physical findings, every lab result obtained or when it will be available, and the social and cultural situation of the patient.
- The time devoted to better understanding the social and cultural circumstances of the patient's life will do much to help the student understand how better to manage the patient.
- Be prepared and ready to learn: Students should know how to draw blood, insert intravenous lines, give shots, and suture lacerations before the first day of the first rotation. They should be an expert at these procedures by the last day of the first rotation.
- Students should observe as many diagnostic procedures and studies as possible, look at the imaging studies and electrocardiograms, and check the electrolytes and complete blood counts.
- Students should review all medications and understand the therapeutic purpose of each.
- Know diagnostic study results and ordering tests with attention to cost, risks, and benefits: Tests should confirm what is hypothesized based on a thorough history and physical examination.

PROFESSIONAL DEVELOPMENT

- Use time wisely: For example, if the student is waiting to present a patient case to the preceptor, completing the write up while waiting makes excellent use of time.
- Be reliable in all situations: The PA/physician has a far better view of what needs to be done and when than the student does.
- Be truthful in all situations: If the student indicates that she/he will do something, then she/he should DO IT! If the student did not do the rectal exam, indicate that it was “not done” rather than “deferred.” That would be falsifying medical records.

- Be helpful to others: Students can pull notes on patients, check diagnostic study results, prepare for procedures, and assist in other ways while serving as a member of the care team.

In-hospital activities: Start the day with "work" rounds before official rounds begin, by saying "hello" to patients and asking about any problems or questions, charting any events that occurred during the night, obtaining the results of consultations and studying attending physician recommendations. This will prepare you for your presentations to the physician.

PROGRAM REQUIREMENTS AND TRAINING

COMPLIANCE WITH UNIVERSAL PRECAUTIONS

The program recognizes that as students interact with patients during their clinical training, they will encounter the risk of exposure to infectious diseases. Safety is an important objective for the student and for patients. During the didactic phase of the program, each student receives training in accordance with the requirements of the Occupational Health & Safety Administration on Universal Precautions and learns appropriate methods of handling blood, tissues and bodily fluids as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients throughout the clinical year. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the rotation sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

GUIDELINES FOR STUDENT EXPOSURES

Seek medical treatment IMMEDIATELY and follow the procedure outlined below:

- Decontamination – vigorous flushing of mucous membranes, eyes and/or thorough hand washing.
- Immediately report incident to appropriate office or hospital personnel (and your preceptor) and follow established protocol.
- If no established protocol, seek treatment at the nearest Emergency Department.

Provide thorough and detailed history of incident to include:

- Date/time of incident and procedure being performed when the incident occurred
- Who assigned the duties
- Nature of the accident – how it happened
- Nature of the injury – puncture, scratch, bite, etc.
- Extent of injury – depth, amount of blood or fluid potentially injected or on exposed surface
- Medical record number of patient whose blood or fluid you were exposed to and any pertinent information known about the patient
- Personal protective equipment worn at the time of the exposure
- Decontamination/first aid provided at time of incident
- Name(s) of other personnel that witnessed incident
- Name(s) of personnel notified of incident

The clinical coordinator (740-376-4987) should be notified immediately of incident with a detailed history of the incident. The form for reporting incident is found on Moodle under “Clinical Year Assignments” (Appendix 2).

For more information go to:

http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf

Cost of testing and treatment following incident, if not covered by the facility or student’s health insurance, will be the responsibility of the student.

POLICIES AND PROCEDURES

HOW TO RESOLVE PROBLEMS

Clinical Phase

1. Initially, students should professionally discuss questions and/or issues regarding a clinical rotation with their preceptor(s).
2. If the question/issue is not resolved by discussion with the preceptor, the clinical coordinator should be contacted, who will attempt to resolve the problem and/or direct you to the faculty member assigned to that clinical rotation.
3. If the student does not feel that the question/issue has been addressed or the situation needs further review, it should be presented to the program director.

Do not allow small problems to turn into large problems, address issues immediately so they can be resolved quickly.

DRESS CODE AND PERSONAL APPEARANCE REQUIREMENTS

The intent of the dress code is to promote a professional atmosphere in the classroom while allowing the student maximal freedom in attire, as long as such freedom does not interrupt the educational process. The public respects health care professionals largely due to their expertise, education, and performance. The program believes that professional appearance and dress helps to maintain this respect. Personal hygiene is of the utmost importance and the student is expected to be clean and well-groomed at all times. All clothing must be clean, not ripped or torn, and devoid of advertising or slogans.

Dress code – clinical rotations

It is the responsibility of the student to dress appropriately during clinical rotations. Patient care areas are defined as any setting in which patients are examined, evaluated or rendered care by any means including both inpatient and outpatient settings.

- The student must always look professional (business casual).
- The student will dress in a conservative fashion.
- The student will wear a clean and pressed, white waist-length lab coat at all times.
- The student will always wear their Marietta College ID badge.
- The student’s body must be adequately covered. Inappropriate skin exposure includes the torso, back, shoulders, thighs, and cleavage.

- Inappropriate clothing includes camisoles, tank tops, anything denim, sweatshirts, belly shirts, low-riders, mini-skirts, anything transparent or see-through, and any stained, ripped, or torn clothing.
- The student's clothing should always be clean and pressed.
- Shoes should be comfortable and quiet.
- Nails should be short and void of colored polish. Acrylic nails are not permitted.
- Jewelry should be minimal. The only appropriate piercings are two per ear. No facial piercings are permitted.
- The student should attempt to conceal any offensive tattoos.
- Cologne/perfume is not appropriate in clinic.
- Make-up should be minimal.
- Hair should be clean and neat. Women should keep hair pulled back from face. Men should keep hair above the collar. Men should keep facial hair neatly trimmed.

Appearance and hygiene projects a professional image representing the student, the profession and the College. Students improperly attired and/or with poor hygiene can expect to receive a verbal warning from a clinical preceptor or faculty/staff member. A second infraction during the same rotation will result in a letter of concern and/or dismissal from the rotation until the student can appear in proper attire. Additionally, the student may be required to appear before the Progress and Conduct Committee.

PROFESSIONAL CONDUCT

Your professional conduct should be exemplary and professional at all times. Professionalism is one of the parameters your preceptor will be evaluating during your rotation. Please make an effort to establish friendly relationships with your preceptors and other healthcare professionals. Always be mindful of your conduct, you are constantly being observed by others.

ATTENDANCE

The student is expected to be in attendance daily and when asked, to be available to the preceptor which may include evenings and/or weekends. Students are expected to participate in scheduled clinics, hospital rounds, call, and any conferences or other activities assigned by your preceptor during the rotation. Family care and/or pets are not an excuse to miss time from rotational experiences so arrangements should be made ahead of time for these types of responsibilities. For holidays, students are expected to follow the schedule of their preceptor with the exception of scheduled program vacation.

If a student is not able to attend their rotation they must notify the clinical coordinator (740-376-4987) **AND** their preceptor immediately. An absence of two or more consecutive days will require a written excuse from a health care provider. Unexcused or extended absence will require that the student appear before the Progress and Conduct Committee and could jeopardize your continued enrollment in the program.

INCLEMENT WEATHER

Clinical Phase students should follow local and/or state postings regarding inclement weather. For less severe weather, clinical students should follow the policies of the rotation site. The student should discuss the possibility of inclement weather with the preceptor at the time of initial orientation.

Ultimately, students should exercise their own judgment concerning whether road conditions are safe enough for travel to the clinical site. If the student decides against attending a clinical site because of inclement weather, the student must call both their clinical preceptor and the clinical coordinator.

If weather conditions at the time of call back days are uncertain, the college and/or program will make every effort to arrive at a decision regarding delayed opening or closing due to inclement weather at the earliest possible time.

LEAVE OF ABSENCE

A leave of absence from the program may be granted by the program director for a specific period of time, if deemed necessary for medical or personal reasons. Reasons may include, but not limited to: family or personal medical leave, pregnancy, birth of a child, injury or disability. Requests for a leave of absence must be made in writing to the program director. Such students will be permitted to resume clinical rotations upon satisfactory resolution of the problem necessitating the leave of absence and will delay the student's graduation.

CLINICAL PHASE STUDENT TRAVEL, TRANSPORTATION AND HOUSING

Students are responsible for all transportation and housing expenses during rotations. Students should be aware that it is reasonable for clinical sites to be scheduled up to a one hour commute from their desired location. Additionally, a student may be required to relocate should a rotation site not be available in their geographically assigned area.

EMERGENCY CONTACT

During the clinical phase, students must give their preceptors and/or site (office) direct and current contact number(s) and get a direct number for both the preceptor and site (office).

OUTSIDE EMPLOYMENT

The program is an extremely intense and rigorous academic program. The program expects students to see their education as their primary responsibility and should not allow any outside activity to interfere with their ability to accomplish the requirements necessary as a PA student. Therefore, the program prohibits employment during the clinical phase rotations.

USE OF STUDENTS AS STAFF OR INSTRUCTIONAL FACULTY

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 clinical coordinator immediately for guidance (i.e.: working as a lab tech).

CLINICAL SITE ACQUISITION/EVALUATION & STUDENT MATCHING

Marietta College Physician Assistant Program is responsible for acquiring and matching all students to particular geographical regions for rotations. Students are asked to request a general geographical territory to minimize travel. The clinical coordinators will work hard to secure rotations within a reasonable radius from their location. The student must understand that this is

a request, not a guarantee. Ultimately the program's primary commitment is to provide students the opportunity for quality clinical experiences and to ensure compliance with ARC-PA standards. If these two objectives are met, consideration of individual student preferences will be accommodated.

The clinical coordinator will approve and assign all clinical rotations. Once assigned, students may obtain their rotation information (preceptor name and contact information) through the Typhon system.

A student request for a change in an assigned rotation **will only be** considered in rare circumstances pending review by the clinical coordinator and the program director. Difficulty finding housing, travel expenses, distance from family members or pets, or using the site to help secure future employment will not justify an assignment change. It is expected that students will accept their rotation schedules with professionalism and without complaint. Students are not permitted to set-up and/or change a rotation without consultation with the clinical coordinator.

Two weeks prior to the rotation start date, students need to make contact with the site and/or hospital to arrange a meeting time and location as well as receive site-specific information (regarding parking, badges, etc.). The student is responsible for completing any paperwork, drug/alcohol screens, additional background checks, etc., or obtaining training as required by assigned facilities. Any fees associated with placements are the individual students' responsibility.

EVALUATION AND TESTING

CLINICAL SITE/PRECEPTOR ASSESSMENT

The program uses several tools to help evaluate the clinical sites and the effectiveness of the curriculum. The following are involved in the evaluation process:

- Preceptor and/or site profile – the clinical coordinator obtains information on all prospective clinical sites. If the preceptor and/or site meet the program's criteria, the clinical coordinator will contact them to arrange the student placement.
- First/second week check-in – the clinical coordinator and/or assistant clinical coordinator will contact each student via phone or e-mail during the first and/or second week of the rotation to assess their progress.
- Student visits – each student will be visited by a PA faculty/staff member or designated regional coordinator in person or virtually (Facetime and/or Skype) a minimum of two times during their clinical year. The meeting will be with the student and/or the preceptor to discuss progression and other pertinent issues in and around the rotational experience.
- Student evaluation of site and preceptor – each student will complete a site/preceptor evaluation online via the College's instructional page, Moodle, at the conclusion of each rotation. This evaluation will help the program demonstrate the ability of the setting to strengthen the student's capacity to perform essential role responsibilities. It will also provide feedback regarding the effectiveness of the rotation, the effectiveness of the preceptor as a teacher, and the ability of the rotation to help the student understand defined principles and develop technical skills.
- Preceptor evaluation of student – at the completion of each rotation, the student's clinical preceptor completes a Preceptor Evaluation form. The form provides information about the student's performance along different parameters. The information provided for each student allows us to amass a global picture of the clinical and cognitive abilities of the entire class at specified points in time throughout the clinical year. (Appendix 5)

- Patient Encounter Tracking System – students are required to enter patient encounter data online through Typhon. Specifically, students enter data daily throughout the clinical year to record patient encounters. This documentation allows the program to evaluate the level of patient involvement, exposure to patient populations (infants, children, adolescents, adults, elderly) and specialities (women’s health, mental/behavioral health, surgical, inpatients, outpatients, ER) and quantify student skills learned. Students that inconsistently enter or falsify patient encounter data will lose points for their assignment grade and could possibly be dismissed from the program.
- Procedures – the program will monitor each student’s patient encounters throughout each rotation to ensure that the skill competency requirements are fulfilled. It is the students’ responsibility to note the skills/procedures that are required and listed as performed, or performed and/or observed, are satisfied. The skill competencies listed in **Performed Only** and the **Performed/Observed areas are required**. The program encourages you to approach your preceptor(s) about the opportunity to accomplish these competencies (whenever possible) during your rotation(s). (See Appendix 6).

The information derived from using these evaluation tools allows the program to make informed decisions regarding the quality of the clinical experience offered any one student, class or group of students over time.

The program wants all students to view their clinical rotations as a positive learning experience. Occasionally, problems and/or frustrations may develop – these are inevitable. **PLEASE** call the clinical coordinator or director for help, counsel, or advice regarding **ANY** problem. It is easier to help resolve an issue at the beginning rather than the end of a rotation.

Under no circumstances may a student change a rotation without **FIRST** contacting the program clinical coordinator to discuss the problems you are encountering. At that time the **program** will decide if the change requested is appropriate. The Progress and Conduct Committee automatically review violations of this policy.

STUDENT EVALUATION PROCESS (PRECEPTOR EVALUATION)

The process of student performance and evaluation is ongoing throughout each rotation for the entire clinical phase. At the completion of each rotation, the student’s clinical preceptor completes a Preceptor Evaluation form. The form provides information about the student’s performance along different parameters. The information provided for each student allows us to amass a global picture of the clinical and cognitive abilities of the entire class at specified points in time throughout the clinical year. (Appendix 5)

Any student who receives a mark(s) in the “Professional Attributes” section or other unsatisfactory rating(s)/grade on the preceptor evaluation may be brought before the Progress and Conduct Committee. Appearance will be at the discretion of the PA faculty.

Students are responsible for obtaining and submitting the following:

- Obtaining the “Preceptor Evaluation” form from Moodle then providing and reviewing it with their preceptor at the beginning and again at mid-point of each rotation.
- Arranging an exit interview with their preceptor to review their final preceptor evaluation form.
- Returning the completed preceptor evaluation form to the clinical coordinator at the conclusion of the rotation.
- Grades will not be assigned until this evaluation is received.

ROTATIONAL EXAMS

Rotational exams will be 90 questions.

Time limit for rotational exams will be 90 minutes.

- Must obtain a minimum grade of 70% on all rotational exams. If student receives below a 70%, the course coordinator will be responsible for the remediation plan.
- Upon successful completion of remediation the course coordinator will assign a percentage no higher than 70% for the exam portion of the rotational grade. If unsuccessful, student will come before the Progress & Conduct Committee.
- If a student's cumulative GPA falls below a 3.0 the student will be informed by mail that they are on academic probation. Students not receiving a 3.0 cumulative GPA at the completion of the program will not graduate.

OSCE (OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS)

During call back days (CBDs) students will be required to perform OSCEs as part of their rotational assignment grade. These pass/fail examinations will assess the students' clinical competence and skills. If not successfully passed, remediation will be required.

CALCULATING THE FINAL ROTATION GRADE

The final rotation grade for family medicine and all core rotations is derived from the following components:

Preceptor evaluation of clinical skills	45%
Rotation examination	45%
Rotation assignments/exams/tracking/evaluations	<u>10%</u>
	100%

The final rotation grade for the elective rotations is derived as follows:

Elective 1 preceptor evaluation of clinical skills	45%
Elective 2 preceptor evaluation of clinical skills	45%
Patient tracking/evaluations	<u>10%</u>
	100%

A student cannot progress onto a new rotation until the faculty/staff have documented successful completion of all the components of the final rotation grade.

GRADING SCALE

A	89.5 - 100%	4
B	79.5 - 89.4%	3
C	69.5 - 79.4%	2
D	59.5 - 69.4%	1
F	0 - 59.4%	0

**ROTATION ASSIGNMENTS
FOR ALL ROTATIONS**

<p style="text-align: center;">Patient tracking Email/phone contact with clinical coordinator Preceptor/site evaluation (50 points)</p>	<p>*Patient Encounters - Students are required to enter patient encounter data online using the Physician Assistant Student Tracking (PAST) online software provided by Typhon Group. Students must log on to the site http://www.typhongroup.net/marietta/. Encounters must be logged within 7 days of the patient encounter. Please enter data daily throughout the clinical year to record patient encounters.</p> <p>*Failure to submit tracking by the Monday following call back day will result in deduction of <u>2 points per day</u>.</p> <p>*1st week check in and submit rotation schedule to the clinical coordinator</p> <p>*24 hour reply to ALL emails/phone calls required</p> <p>*Only Marietta College accounts are to be used</p> <p>*Complete preceptor-site evaluation on Moodle prior to call back day. Failure to complete will result in an assignment grade of zero points.</p> <p>*Repeated failure to maintain contact with clinical coordinator and/or complete assignments will result in deduction of points and/or appearance before the Progress & Conduct Committee.</p>
<p style="text-align: center;">Assignments (50 points)</p>	<p>See page 57-60.</p> <p>*The assignment for the first call back day (CBD) will be a written case presentation in Word and a PowerPoint presentation.</p> <p>*For subsequent CBD assignments, students will either 1) compose clinical vignette questions, 2) complete Kaplan questions or 3) create a case based Power Point presentation with evidence based medicine (EBM).</p>
<p style="text-align: center;">Problem Focused Exams or Objective Structured Clinical Examinations (50 points)</p>	<p>*During CBDs students will be randomly scheduled to perform problem focused physical exams and/or objective structured clinical examinations (schedule to be provided at a later date).</p>

ROTATION ASSIGNMENTS (CON'T)

<p>Regarding all assignments – patient confidentiality is to be protected at all times. Patient names/initials are not to be used. The name of the facility and the preceptor should not be provided either. The document should be HIPAA compliant with no identifying information. A student will automatically “fail” if they do not maintain patient confidentiality.</p>	
<p><u>First Rotation Assignment Only</u> (July 15, 2016) (50 points total)</p>	<p>Type-written case and presentation on a new patient with one or more of the following diagnoses: hypertension, diabetes, COPD or hyperlipidemia. Must include ALL items in the case presentation:</p> <ul style="list-style-type: none"> • History of present illness “CLORIDPPA” • Past medical history • Family history • Social history • Review of systems • Physical exam • Assessment • Top 3 differential diagnoses • Results of diagnostics that were ordered • Treatment/plan <p>Case should be prepared in both a:</p> <ul style="list-style-type: none"> • Medical document format (Word) • Power Point presentation <p>Must incorporate evidence based medicine report into assignment, approximately, ½ page, double spaced – citing reference from both:</p> <ul style="list-style-type: none"> • At least 2 journals (<3 years old) • 1 reference text and/or clinical published guidelines <p><u>Assignment is to be uploaded into Moodle under “Clinical Assignments” one week prior to CBD. All students should be prepared to present their case to the class on CBD, if chosen.</u></p> <p>Failure to submit the write-up on time will be reflected in the evaluation grade as well as the professional behavior evaluation. (Refer to pages 59- 60 for the sample guidelines for the write-up).</p>
<p><u>Subsequent CBD Assignments</u></p> <p>Power Point presentation with evidence based medicine (50 points total)</p>	<p>Power Point presentation based on case with evidence based medicine (EBM) research:</p> <p>Create a 10 minute Power Point presentation (no smaller than 20 font) with 5 minutes for questions based on the written case in the suggested format:</p> <ul style="list-style-type: none"> • Present the case’s H&P (pertinent positives/negatives for the ROS, PMH and PE) • Provide results of diagnostics • Present at least the top 3 differentials and provide explanation as to why the patient may or may not have the diagnosis • Final assessment {diagnosis(es)} • Plan of treatment/management to include diagnostics, therapeutics, patient education

<p style="text-align: center;">OR</p> <p style="text-align: center;">Write 5 clinical vignette test questions specific to the rotation just completed (50 points)</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Complete 50 Kaplan questions (50 points)</p> <p style="text-align: center;">AND</p> <p style="text-align: center;">Problem focused physical examination (PFPE)/Objective structured clinical examinations (OSCE)</p>	<ul style="list-style-type: none"> • Incorporate approximately 5 or more full slides with evidence based medicine regarding some aspect of the case or disease. Provide any take home message or important things to consider that will help educate your fellow classmates. <p>EBM must be cited with references from both:</p> <ul style="list-style-type: none"> • At least 2 journals (< 3 years old) • 1 reference text and/or clinical published guidelines <p>The presentation should be uploaded into Moodle under “Clinical Assignments” one week prior to call back day. All students will present one time throughout the clinical year.</p> <p>Clinical vignette test questions:</p> <p>Must be in Word document in the correct format (see page 63-64) and reference from one of the following. Please include your name and rotation on the Word document before uploading into Moodle.</p> <ul style="list-style-type: none"> • Current series • Cecil • Harrison’s • Essentials of Musculoskeletal Care • Tintinalli’s <p>Students must be prepared to explain each correct and incorrect answer and be ready to discuss the question on call back day. Please write original questions. Questions can and may be submitted to “Turn-it-in.com” to check for plagiarism. A Turning Point presentation will be presented using selected student vignette questions. Questions should be uploaded into Moodle under “Clinical Assignments” one week prior to CBD.</p> <p>Kaplan Online Study Questions</p> <p>Your Marietta College email address has been submitted. To setup a password visit kaptest.com/password. Click on “Forgot your username or password,” enter your email address as your username and click the “Go” button. Your password will be automatically generated and sent to your inbox. Once you have password, go to www.kaplanmedical.com. It will be labeled with your course name, click on start button. Questions are categorized by organ system and task. Select questions you wish to test on. Must be completed one week prior to CBD.</p> <p>PFPE/OSCE:</p> <p>Each student will perform one problem focused physical examination and several objective structured clinical examinations on CBDs during the clinical year. Grading for these exams will be pass/fail. Students must successfully pass the PFPE/OSCE or remediation will be required. Upon successful completion of</p>
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(50 points)	remediation, student will receive 40 out of 50 total points.
A schedule will be created in advance as to what assignment you are responsible for, i.e. Power Point presentation, composing clinical vignette questions, or Kaplan questions. Schedule will also be provided listing the call back days for PFPE and OSCE.	

Clinical Vignette Question Format (please include your name and rotation on the document you submit for grading).

1. **Choose one of the following NCCPA organ systems** (refer to <http://www.nccpa.net/ExamsContentBPOrgans>, if you need organ system clarification):
Cardiovascular, pulmonary, endocrine, HEENT, infectious diseases, gastrointestinal/nutritional, genitourinary, musculoskeletal, neurologic system, psychiatry/behavioral, dermatologic, hematologic, reproductive
2. **List the organ system topic and the correct answer for the question and explain why the answer is correct and the other choices are incorrect**
3. **Choose one of the following NCCPA task areas** (refer to <http://www.nccpa.net/ExamsContentBPTasks>, if you need task area clarification):
History taking & performing physical examination, using laboratory and diagnostic studies, formulating most likely diagnosis, health maintenance, clinical intervention, pharmaceutical therapeutics, applying basic science concepts
4. **List your reference source from one of the following:**
Harrison's, Cecil's, Current series, Tintinalli's, Essentials of Musco Care (include edition number); new review books are permitted as references.
5. **List the page number(s) of the reference source**
6. **Choose 1 of the following course rotations:**
PASP 660 (FM I), PASP 661 (FM II), PASP 652 (Prenatal/GYN), PASP 650 (IM), PASP 657 (Psych), PASP 654 (ED), PASP 653 (Peds), PASP 651 (GS), PASP 655 (Ortho)

Example Question: The stem (question) plus 5 distracters (answers)

A 23-year-old female presents to your clinic for a pregnancy test and is found to be very pregnant. However, on exam, there is also an irritated appearance to the cervix and urethra. You perform a nucleic acid amplification from a culture swab that reveals C. Trachomatis. The patient reports a penicillin allergy. Which of the following is the treatment of choice for this patient's STI?

- a. Benzathine Penicillin (Bicillin LA)
- b. Doxycycline (Vibramycin)

- c. *Azithromycin (Zithromax)
- d. Metronidazole (Flagyl)
- e. Ciprofloxacin (Cipro)

1. Genitourinary
2. Topic: Chlamydia
Azithromycin is the treatment of choice for Chlamydial infection. Benzathine Penicillin is the treatment for syphilis. Doxycycline is not advised in pregnancy because of gray of teeth among other sequelae. Metronidazole is for fungus. Ciprofloxacin is a treatment for UTI.
3. Pharmaceutical therapeutics
4. Current Diagnosis and Treatment OB/GYN 11th Edition
5. Page 674
6. PASP 652 (Prenatal/GYN)

Question writing tips:

- Use patients you are seeing in clinic and modify. You already have a good start for everything you need...age, signs/symptoms, labs, etc
- Make the stem of the question clear enough that the reader will know the answer without looking at the options
- Make all answer options the same i.e.: all treatments, all medications, all diagnostic tests
- Include both the generic and trade names for drugs
- Do not use “but/except”, “which of the following are true/false” or multiple answer questions
- Do not use “in the above question” questions

SUMMATIVE EXAMINATIONS

As part of the PASP 693 Summative Assessment course, students are required to successfully complete (at the end of the clinical year) both a summative exam and problem-based practical exam(s). Students must pass the summative exam with a score of 70% or higher and pass problem-focused physical examinations with a score of 90% or higher. Failure to reach a 70% or higher on the summative exam and/or a 90% or higher on the problem focused physical exam(s) will require remediation and could delay graduation from the program.

PACKRAT EXAMINATION

The PACKRAT is a web-based examination used by the program to aid students in self-analysis of their clinical knowledge. The examination, based on the NCCPA blueprint, is given at the end of the first elective rotation and provides an assessment of individual student strengths and weaknesses.

KAPLAN

Kaplan is an online study tool provided by the program allowing students to customize their learning by selecting the topics they wish to focus on. Detailed score reports will help determine where the student needs to center their studies in preparation for the PANCE. Access to Kaplan is easy from any internet connection. Further instructions will be sent at a later date.

ASSIGNED READINGS

Each rotation has objectives, disease states/conditions, and procedures which require understanding for successful completion of the rotation, end of rotation exams and the Physician Assistant National Certification Exam (PANCE). Refer to www.nccpa.net. These are found in each individual course syllabi which are posted in Moodle. Your preceptor may assign additional readings for which you are also responsible. All of these readings enhance your understanding of the medical discipline in which you are participating.

PATIENT RECORDS/DOCUMENTATION

The student will **legibly** sign all notes and written documentation and/or identify him/herself dictating on a patient's record as "PA-S" (physician assistant student) following their signature/name. All written records are to be neat, well organized and legible. The student is to maintain and respect patient confidentiality at all times. Information identifying the patient must be deleted prior to handing in required H&P's, case studies and assignments. Students should ask preceptors/hospitals for permission prior to copying patient records.

PRESCRIPTIVE ACTIVITIES

As a student, you may **NOT** prescribe drugs or medications of any kind. State law requires a physician must sign all prescriptions. You may **NOT** sign a prescription for a physician. Should you have questions or need further clarification while on rotation, please contact the director or clinical coordinator.

MISCELLANEOUS

The student will respect the wishes of the patient if they choose not to have the student participate in their care. The student will promptly advise the program of any problems which seem to be distracting from the purpose of the rotation. The student will be familiar with rotation objectives. Students **cannot** change rotation sites or preceptors. This is only done by the clinical coordinator. Under no circumstances may a student change a rotation without **FIRST** contacting the program clinical coordinator to discuss the problems you are encountering. At that time the **program** will decide if the change requested is appropriate. The Progress and Conduct Committee automatically review violations of this policy.

PROMOTION, REMEDIATION, DISMISSAL AND GRADUATION

The ability of a physician assistant student to remain as a student, be promoted and to graduate from the program is the responsibility of the PA faculty and student.

The program has established the Progress and Conduct Committee to review a student's scholastic performance and personal suitability for a career in medicine and make appropriate recommendations pertaining to promotion, remediation, dismissal and graduation.

REQUIREMENTS FOR GRADUATION (PASP 693 SUMMATIVE ASSESSMENT)

The Master of Science in Physician Assistant Studies Degree is granted to all students who have successfully:

- 1) Completed the required curriculum of the program with a minimum grade of “C” in all courses, and
- 2) Attained a cumulative grade point average of 3.00 or higher, and
- 3) Have satisfactorily passed the comprehensive exam at the end of the didactic phase with a score of 65% or higher to have proceeded into the clinical phase of the program, and
- 4) Satisfactorily passed the summative exam at the end of the clinical phase with a score of 70% or higher, and
- 5) Satisfactorily passed the problem-focused physical exams at the end of the clinical phase with a score of 90% or higher.

The successful completion of the above requirements demonstrates that the student has met the minimum requirements for graduation from the Marietta College Physician Assistant Program and is a candidate suitable to sit for the Physician Assistant National Certification Examination.

Students who fail to meet all promotion criteria may either be dismissed from the program, or be required to remediate any deficiencies at the discretion of the Progress and Conduct Committee.

Promotion and graduation is based on *both* academic and professional growth and development. The student must demonstrate acceptable levels of maturity, integrity, and other attitudes and behaviors expected of health professionals. The student must be free of any impediments to licensure or to performance as a physician assistant. Failure to meet these requirements will jeopardize continued enrollment in the program or graduation from the program.

SCHOLASTIC PERFORMANCE

Note: within the meaning of these guidelines, a course is defined as a subject listed in the catalog under a specific name and number, with a designated number of credit hours and for which registration will be required. It will apply to both the didactic and clinical phases of the program curriculum.

- 1) **Students are required to maintain a CUMULATIVE GPA of 3.0 or higher THROUGHOUT the program to be considered in good academic standing AND to graduate from the program. Students with a cumulative GPA falling below the 3.0 requirement will be notified by letter at the semester completion explaining they are on academic probation.** Subsequently, when the student’s cumulative GPA rises above 3.0 they will be notified by letter stating they are no longer on academic probation.
- 2) Assignment of a course grade below a “C” is considered a failing grade. Students receiving a failing grade (“D” or “F”) will be immediately notified by letter that they are on academic probation and referred to the Progress and Conduct Committee for evaluation. Students receiving a failing grade are not eligible to proceed in the program until the deficiency has

been removed. A student who receives a failing grade in one course may remove the deficiency in a manner satisfactory to the program (Remediation Policy). A failing grade obtained during a clinical rotation may require the student to repeat the specific rotation at the conclusion of the clinical year, thus delaying completion and graduation from the program.

- 3) **A student receiving two or more failing grades (original or repeated course work), either in the didactic and/or clinical phase of the curriculum, is automatically dismissed from the program.**
- 4) Any student receiving a failing grade (“D” or “F”) on a repeated course will be notified by the program director of their dismissal from the program. A student dismissed for academic reasons has fifteen (15) days to appeal in writing any adverse decision to the Graduate Council. The Graduate Council will hear the graduate student’s case and make a recommendation to the Provost who can affirm or overturn the decision. There is no appeal of the Provost’s decision ([Grievance Procedure page 36](#)).
- 5) A student cannot, without written permission from the program director, withdraw from any course in the PA Program curriculum. However, students in good standing may request a leave of absence for personal/health reasons. The Provost, on the recommendation of the program director, is empowered to grant such a leave for a specific period of time.

REMEDIATION POLICY

The program is academically very intense and challenging. Most students can accomplish this highly integrated and compact curriculum maintaining a high degree of academic excellence. Students who may ultimately become quality PAs may not be suited to this intense curriculum given their individual skills and/or special situations. Thus, the program has developed the “Remediation Policy” which will allow students to remediate only one course, should a failing grade be achieved.

If a failing grade is received in an individual course, the student will be allowed to take a comprehensive exam for that course at the end of the semester. If the student does not pass the comprehensive exam, the student will be allowed to re-enroll in the course the following year that the course is offered. Students cannot progress to any other courses until the failed course has been remediated. The student must audit all other courses during the semester that they repeat a failed course. The student must obtain a grade of “C” or better in the repeated course in order to progress through the program. The student will be responsible for the full cost of the repeated course.

After successful remediation of the repeated course, any additional failing course and/or rotation will result in the automatic dismissal from the program. Questions regarding this policy should be addressed to the program director.

ACADEMIC DISHONESTY

Dishonesty within the academic community is a very serious matter, because dishonesty destroys the basic trust necessary for a healthy educational environment. Academic dishonesty is any treatment or representation of work as if one were fully responsible for it when it is in fact the work of another person.

Academic dishonesty includes cheating, plagiarism, theft or improper manipulation of laboratory or research data. A substantiated case of academic dishonesty may result in disciplinary action, including a failing grade on the project, or failing grade in the course, or expulsion from the College.

Plagiarism is one specific example of academic dishonesty that is often misunderstood by students. Plagiarism is defined as “the unauthorized use or close imitation of the language and thoughts of another author and the representation of them as one’s own original work.” Appropriate paraphrasing and proper referencing are necessary to avoid plagiarism. As a student you will have access to electronic and printed materials which are the “intellectual property” of others. The distribution or presentation of these materials, whether or not copyrighted and including both electronic and print formats, without appropriate citation will be considered plagiarism. Falsification of any program documents (Typhon, preceptor evaluations, site evaluations, case studies, etc.) is a violation of academic dishonesty and professionalism of a physician assistant student.

In order to deter plagiarism and ensure appropriate use of resources in student research and learning, Marietta College subscribes to a plagiarism prevention service, www.turnitin.com. Faculty may request that students submit their written work to the service to ensure that others’ ideas are cited appropriately.

In cases of suspected academic dishonesty and/or violation of professional conduct, the instructor is advised to consult with the program director and, if deemed necessary, with the Provost. If it is determined that academic dishonesty and/or professional misconduct has occurred, it is the responsibility of the instructor to notify the program director who will then notify the Provost.

Students have the right to appeal any penalties imposed for academic dishonesty or professional misconduct ([Grievance Procedure page 36](#)).

PERSONAL APTITUDE FOR MEDICINE

Awarding the Master of Science Degree in Physician Assistant Studies is predicated on the determination by the faculty that a student is suitable for the practice of medicine in terms of his/her personal characteristics and conduct, as well as scholastic achievement. Academic grades alone are not sufficient to warrant promotion to the next class, clinical phase or graduation. The faculty reserves the right to dismiss any student when the student's behavior is not in keeping with the standards of the medical profession or when the student's presence in the program is considered detrimental to the student in question, the other students in the school, or to society in general.

NCCPA

National Commission on Certification of Physician Assistants is the credentialing organization for physician assistants at <http://www.nccpa.net>. Students may access the web site for information about the certification process, licensing and credentialing, continuing medical education, etc. The program will discuss the process for taking the PANCE exam in early spring of the clinical phase.

SAMPLE PATIENT CASE WRITE-UP

WRITTEN RECORD

- It is important to be logical and orderly when documenting a patient's history and physical. Consistency is very important.
- As a student, it is often difficult to decide pertinent information from non- important information so it is best to document all data even if it seems unimportant.
- Remember, **if it is not documented it was not done.**
- Always use medical terminology when documenting, unless quoting a chief complaint, i.e. "dyspnea" instead of "can't catch breath".
- Be objective. Personal comments and subjective statements have no place in a patient's chart.
- HPI needs to tell a story. Does it make sense? Does it flow? All events should be incorporated chronologically.
- Refer to the *Medical History & Physical Examination Format Booklet* for content and form. (Access in Moodle under PA Resources)

ORAL CASE PRESENTATIONS

This is the main mode of interaction between a student and a preceptor. It is also a skill that develops with time and practice.

Most case presentations should average between 3 to 7 minutes.

Try not to use notes.

This is a concise summary of the patient's most pertinent history and physical examination findings as well as test results. If you are discussing lab or ancillary test results, have all pertinent results with you for review.

This should be arranged in the same format as a written note with emphasis on the HPI, assessment and plan.

Identifying information/CC

HPI

PMHx

FHx

SHx

ROS

PE

Assessment

Plan

IDENTIFYING INFORMATION/CHIEF COMPLAINT

- Identify patient by age, race (if relevant), sex, and chief complaint.

(i.e.; Mrs. Smith is a 43 year old female admitted through the ED last night with the c/c "a

swollen left leg”)

- If the patient was not able to provide the history, it is appropriate to comment on this at this time.

(i.e.: Mr. Jones is a 96 year old male admitted by Dr. Pill for confusion. The history was given by the patient's daughter, Mary Lee who is power of attorney)

HPI: HISTORY OF PRESENT ILLNESS

- This is probably the most important part of the case presentation. It should summarize all important medical facts concerning the patient's chief complaint. It should be complete but brief and state in chronological order the reason for the patient's visit. Utilize old records if needed.
- Should start the HPI with a statement regarding the patient's basic background health in relation to the onset of problems.

(i.e.: Mrs. Smith was at her normal state of good health until she developed pain and swelling of her left leg 2 days ago or Mr. Jones has a 7 year history of confusion related to his elevated ammonia levels due to chronic liver failure).

- Any pertinent PMHx should be summarized here in as much detail as possible. Especially important in complicated conditions that have required various treatments.

(i.e.: cancer -surgery, chemo, radiation treatment, CAD -bypass, cauterization, and rehab)

- Following a description of the patient's symptoms, a brief statement should be mentioned as to why the patient is seeking medical treatment at this time.
- Include the patient's pertinent positive and negative symptoms. A good rule of thumb is that most of the questions asked in the ROS for the given organ system in question should be included in the HPI.
- Finally, discuss other medical conditions or risk factors that may be relevant to the patient's HPI.

(i.e.: Mrs. Smith's BMI is >30, she leads a sedentary lifestyle, smokes 2 ppd and was started on BCP's 2 months ago). For pediatric patients, it is appropriate to mention the mother's pregnancy (complications) and birth history, as well as development.

PMHx: PAST MEDICAL HISTORY

- Only discuss the most pertinent past medical conditions in case presentations
- If illnesses or surgeries are not important don't mention them with the exceptions of cancer, diabetes, heart disease, and hypertension. These can be mentioned even if not present.
- All medications should be discussed with dosages. Trade names are accepted but be ready to give the generic if asked.
- Allergies and reactions should be mentioned.
- Always mention if there is a chance a female may be pregnant.
- Pediatric patients it is important to mention immunization history.

FHx: FAMILY HISTORY

- Only mentioned if it has a direct bearing on the patient's problem or if there is truly an inheritable disease.

SHx: SOCIAL HISTORY

- Usually only alcohol, tobacco, and drug use is mentioned unless something else is pertinent.

ROS: REVIEW OF SYSTEM

- If something pertinent is revealed in the ROS that relates to the patient's chief complaint, it should always be given in the HPI. Other "positives" should be presented in the case presentation only if the symptom needs medical attention currently.

PE PHYSICAL EXAM

- 80-90% of the PE should be presented. Pertinent physical findings should be described in as much detail as possible.
- Always begin with a general description of the patient's overall status.
- Include complete vital signs. Do not say "vital signs are normal"
- Present pertinent PE findings in a regionally organized manner

LABORATORY/ANCILLARY TESTS

- Pertinent lab values/ancillary tests are presented at the end of the PE. Remember to have all results ready for review if asked.

ASSESSMENT

- Statement of patient's main problems/diagnosis.
- List each problem, if multiple, starting with the most severe. Some preceptors may want possible differential diagnosis here.

PLAN

- Difficult to establish this without experience but helpful to present in parts.
- May be listed in 3 parts
 1. Diagnostic tests -include future lab tests, ancillary tests, consults
 2. Therapeutic plans -treatment plan i.e.; medications, surgery, discharge, etc.
 3. Patient education -documentation that the medical team has communicated the condition and care plan with the patient and any family members. This should include any medical-legal documentation if needed (informed consent).

PROGRESS “SOAP” NOTES

The progress/SOAP note is the daily note in the hospital chart that updates the clinical progress of the patient. The note should summarize the patient's condition and recent lab/ancillary test results and document the future care plan for the patient.

S: Subjective data

How the patient feels today. Any complaints. Can be written in patient's own words "I feel better"

O: Objective data

Pertinent physical exam findings that relate to the acute conditions. Include pertinent labs/ancillary test results/consults

A: Assessment

Statement of patient's main problems/diagnosis.

List each problem, if multiple, starting with the most severe.

P: Plan

List each problem, if multiple may be listed in 3 parts

1. Diagnostic tests -include future lab tests, ancillary testing, consults
2. Therapeutic plans -treatment plan i.e.; medications, surgery, discharge, etc.
3. Patient education -documentation that the medical team has communicated the condition and care plan with the patient and any family members. This should include any medical-legal documentation if needed (informed consent).

S: Abdominal pain "a little better". "I vomited 3 times last night"

O: Temp: 99.8°F Pulse 90bpm Resp 18 bpm BP right arm 140/84 General: Alert and oriented. Resting comfortably. Heart: RRR no gallop, murmur, rubs Lungs: CTA bilaterally ABD: +BS all 4 quadrants, soft to palpation with tenderness RUQ and + Murphy sign. No rebound or guarding Amylase 326 U/s report today (date) showed thicken wall with sludge and stones

A: #1 Cholelithiasis #2 Emesis secondary to # 1

P: DX -HIDA scan today

TX -Phenergan for emesis; surgical consult

Ed -discussed possible need for cholecystectomy with patient. Discussed potential risks and complications with patient and her daughter, Mary Sprouse

(Date and Signature)

WRITING A PRESCRIPTION

A student may not prescribe drugs or medications of any kind. State law requires all prescriptions must be signed by a physician. Students may not sign a prescription for a physician or fill out pre-signed scripts. Students may, however, fill out prescriptions to be reviewed by the preceptor and must keep in mind the following when doing so.

Always consider the patients age, co-morbid illnesses (i.e. renal disease), other medications (including over-the-counter medications), allergies, and cost of the medication.

Always write legibly. Print if you have to.

Include the date prescription is written with patient's name and address.

COMPONENTS OF A PRESCRIPTION

"Inscription"

- Write out name of the drug, may be in trade or generic name, no abbreviations.
- Generic drug may be substituted automatically to reduce cost. If you do not want the generic drug dispensed write the trade name and "dispense as written" (or DAW), or "no substitution".
- Dosage of the medication written in metric units (grams, milliliters, etc.).
- Always be careful when placing decimal point.
 - Never place decimal point first (i.e.: wrong .5 mg/correct 0.5 mg)
 - Never use a trailing "0" (i.e.: wrong 1.0 mg/correct 1 mg)
- Never use "U" for units, may be mistaken for a 0.

"Subscription"

- Quantity to be dispensed.
- Noted in either Arabic numerals (i.e.: #60) or written out (i.e. sixty).
- For narcotics, it is required to use both (i.e.; #15 -fifteen)

"Signature" or "sig."

- Directions for use or how the drug is to be taken.
- Also known as "label".
- Be complete and specific.
- Avoid "use as directed" patients will not remember.
- It is also helpful to put what the medication is for especially in elderly patients.
- Be sure to mark number of refills (Date and Signature)

RULES FOR DISPENSING MEDICATION

For an acute illness, only give enough medication for the single course of therapy.

If the drug is a new prescription for the patient, dispense a small amount at first as to make sure the patient will tolerate the medication.

If the drug is one the patient has been on and is tolerated well and will be used for long- term treatment, dispense large quantity (typically 3 month supply) which will be cheaper for the patient to fill.

If you are worried about compliance with follow-up, only dispense enough to last patient until next visit.

If patient is suspected of suicide intent follow your preceptor's clinical site protocol.

OPERATING ROOM ETIQUETTE

It is important to know some key points of etiquette associated with working in an operating room in order to effectively assist in the surgery and to maintain the sterile field. Before starting the surgical rotation, please review the following:

- Prior to scrubbing in on any surgery, first, introduce yourself to the Scrub Nurse and the OR Circulating Nurse. Notify them of all cases that you are assigned to during the rotation.

- Know what size sterile gloves you wear. If you don't know, a general guideline is: size 6 = small, size 7 = medium and size 8 = large.
- Be ready to assist in moving or positioning the patient on the operating table or prepping the patient for surgery.
- Do not wear your beeper while in the surgical suite. If you are on-call, identify someone to receive your pages and relay the information to you.
- Take off all jewelry prior to surgery and store your valuables appropriately.
- Before scrubbing, safely secure your OR mask, cap and eyewear. Remember that once your sterile gloves are on you cannot touch your eyeglasses.
- Make sure you scrub thoroughly. As a general rule, never finish scrubbing before the attending surgeon(s).
- Stand out of the surgical sterile field until you are instructed on where to stand.
- Learn the names and identity of surgical instruments.
- Never reach for or pass instruments unless specifically told.
- In case of contamination of your own gown or gloves, announce that you are no longer sterile and then step out of the surgical field.
- Always follow instructions.

ADMISSION NOTE

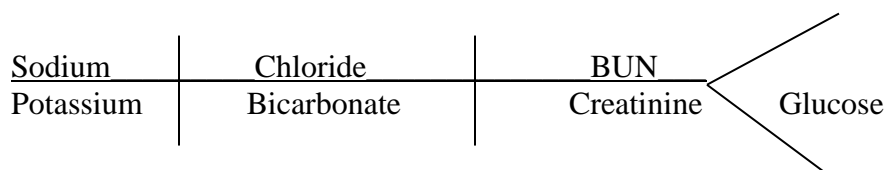
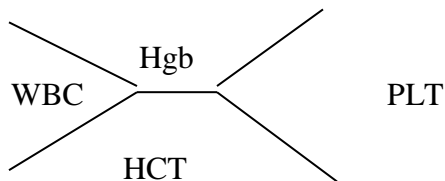
A.D.C. VAAN DIML

- Admit to (floor, room #, ICU, CCU) Dr. (attending/person legally responsible for the patient's care, also include resident's/intern's/covering physician's name)
- Diagnosis -list admitting diagnosis
- Condition -stable, critical, fair, poor, guarded
- Vitals -determine the frequency of vitals
- Activity - bedrest, bathroom privileges, as tolerated
- Allergies -list any drug, food, environmental reactions or allergies
- Nursing procedures -bed positions, preps (enemas, shower), respiratory care (P&PD- percussion & postural drainage), dressing changes, wound care (wet-dry, Betadine), notify physician if (temp>102°F)
- Diet -NPO, clear liquids, ADA
- Ins and outs -refers to all tubes
 - Daily I&O what went in and what came out**
 - IV fluids -type and rate**
 - Drains -NG to low suction, Foley to gravity**
- Medications -include medication, dose, frequency, special instructions i.e. take with food. Write legibly and DO NOT abbreviate.
- Labs -indicate studies and specify times desired this includes EKG, x-rays, consultations

DISCHARGE SUMMARY

- Date of admission
- Date of discharge
- Admitting diagnosis
- Discharge diagnosis
- Attending physician/service caring for patient
- Referring physician (address if available)
- Procedures
- Brief history, pertinent physical and lab data -summarize the most important points
- Hospital course -briefly summarize the evaluation, treatment, and progress of the patient during the hospitalization
- Condition at discharge -improved, unchanged
- Disposition -where was the patient discharged to? i.e., home, nursing home, if transferred to another facility try and give address and name of accepting physician
- Discharge medications -list medications, dosage, refills
- Discharge instructions/follow-up -diet, activity, restriction, appointment date
- Problem list -list active and past medical problems

SHORTCUTS FOR DOCUMENTING LABS



Competencies for the Physician Assistant Profession

Appendix 1

Preamble

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

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

Introduction

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

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies¹ for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning, professional growth and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.

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

PHYSICIAN ASSISTANT COMPETENCIES

Vers. 3.5 (3/22/05)

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

MEDICAL KNOWLEDGE

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

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

INTERPERSONAL & COMMUNICATION SKILLS

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

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- appropriately adapt communication style and messages to the context of the individual patient interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group

- apply an understanding of human behavior
- demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

PATIENT CARE

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

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

PROFESSIONALISM

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

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- responsiveness to the needs of patients and society
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- self-reflection, critical curiosity and initiative

PRACTICE-BASED LEARNING AND IMPROVEMENT

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate and improve their patient care practices. Physician assistants are expected to:

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

SYSTEMS-BASED PRACTICE

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

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

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**MARIETTA COLLEGE PHYSICIAN ASSISTANT PROGRAM
COMPLIANCE WITH UNIVERSAL PRECAUTIONS**

Guidelines for Student Exposures:

Seek medical treatment immediately and follow the procedure outlined below:

- Decontamination – vigorous flushing of mucous membranes, eyes and/or thorough hand washing.
- Immediately report incident to appropriate office or hospital personnel and follow facility established protocol.
- If no established, protocol, seek treatment at the nearest Emergency Department.

To be filled out by student exposed:

Name of student Click here to enter text.

Date/time of incident: Click here to enter text.

Who assigned the duties: Click here to enter text.

Briefly describe the nature of the accident (how it happened):

Click here to enter text.

Nature of the injury: Choose an item.

Extent of injury – (depth, amount of blood or fluid potentially injected or on exposed surface):

Click here to enter text.

Medical record number of patient:

Click here to enter text.

Personal protective equipment worn at time of exposure:

Click here to enter text.

Decontamination/first aid provided at time of incident:

Click here to enter text.

Name(s) of other personnel that witnessed incident:

Click here to enter text.

Name(s) of personnel notified of incident:

Click here to enter text.

MCPA Program Professionalism Self-Assessment

NAME _____

DATE _____

1= not at all \longrightarrow 5= consistently met***Attendance***

I attended all class sessions as required 1 2 3 4 5

Timeliness

I came to class/lab/informational sessions on time 1 2 3 4 5

I submitted assignments in a timely fashion 1 2 3 4 5

I submitted other required paperwork on time
(lab results, immunizations etc.) 1 2 3 4 5***Preparation and Participation***

I came to class/lab prepared 1 2 3 4 5

I contributed significantly to class/lab 1 2 3 4 5

AttireI wore appropriate attire in class/lab as per
program policy 1 2 3 4 5***Behavior***

I demonstrated respect to instructor/faculty/staff 1 2 3 4 5

I demonstrated respect to classmates 1 2 3 4 5

I conducted myself in an honest, ethical,
and professional manner 1 2 3 4 5I demonstrated sensitivity and responsiveness
to the culture, gender, age, disabilities,
and ethnicity of others 1 2 3 4 5If necessary, I recognized and took action
to get beyond my shy personality and became
appropriately assertive in my interactions
with others. 1 2 3 4 5 NA

Commitment to Learning

I accepted responsibility for educational challenges and sought learning and/or remediation when necessary	1	2	3	4	5
--	---	---	---	---	---

Feedback

I accepted constructive feedback and when necessary, adapted my behavior appropriately	1	2	3	4	5
--	---	---	---	---	---

Personal Responsibility

I demonstrated an ability to work and function as part of a team	1	2	3	4	5
--	---	---	---	---	---

I followed through on tasks and commitments	1	2	3	4	5
---	---	---	---	---	---

I established positive rapport with others	1	2	3	4	5
--	---	---	---	---	---

Professional Responsibility

I demonstrated flexibility, adaptability, and tolerance for change	1	2	3	4	5
--	---	---	---	---	---

I adhered to Program and School policies and procedures	1	2	3	4	5
---	---	---	---	---	---

I adhered to academic integrity	1	2	3	4	5
---------------------------------	---	---	---	---	---

I maintained confidentiality standards	1	2	3	4	5
--	---	---	---	---	---

I have been committed to the ethical principles of the PA profession	1	2	3	4	5
--	---	---	---	---	---

I took initiative	1	2	3	4	5
-------------------	---	---	---	---	---

I demonstrated appropriate self-confidence	1	2	3	4	5
--	---	---	---	---	---

I refrained from any impulsive, reactive behavior when frustrated or angry	1	2	3	4	5
--	---	---	---	---	---

GUIDANCE DOCUMENT: Permissible Physician Assistant Services

Effective October 15, 2015

PHYSICIAN ASSISTANT SERVICES

Pursuant to a supervision agreement between the supervising physician and physician assistant, a physician assistant may perform the following services. The following listing of services is not meant to be all inclusive, but is offered for information purposes.

Section 2133.211, Ohio Revised Code (hereinafter "ORC")

A physician assistant may take any action that an attending physician may take in regards to a Do Not Resuscitate order, if the action is taken pursuant to a supervision agreement entered into under Section 4730.19, ORC, including, if applicable, the policies of a health care facility in which the physician assistant is practicing.

Section 2151.3516, ORC

A physician assistant is a "hospital employee," as defined in Section 2151.3515(E), ORC, while acting in an official capacity, for the purposes of taking possession of a child who is thirty days old or younger if that child's parent has voluntarily delivered the child to that person without the parent expressing intent to return for the child.

Section 3727.06, ORC

A physician assistant may admit patients to a hospital under the conditions specified in Section 3727.06, ORC.

- The physician assistant must be listed on a supervision agreement with a physician or podiatrist who is a member of the hospital medical staff;
- The patient will be under the medical supervision of the supervising physician;
- The hospital has granted the physician assistant admitting privileges and appropriate credentials;
- Prior to admitting the patient, the physician assistant must notify the supervising physician of the planned admission.

Section 4503.44, ORC

A physician assistant is recognized as a "health care provider" for purposes of submitting a statement concerning a person's disability for purposes of the person's application for registration of a vehicle by a person limited or impaired in the ability to walk and/or for a windshield placard.

Section 4730.03, ORC

- When authorized to do so by the supervising physician and, if applicable, by the policies of the health care facility in which the physician assistant practices, the physician assistant may order or direct the execution of a procedure or technique by a registered nurse or licensed practical nurse in the care and treatment of a person.
- When authorized to do so by the supervising physician, the physician assistant may perform routine visual screening, provide medical care prior to or following eye surgery, or assist in the care of diseases of the eye.

Section 4730.04, ORC

In a disaster or emergency, as defined in the section, a physician assistant licensed in Ohio or another state or authorized to practice by the federal government may provide services under the supervision of the physician designated as the medical director of the disaster or emergency.

Section 4730.20, O.R.C.

- (A) A physician assistant may perform any of the following services authorized by the supervising physician that are part of the supervising physician's normal course of practice and expertise:
- (1) Ordering diagnostic, therapeutic, and other medical services;
 - (2) Prescribing physical therapy or referring a patient to a physical therapist for physical therapy;
 - (3) Ordering occupational therapy or referring a patient to an occupational therapist for occupational therapy;
 - (4) Taking any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code, as specified in section 2133.211 of the Revised Code;
 - (5) Determining and pronouncing death in accordance with section 4730.202 of the Revised Code;
 - (6) Assisting in surgery;
 - (7) If the physician assistant holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority, ordering, prescribing, personally furnishing, and administering drugs and medical devices according to the Physician Assistant Formulary approved by the Medical Board. *(See GUIDANCE DOCUMENT: Physician Assistant Prescriptive Authority, effective October 15, 2015, for more detailed information);*
 - (8) Any other services that are part of the supervising physician's normal course of practice and expertise. *(But see discussion of Rules 4731-18-03 and 4731-18-04, Ohio Administrative Code (hereinafter "OAC") and Section 4773.02, ORC, in this document.)*

Section 4730.20, O.R.C. continued

(B) The services a physician assistant may provide under the policies of a health care facility are limited to the services the facility authorizes the physician assistant to provide for the facility.

- A facility shall not authorize a physician assistant to perform a service that is prohibited under Chapter 4730, ORC.
- A physician who is supervising a physician assistant within a health care facility may impose limitations on the physician assistant's practice that are in addition to any limitations applicable under the policies of the facility.

Section 4730.201, ORC (Formerly Section 4730.091)

A physician assistant may administer, monitor, or maintain local anesthesia as a component of a procedure the physician assistant is performing or as a separate service when the procedure is performed by the supervising physician or another person.

- A physician assistant may not administer, monitor, or maintain any other form of anesthesia, including regional anesthesia or any systemic sedation.

Section 4730.202, ORC (Formerly Section 4730.092)

A physician assistant may determine and pronounce death under specific situations in specific locations.

- The physician assistant may not sign the death certificate;
- The physician assistant must notify the individual's attending physician within a reasonable period of time not to exceed 24 hours following the determination and pronouncement of death.

Section 4730.203, ORC

In accordance with a supervision agreement, a physician assistant may delegate to any person the performance of a task to implement a patient's plan of care, or, if the conditions in 4730.203(C) are met, may delegate administration of a drug.

- The physician assistant must be physically present at the location where the task is performed or drug is administered;
- Delegation of administration of drug:
 - The physician assistant must have physician-delegated prescriptive authority.
 - The drug must be on the physician assistant formulary.
 - The drug may not be a controlled substance.
 - The drug may not be administered via IV.
 - The delegation of a drug may not occur in a hospital inpatient care unit, hospital emergency department, freestanding emergency department, or ambulatory surgical facility.
 - The delegation must be in compliance with the rules promulgated by the Medical Board.

Section 4761.17, ORC

A person who holds a license or permit issued by the Respiratory Care Board may practice pursuant to an order or prescription issued by a physician assistant who holds a valid prescriber number and has been granted physician-delegated prescriptive authority, and under the supervision agreement is allowed to prescribe or order respiratory care services. The medication prescription or order must be authorized by the Physician Assistant Formulary.

Section 4761.11, ORC

A person who is employed as a certified hyperbaric technologist and meets other requirements including holding current certification as a hyperbaric technologist may administer hyperbaric oxygen therapy under the direct supervision of a physician assistant.

Section 5123.47, ORC

A prescription from a physician assistant is acceptable to implement home care by an unlicensed home-care worker.

Rules 4731-18-03 and 4731-18-04, OAC

A physician may not authorize a physician assistant to use light based medical devices other than in compliance with Rules 4731-18-03 and 4731-18-04, OAC. Accordingly, the only light based services a physician assistant may perform are the following:

- Laser hair removal in compliance with Rule 4731-18-03, OAC;
- The application of light based medical devices approved by the FDA for phototherapy in treatment of hyperbilirubinemia in neonates; and
- The application of a light based medical device that is an FDA approved fluorescent lamp phototherapy device for treatment of psoriasis and similar skin diseases.

Section 4773.02, ORC

A physician assistant is **not** authorized to provide radiologic services unless the physician assistant also holds an appropriate license issued by the Ohio Department of Health.

Various other sources of authority

The medical examination for such purposes as a child attending a licensed day care center, attending a family child care home, or absence from school or the medical examination required to become an employee or volunteer of such a business or to become a foster parent may have been conducted by a physician assistant.

Some ordinances requiring an examination prior to a person being employed as a peace officer by a municipality specify that the examination may be conducted by a physician assistant.

GUIDANCE DOCUMENT: Physician Assistant Prescriptive Authority

Effective 10/15/15

The following information is provided as guidance, and may not reference all statutes and rules that specifically authorize physician assistants to perform services.

In general:

1. In order to prescribe, the physician assistant must have both of the following:
 - A license to practice issued by the State Medical Board of Ohio that includes a valid prescriber number; and
 - Have been authorized to prescribe by the supervising physician. Section 4730.41, Ohio Revised Code (hereinafter "ORC.")
2. Until on or about December 15, 2015, the Medical Board will continue to issue certificates to practice and provisional and full certificates to prescribe. On or about December 15, 2015, all physician assistants who hold both a certificate to practice and either a provisional or full certificate to prescribe will receive a license to practice that includes a valid prescriber number.
3. The prescribing of drugs must be in compliance with the Physician Assistant Formulary approved by the Medical Board.
4. The prescribing of Schedule II controlled substances must be in compliance with Section 4730.411, ORC.
5. The personally furnishing of drugs and therapeutic devices and samples of drugs and therapeutic devices must be in compliance with Section 4730.43, ORC.
6. The delegation of the administration of drugs to an unlicensed person must be authorized in the supervision agreement and be in conformance with Section 4730.203, ORC, and the applicable rule adopted by the Medical Board. The delegation authority that a supervising physician may grant to a physician assistant must be consistent with Rules 4731-23-02 and 4731-23-03, OAC, until such time as the physician assistant delegation rules are effective.
7. The physician assistant must obtain DEA registration in order to prescribe controlled substances.

Section 3701.048, ORC

A physician assistant with a valid prescriber number may administer, deliver, or distribute drugs, other than Schedule II and III drugs, according to an Ohio Department of Health protocol during a period of emergency that affects the public health. The emergency must be declared by the

Governor. The Director of the Ohio Department of Health must identify the one or more protocols to be implemented and the period of time during which the one or more protocols are effective.

Section 4730.11, ORC

1. A license as a physician assistant includes prescriptive authority if the applicant meets one of the following options:
 - a. Has either an ARC-PA master's or an ARC-PA degree other than a master's AND a master's or higher degree with clinical relevancy to physician assistant practice from a program accredited by a Council for Higher Education Accreditation (hereinafter "CHEA") recognized agency.
 - b. Holds a valid license or authority to practice as a physician assistant, including prescriptive authority, issued by another jurisdiction and has been in active practice in any jurisdiction through the three-year period immediately preceding the date of application; or
 - c. Holds an ARC-PA degree **and one** of the following:
 - Experience practicing as physician assistant, including prescriptive authority, for at least three consecutive years while on active duty, with evidence of service under honorable conditions in any armed forces or the national guard of any state, including any experience while practicing as a physician assistant for the Veteran's Administration; or
 - Experience practicing as a physician assistant, including prescriptive authority, for at least three consecutive years while on active duty in the US Public Health Service.
2. A licensee who did not have a master's at the time of licensure and who did not receive prescriptive authority under a method previously in effect that authorized the issuance of prescriptive authority to a person who does not meet educational requirements, may obtain prescriptive authority by presenting evidence of having obtained a master's or higher degree from an ARC-PA program or a master's or higher degree with clinical relevance to physician assistant practice from a program accredited by a CHEA recognized agency.

Section 4730.411, ORC

A physician assistant's prescribing of Schedule II controlled substances must be in compliance with Section 4730.411, ORC.

1. The general rule is that the patient must be in a terminal condition; the supervising physician initially prescribed the substance to the patient; and the prescription is for an amount that does not exceed the amount necessary for the patient's use in a single, twenty-four hour period.
2. The general rule is not applicable if the physician assistant practices at one of the locations listed under the exceptions in Section 4730.411, ORC.

Section 4730.411, ORC continued

3. The physician assistant may not prescribe a Schedule II drug from any convenience care clinic.
4. See also "Physician Assistant Practice at Urgent Care Centers or Retail Clinics," Approved January 9, 2014.

Section 4730.43, ORC

The physician assistant with a valid prescriber number may personally furnish samples of drugs and therapeutic devices on the Physician Assistant Formulary subject to the conditions in Section 4730.43(A), ORC.

A physician assistant with a valid prescriber number may personally furnish drugs and therapeutic devices on the Physician Assistant Formulary according to the following:

- The physician assistant may personally furnish only the types of drugs specified in Section 4730.43(B), ORC.
- The physician assistant may personally furnish the drugs only in the locations specified in Section 4730.43(B), ORC.
- The physician assistant must comply with Medical Board rules.

Section 4730.431, ORC

A physician assistant with a valid prescriber number may personally furnish a supply of naloxone, or issue a prescription for naloxone, without having personally examined the person to whom it will be administered in compliance with Section 4730.431, ORC.

Section 4730.44, ORC

During the first five hundred hours of a physician assistant's exercise of physician-delegated prescriptive authority the supervising physician must provide on-site supervision. Section 4730.44, ORC provides an alternative means for meeting this requirement for the physician assistant who practiced with prescriptive authority in another jurisdiction for not less than one thousand hours.

Section 4730.53, ORC

When prescribing controlled substances, the physician assistant must comply with Section 4730.53, ORC, and the rules of the Medical Board pertaining to the review of OARRS for controlled substances.

MARIETTA COLLEGE PHYSICIAN ASSISTANT PROGRAM
STUDENT CLINICAL PERFORMANCE EVALUATION

Appendix 5

STUDENT _____ EVALUATOR _____

DISCIPLINE (eg Family Medicine) _____ LOCATION _____ DATES _____

INSTRUCTIONS: The evaluation of student performance covers areas of knowledge, skills, and attitudes correlating to rotation objectives. Please check the appropriate box in each category. To be of maximum benefit for the student, please feel free to address the strengths and weaknesses observed on rotation as well. Please complete this form and return to Marietta College PA Program. Thank you.

Medical Knowledge	<input type="checkbox"/> Poor Has difficulty recalling basics.	<input type="checkbox"/> Below Average Needs to improve	<input type="checkbox"/> Average Processes basic knowledge; not always able to apply to cases.	<input type="checkbox"/> Above Average Has solid base of knowledge; usually able to relate to cases.	<input type="checkbox"/> Excellent Demonstrates solid knowledge base and makes relevant clinical applications consistently.
History Taking Skills	<input type="checkbox"/> Poor Inaccurate; fails to elicit important data.	<input type="checkbox"/> Below Average Often fails to elicit important data and includes irrelevant data.	<input type="checkbox"/> Average Usually complete; sometimes includes irrelevant data.	<input type="checkbox"/> Above Average Complete, accurate; elicits important data	<input type="checkbox"/> Excellent Elicits complete data even in complex cases; able to describe findings in clear, concise manner.
Physical Exam Skills	<input type="checkbox"/> Poor Fails to follow logical sequence. Deficient technical qualities.	<input type="checkbox"/> Below Average Often fails to follow logical sequence. Minor technical deficiencies. Abnormalities frequently not recognized.	<input type="checkbox"/> Average Technically accurate; usually follows logical sequence and usually recognizes abnormalities.	<input type="checkbox"/> Above Average Follows logical sequence; technically reliable; smooth. Common abnormalities consistently recognized.	<input type="checkbox"/> Excellent Thorough, precise; follows logical sequence, technically efficient & sound. Abnormalities consistently recognized.
Laboratory and Test Knowledge	<input type="checkbox"/> Poor Clearly lacks knowledge of lab values or relationship of tests to clinical picture. Orders without regard to cost or yield.	<input type="checkbox"/> Below Average Knowledge of routine tests. Has trouble interpreting results.	<input type="checkbox"/> Average Adequate knowledge of routine tests. Tests ordered clinically appropriate. Usually interprets results correctly.	<input type="checkbox"/> Above Average Knowledge of routine tests; some knowledge of special dx tests. Tests ordered clinically appropriate. Results interpreted correctly.	<input type="checkbox"/> Excellent Knowledge of routine and special dx tests. Tests ordered clinically appropriate and interpreted correctly.
Organization of Data for Diagnosis	<input type="checkbox"/> Poor Fails to integrate data. Unable to identify problems, priorities; overlooks additional data.	<input type="checkbox"/> Below Average Has difficulty integrating pertinent data, identifying problems, setting priorities. Frequently overlooks additional data.	<input type="checkbox"/> Average Usually able to integrate data. Differential dx and identification of priorities usually appropriate.	<input type="checkbox"/> Above Average Able to integrate pertinent data. Acceptable differential dx made. Understands and identifies problems and priorities.	<input type="checkbox"/> Excellent Integration of data comprehensive. Understands and identifies problems and priorities. Correlates additional data in making the differential diagnosis.
Treatment Planning	<input type="checkbox"/> Poor Has no concept of treatment plans.	<input type="checkbox"/> Below Average Plans often inadequate or inappropriate; require major revisions.	<input type="checkbox"/> Average Treatment plans are acceptable in most cases. Require some revision.	<input type="checkbox"/> Above Average Treatment plans are acceptable. Require only minor revisions.	<input type="checkbox"/> Excellent Treatment plans are comprehensive; need no changes. Can suggest alternatives if necessary.

(Over)

Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Rarely communicates with patient about disease or treatment. Does not adjust plan to educational/social level of patient. Doesn't check for understanding by patient.	Below Average Sometimes communicates with patient about disease or treatment. Doesn't adjust plan to educational/social level of patient or check for understanding.	Average Often communicates with patient about disease and treatment. Usually checks to see if patient understands.	Above Average Communicates with patient about disease and treatment. Usually adjusts plan to fit educational/social level of patient and checks for understanding.	Excellent Communicates well with patient about disease and treatment. Adjusts plan to educational/social level of patient and consistently checks for understanding.
Patient Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not Observed	Poor Pertinent data absent. Not concise. Disorganized. Often includes irrelevant data.	Below Average Presentation often confusing. Pertinent data generally stated.	Average Presentation usually organized with some irrelevant data.	Above Average Explains and summarizes data; organized with little irrelevant data.	Excellent Explains and summarizes data completely and concisely. Organized and succinct.
Written Skills (SOAP Notes and H&P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not Observed	Poor Sometimes fails to make chart notes. May include irrelevant data or fails to provide relevant data.	Below Average Chart notes are late or include irrelevant data. Sometimes excludes relevant data.	Average Write-ups are complete. Needs some improvement to become concise and organized.	Above Average Write-ups are organized. Usually only relevant data is included. Problems and progress noted promptly.	Excellent Write-ups concise and organized. Problems and progress documented completely and promptly.
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Frequently displayed inappropriate conduct an/or ineffective communication throughout the rotation.	Below Average On occasion displayed instances of inappropriate conduct and/or ineffective communication during the rotation.	Average Displayed acceptable conduct and/or communication skills throughout the rotation.	Above Average Very good conduct and effective communication were displayed throughout the rotation.	Excellent Excellent conduct and communication skills were displayed throughout the rotation.

Circle any of the following professional attributes that were a problem during the rotation. EXPLAIN under comments.

- A. Doesn't know own limitations: not cautious enough, proceeds without checking, overestimates abilities.
- B. Lacks initiative: needs excessive direction, little self-directed learning.
- C. Patient relationships: poor patient rapport, discourteous, lacks empathy.
- D. Professional Relationships: fails to work well with other professionals or respect their roles.
- E. Grooming: sloppy or inappropriate dress; poor hygiene habits.
- F. Attendance: absent from activities; late or not available for rounds, leaves early.
- G. Self Image: timid or insecure; performance may be affected by lack of confidence.
- H. Dependability: unprepared for didactic or clinical assignments; fails to follow through with tasks.

GRADES: Please assign the student's grade.

A+ (100%) _____ A (95%) _____ A- (90%) _____
 B+ (89%) _____ B (85%) _____ B- (80%) _____
 C+ (79%) _____ C (75%) _____ C- (70%) _____
 D (65%) _____ F (55%) _____

of Days Absent: Personal _____ Medical _____

Comments:

Evaluation discussed with student: ___ YES ___ NO

EVALUATOR _____ DATE _____

Please send to: PA Program, Marietta College, 215 Fifth Street, Marietta, OH 45750, or fax to 740-376-8045. THANK YOU!

PROCEDURES (PERFORMED; PERFORMED/OBSERVED; RECOMMENDED)
MARIETTA COLLEGE PHYSICIAN ASSISTANT STUDENTS

Performed	Perform and/or Observe	Recommended
Administer Local Anesthesia	Arterial Blood Gas Draw	Assist in Cesarean Delivery
Apply/Remove Cast/Splint	Arterial Catheterization (Cardiac or Peripheral)	Assist in Vaginal Delivery
First Surgical Assist	Arthrocentesis/Intra-articular Injection (Knee)	Auscultate Fetal Heart Sounds
Incision and drainage	Arthrocentesis/Intra-articular Injection (Hip)	Bone marrow aspirations/biopsy
Injections	Arthrocentesis/Intra-articular Injection (Shoulder)	Colposcopy
Insert/Remove Urinary Cath	Central Line/Swan Ganz/Picc Line	Epistaxis Management
Pelvic Exam/Pap Smear	Circumcision	Fast Exam - Ultrasound
Perform/Interpret EKG	Endoscopy (EGG/Colon)	Fetal Monitoring
Skin Biopsy/Lesion Removal/Cryotherapy	Fluorescein Stain for Eye	Insert/Remove Chest Tube
Suturing/Laceration Repair	Insert/Remove Contraceptive Devices	Intraosseous Placement
Venipuncture	Insert/Remove NG Tube	Nail Removal
Venous Catheterization	Intubation Endotracheal	Pacemaker Insertion
	Joint Reduction	Paracentesis
	Lumbar Puncture	Removing Superficial FBs
	Newborn Exam	Thoracentesis
	Pulmonary Function Testing (PFT)	
	Stress Testing	
	Wound debridement	

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