



Marietta College

PHYSICIAN ASSISTANT PROGRAM

STUDENT HANDBOOK

**CLASS OF 2023
AND
CLASS OF 2024**

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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 to all students 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. Any 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.

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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. Marietta College is accredited by the Higher Learning Commission.

COLLEGE 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.

STATEMENT OF NON-DISCRIMINATION

Marietta College is an equal opportunity educator and employer that values diversity. In our educational, admissions and employment policies, scholarship and loan programs, and athletic and other activities, Marietta College does not discriminate on the basis of age, race, color, national or ethnic origin, disability, sex, gender identity, gender expression, sexual orientation, religious affiliation, veteran status, or any other protected status.

Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title VI of the Civil Rights Act of 1967, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990 (the latter related to employee concerns only) has been delegated to:

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Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title IX of the Education Amendments of 1972 has been delegated to:

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STATEMENT ON DIVERSITY AND INCLUSION

Marietta College embraces a shared commitment to diversity and inclusion, which supports our mission of providing a foundation for critical thinking, problem solving, and leadership. As a campus community, we promote practices, behaviors, and attitudes that are just and inclusive. Creating and sustaining a respectful and inclusive environment prepares our students to become citizens, leaders, and professionals in the 21st century’s global society. Our engagement with diversity fosters mutual understanding and reaches beyond tolerance to produce a transformative view of diversity as a positive value. Questions regarding the College’s approach to diversity may be directed to the Office for Diversity and Inclusion, located in Andrews Hall.

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 healthcare provider needs of Ohio and the region. Marietta College established the Physician Assistant Program within the Physician Assistant Department in the 2002 and graduated their first class of students in 2004. The Marietta College Physician Assistant Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

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, 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.

PROGRAM MISSION

The Mission of the Marietta College Physician Assistant Program is to educate future physician assistants to provide quality healthcare (physical, social, and behavioral) to meet the needs of patients in Ohio and throughout the Appalachian region. The program accomplishes this by educating individuals who have the academic, clinical and interpersonal proficiencies necessary to practice as physician assistants.

PROGRAM GOALS

- To deliver an academic and clinical curriculum that prepares students to successfully pass the Physician Assistant National Certifying Examination (PANCE) and to obtain first time PANCE pass rates at or above the national average.
- To provide the student support necessary to maintain a graduation rate of 94% or above.
- To cultivate competent and gainfully employed physician assistants with 50% providing care to patients in Ohio and the Appalachian region.
- To foster critical thinking skills necessary for successful clinical practice.

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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 they are prepared for entry-level employment as a physician assistant. In a professional role, PAs 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 PA must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. They 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.

Observation

A student must be able to observe in lecture, the laboratory setting and while examining patients. They must be able to differentiate normal versus pathological states. Observation necessitates the functional use of the sense of vision and tactile sensations (touch, pressure, temperature, vibration, etc.). It is enhanced by the functional use of the sense of smell, hearing, and equilibrium. Students must be able to integrate their observed findings into appropriate diagnostic and treatment plans.

Communication

Students must be able to communicate effectively in classroom settings with verbal, written, and electronic means. Students must be able to communicate effectively and sensitively with patients, their families, and members of the healthcare team. Students must be able to communicate effectively with patients from different social and cultural backgrounds, as well as develop an effective professional rapport with patients and co-workers. Students must be able to record examination and diagnostics results clearly, accurately and efficiently. Students must be able to communicate effectively in English with patients, family and other healthcare professionals in a variety of settings.

Motor Skills

A student should have sufficient motor function to obtain information from patients by palpation, Auscultation, and percussion. They must possess sufficient postural and neuromuscular control and eye-to-hand coordination in order to utilize standard medical/surgical instruments to participate in basic clinical skills and procedures. A student should be able to execute motor movements reasonably required to provide general care and emergency treatment of patients. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision. Students must maintain sufficient physical stamina to complete the rigorous course of didactic and clinical study. Long periods of sitting, standing, or moving are required in the classroom, laboratory, and clinical settings.

Intellectual-Conceptual, Integrative and Quantitative Abilities

Students must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of electronic technology. Students must have the mental capacity to assimilate and learn a large amount of complex, technical and detailed information in order to formulate diagnostic and therapeutic plans. The student must possess abilities of measurement, calculation, reasoning, analysis and synthesis. Problem solving is a critical skill demanded of physician assistants and 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.

Behavioral and Social Attributes

The student must possess the emotional health and stability required to function effectively under stress. They must display flexibility to learning and be able to adapt to a sometimes rapidly changing environment. They must accept responsibility for learning, exercising good judgment and promptly completing all responsibilities during their academic training, as well as the responsibility attendant to the diagnosis and care of patients. They must understand the legal and ethical standards of the medical profession. Students must be able to work effectively, respectfully and professionally as part of the educational and healthcare team, and to interact with instructors and peers, patients, patient families, and healthcare personnel in a courteous, professional, and respectful manner.

Professional Standards

The student must be able to understand both general and medical ethics. Students must possess attributes such as compassion, empathy, altruism, integrity, responsibility, and tolerance. Students must be able to recognize limitations in their knowledge, skills, and abilities and to seek appropriate assistance from their preceptor. The student must consistently display honesty, integrity, and respect for self and others. They must maintain confidentiality and be dedicated to serving their preceptors, patients, peers, PA faculty and staff, Marietta College faculty and staff, the community and the PA profession at all times.

GRADUATE FUNCTIONS AND TASKS

Marietta College Physician Assistant Program graduates will be competent in the functions and tasks necessary for entry into clinical PA practice. The graduate must function in various clinical settings including preventive, emergent, acute, chronic, rehabilitative, palliative and end-of-life care. The graduate must be able to identify and critically analyze clinical problems while applying scientific methods to medical management. The functions and tasks of all Marietta College Physician Assistant Program graduates are divided into nine categories: medical knowledge, evaluation, diagnostics, clinical reasoning and problem solving, therapeutics, technical skills, interpersonal and communication skills, referral, and professionalism.

Medical Knowledge

The graduate will demonstrate a thorough knowledge base of anatomy, physiology, genetics and biochemical mechanisms of health and diseases as well as core knowledge about established and evolving biomedical and clinical sciences. They will have a solid understanding of pathophysiological disturbances of all organ systems and disease processes with emphasis on clinical applications.

Evaluation

The graduate will be able to perform accurate comprehensive and focused history and physical examinations for patients of any age and in any health care setting. They will be able to recognize and interpret pertinent factors from the history and physical exam findings and identify risk factors for medical conditions. The information obtained from history and physical exams will be logically organized and used to formulate differential diagnoses.

Diagnostics

The graduate will have knowledge of clinical indications for, risks/benefits of and alternative options for routine and other more specialized diagnostic studies/procedures. They will be able to initiate requests for appropriate laboratory and diagnostic studies and/or procedures and accurately interpret the results to make medical decisions/interventions. Graduates will be knowledgeable about the indications for preventive screening tests and recommendations.

Clinical Reasoning and Problem Solving

The graduate will be able to make informed decisions about diagnostic and therapeutic interventions based on patient information and preference, up-to-date scientific evidence, and clinical judgment. Graduates will be able to use evidence-based medicine and critical thinking skills to investigate, evaluate, and improve patient care in disease prevention and management. They will analytically approach clinical situations to

develop differential diagnoses and ultimately, make a final diagnosis and an acute, chronic, longitudinal and/or rehabilitative management plans. They will utilize clinical judgment as to when it is appropriate to implement palliative and/or end of life care and be able to identify and initiate management for medical emergencies.

Therapeutics

The graduate will understand the management of general medical and surgical conditions. They will be able to design and implement comprehensive treatment plans that include pharmacologic and other treatment modalities. They will have knowledge of pharmacology principles and pharmacotherapeutics to allow them to provide patient education about the indications, contraindications and potential side effects of pharmacologic agents prescribed in patient care. Graduates will have the ability to select appropriate pharmacologic therapy and dosing. They will have the ability to detect and treat substance abuse and to appropriately prescribe controlled substances.

Technical Skills

The graduate will competently perform all medical and procedures considered essential for entry into clinical PA practice to include: administration of local anesthesia, applying and removing casts and splints, auscultating fetal heart sounds, incision and drainage, injections, inserting and removing urinary catheters, measuring fundal height, pelvic exams/PAP smear, performing and interpreting EKG's, performing well child exams, skin biopsy, skin lesion removal, cryotherapy, suturing/laceration repair, venipuncture, venous catheterization, joint injections, and finger-stick blood glucose testing. Additionally, they will have knowledge of first-assisting in the operating room.

Interpersonal and Communication Skills

The graduate will demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams. With regard to patients, they will avoid personal stereotyping and biases to provide effective counseling, patient education and medical care to all patients regardless of age, gender, sexual orientation, culture, socioeconomic status or disability. They will work collaboratively with other members of the healthcare team to provide efficient and optimal patient care. They will understand the importance of the physician/PA team in providing effective patient care. They will concisely summarize patient data to effectively present patients to preceptors and/or supervising/attending physicians. They will be able to provide counseling and patient education regarding preventable conditions and lifestyle modifications. They will have the ability to document organized, concise and complete medical notes.

Referral

The graduate will recognize their own limitations and the limitations of their practice setting. They will facilitate timely consults/referral of patients to their supervising physician. They will appropriately obtain consults and/or refer patients to specialty physicians, other interdisciplinary health care team members and/or social service agencies.

Professionalism

The graduate must consistently demonstrate intellectual honesty, integrity, respect for self and others, tolerance, empathy, fairness, confidentiality, and dedication to their supervising physician(s), other health care team members and patients. They will be committed to ethical principles and knowledge of current health care and legal issues such as; cultural and religious beliefs, informed consent, refusal process, living wills, advanced directives, code status, DNR, medical power of attorney, patient and provider rights and responsibilities, etc. to ensure that best care practices are established. They will ensure that they are reliable, dependable and conscientious in their duties to deliver affordable and effective patient specific healthcare. They will be committed to on-going professional development and excellence as they perform entry-level PA duties. They will be knowledgeable of the public health system and the role of providers in the prevention of disease and maintenance of population health. Graduates will demonstrate ethical principles and implement best practices with regard to patient safety, quality improvement, preventing

medical errors and risk management. They will maintain factual, accurate and complete medical documentation of care with regard to billing and coding. They will abide by all practice laws and regulations with regard to PA licensure and professional practice.

PROGRAM DEFINED EXPECTATIONS

Overall Program Defined Expectations

1. Strictly adhere to all policies in the MCPAP Student Handbook.
2. Demonstrate moral and ethical behavior to show respect for self and others at all times.
3. Demonstrate honest, dependable, conscientious and professional behavior at all times.
4. Maintain all required immunizations and major medical insurance throughout program.
5. Comply with all HIPAA laws and universal compliance with regard to patient care.
6. Display professional dress.
7. Earn a grade of "C" or better in courses.
8. Complete the program with an overall 3.0 GPA.
9. Complete all required program evaluations.
10. Complete all required program administered exams, quizzes, and assignments.
11. Reply within one business day to all program related correspondence (i.e. phone calls, e-mails).
12. Take an active role in all educational experiences; be eager and excited to learn at all times.

Program Defined Expectations for Didactic Phase

1. Attend all class and lab sessions.
2. Come to all classes prepared and ready to participate.
3. Earn a grade of "C" or better in courses but no more than four (4) "C" grades in the didactic phase.
4. Complete the Professionalism Self-Assessment form and review it with assigned faculty advisor during required semester meetings.
5. Participate in all clinical case studies for PASP 520 Clinical Medicine I and PASP 522 Clinical Medicine II.
6. Participate in all clinical experiences as assigned for PASP 502 Physical Exam I and PASP 504 Physical Exam II.
7. Complete EMedley tracking for all patients seen during clinical experiences for PASP 504 Physical Exam II.
8. Attend all assigned activities on call back days.
9. Become ACLS certified.
10. Earn a minimum score of 80% on all system practical exams for PASP 502 Physical Exam I.
11. Earn a minimum score of 85% on the complete physical exam at the conclusion of PASP 504 Physical Exam II.
12. Earn a minimum score of 75% on the first and an 80%, on the second problem focused physical exams (PFPEs) for PASP 504 Physical Exam II.
13. Participate in three simulation exercises (vital signs/L&D/PFPE) for PASP 502 Physical Exam I and PASP 504 Physical Exam II.
14. Complete Net Learning modules and AIDET training prior to clinical experiences at Memorial Health System.
15. Complete an interdisciplinary assignment for PASP 504 Physical Exam II.
16. Document a problem focused SOAP note with Evaluation and Management (E&M) and ICD-10 codes on an ER patient for PASP 504 Physical Exam II.
17. Document a complete outpatient adult H&P exam including assessment and plan for PASP 504 Physical Exam II.
18. Document a complete pediatric H&P exam for PASP 504 Physical Exam II.

19. Document a complete in-patient adult H&P exam including assessment, plan, admission orders and discharge summary for PASP 504 Physical Exam II (if accessible).
20. Complete a dictation on an in-patient adult to include H&P, assessment, and plan for PASP 504 History and Physical Exam II (if accessible).
21. Demonstrate competency in performing all clinical skills as instructed for PASP 504 Physical Exam II.
22. Participate with group analysis of EBM articles as assigned in PASP 591 Research Methods II.
23. Earn a minimum of 65% on the Comprehensive exam.

Program Defined Expectations for the Clinical Phase

1. Be punctual and in attendance as instructed by each preceptor.
2. Promptly complete all hospital/facility paperwork requirements.
3. Demonstrate medical knowledge obtained during the didactic phase and enhance that knowledge during the clinical phase.
4. Attend and participate in all activities on call back days, including one simulation exercise.
5. Must PASS all end of rotation exams.
6. If student fails end of rotation exams, 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.
7. Display competency with technical skills during OSCEs.
8. Earn a minimum score of 85% on one problem focused physical exam and a minimum of 90% on the final problem focused physical exam during board review week.
9. Complete a case-based patient write up to include the H&P, differential diagnosis, assessment, treatment plan and EBM report for a patient seen during Family Medicine I rotation.
10. Complete a case-based patient write up in Power Point to include H&P, differential diagnosis, assessment, treatment plan and EBM evident for a patient seen during a core rotation (as assigned).
11. Orally present one case-based patient write-up during assigned call back day.
12. Write two (2) clinical vignette questions per rotation (as assigned) and be prepared to discuss during call back days.
13. Complete a minimum of 120 ROSH review questions per rotation unless assigned a case presentation, excluding FM I.
14. Participate/complete eight interprofessional experiences (IPEs) and submit reflection assignment and verification form for each.
15. Track all required technical skills to include at a minimum:
 - a. 15 administrations of local anesthesia
 - b. 8 application/removal of cast/splint
 - c. 20 first-assists during surgical cases
 - d. 3 incision and drainage procedures
 - e. 10 injections
 - f. 5 insertion/removal of urinary catheters
 - g. 15 pelvic exams/PAP smears
 - h. 15 perform/interpret EKGs
 - i. 3 skin biopsies/lesion removal/cryotherapy
 - j. 25 suturing experiences
 - k. 5 venipunctures
 - l. 5 IV insertions
 - m. 5 auscultations of fetal heart tones

- n. 5 measurements of fundal heights
 - o. 14 well child visits
16. Track all patient encounters to include at a minimum:
 - a. 140 patient encounters for Family Medicine I
 - b. 119 patient encounters for Internal Medicine
 - c. 108 patient encounters for General Surgery
 - d. 131 patient encounters for Prenatal/GYN
 - e. 143 patient encounters for Pediatrics
 - f. 126 patient encounters for Emergency Medicine
 - g. 137 patient encounters for Orthopedics
 - h. 107 patient encounters for Psychiatry
 - i. 167 patient encounters for Family Medicine II
 - j. 68 pre-operative patients
 - k. 109 intra-operative patients
 - l. 94 post-operative patients
 - m. 109 OR experiences
 17. Perform organized, complete and problem focused H&P's on patients across the lifespan with the ability to recognize normal from abnormal findings and formulate differential diagnoses.
 18. Interpret history and physical exam findings to appropriately order and interpret diagnostic studies/procedures to aid in the process of diagnosis.
 19. Utilize critical thinking skills to interpret all exam and test findings to narrow the differential and utilize clinical judgement to make final diagnosis.
 20. Utilize evidence-based medicine to aid in patient care.
 21. Design and implement patient centered treatment plans.
 22. Demonstrate ability to provide clearly articulated and accurate patient education taking into consideration diversity factors that may impact healthcare or health related decisions such as socioeconomic, familial, cultural, psychological, environmental and spiritual factors.
 23. Promote preventive care and educate patients to maintain healthy lifestyles.
 24. Display competency in performing clinical skills necessary for entry into clinical practice.
 25. Demonstrate interpersonal and communication skills to establish and maintain professional relationships with patients, families and members of the health care team.
 26. Demonstrate knowledge of various health insurance and professional laws.
 27. Recognize limitations of knowledge and ability to obtain appropriate consults and/or patient referrals.
 28. Provide objective and appropriate care to all patients, avoiding any personal stereotyping and/or biases.
 29. Perform organized, concise yet thorough oral patient presentations to preceptors.
 30. Logically and thoroughly document patient encounters in written, typed or dictated forms.
 31. Demonstrate understanding of coding and billing to include E&M, ICD-10 and CPT codes.
 32. Critically search medical literature for information to complete a capstone project for PASP 690 Capstone Project.
 33. Must PASS the Summative exam. If student fails, 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 course grade. If unsuccessful, student will come before the Progress & Conduct Committee.
 34. Complete preceptor and site evaluation at the conclusion of each rotation.
 35. Complete an exit interview with the Program Director prior to graduation.

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, students are expected to contribute their talents, learning abilities and energy to foster a professional learning and working environment for themselves, their 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 rotations under the supervision of a physician and/or advanced practice practitioner (APP)
 - 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 ensure 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 inpatient 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 prepares the graduate as an entry-level healthcare provider.

It is the responsibility of the Clinical Coordinator to ensure 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 PA Profession (Appendix 1) is a document prepared by the four organizations that represent the PA 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

COLLEGE STUDENT SUPPORT SERVICES

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

THE LEGACY LIBRARY

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

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

Hours: Posted on website

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 OhioLINK, 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, 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 academia, public, and special libraries and library systems worldwide.

THE ACADEMIC RESOURCE CENTER (ARC)

Website: <http://www.marietta.edu/arc-about>

Location: Andrews Hall - Third floor

Phone: 740-376-4700

Hours: Monday – Friday 8:30 am – 4:30 pm

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, but are not limited to:

- Individualized academic support learning style and study strategy assessment
- Study strategy development
- Academic success plan development
- Time management development
- Early alert and intervention system for students having academic difficulty
- Workshops on various academic development topics
- Free individual, small group, and drop-in peer tutoring provided for most classes
- 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

THE CAMPUS WRITING CENTER

Website: <http://www.marietta.edu/arc-about>

Thomas Hall - Room 221

All writers, regardless of their ability, can benefit from the process of peer review. The Writing Center at Marietta College provides a collaborative, supportive, and instructional environment where writers work closely with peer Writing Consultants to strengthen their writing. We strongly believe that the process of peer collaboration plays a key role in fostering growth and understanding in the writer, not just in the paper.

The Center is a place of learning and is open to all writers across the college community who desire to improve their writing confidence and self-editing skills. Writers seeking help with the brainstorming, researching, drafting, or revising stages of their papers are welcome. The Writing Center is located in Thomas Hall 221, and some support for writers is also available in the Academic Resource Center on the third floor of Andrews Hall (Fall semester only) and Legacy Library Room 219 (both Spring and Fall semesters).

SERVICES FOR STUDENTS WITH DISABILITIES

Marietta College complies with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, as amended, 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. All campus services for students with disabilities are coordinated through the College's Academic Resource Center, located in Andrews Hall.

Responsibility for coordination of compliance efforts and receipt of inquiries concerning Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (the latter related to student concerns only) has been delegated to:

Kristin English
Disabilities Specialist/504 Coordinator
Marietta College
215 Fifth Street
Marietta, OH 45750
(740) 376-4467
thomask@marietta.edu

THE CAREER CENTER

Website: <http://www.marietta.edu/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 take advantage of the variety of career workshops and events offered throughout the year.

MARIETTA COLLEGE POLICE DEPARTMENT

Website: <http://www.marietta.edu/college-police-department>

Location: 7th and Butler Streets; next to The Gathering Place

Phone: 740-376-3333 or directly from on-campus phone by dialing 3333

The Marietta College Police Department is a 24/7 full-service police agency responsible for the safety and security of the Marietta College campus community and all investigations on campus, enforcement of criminal laws, college policy and the issuance of timely warnings to the campus community. The Police Officers are fully certified under Ohio Revised Code section 1713.50 and have all the powers of any police officer in the State of Ohio. Many college police officers are certified Emergency Medical Responders and can provide students or staff members with stabilizing emergency care while they await the arrival of an ambulance. The department also works closely with other local, state and federal law enforcement agencies. The department is comprised of full time and part time Police Officers and an Administrative Investigator who handles all investigations, oversees student dispatchers, and the parking permit program. In addition, the department also employs student workers who assist with dispatch, building open/closing/escorts, parking enforcement and crowd control for special events. The MCPD issues parking permits for on campus parking and is responsible for the enforcement of parking regulations. MCPD will also assist motorists with vehicle unlocks, jump-starts or changing a tire. Marietta College Police Officers also provide evening campus escorts to or from academic buildings, vehicles, or resident halls (a 15-minute advance notification call is appreciated if using this service).

OFFICE OF STUDENT FINANCIAL SERVICES

Website: <http://www.marietta.edu/tuition-financial-aid>

Location: Main floor Irvine building

Phone: 1-800-331-2709

The majority of PA students rely on federal loans to pay for their education. A loan is a form of financial aid that must be repaid, with interest. Students are encouraged to visit Federal Student Aid

<https://studentaid.ed.gov/sa/> and the following web sites to learn more about the different types of loans available through Marietta College.

- Federal Direct Unsubsidized Stafford Loan <https://studentaid.ed.gov/sa/types/loans/subsidized-unsubsidized>

This is a federal student loan with no interest subsidy. Demonstration of financial need is not required to receive this loan. As with the Subsidized Stafford Loan, loans are processed directly between the College and the federal lender.

- Graduate PLUS loan <https://studentaid.ed.gov/sa/types/loans/plus>

PLUS stands for Parent Loan for Undergraduate Students. This is a federal loan that a creditworthy parent of a dependent student may borrow. It does not have an interest subsidy and repayment starts within 60 days after the loan is fully disbursed.

Alternative/Supplemental Loans are another option for students. A creditworthy co-signer is usually required unless the student has an acceptable credit history. As a student loan, they are deferrable but do not have an interest subsidy.

Students should complete their FAFSA, compare the different loan options and work with the Marietta College Office of Student Financial Services early to ensure the funding for their education is secured.

INFORMATION TECHNOLOGY (IT)

Website <http://www.marietta.edu/technology>

Text a Ticket 740-530-4376; or Email mcithelp@marietta.edu

The Office of Information Technology (IT) keeps Marietta College in step with the latest computer and wiring systems, helping the College to maintain an academic atmosphere that encourages access to global knowledge and the sharing of information. To that end, IT delivers assistance and support for e-mail and Internet users, faculty using technologies in the classroom, student groups who post messages or online forums, and resident hall occupants.

The IT Department offers assistance from the campus IT Help Desk. The Help Desk is available 24 hours per day, seven days per week, and 365 days per year. Unfortunately, the IT Department does not have sufficient staff to send personnel to student rooms to work on computers. We have a list of area businesses that can provide computer software and/or hardware services. For those students who bring laptops, they may bring their computer by the IT Department for an analysis of the problem. A maintenance agreement with a computer vendor for hardware repairs is recommended.

The Network Use Policy constitutes Marietta College's policy for the management of computer networks, all computers and other devices connected to those networks, and the resources made available thereby. Responsible, acceptable use always is ethical, reflects academic honesty, and shows restraint in the consumption of shared resources. Marietta College's information technology resources exist to support the educational mission of the College and must be used appropriately and in accordance with local, state and federal laws. You will be held accountable for your use of Marietta College information technology resources.

CENTER FOR HEALTH AND WELLNESS (CHW)

Website: <http://www.marietta.edu/center-health-and-wellness>

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

All sessions are confidential and no information is released to anyone without student permission. The obvious exceptions to confidentiality include cases that involve imminent harm and danger to self or to others.

The CHW is staffed with qualified healthcare providers, including a medical doctor, a physician assistant, and a nurse. Our services include general medicine, injury and wound care, physical exams, routine gynecology, allergy shots (when coordinated with the student's current provider), travel medicine, and limited lab screenings and vaccinations. All services provided by the CHW on site are covered by student fees. However, students will be responsible for any charges not covered by the student fees (i.e., outside

consultations, lab work, X-rays, prescriptions, etc.). While the health services provided on campus are very comprehensive they are not complete. At times students may require outside consultations, hospitalization, or ancillary services. Unless otherwise requested, Marietta Memorial Hospital has agreed to perform emergency services, lab work, diagnostic imaging for Marietta College students. Any other outside consultations required will be done per the student's preference. We encourage any student with special or chronic health concerns to stop by the clinic so that we may be aware and more able to serve any particular need.

The CHW provides individual, couples' and group counseling focused on a range of clinical issues. The CHW has a diverse professional staff that works from a variety of theoretical perspectives. Marietta College students come to the CHW for a wide variety of reasons. Some students find that talking with a counselor once is sufficient to resolve the immediate concern. Many of the students who come into the CHW are experiencing academic difficulties, including time management issues, concentration problems, lack of motivation, or questions about study skills. Some students are having trouble adjusting to college life or are having a conflict with a roommate or their parents. Many of our clients have a specific concern related to depression, anxiety, alcohol or substance abuse, eating concerns or a similar clinical issue.

The PA Program Director, Medical Director, and program faculty are **UNABLE** to provide healthcare to PA students. All students requiring medical care or counseling will be referred to the Center for Health and Wellness. To make an appointment, call during office hours. In emergency situations, students generally can be seen almost immediately.

PROGRAM REQUIREMENTS AND TRAINING

HEALTH INSURANCE

Students must 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. The College does not offer student health insurance. Students are **required** to upload proof of their coverage through www.castlebranch.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.castlebranch.com **PRIOR** to matriculation into the program. **Finalization of admission acceptance is contingent upon successfully passing this background check.** The second background check will occur prior to clinical rotations. Should a student not successfully pass this background check, they will be prohibited from performing clinical rotations and therefore unable to complete the program.

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. 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 workers <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>. Students must provide proof of all of the following immunizations **PRIOR** to entry into the program with the exception of the 2-step tuberculin skin test (TST) and the influenza vaccine: 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.

Hepatitis B Surface Antibody Titer

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

Varicella (Chicken Pox)

- Documentation of one of the following:
 - Dates of immunizations (2 doses)
 - Documentation from a healthcare provider of varicella or herpes zoster disease
 - Proof of immunity with IgG titer (lab report required)

Tetanus, Diphtheria, & Pertussis (Tdap)

- Documentation of Tdap booster within the past 10 years.

Tuberculosis

- Proof of negative QuantiFERON Gold TB blood test **PRIOR** to matriculation.
- Students will receive a baseline 2-step tuberculin skin test (TST) during the fall of the didactic year. This will be arranged by the program and administered by the Marietta College Center for Health and Wellness. A subsequent (annual) TST will be arranged by the program and administered by the Marietta College Center for Health and Wellness in the fall of the clinical year.
- If either the QuantiFERON Gold test or a TST is positive, a clear baseline chest X-ray (report) is required. Students with a positive test and a clear chest in the didactic year are only required to complete a health questionnaire in the clinical year.

Influenza

- The program will arrange for students to be vaccinated annually (in the fall) by the Marietta College Center for Health and Wellness.

COVID-19

- Documentation of dates of immunization(s)
 - 1 dose with Johnson and Johnson
 - 2 doses with Moderna or Pfizer (FDA approved)
 - **A COVID-19 booster is not required to start the program, but many clinical sites will require them to attend a rotation at their facility. We highly recommend that you obtain your booster so that you are able to be placed at any and all rotation sites.**

The student must submit their immunization records to paprog@marietta.edu. We will review submitted records and notify the student of any incomplete immunizations. These records will then be loaded in to eMedley for storage and utilization during clinical year rotations. 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 directly to eMedley prior to matriculation. This file will be stored in eMedley and utilized for credentialing during clinical year.

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

- American Heart Association (BLS Provider)

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

DRUG SCREEN

Students must comply with and assume costs for initial and any subsequent drug screening requirements during clinical experiences. If a student has a confirmed positive drug screen due to prescribed medication, a letter from their healthcare provider will be required to validate the positive drug screen. Positive results not explained by a healthcare provider will result in the student appearing before the Progress and Conduct Committee and may result in additional testing, a required treatment program, delayed rotations/graduation and/or program dismissal.

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. Students are not covered by the malpractice policy during educational breaks and therefore are not permitted to do additional experiences or rotations outside of those arranged by the program.

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 EXPOSURE ACCORDING TO CDC

Seek medical treatment IMMEDIATELY and follow the procedure outlined below:

- Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes/eyes should be flushed/irrigated well with water.
- Immediately report an incident to the appropriate office or hospital personnel (and the preceptor) and follow established protocol.
 - If no established protocol, seek treatment at the nearest emergency department.

The following information should be included in the exposure report, recorded in the exposed person's confidential medical record, and made available to qualified health care professionals:

- Date and time of exposure.
- Details of the procedure being performed, including:
 - Where and how the exposure occurred
 - Whether the exposure involved a sharp device. If so, include the type of device, whether there was visible blood on the device, and how and when during its handling the exposure occurred.

- Details of the exposure, including:
 - The type and amount of fluid or material and the severity of the exposure.
 - For a percutaneous injury, include the depth of the wound, the gauge of the needle, and whether fluid was injected
 - For skin or mucous membrane exposure, include the estimated volume of material, the duration of contact, and the condition of the skin (e.g., chapped, abraded, or intact).
- Details about the exposure source, including:
 - Whether the source material contained hepatitis B virus (HBV), hepatitis C virus (HCV); or human immunodeficiency virus (HIV). If the source was infected with HIV - the stage of disease, history of antiretroviral therapy, viral load and antiretroviral resistance information, if known.
- Details about the exposed person (e.g., hepatitis B vaccination and vaccine-response status); and
- Details about counseling, post exposure management, and follow-up.
- Additional information, including:
 - Who assigned the duties
 - Personal protective equipment worn at the time of the exposure
 - Decontamination provided at time of incident
 - Name(s) of other personnel that witnessed incident
 - Name(s) of personnel notified of incident

For more information go to: <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/occupational-exposure.html>

Students should immediately notify the Clinical Coordinator (740-376-4987) of any incident. They will also need to submit a completed Exposure Report found on Canvas under “Clinical Year Assignments” (**Appendix 2**) to the Clinical Coordinator.

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 AND FERPA

STUDENT RECORDS

Are maintained by the following departments:

1. The PA program - official application, didactic and clinical academic performance, disciplinary actions, malpractice and healthcare insurance documentation, immunization verification and faculty advising forms. All records are maintained by the program electronically or in locked filing cabinets 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.

Parents that see their child's education records, or if a student is over 18 or are attending college and would like to see educational records, they should contact the school for the procedure to follow.

Questions about the FERPA or issues with securing rights under this Act should 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 students for all PA classes. Each academic school year students must fill out a FAFSA form and a Marietta College financial aid application in order to be eligible for

financial aid. While enrolled in the program, students 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 <https://studentaid.gov/h/apply-for-aid/fafsa> to help with the FAFSA report. Register as a new student. After submitting, PIN number will be sent. Follow the directions and submit the form. Students may verify their application was received by returning to the home page <https://studentaid.gov/h/apply-for-aid/fafsa> then “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 lookup 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 the 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. Direct Graduate PLUS
3. Other Federal Title IV aid (excluding work-study)

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

HOURS OF OPERATION, EQUIPMENT, AND RESOURCES

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 an occasional evening class. **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 education. **Classroom attendance is mandatory.**

FACULTY OFFICE HOURS

Faculty office hours are posted outside their office 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 – 12:00 PM and 1:00 PM - 5:00 PM Monday through Friday. The office is generally closed for the lunch hour.

COPIER

With College ID cards, students are able to make unlimited and free copies at copiers located all over campus including the Rickey Science Center and the Legacy Library.

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, students are ambassadors for the program to the College, clinical preceptors and sites, patients, and the public at large. The impression that the program and PA students as individuals make will be determined by direct actions and in turn, will determine other's interests and willingness to work with the program. Students should always be courteous and respectful and take pride in their work with faculty, students, staff, preceptors, patients, and the public.

The program encourages and supports participation in service activities that contribute to the community. Please work with the student society to involve the 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 can be found online at <http://www.marietta.edu/community-standards>

Policies and procedures specific for graduate students can be found in the Graduate Programs Catalog online at <https://marietta.smartcatalogiq.com/2021-2022/2021-2022-Catalog-and-Student-Handbook/Graduate-Programs/Academic-Policies-and-Practices-Graduate> .

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

RESPECTFUL INTERACTIONS

Respectful interactions are required of all students. Respectful is being considerate, courteous, professional, and maintaining the 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 healthcare 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

HARASSMENT

Allegations of harassment of any sort by students, faculty or staff will not be tolerated. See the college policy located at <https://marietta.smartcatalogiq.com/2021-2022/2021-2022-Catalog-and-Student-Handbook/Student-Handbook/Harassment-Policy-and-Procedures>

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 that significantly disrupts teaching, research, administrative, or student functions may be brought before the Progress and Conduct Committee for possible disciplinary action.

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 Canvas.

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. The 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. The use of unauthorized technology assistance during an exam will be treated as a form of academic dishonesty (Academic Dishonesty policy [page 37](#)) 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 they represent. Inappropriate comments and postings as a student can be harmful to the individual as a professional. Any comments, images, or videos regarding a patient interaction is strictly prohibited and a direct HIPAA violation. Violations of this policy will result in appearing before the Progress and Conduct Committee and possibly dismissal from the program. Witnessing any violation of this policy should be reported to the Program Director immediately.

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 MC ID badges and/or hospital 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 healthcare 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 for Anatomy lecture/lab:

- Scrubs are permitted.
- 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 in lab.

Dress code for classroom during didactic phase:

- Professional (business casual), conservative dress required. See dress code for clinical experiences below.
- Casual "dress-down" dress is permitted one day per week as assigned.

Dress code for Physical Exam lab during didactic phase:

- 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 for clinical experiences during didactic phase (ER, inpatient, 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 too tight, see-through, and/or anything oversized and sloppy. Clothing should be free of any stains, rips or tears.
- Skirt and dress length should be at least 2 inches below fingertips with arms down at sides.
- The student's clothing should always be clean and pressed.
- Shoes should be comfortable and quiet when walking. Heels should be no higher than 2 inches.
- All boot height should be below the knee.
- 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 the face. Men should keep hair above the collar. Men should keep facial hair neatly trimmed.

Appearance and hygiene project 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 healthcare providers and their patients requires a dedication to responsibility and accountability. Students will earn the trust of patients who will instill confidence in their ability to be a steward of the patient's health according to state law. Students must understand 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. PA students are expected to adhere to professional decorum in all activities. As professionals within the program, students are responsible for attendance, completion of all documentation, preparedness, handling of program resources and equipment, participation, and ultimately, their performance in the program. As professionals outside of the program, students will display model citizen behavior.

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 (740-376-4986) 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 the student's 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. Enter the appropriate information then SUBMIT at the bottom of the page.

EXTENDED ABSENCE

An extended 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 are not limited to: family or personal medical leave, pregnancy, the birth of a child, injury, or disability. The request for an extended 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 extended 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.

Should the student's circumstances require the absence to be continued beyond the approved time period and/or remediation not be possible, the student may apply for a formal Leave of Absence. In these situations, the student will be permitted to re-enroll in the program the following year to continue their studies.

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 as 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 to the Program Director a signed healthcare provider's statement indicating physical ability to do so.
- 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 the 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 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 the program looking and working properly, please report any situation or equipment that may need a repair or replacement as soon as they are discovered.

COLLEGE PROPERTY

All College property issued to individual students must be returned at the request of the program. Students are responsible to pay for any lost or damaged items. The value of any item not returned or damaged will be charged to the student's 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

It is the responsibility of each student to find housing while enrolled in the program.

STUDENT SAFETY

Keeping students safe while enrolled in the program is paramount. While on campus, students are protected by the 24/7 full-service Marietta College Police Department. Additionally, the program building doors are secured at all times and can only be accessed with an ID badge. During rotations, students are encouraged to utilize all security resources offered to them by the facilities (safe parking areas, police escorts, etc.). Should a student have a safety concern at any time, they should contact the Program Director immediately.

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 during class hours, the program staff will locate a student to transmit requested emergency information.

OUTSIDE EMPLOYMENT

The program is extremely intense and rigorous. Students should view 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 didactic phase and is prohibited during the clinical phase of the program.

USE OF STUDENTS AS STAFF OR INSTRUCTIONAL FACULTY

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

ACADEMIC ADVISORS

Each student is assigned a faculty advisor during the didactic year. The assigned faculty member will remain their advisor throughout the clinical year. During the didactic phase, students are required to meet with their advisor at least once per semester (mid-term) and as needed by the student and/or at the request of the faculty advisor. Prior to each mid-semester meeting, students must complete the "Professionalism Self- Assessment" form ([Appendix 3](#)) and bring it to the meeting to discuss with their faculty advisor.

While the primary focus of advisor meetings is academics, a student should not hesitate to contact their advisor with any questions or issues. Faculty advisors can refer students to campus resources such as the Center for Health and Wellness and/or the Academic Resource Center to assist with any problem affecting academic progress.

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 maintenance of confidentiality and it is the program's responsibility to safeguard the information. Students have an obligation to maintain confidentiality, even after graduation. 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. This also is applicable to the internet and social media sites (see SOCIAL MEDIA POLICY on page [28](#)).

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/rotation are established by the individual Course Coordinator and will be outlined in their course syllabus.

TESTING POLICIES

1. Attendance is mandatory for all exams.
2. Students are expected to take examinations at designated time and date.
 - Please show up early and be prepared to start the exam at the designated time. Showing up just on time, or late, it can be very distracting other students.
3. Students will clear their desks and the surrounding areas of all materials, binders, backpacks, etc. (other than a pencil/pen) prior to an exam.
 - Outside of a pencil, all materials should be away from your desks and surrounding area. Students must show up early enough to place their materials in their lockers. Water bottles are provided at the front of the room before each test. Students will only be permitted to have this as a drink at their desk.
4. Students are responsible for properly marking the answers on the computer.
5. At the instructor's discretion, students will be allowed to enter after the start of an examination but no extra time will be allotted.
 - It will be up to each faculty member to decide if a student will be permitted to start their exam if they arrive late.
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.
 - . All scratch paper that was used during an exam must be placed into the shred box before students leave the testing room.
8. The use of unauthorized technology assistance including smartphones, during an exam will be treated as a form of academic dishonesty (Academic Dishonesty Policy, page 37) and could result in dismissal from the program.
 - . All phones must be silenced in left in the student's lockers.
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.
 - . Students must exit out the back of the classroom and enter through the back of the classroom. It is preferable that students arrive early enough to use the restroom before they start an exam.
11. Students may not re-enter the room after they have completed the exam.
 - . The proctoring individual will re-open the door, and only at that time will students know that the test is completed and that they can re-enter the classroom.
12. In the event of an illness, the student must contact the PA office (740-376-4986), 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 (individual grade and the incorrect questions) will be provided in class through ExamSoft 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. Question challenges will only be accepted for 48 hours after the review.
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.
18. Under no circumstance should a student attempt to "copy" (written, screenshot, photograph, etc.) any released exam feedback. Such actions would fall under the "Academic Dishonesty" section of this Handbook and result in disciplinary action.
19. Students being tested virtually will be asked to show that their testing space is prepared as suggested above. They will also be required to arrange for a camera (e.g., cell phone, iPad, or laptop) to show their testing device and face throughout the entire exam.

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.

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	90 - 100%	4
B	80 - 89%	3
C	70 - 79%	2
D	60 - 69%	1
F	0 - 59%	0

DIDACTIC PHASE “AT RISK” IDENTIFICATION

Students not earning a passing grade (>70%) on a didactic exam are identified as “at risk” and are required to meet with the Course Coordinator to try to identify a contributing issue for the exam grade. The program is proactive in its approach to identify “at risk” students so to offer early academic support and/or referral to a support service thereby maximizing the student’s success in the course/program.

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 are completed on-line. 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 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.

SCHOLASTIC PERFORMANCE

The ability of a physician assistant student to be promoted and to graduate from the program is the responsibility of the student with assistance and support from the faculty.

Note: in this document, 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. This applies to both the didactic (course work) and clinical (rotations) phases of the program curriculum.

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

A course grade of “C” is passing; however, in order to proceed onto clinical rotations, students may earn no more than four (4) course grades of “C” during the didactic phase of the Program. Students on track to receive their fifth course grade of “C” in the didactic phase will have the option to withdraw from and retake the course the following year (see Deceleration Policy). Students choosing to remain in the course and earn their fifth “C” will be dismissed from the program.

Students on track to receive **one (1) course grade** below “C” (“D” or “F”) may have the option of remediation (See Remediation Policy). Didactic students not eligible for remediation have the option to withdraw from and retake the course the following year (see Deceleration Policy). Students choosing to remain in the course and earn a grade below “C” will be dismissed and may be offered the option to re-enroll in the course the following year it is offered; thereby “decelerating” into the next class cohort. Earning more than two (2) original, remediated or decelerated course grades below “C” will result in automatic program dismissal.

Students are required to maintain a cumulative GPA of 3.0 or higher THROUGHOUT the program to be in good academic standing AND to graduate from the program.

ACADEMIC PROBATION

Students with a cumulative GPA falling below the 3.0 requirement at the end of a semester will receive a letter explaining they are on Academic Probation. This letter remains in their student file and their academic progress will be closely monitored by their academic advisor and the Program Director.

When the student’s GPA rises above 3.0, they receive a letter indicating they are no longer on Academic Probation.

Students remaining on Academic Probation for three (3) consecutive semesters will be dismissed from the program.

REMEDIATION POLICY

The program is academically very intense and challenging. For students who experience academic difficulty, the following policies have been established.

Didactic Phase Remediation

If a student is on track to receive a grade below “C” (“D” or “F”) in **one (1) didactic course** and the Progress and Conduct Committee has deemed it appropriate, the student will be given the option of a comprehensive “remediation” exam for the course at the end of the semester.

- If the student successfully passes the comprehensive “remediation” exam ($\geq 70\%$), they will receive a “C” for the course and may continue in the program.
- If the Progress and Conduct Committee determines the student is ineligible to take a comprehensive “remediation” exam or the student does not successfully pass the comprehensive “remediation” exam ($\geq 70\%$), they will receive a grade of “F” for the course and will be dismissed but may be offered the option to re-enroll in the course the following year it is offered; thereby “decelerating” into the next class cohort (see Deceleration Policy).

Clinical Phase Remediation

If a student earns a grade below “C” (“D” or “F”) in **one (1) clinical rotation**, the student will be permitted to remediate the failed rotation at the end of the clinical year. The remediation will delay program completion and graduation. The student will be responsible for the full cost of the remediated rotation.

After successful remediation of **one (1) course (didactic or clinical)**, an additional course grade below “C” (“D” or “F”) will result in automatic dismissal from the program.

DECELERATION POLICY

Didactic Phase Deceleration

If a student is projected to earn their fifth course grade of “C” or a course grade below “C” (“D” or “F”) and has not taken the final exam in the course, the student may withdraw “W” from the course while continuing to participate and receive grades in all other semester courses. The student will be permitted to re-enroll in the withdrawn course the following year it is offered; thereby “decelerating” into the next class cohort. Note: only one (1) course may be repeated through the deceleration process.

Students who have earned their fifth course grade of “C” or a course grade below “C” (“D” or “F”) in a single course will be dismissed and may be offered the option to re-enroll in the course the following year it is offered; thereby “decelerating” into the next class cohort. Note: only one (1) course may be repeated through the deceleration process.

Decelerated students retaking a course because of receiving five course grades of “C” are required to earn a “B” or higher for the repeated course and for all subsequent courses/rotations for which they do not have grades. Earning another grade of “C” or below (“D” or “F”) in the repeated course or subsequent courses/rotations will result in dismissal from the program.

Decelerated students retaking a course for earning a grade below “C” (“D” or “F”) would be allowed to earn four (cumulative) course grades of “C”; however, earning a fifth course grade of “C” or below (“D” or “F”) would result in dismissal from the program.

In addition to retaking the required course and all subsequent courses, the student must audit ALL previously attended courses, even those for which they have already received grades. For all audited

courses, attendance and class participation is mandatory. It is at the discretion of the Program Director and course coordinator(s) as to whether the student will take the exams for the audited courses; however, exam performance will not alter the original course grades. The student will be responsible for paying the full cost of the repeated course as well as all costs associated with the audited courses.

- Students needing to retake a summer course would re-enroll in the program the following June to retake the summer semester then continue through the fall and spring semesters.
- Students needing to retake a fall course would re-enroll in the program the following August to retake the fall semester then continue through the spring semester.
- Students needing to retake a spring course would re-enroll in the program the following August to retake both the fall and the spring semesters. This requirement is necessary because of the unique systems-based structure of the program's curriculum.

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 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. Faculty reserve 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.

GRADUATION REQUIREMENTS - PASP 693 SUMMATIVE ASSESSMENT

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

- 1) maintained a high degree of professionalism throughout the program,
- 2) attained a cumulative grade point average of 3.00 or higher,
- 3) Earn a passing score on the Summative exam at the end of the clinical phase
- 4) passed a problem-focused physical exam at the end of the clinical phase with a score of 90% or higher,
- 5) completed 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, is a candidate suitable to sit for the Physician Assistant National Certification Examination and is free of any impediments to licensure or to performance as a physician assistant.

PROGRAM DISMISSAL

A student dismissed from the program has fifteen (15) days to appeal in writing any adverse decision to the Graduate Council (see Graduate Council Grievance Procedure). 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.

COMPREHENSIVE EXAMINATION

Students are required to successfully complete (at the end of the didactic year), the 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. Failure to successfully fulfill remediation requirements will result in program dismissal.

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 (Marietta College 2021 - 2022 Catalog and Student Handbook).

Academic dishonesty includes cheating, plagiarism, theft or improper manipulation of laboratory or research data or theft of service. Plagiarism is one specific example of academic dishonesty that is often

misunderstood by students. Plagiarism occurs when a writer deliberately uses someone else's language, ideas, or other original (not common-knowledge) material without properly acknowledging its source. Appropriate paraphrasing and proper referencing are necessary to avoid plagiarism. Students will have access to electronic and printed materials that 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 (EMedley, preceptor evaluations, site evaluations, case studies, etc.) is a violation of academic dishonesty and professionalism of a physician assistant student.

In order to ensure the academic honesty and integrity of all students while class is in session, the program faculty and staff reserve the right to monitor classroom activity including examinations. Cameras located in the back of the classroom are able to capture any suspicious or inappropriate activity. Additionally, ExamSoft, the program's testing system will restrict access to all computer programs, files and web sites during exams.

NOTE: Monitoring cameras are NOT in use outside of class time.

In order to deter plagiarism and ensure the 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.

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.

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

GRADUATE STUDENT DISCIPLINARY ISSUES

THE PA 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, the PA Medical Director, and the PA program 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 includes but is 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/staff, Program Director, a preceptor, or a patient. Additionally, the Committee may at its discretion, meet with a student to discuss that student's individual situation (i.e. legal issues). After meeting with the student, the Committee will submit recommendations regarding promotion, remediation, probation or dismissal from the program. A student may file an appeal of the Progress and Conduct Committee's decision through Graduate Council (see Formal Hearing for Graduate Students below). The Graduate Council process will also be utilized in the situation where a Progress and Conduct Committee vote is split equally.

GRADUATE STUDENT ACADEMIC GRIEVANCES

Informal Resolution

The student shall first discuss the complaint with the respondent. If a problem is not mutually resolved, the

student shall confer with the immediate supervisor (usually the department chair or graduate program director) of the respondent, who will discuss the matter with the respondent to see if the complaint can be resolved. If the grievance is not satisfactorily resolved informally, the student has the right to petition for a formal hearing.

Formal Hearing for Graduate Students

For graduate students the petition should be filed with the Chair of the Graduate Council and the hearing will be held by the Graduate Council according to the procedures of the Constitution Appendix (See appendix 17.B.6 in the faculty manual). This written allegation shall describe the grievance, a summary of the circumstances surrounding it, the related evidence, and what has already been done in attempting to resolve it.

Graduate Student Grievance Hearings Board

The Graduate Council shall act as a hearings board for graduate students wishing to file academic grievances or appeal time limitations.

Grievance Petition (Step 1)

- The chair of the Council will supply the graduate student with a copy of this procedure.
- The chair of the Council will appoint a faculty counselor to help the student formulate the grievance. This faculty counselor may be the Associate Provost or any member of the faculty teaching in a graduate program not directly involved in the grievance.
- The student, working with the faculty counselor, 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. An electronic copy of this document must be delivered to the chair of the Council for distribution to the Council at least 48 hours (not including weekends and holidays) prior to the hearing.

Grievance hearing (Step 2)

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. Grievances arising shortly before break periods may require more time to complete. The Provost or Chair of the Graduate Council may grant an extension of the time limit of this procedure for good cause.

Testimony (Step 3)

At the hearing, the graduate student will be given approximately 15 minutes to present his or her grievance. There shall be no legal counsel present in the hearing. The faculty member and/or affected program will then have a similar amount of time. The Graduate Council may hear additional witnesses at the chair's discretion and have access to all material it feels is relevant to the case. 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.

Decisions (Step 4)

Cases brought before Graduate Council will be decided by a simple majority vote.

Confidentiality

The Graduate Council shall maintain confidentiality concerning any information presented in the hearing.

Notification (Step 5)

A decision will be forwarded to the Provost within 8 business days of the hearing. The decision of Graduate Council will be forwarded to the Provost, the student, the Program Director, and the faculty member involved in the grievance.

Appeal (Step 6)

The student or respondent may appeal the decision on the grounds that proper procedure was not followed. An appeal for the respondent will be handled by the Professional Review Committee. An appeal for the student will be to the Provost, or if the Provost is the respondent, to the President.

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 appoint a faculty counselor to help the student formulate the grievance. This faculty counselor may be the Associate Provost or any member of the faculty teaching in a graduate program not directly involved in the grievance.
3. The student, working with the faculty counselor, 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. An electronic copy of this document must be delivered to the chair of the Council for distribution to the Council at least 48 hours (not including weekends and holidays) prior to the hearing.
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. Grievances arising shortly before break periods may require more time to complete.
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, the student, the program director, and the faculty member involved in the grievance. 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, the program director, the faculty member involved in the grievance, 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 so 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.

**MARIETTA COLLEGE
PHYSICIAN ASSISTANT PROGRAM
CLINICAL PHASE
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APPENDICES: (Beginning at Page 75)

- Appendix 1 - Competencies for the Physician Assistant Profession
- Appendix 2 - Detailed History of Accidental Exposure
- Appendix 3 - MCPA Program Professionalism Self-Assessment
- Appendix 4 - Student Progress Documentation Form
- Appendix 5 - State Medical Board of Ohio Guidance Document
- Appendix 6 - Preceptor Evaluation of Student's Clinical Skills
- Appendix 7 - Program Expectations
- Appendix 8 - Technical Skills – Performed, Performed/Observed, Recommended
- Appendix 9 - Interprofessional Experience Verification Form
- Appendix 10 - Grading Rubric for Presentations

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 the journey to becoming a physician assistant.

The clinical year involves 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 skills, and developing an identity as a physician assistant will *never* be greater than they will be during the clinical phase. The student's responsibilities to themselves, their preceptors, and their patients will be tremendous. **Students must take advantage of every opportunity** and live up to the responsibilities – ultimately, they and their patients will be the major beneficiaries.

Temptations to choose the “easy road” during this time will be great, but taking this path will be a disservice to preceptors, patients, and especially the student themselves. To make the most of the opportunities during the clinical year requires discipline and hard work. Students must remember that each clinical encounter will be as successful as they make it and that there is always something new to learn, even in the most mundane tasks.

During the clinical phase, students are representing the physician assistant profession as well as the Marietta College Physician Assistant Program. Many times, they may be the first contact a patient or other healthcare professional has had with the PA profession or Marietta College; therefore, it is imperative to be a “positive representative” for the profession and 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 will occur in the outpatient setting, emergency department, inpatient and the operating room. During rotations, students learn how to better interview and examine patients, identify healthcare risks and problems, transmit patient information in verbal and written form, 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 healthcare behaviors with patients and families.

The faculty and staff of the Marietta College Physician Assistant Program want to offer any help and guidance students may need during this time, remember we are only a phone call away.

CURRICULUM

Fall Semester

Credits

PASP 660	Family Medicine I	5
PASP 650	Internal Medicine	5
PASP 651	General Surgery	5
PASP 652	Prenatal Care/Gynecology	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 the rotation. They will be responsible for preparing the rotational exams and grading assignments.

Family Medicine I & II	Mr. David Sams
Internal Medicine	Mrs. Christi Gierhart
General Surgery	Dr. John Grosel
Prenatal Care/Gynecology	Dr. Kevin Alten
Pediatrics	Mrs. Ainsley Weisman
Emergency Medicine	Mrs. Ainsley Weisman
Orthopedics	Mrs. Ainsley Weisman
Psychiatry/Behavioral Medicine	Dr. Kevin Alten
Elective	Mrs. Christi Gierhart

CLINICAL ACADEMIC CALENDARS

**CLASS OF 2023
2022 – 2023**

Family Medicine

June 6, 2022 – July 7, 2022

Core Rotations

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

July 11 – August 11, 2022

August 15, 2022 – September 15, 2022

Vacation

September 17, 2022 – September 25, 2022

Core Rotations (continued)

September 26, 2022 – October 27, 2022

October 31, 2022 – December 1, 2022

Vacation

December 3, 2022 – December 25, 2022

Elective Rotation I

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

December 26, 2022 – January 19, 2023

Core Rotations (continued)

January 23, 2023 – February 23, 2023

February 27, 2023- March 30, 2023

April 3, 2023 – May 4, 2023

Family Medicine II

May 8, 2023 – June 7, 2023

Elective Rotation II

June 12, 2023 – July 7, 2023

Board Prep Week

July 10, 2023 – July 14, 2023

Summative Evaluations and Board Preparation

July 17, 2023 – July 20, 2023

Graduation

July 22, 2023

**CLASS OF 2024
2023– 2024**

Family Medicine

June 5, 2023 – July 6, 2023

Core Rotations

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

July 10, 2023 – August 10, 2023

August 14, 2023 – September 14, 2023

Vacation

September 16, 2023 – September 24, 2023

Core Rotations (continued)

September 25, 2023 – October 26, 2023

October 30, 2023 – November 30, 2023

Vacation

December 2, 2023 – December 25, 2023

Elective Rotation I

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

December 26, 2023 – January 18, 2024

Core Rotations (continued)

January 22, 2024 – February 22, 2024

February 26, 2024 – March 28, 2024

April 1, 2024 – May 2, 2024

Family Medicine II

May 6, 2024 – June 5, 2024

Elective Rotation II

June 10, 2024 – July 5, 2024

Board Prep Week

July 8, 2024 – July 12, 2024

Summative Evaluations and Board Preparation

July 15, 2024 – July 18, 2024

Graduation

July 20, 2024

ROTATION CALL BACK DAYS (CBDs)

All students are **required** to return to the Marietta College campus for all “in person” call back days and to participate virtually as assigned below. **Attendance is mandatory.** Students who are late, leave early or have an unexcused absence, could have 10 points deducted from their final rotational grade or be required to appear before the Progress and Conduct Committee.

Each student is allotted \$500 during their clinical phase for travel expenses to and from their clinical site for CBDs. A “request for reimbursement” form will be completed at the July CBD. Reimbursement will be made in the form of a check and will be mailed to the student.

CBDs will consist of end of rotation (EOR) exams specific for the area of medicine recently finished, as well as case presentations/clinical vignette questions, problem-focused exams, simulator training, OSCEs and lectures for PASP 616 Professional Issues II. Call back dates for the Class of 2023 are listed below:

July 7 and 8, 2022	PFPE and Family Medicine I Exam; return to campus
August 12, 2022	Exam; virtual
September 16, 2022	Exam; return to campus
October 28, 2022	Exam; virtual
December 2, 2022	Exam; return to campus
January 20, 2023	PACKRAT exam (off site)
February 24, 2023	Exam; return to campus
March 31, 2023	Exam; virtual
May 5, 2023	Exam; return to campus
June 8 and 9, 2023	Summative and Family Med II Exams; return to campus

RESPONSIBILITIES

PROGRAM RESPONSIBILITIES

- The program is responsible for verifying, coordinating and assigning all student clinical sites and preceptors.
- 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 to 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 reviews 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 advanced practice provider) or to give an assignment to the student if he/she will not be able to precept the student for more than two 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 PA student and preceptor should maintain a professional relationship at all times and adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting.
- The State Medical Board of Ohio Guidance Document is provided as an example. (Appendix 5)

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 not be used as a substitute for regular clinical or administrative staff.
- 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, EMedley tracking, and site/preceptor evaluations at the completion of each rotation.
- The student is responsible for discussing with the 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.
- The student will incur expenses and obtain drug/alcohol screen or an additional background check if required by the hospital (prior, during or after rotation).
- The student may make suggestions for clinical sites and/or preceptors (physicians/PAs) but it is the responsibility of the program to verify, coordinate and assign all student clinical sites and preceptors.
- The student is to follow the schedule of their preceptor. This may include evenings, weekends and holidays.
- The student is required to work a minimum of 36 hours/week and/or 180 hours/5 weeks. If they are not obtaining these minimums, they should contact the Clinical Coordinator immediately to discuss the rotation.
- The student understands that if they are removed from a rotation 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.

- The student understands that any falsification of clinical rotation documents will result in an appearance before the Progress and Conduct Committee and may result in dismissal from the program.
- The PA student and preceptor should maintain a professional relationship at all times and adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting.

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, students should review the rotation objectives with their preceptor. They should discuss their educational background and experience, strengths and weaknesses, and the areas/skills in which they would like to focus.
- Ask questions. Clinical instructors like to teach inquisitive students.
- Practice patient presentations to improve organizational skills, the ability to make decisions about the information elicited and how to 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 the preceptor arrives.
- Create educational opportunities: during free time, do "heart sound rounds", listen to the hearts of all of the patients trying to pick up the gallops, murmurs, arrhythmias, PMI's and pulses.
- When patient volume is low, ask the preceptor if it is possible to 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.
- Students 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 healthcare. 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 students for 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.

GUIDELINES FOR STUDENT EXPOSURE ACCORDING TO CDC

Seek medical treatment IMMEDIATELY and follow the procedure outlined below:

- Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water.
- Immediately report incident to appropriate office or hospital personnel (and the preceptor) and follow established protocol.
 - If no established protocol, seek treatment at the nearest emergency department.

The following information should be included in the exposure report, recorded in the exposed person's confidential medical record, and made available to qualified health care professionals:

- Date and time of exposure.
- Details of the procedure being performed, including:
 - Where and how the exposure occurred
 - Whether the exposure involved a sharp device. If so, include the type of device, whether there was visible blood on the device, and how and when during its handling the exposure occurred.
- Details of the exposure, including:
 - The type and amount of fluid or material and the severity of the exposure.
 - For a percutaneous injury, include the depth of the wound, the gauge of the needle, and whether fluid was injected
 - For a skin or mucous membrane exposure, include the estimated volume of material, the duration of contact, and the condition of the skin (e.g., chapped, abraded, or intact).
- Details about the exposure source, including:
 - Whether the source material contained hepatitis B virus (HBV), hepatitis C virus (HCV); or human immunodeficiency virus (HIV). If the source was infected with HIV - the stage of disease, history of antiretroviral therapy, viral load and antiretroviral resistance information, if known.
- Details about the exposed person (e.g., hepatitis B vaccination and vaccine-response status); and
- Details about counseling, postexposure management, and follow-up.
- Additional information, including:
 - Who assigned the duties
 - Personal protective equipment worn at the time of the exposure
 - Decontamination provided at time of incident
 - Name(s) of other personnel that witnessed incident
 - Name(s) of personnel notified of incident

For more information go to <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/occupational-exposure.html>

Students should immediately notify the Clinical Coordinator (740-376-4987) of any incident. They will also need to submit a completed Exposure Report found on Canvas under “Clinical Year Assignments” (**Appendix 2**) to the clinical coordinator.

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 DURING THE 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 the student 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 healthcare 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 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 and/or required hospital 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 too tight, see-through, and/or anything oversized and sloppy. Clothing should be free of any stains, rips or tears.
- Skirt and dress length should be at least 2 inches below fingertips with arms at sides.
- The student's clothing should always be clean and pressed.
- Shoes should be comfortable and quiet when walking. Heels should be no higher than 2 inches.
- All boot height should be below the knee.
- 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

PA students' professional conduct should be exemplary and professional at all times. Professionalism is one of the parameters preceptors will be evaluating during rotations. Please make an effort to establish friendly relationships with preceptors and other healthcare professionals. Students should always be mindful of their conduct as they are constantly being observed by others.

The PA student and preceptor should maintain a professional relationship at all times and adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting.

DRUG SCREENING

Students must comply with and assume costs for initial and any subsequent drug screening requirements during clinical experiences. If a student has a confirmed positive drug screen due to prescribed medication, a letter from their healthcare provider will be required to validate the positive drug screen. Positive results not explained by a healthcare provider will result in the student appearing before the Progress and Conduct Committee and may result in additional testing, a required treatment program, delayed rotations/graduation and/or program dismissal.

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 preceptors 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. There are NO personal days during the clinical year.

ANYTIME 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 due to illness will require a written excuse from a healthcare provider. An unexcused or extended absence will result in loss of professionalism points from the final rotation grade. Depending on the amount of time missed, the student may be required to appear before the Progress and Conduct Committee and could jeopardize the students 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, and should be prepared, to relocate should a rotation site not be available in their geographically assigned area.**

STUDENT SAFETY

Keeping students safe while enrolled in the program is paramount. While on campus, students are protected by the 24/7 full-service Marietta College Police Department. Additionally, the program building doors are secured at all times and can only be accessed by someone with an ID badge. During rotations, students are encouraged to utilize all security resources offered to them by the facilities (safe parking areas, police escorts, etc.). Should a student have a safety concern at any time, they should contact the Program Director immediately.

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 a 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. If these two objectives are not met, students must comply with program assigned placements.

While the student may make suggestions for clinical sites and/or preceptors, **the Clinical Coordinator will verify, coordinate and assign all clinical rotations.** Once assigned, students may obtain their rotation information (preceptor name and contact information) through the EMedley 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 contact 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 student's 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.
- Week one schedule requirement- Each student must email the Clinical Coordinator a schedule, including anticipated days and times, at the site by **Wednesday of Week 1**. Any late or incomplete work will result in loss of professionalism points.
- Second week check-in – Each student must complete a Student Progress Documentation Form (**Appendix 4**) found in Canvas for every rotation. The completed form must be uploaded to **Canvas by the Friday of week 2**. Any late or incomplete work will result in loss of professionalism **points**.
- Student visits – each student will be visited by a PA faculty/staff member or designated Regional Coordinator in person or virtually (Zoom) 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 Campus Labs at the conclusion of each rotation. This **confidential** 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. (See Student Evaluation Process - Preceptor Evaluation and **Appendix 6**)
- Patient Encounter Tracking System – students are required to enter patient encounter data online through EMedley. 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, and the elderly) and specialties (women's health, mental/behavioral health, surgical, inpatients, outpatients, ER) and quantify student skills learned. If experiences/skills are not successfully obtained on rotations, the program will provide remediation for the deficiencies. This remediation may delay completion of the program and graduation (See **Appendix 7**). Students that inconsistently enter or falsify patient encounter data will lose points on their assignment grade and could possibly be dismissed from the program.
- Technical Skills – the program will monitor each student's patient encounters throughout each rotation to ensure that the skill requirements are fulfilled. It is the student's responsibility to note the skills/procedures that are required and listed as performed, or performed and/or observed, are

satisfied. The skills listed in **Performed Only** and the **Performed/Observed areas are required**. The program encourages students to approach preceptor(s) about the opportunity to accomplish these technical skills (whenever possible) during the rotation(s). If skills are not successfully obtained on rotations, the program will provide remediation for the deficiencies. This remediation may delay completion of the program and graduation (See **Appendix 8**).

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.

STUDENT EVALUATION

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 6**)

Any student who receives a mark(s) in the "Professional Attributes" section or other unsatisfactory rating(s)/grade/comment on the preceptor evaluation is required to meet with their faculty advisor and may be brought before the Progress and Conduct Committee. Appearance will be at the discretion of the faculty advisor and Clinical Coordinator.

Students are responsible for **ALL** of the following during each rotation:

- Obtaining the preceptor evaluation form from Canvas/eMedley then providing and reviewing it with their preceptor at the beginning of each rotation.
- Reviewing the preceptor evaluation form with their preceptor mid-way through the rotation to obtain feedback and identify any areas to improve their performance, if needed.
- 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.

Rotational grades will **NOT** be assigned until the final preceptor evaluation is received.

ROTATIONAL EXAMS

End of rotation exams will be 120 questions.

Time limit for rotational exams will be 120 minutes.

- Must PASS all end of rotational exams. If student fails, 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.

CALCULATING THE FINAL ROTATION GRADE

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

Preceptor evaluation	45%
End of rotation exam	45%
Professionalism - rotation assignments, patient tracking, site & preceptor evaluations, attendance, OSCE & PFPEs, interprofessional experience	<u>10%</u> 100%

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

Elective 1 preceptor evaluation of clinical skills	45%
Elective 2 preceptor evaluation of clinical skills	45%
Professionalism - rotation assignments, patient tracking, site & preceptor evaluations, attendance, interprofessional experience	<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	90 - 100%	4
B	80 - 89%	3
C	70 - 79%	2
D	60 - 69%	1
F	0 - 59%	0

ROTATION ASSIGNMENTS

(Additional Assignments may be added at program discretion)

FOR ALL ROTATIONS

Professionalism Patient tracking E-mail/phone contact with Clinical Coordinator Preceptor/site evaluation Attendance Interprofessional Experience (50 points)	<p>*Patient tracking - Students are required to enter patient encounter data online using the Physician Assistant Student Tracking (PAST) online software provided by EMedley. Encounters must be logged within 7 days of the patient encounter. Please enter data daily throughout the clinical year to record patient encounters. Failure to submit tracking by the Monday following call back day will result in deduction of <u>2 points per day</u>.</p> <p>*E-mail/phone contact with Clinical Coordinators - 1st week check in and submit rotation schedule to the Clinical Coordinator 24 hour reply to ALL emails/phone calls required Only Marietta College accounts are to be used.</p> <p>Preceptor/site evaluations completed in Campus Labs prior to call back day. Failure to complete will result in an assignment grade of zero points.</p> <p>*Repeated failure of any or all of these assignments will result in deduction of points</p>
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	and/or appearance before the Progress & Conduct Committee.
Assignments (50 points)	<p>See page 58-62. The assignment for the first CBD will be a written case presentation plus two clinical vignette questions related to the case in a PowerPoint presentation <u>AND</u> ROSH review questions.</p> <p>The assignments for subsequent CBDs students will be 1) create a case-based PowerPoint presentation with evidence-based medicine (EBM) including two clinical vignette questions related to the case.</p> <p style="text-align: center;"><u>OR</u></p> <p>complete ROSH review questions if not assigned to present <u>AND</u> 2) compose two clinical vignette questions related to your current rotation, See below for further assignment details.</p>
Problem Focused Physical Exams (PFPEs) or Objective Structured Clinical Examinations (OSCEs) (50 points)	During CBDs, students will be scheduled to perform PFPEs and/or OSCEs. See below for further details. A schedule for these skills to be provided at a later date.
Interprofessional Experience	<p>During the 14 months of clinical rotations (must be completed by end of second elective), each student is required to participate in eight (8) interprofessional experiences (IPEs) with the following professions:</p> <ol style="list-style-type: none"> 1. Respiratory therapy 2. Physical therapy 3. Occupational therapy 4. Speech therapy 5. Pharmacy 6. Front office staff (scheduling/billing) 7. Dietary 8. Social work <p>All experiences are to be a minimum of three (3) hours and organized by the student during planned “days off” from their regularly scheduled rotation. This exercise will provide the student an opportunity to apply the principles of interprofessional collaboration. At the conclusion of each session, the student must ask the healthcare professional to complete their IPE form. Additionally, the student will submit a half-page reflection assignment, after each of the eight IPEs, discussing the professional’s training and expertise, indications for referral to the service, the relationship of the profession to the PA field, how the patient’s care will benefit from the professional’s service and how the experience will</p>

	<p>impact their future PA practice. Students are required to upload both documents into Canvas under "Clinical Year Assignments Class of 2023/4". (Appendix 9)</p> <p>These IPE assignments will ensure all students have the opportunity to apply the principles of interprofessional collaboration during their clinical training.</p>
<p>Regarding all assignments – patient confidentiality is to be protected at all times. Patient names/initials are <u>not to be used</u>. The name of the facility and the preceptor should <u>not</u> 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>Assignments are due and are to be uploaded into Canvas under "Clinical Assignments" one week prior to CBD. If unable to upload to Canvas, students should e-mail assignment to the Course Coordinator and Clinical Coordinator by due date. Points will be deducted for late submissions.</p>	
<p>Students will be scheduled ahead of time and know when they are to present their case to the class on CBDs. Presentations will be graded on content and presentation. The grading rubric for presentations is provided in Appendix 10</p>	
<p><u>PowerPoint presentation with evidence based medicine for Family Medicine 1 & one additional specified subsequent rotation</u> (50 points)</p>	<p>During your rotation, choose a new or existing patient with any disease & create a PowerPoint presentation <u>with EBM research in the following format:</u></p> <ul style="list-style-type: none"> • Present the case's H&P, including: <ul style="list-style-type: none"> ○ History of present illness ○ List <u>only</u> the pertinent positives & negatives for the PMH, FH, SH, PSH, & ROS ○ Current medications ○ Vital signs ○ List <u>only</u> the pertinent positives & negatives for the PE • List a differential diagnosis with at least 3 possible diagnoses and provide an explanation as to why the patient may or may not have those diseases • Provide results of diagnostics • Final or most likely diagnoses • Plan of treatment/management to include: <ul style="list-style-type: none"> ○ Diagnostics ○ Therapeutics ○ Patient education ○ Follow-up instructions • Create 1 visual abstract from your EBM article which includes, at minimum, the following information: <ul style="list-style-type: none"> ○ Type of study (e.g. RCT, observational) ○ Number of subjects ○ Primary & secondary outcomes ○ Results (including confidence intervals, p-values, etc...) • Create 1 slide answering the following questions: <ul style="list-style-type: none"> ○ What were the limitations of the study? ○ Were there any conflicts of interest?

<p style="text-align: center;">OR</p> <p>Complete minimum of 120 ROSH Review questions (50 points)</p> <p style="text-align: center;">AND</p> <p>Compose 2 clinical vignette test questions specific to the rotation just completed (50 points)</p>	<ul style="list-style-type: none"> ○ Was the study registered and, if yes, were the outcomes changed, added, subtracted or in some other way modified compared to the published research? <ul style="list-style-type: none"> ▪ Use https://clinicaltrials.gov ▪ Enter your article's NCT number ○ Would I apply this research to the population of patients that I will be treating? <ul style="list-style-type: none"> • EBM article selection criteria: <ul style="list-style-type: none"> ○ Article must be less than 3-5 years old ○ Article cannot be a review article • Create two clinical vignette questions, one on each slide with 5 multiple choice options related to the topic.(See below) <p><i>The Power Point presentation must be no longer than 10 minutes and the font must be no smaller than size 20.</i></p> <p><i>Prepare for up to 5 minutes of questions at the end</i></p> <p>ROSH Review Questions Each student must complete a minimum of 120 ROSH review questions and upload a screenshot of their score to Canvas by 8am on the first CBD. Access information to ROSH review will be provided at a later time.</p> <p>Clinical vignette test questions: Must be in Word document in the correct format (see page 62 - 63) and reference from one of the following. <u>Please include your name and rotation on the Word document before uploading into Canvas.</u></p> <ul style="list-style-type: none"> • Current series • Cecil • Harrison's • Essentials of Musculoskeletal Care • Tintinalli's • UpToDate <p>Students must be prepared to explain each correct and incorrect answer and be ready to discuss the question(s) on call back day. Please write original questions. Questions can and may be submitted to "Turn-it-in.com" to check for plagiarism. Questions should be uploaded into Canvas under "Clinical Assignments" one week prior to CBD.</p>
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<p>Problem focused physical examination (PFPE)/Objective structured clinical examinations (OSCE) (50 points)</p>	<p>PFPE/OSCE: 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 based on a minimum score of 85%. Students must successfully “pass” the PFPE/OSCE or remediation will be required. Upon successful completion of remediation, student will receive 40 out of 50 total points.</p>
<p>A schedule will be created in advance so each student knows when they present their PowerPoint presentation and whether they are scheduled for PFPE or OSCEs during each CBD. ROSH review questions will be completed during every clinical rotation, unless you are scheduled to present during a subsequent CBD. Composing clinical vignette questions must be completed with every rotation regardless of presentation and topic specific if presenting.</p>	
<p>ADDITIONAL HELPFUL RESOURCES – to help prepare student for their general surgery, emergency medicine and orthopedics rotations, the faculty have created anatomy and radiologic review packets and exams. These resources can be found on Canvas under “Clinical Assignments”. It is STRONGLY recommended that students review these packets and complete the exams PRIOR to their first day in these rotations.</p>	

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 <https://www.nccpa.net/wp-content/uploads/2021/05/CoreBlueprint-ContentCategory.pdf>, if you need organ system clarification):
Cardiovascular, pulmonary, endocrine, EENT, infectious diseases, gastrointestinal/nutritional, genitourinary, musculoskeletal, neurologic system, psychiatry/behavioral, dermatologic, hematologic, renal, 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 <https://www.nccpa.net/become-certified/pance-blueprint/> if you need task area clarification):
History taking & performing physical examination, using laboratory and diagnostic studies, formulating most likely diagnosis, health maintenance/patient education/preventive measures, clinical intervention, pharmaceutical therapeutics, applying basic science concepts, professional practice
4. **List your reference source from one of the following:**
Harrison's, Cecil's, Current series, Tintinalli's, Essentials of Musculoskeletal Care (include edition number); review books are NOT permitted as references.
5. **List the page number(s) of the reference source**
6. **Choose 1 of the following course rotations:**
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 the 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 EXAMINATION

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 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.

ROSH REVIEW QUESTIONS

Throughout the clinical year, each student will be provided access to ROSH review questions by the program and must complete a minimum of 120 questions during each rotation. If a student is selected to present then they will not be required to complete ROSH review questions, outside of FM1, in order to research and prepare for the presentation. ROSH review is as an online study tool allowing students to customize their learning by selecting the topics on which they wish to focus and upload a screenshot of their score to **Canvas by 8 am on the first CBD** of each rotation. Detailed score reports will help determine where the student needs to center their studies in preparation for the PANCE. Access to this resource is easy from any internet connection.

ASSIGNED READINGS

Each rotation has objectives, disease states/conditions, and procedures that 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 that are posted in Canvas. Preceptors may assign additional readings for which students are also responsible. All of these readings enhance understanding of the medical discipline.

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

PA students may **NOT** prescribe drugs or medications of any kind. Students may **NOT** sign a prescription for a physician. Questions about this policy should be addressed to the Program 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 Clinical Coordinator. At that time, the **program** will decide if the change requested is appropriate. The Progress and Conduct Committee automatically review violations of this policy.

SCHOLASTIC PERFORMANCE

The ability of a physician assistant student to be promoted and to graduate from the program is the responsibility of the student with assistance and support from the faculty.

Note: in this document, 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. This applies to both the didactic (course work) and clinical (rotations) phases of the program curriculum.

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 care professionals. The student must be free of any impediments for licensure or for performance as a physician assistant. Failure to meet these requirements will jeopardize continued enrollment in and graduation from the program.

A course grade of "C" is passing; however, in order to proceed onto clinical rotations, students may earn no more than four (4) course grades of "C" during the didactic phase of the program. Students on track to receive their fifth course grade of "C" in the didactic phase will have the option to withdraw from and retake the course the following year (see Deceleration Policy). Students choosing to remain in the course and earn their fifth "C" will be dismissed from the program.

Students on track to receive **one (1) course grade** below "C" ("D" or "F") may have the option of remediation (See Remediation Policy). Didactic students not eligible for remediation have the option to withdraw from and retake the course the following year (see Deceleration Policy). Students choosing to remain in the course and earn a grade below "C" will be dismissed from the program. Earning more than two (2) original, remediated or decelerated course grades below "C" will result in automatic program dismissal.

Students are required to maintain a cumulative GPA of 3.0 or higher THROUGHOUT the program to be in good academic standing AND to graduate from the program.

ACADEMIC PROBATION

Students with a cumulative GPA falling below the 3.0 requirement at the end of a semester will receive a letter explaining they are on Academic Probation. This letter remains in their student file and their academic progress will be closely monitored by their academic advisor and the Program Director. When the student's GPA rises above 3.0, they receive a letter indicating they are no longer on Academic Probation. Students remaining on Academic Probation for three (3) consecutive semesters will be dismissed from the program.

REMEDIATION POLICY

The program is academically very intense and challenging. For students who experience academic difficulty, the following policies have been established.

Didactic Phase Remediation

If a student is on track to receive a grade below “C” (“D” or “F”) in **one (1) didactic course** and the Progress and Conduct Committee has deemed it appropriate, the student will be given the option of a comprehensive “remediation” exam for the course at the end of the semester.

- If the student successfully passes the comprehensive “remediation” exam ($\geq 70\%$), they will receive a “C” for the course and may continue in the program.
- If the Progress and Conduct Committee determines the student is ineligible to take a comprehensive “remediation” exam or the student does not successfully pass the comprehensive “remediation” exam ($\geq 70\%$), they will receive a grade of “F” for the course but have the option to re-enroll in the course the following year it is offered; thereby “decelerating” into the next class cohort (see Deceleration Policy).

Clinical Phase Remediation

If a student earns a grade below “C” (“D” or “F”) in **one (1) clinical rotation**, the student will be permitted to remediate the failed rotation at the end of the clinical year. The remediation will delay program completion and graduation. The student will be responsible for the full cost of the remediated rotation.

After successful remediation of **one (1) course (didactic or clinical)**, an additional course grade below “C” (“D” or “F”) will result in automatic dismissal from the program.

DECELERATION POLICY

Didactic Phase Deceleration

If a student is projected to earn their fifth course grade of “C” or below (“D” or “F”) and has not taken the final exam in the course, the student may withdraw “W” from the course while continuing to participate and receive grades in all other semester courses. The student will be permitted to re-enroll in the withdrawn course the following year it is offered; thereby “decelerating” into the next class cohort. Note: only one (1) course may be repeated through the deceleration process.

Students who have earned their fifth course grade of “C” or below (“D” or “F”) in a single course will be dismissed or may be offered the option to re-enroll in the course the following year it is offered; thereby “decelerating” into the next class cohort. Note: only one (1) course may be repeated through the deceleration process.

Decelerated students retaking a course because of receiving 5 course grades of “C” are required to earn a “B” or higher for the repeated course and for all subsequent courses/rotations for which they do not have grades. Earning another grade of “C” or below (“D” or “F”) in the repeated course or subsequent courses/rotations will result in dismissal from the program.

Decelerated students retaking a course for earning a grade below “C” (“D” or “F”) would be allowed to earn four (cumulative) course grades of “C”; however, earning a fifth course grade of “C” or below (“D” or “F”) would result in dismissal from the program.

In addition to retaking the required course and all subsequent courses, the student must audit ALL previously attended courses, even those for which they have already received grades. For all audited courses, attendance and class participation is mandatory. It is at the discretion of the Program Director and course coordinator(s) as to whether the student will take the exams for the audited courses; however, exam performance will not alter the original course grades. The student will be responsible for paying the full cost of the repeated course as well as all costs associated with the audited courses.

- Students needing to retake a summer course would re-enroll in the program the following June to

retake the summer semester then continue through the fall and spring semesters.

- Students needing to retake a fall course would re-enroll in the program the following August to retake the fall semester then continue through the spring semester.
- Students needing to retake a spring course would re-enroll in the program the following August to retake both the fall and the spring semesters. This requirement is necessary because of the unique systems-based structure of the program's curriculum.

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 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. Faculty reserve 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.

GRADUATION REQUIREMENTS - PASP 693 SUMMATIVE ASSESSMENT

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

- 1) maintained a high degree of professionalism throughout the program,
- 2) attained a cumulative grade point average of 3.00 or higher,
- 3) passed the Summative exam at the end of the clinical phase,
- 4) passed a problem-focused physical exam at the end of the clinical phase with a score of 90% or higher,
- 5) completed 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, is a candidate suitable to sit for the Physician Assistant National Certification Examination and is free of any impediments to licensure or to performance as a physician assistant.

PROGRAM DISMISSAL

A student dismissed from the program has fifteen (15) days to appeal in writing any adverse decision to the Graduate Council (see Graduate Council Grievance Procedure). 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.

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 (Marietta College 2021 – 2022 Catalog and Student Handbook).

Academic dishonesty includes cheating, plagiarism, theft or improper manipulation of laboratory or research data or theft of service. Plagiarism is one specific example of academic dishonesty that is often misunderstood by students. Plagiarism occurs when a writer deliberately uses someone else's language, ideas, or other original (not common-knowledge) material without properly acknowledging its source. Appropriate paraphrasing and proper referencing are necessary to avoid plagiarism. Students will have access to electronic and printed materials that 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 (EMedley, preceptor evaluations, site evaluations, case studies, etc.) is a violation of academic dishonesty and professionalism of a physician assistant student.

In order to ensure the academic honesty and integrity of all students while class is in session, the program faculty and staff reserve the right to monitor classroom activity including examinations. Cameras located in the back of the classroom are able to capture any suspicious or inappropriate activity. Additionally, ExamSoft, the program's testing system, will restrict access to all computer programs, files and web sites during exams.

NOTE: Monitoring cameras are NOT in use outside of class time.

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.

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.

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

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.

ORAL CASE PRESENTATIONS

- This is the main mode of interaction between a student and a preceptor. 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, do not 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.
- It is important to mention immunization history with pediatric patients.

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 are 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 thickened 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. Students may **NOT** sign a prescription for a physician or fill out pre-signed scripts. However, students may fill out prescriptions to be reviewed by the preceptor and must keep in mind the following when doing so.

Always consider the patient's 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 necessary.

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 a specific trade drug is required, 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 there is concern about compliance with follow-up, only dispense enough to last patient until next visit.

If a patient is suspected of suicide intent, follow the 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, students should introduce themselves to the Scrub Nurse and the OR Circulating Nurse. They should be notified of all cases that the student is assigned to during the rotation.
- Students should know their sterile glove size. 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.
- Take off all jewelry prior to surgery and store valuables appropriately.
- Before scrubbing, masks and eyewear should be safely secured. Sterile field is broken if either is touched after scrubbing.
- Scrub thoroughly. As a general rule, never finish scrubbing before the attending surgeon(s).
- Stand out of the surgical sterile field until instructed on where to stand.
- Learn the name and identity of surgical instruments.
- Never reach for or pass instruments unless specifically told.
- If the student becomes contaminated (gloves/gown), they should announce they are no longer sterile and then step out of the surgical field.
- Always follow instructions.

ADMISSION NOTE

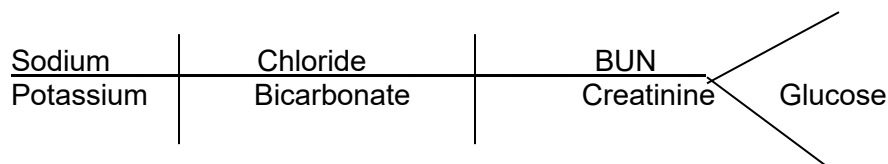
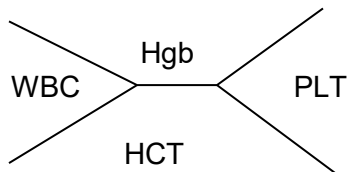
A.D.C. VAAN DIML

- 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

(Originally adopted 2005; revised 2012)

PREAMBLE

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

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

INTRODUCTION

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

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.

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

PHYSICIAN ASSISTANT COMPETENCIES

Medical Knowledge

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

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

- history and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communications Skills

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

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

Patient Care

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

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

Professionalism

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

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices

- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

Practice-based Learning & Improvement

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

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Systems-based Practice

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

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

Adopted 2012 by ARC-PA, NCCPA, and PAEA

Adopted 2013 by AAPA

MARIETTA COLLEGE PHYSICIAN ASSISTANT PROGRAM
Exposure Report

To be filled out by student exposed:

Name of student [Click here to enter text.](#)

Date/time of exposure: [Click here to enter text.](#)

Who assigned the duties: [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.](#)

Decontamination provided at time of incident: [Click here to enter text.](#)

Personal protective equipment worn at the time of exposure: [Click here to enter text.](#)

Briefly describe details of the procedure being performed (include where/how exposure occurred, whether exposure involved a sharp device and if so the type of device and whether there was visible blood and how/when during its handling the exposure occurred):

[Click here to enter text.](#)

Please provide details of the exposure including: the type/amount of fluid or material and the severity of exposure. For percutaneous injury, include depth of wound, gauge of needle, and whether fluid was injected. For a skin or mucous membrane exposure, include estimated volume of material, duration of contact, and condition of skin, e.g. chapped, abraded, or intact).

[Click here to enter text.](#)

Details about the exposure source including: whether to source material contained hepatitis B virus (HBV), hepatitis C virus (HCV); or human immunodeficiency virus (HIV). If the source was infected with HIV - the stage of disease, history of antiretroviral therapy, viral load and antiretroviral resistance information, if known.

[Click here to enter text.](#)

Details about the exposed person (e.g., hepatitis B vaccination and vaccine-response status):

[Click here to enter text.](#)

Details about counseling, post-exposure management and follow-up:

[Click here to enter text.](#)

MCPA Program Professionalism Self-Assessment

NAME _____

DATE _____

1 = not at all —————→ 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
------------------------------------------	---	---	---	---	---

Attire

I 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	5
----------------------------------------------------------------------	---	---	---	---	---

I demonstrated sensitivity and responsiveness to the culture, gender, age, disabilities, and ethnicity of others	1	2	3	4	5
------------------------------------------------------------------------------------------------------------------------	---	---	---	---	---

If 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
----------------------------------------------------------------------------	---	---	---	---	---



**MARIETTA COLLEGE PHYSICIAN ASSISTANT PROGRAM
STUDENT PROGRESS DOCUMENTATION FORM**

Student Name: _____

Rotation Dates: _____

Rotation:

<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> General Surgery
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Prenatal Care/Gyn	<input type="checkbox"/> Psychiatry	

Preceptor Name/Location: _____

No. of patients seen: _____/clinic day

_____/alone

_____/surgery day

Procedures performed: _____

Type of patients and/or student participation:

- ☐ New patients
- ☐ Rechecks/follow-ups
- ☐ Acute cases
- ☐ Chronic cases
- ☐ Preventive cases
- ☐ Emergent cases
- ☐ Nursing home rounds
- ☐ Hospital rounds
- ☐ Taking emergency call
- ☐ Surgically assisting
- ☐ Participating in OB deliveries

Procedures observed: _____

Is the student:

	Yes	No
Dictating:	<input type="checkbox"/>	<input type="checkbox"/>
Writing SOAP notes:	<input type="checkbox"/>	<input type="checkbox"/>
Doing H&P:	<input type="checkbox"/>	<input type="checkbox"/>
Writing discharge summaries:	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the care plan w/patients:	<input type="checkbox"/>	<input type="checkbox"/>

Disease entities encountered most frequently on rotation:

this rotation: _____

Student comments/concerns regarding the

Would you like to schedule a follow up phone call for any concerns: Y_____ N_____

If yes, please provide days and times you are available: _____

Office Use:

Date Received: _____ Staff Signature: _____

Follow up required: Y_____ N_____ Date Completed if Yes: _____

The State Medical Board of Ohio Guidance Document

4730.20 Services performed by physician assistant.

(A) A physician assistant licensed under this chapter 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;
- (8) Any other services that are part of the supervising physician's normal course of practice and expertise.

(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 this chapter. 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.

Added by 131st General Assembly File No. TBD, SB 110, §1, eff. 10/15/2015.

4730.201 Administration of local anesthesia by physician assistant.

(A) As used in this section, "local anesthesia" means the injection of a drug or combination of drugs to stop or prevent a painful sensation in a circumscribed area of the body where a painful procedure is to be performed. "Local anesthesia" includes only local infiltration anesthesia, digital blocks, and pudendal blocks.

(B) 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 requiring local anesthesia is to be performed by the physician assistant's supervising physician or another person. A physician assistant shall not administer, monitor, or maintain any other form of anesthesia, including regional anesthesia or any systemic sedation.

Renumbered from § [4730.091](#) and amended by 131st General Assembly File No. TBD, SB 110, §1, eff. 10/15/2015.

Effective Date: 05-17-2006.

/

4730.21 Duties of supervising physician.

(A) The supervising physician of a physician assistant exercises supervision, control, and direction of the physician assistant. A physician assistant may practice in any setting within which the supervising physician has supervision, control, and direction of the physician assistant.

In supervising a physician assistant, all of the following apply:

(1) The supervising physician shall be continuously available for direct communication with the physician assistant by either of the following means:

(a) Being physically present at the location where the physician assistant is practicing;

(b) Being readily available to the physician assistant through some means of telecommunication and being in a location that is a distance from the location where the physician assistant is practicing that reasonably allows the physician to assure proper care of patients.

(2) The supervising physician shall personally and actively review the physician assistant's professional activities.

(3) The supervising physician shall ensure that the quality assurance system established pursuant to division (F) of this section is implemented and maintained.

(4) The supervising physician shall regularly perform any other reviews of the physician assistant that the supervising physician considers necessary.

(B) A physician may enter into supervision agreements with any number of physician assistants, but the physician may not supervise more than three physician assistants at any one time. A physician assistant may enter into supervision agreements with any number of supervising physicians.

(C) A supervising physician may authorize a physician assistant to perform a service only if the physician is satisfied that the physician assistant is capable of competently performing the service. A supervising physician shall not authorize a physician assistant

to perform any service that is beyond the physician's or the physician assistant's normal course of practice and expertise.

(D) In the case of a health care facility with an emergency department, if the supervising physician routinely practices in the facility's emergency department, the supervising physician shall provide on-site supervision of the physician assistant when the physician assistant practices in the emergency department. If the supervising physician does not routinely practice in the facility's emergency department, the supervising physician may, on occasion, send the physician assistant to the facility's emergency department to assess and manage a patient. In supervising the physician assistant's assessment and management of the patient, the supervising physician shall determine the appropriate level of supervision in compliance with the requirements of divisions (A) to (C) of this section, except that the supervising physician must be available to go to the emergency department to personally evaluate the patient and, at the request of an emergency department physician, the supervising physician shall go to the emergency department to personally evaluate the patient.

(E) Each time a physician assistant writes a medical order, including prescriptions written in the exercise of physician-delegated prescriptive authority, the physician assistant shall sign the form on which the order is written and record on the form the time and date that the order is written.

(F)

(1) The supervising physician of a physician assistant shall establish a quality assurance system to be used in supervising the physician assistant. All or part of the system may be applied to other physician assistants who are supervised by the supervising physician. The system shall be developed in consultation with each physician assistant to be supervised by the physician.

(2) In establishing the quality assurance system, the supervising physician shall describe a process to be used for all of the following:

(a) Routine review by the physician of selected patient record entries made by the physician assistant and selected medical orders issued by the physician assistant;

(b) Discussion of complex cases;

- (c) Discussion of new medical developments relevant to the practice of the physician and physician assistant;
 - (d) Performance of any quality assurance activities required in rules adopted by state medical board pursuant to any recommendations made by the physician assistant policy committee under section [4730.06](#) of the Revised Code;
 - (e) Performance of any other quality assurance activities that the supervising physician considers to be appropriate.
- (3) The supervising physician and physician assistant shall keep records of their quality assurance activities. On request, the records shall be made available to the board.

Amended by 131st General Assembly File No. TBD, SB 110, §1, eff. 10/15/2015.

Effective Date: 03-05-1996; 05-17-200.

4730.22 Liability of physician - duties of health care facility - individual liability.

(A) When performing authorized services, a physician assistant acts as the agent of the physician assistant's supervising physician. The supervising physician is legally responsible and assumes legal liability for the services provided by the physician assistant.

The physician is not responsible or liable for any services provided by the physician assistant after their supervision agreement expires or is terminated.

(B) When a health care facility permits physician assistants to practice within that facility or any other health care facility under its control, the health care facility shall make reasonable efforts to explain to each individual who may work with a particular physician assistant the scope of that physician assistant's practice within the facility. The appropriate credentialing body within the health care facility shall provide, on request of an individual practicing in the facility with a physician assistant, a copy of the facility's policies on the practice of physician assistants within the facility and a copy of each supervision agreement applicable to the physician assistant.

An individual who follows the orders of a physician assistant practicing in a health care facility is not subject to disciplinary action by any administrative agency that governs that individual's conduct and is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's acts or omissions in the performance of any procedure, treatment, or other health care service if the individual reasonably believed that the physician assistant was acting within the proper scope of practice or was relaying medical orders from a supervising physician, unless the act or omission constitutes willful or wanton misconduct.

Amended by 131st General Assembly File No. TBD, SB 110, §1, eff. 10/15/2015.

Effective Date: 03-05-1996; 05-17-200.



**MARIETTA COLLEGE PHYSICIAN ASSISTANT PROGRAM
STUDENT CLINICAL PERFORMANCE EVALUATION**

Appendix 6

STUDENT _____ SPECIALTY _____ DATES _____
EVALUATOR _____ LOCATION _____

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

Professionalism	Poor <input type="checkbox"/> Frequently displayed inappropriate conduct and/or ineffective communication throughout the rotation.	Below Average <input type="checkbox"/> On occasion displayed instances of inappropriate conduct and/or ineffective communication during the rotation.	Average <input type="checkbox"/> Displayed acceptable conduct and/or communication skills throughout the rotation.	Above Average <input type="checkbox"/> Very good conduct and effective communication were displayed throughout the rotation.	Excellent <input type="checkbox"/> Excellent conduct and communication skills were displayed throughout the rotation.
Patient Presentations <input type="checkbox"/> Not observed	Poor <input type="checkbox"/> Pertinent data absent. Not concise. Disorganized. Often includes irrelevant data.	Below Average <input type="checkbox"/> Presentation often confusing. Pertinent data generally stated.	Average <input type="checkbox"/> Presentation usually organized with some irrelevant data.	Above Average <input type="checkbox"/> Explains and summarizes data; organized with little irrelevant data.	Excellent <input type="checkbox"/> Explains and summarizes data completely and concisely. Organized and succinct.
Written Skills (SOAP Notes and H&P) <input type="checkbox"/> Not observed	Poor <input type="checkbox"/> Sometimes fails to make chart notes. May include irrelevant data or fails to provide relevant data.	Below Average <input type="checkbox"/> Chart notes are late or include irrelevant data. Sometimes excludes relevant data.	Average <input type="checkbox"/> Write-ups are complete. Needs some improvement to become concise and organized.	Above Average <input type="checkbox"/> Write-ups are organized. Usually only relevant data is included. Problems and progress noted promptly.	Excellent <input type="checkbox"/> Write-ups concise and organized. Problems and progress documented completely and promptly.
Technical Skills <input type="checkbox"/> Not observed	Poor <input type="checkbox"/> Unable to follow correct sequence of steps for skills. Deficient technical qualities with major errors. Unable to perform skills even with guidance.	Below Average <input type="checkbox"/> Often fails to follow correct sequence for skill steps. Significant technical deficiencies. Performance of skills requires substantial guidance.	Average <input type="checkbox"/> Usually follows correct sequence of steps for skills. Technically accurate with few, correctable errors. Able to perform skills with direct supervision.	Above Average <input type="checkbox"/> Follows correct sequence of steps for skills. Technically reliable with insignificant errors. Able to perform skills with limited supervision.	Excellent <input type="checkbox"/> Always follows correct sequence of steps for skills. Technically sound without errors. Able to correctly perform skills independently.

Circle any of the following professional attributes that were a problem during the rotation. Please explain.

- 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 _____

Was the student adequately prepared for clinical rotation _____ YES _____ NO (If no, please explain in comments section).

Comments:

Evaluation discussed with student: _____ YES _____ NO

EVALUATOR _____ DATE _____

Please send to: PA Program, Marietta College, 215 Fifth Street, Marietta, OH 45750; Fax 740-376-8045, email: tle001@marietta.edu. THANK YOU!

**MARIETTA COLLEGE
PHYSICIAN ASSISTANT PROGRAM
PROGRAM EXPECTATIONS**

Surgical Management Care

<u>Area</u>	<u>Minimum Number Exposures Required</u>
Pre-Op	68
Intra-Op	109
Post-Op	94
OR Experiences	109

Patient Exposures

<u>Specialty</u>	<u>Minimum Number Patient Exposures Required</u>
Family Medicine	140
Internal Medicine	119
General Surgery	108
Prenatal Care/Gyn	131
Pediatrics	143
Emergency Medicine	126
Orthopedics	137
Psychiatry	107
Family Medicine II	167

Appendix 8

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

Performed (<i>Minimum Requirements</i>)	Perform and/or Observe	Recommended
Administer Local Anesthesia (15)	Arterial Blood Gas Draw	Assist in Cesarean Delivery
Apply/Remove Cast/Splint (8)	Arterial Catheterization (Cardiac or Peripheral)	Assist in Vaginal Delivery
Auscultate Fetal Heart Sounds (5)	Arthrocentesis/Intra-articular Injection (Knee)	Bone marrow aspirations/biopsy
First Surgical Assist (20)	Arthrocentesis/Intra-articular Injection (Shoulder)	Colposcopy
Incision and Drainage (3)	Central Line/Swan Ganz/Picc Line	Epistaxis Management
Injections (10)	Circumcision	Fast Exam - Ultrasound
Insert/Remove Urinary Cath (5)	Endoscopy (EGD/Colon)	Fetal Monitoring
Measure Fundal Height (5)	Fluorescein Stain for Eye	Insert/Remove Chest Tube
Pelvic Exam/Pap Smear (15)	Insert/Remove Contraceptive Devices	Intraosseous Placement
Perform/Interpret EKG (15)	Insert/Remove NG Tube	Nail Removal
Skin Biopsy/Lesion Removal/Cryotherapy (3)	Intubation Endotracheal	Pacemaker Insertion
Suturing/Laceration Repair (25)	Joint Reduction	Paracentesis
Venipuncture (5)	Lumbar Puncture	Removing Superficial FBs
Venous Catheterization (5)	Newborn Exam	Thoracentesis
Well Child Exams (14)	Pulmonary Function Testing (PFT)	
	Stress Testing	
	Wound debridement	

Note: all technical skills listed under the category “Performed” must be done by the student and fulfill the minimum number required as indicated above. Items listed under “Performed and/or Observed”, can be either performed and/or observed and finally competencies listed under “Recommended” are suggested but not required.

Revised August 16, 2019 Class of 2020



**THE MARIETTA COLLEGE PHYSICIAN ASSISTANT PROGRAM
INTERPROFESSIONAL EXPERIENCE VERIFICATION FORM**

Healthcare professional's specialty _____

Healthcare provider's name _____

PA student's name _____

Number of hours PA student spent with professional _____

Was the student professionally dressed? _____ Yes _____ No

Was the student engaged and did he/she utilize his/her time well? _____ Yes _____ No

Did the student demonstrate collaborative interprofessional team characteristics and behavior? _____ Yes _____ No

Did the student ask appropriate and pertinent questions with regard to improving patient-centered care? _____ Yes _____ No

Did the student demonstrate understanding of your role and importance in the collaborative interprofessional team? _____ Yes _____ No

Did the student identify other healthcare providers that may be of benefit to a particular patient? _____ Yes _____ No

Other comments:

Signature _____

Date _____

Thank you for your time and participation to help educate our PA student and improve patient care

CASE STUDY PRESENTATION EVALUATION RUBRIC

NAME OF PRESENTER: _____

EVALUATOR: CIRCLE THE NUMBER YOU DEEM APPROPRIATE, ADD THEM UP AND PUT THE SUM IN THE SCORE BLANK ON THE BOTTOM OF THIS SHEET.

SCORE BLANK ON THE BOTTOM OF THIS SHEET.

	10	9	8	7	6	5	4	3	2	1	0	
QUALITY OF SLIDES	Excellent: Professional, appropriate for hospital presentation.	Generally good but needs some work before ready for a hospital presentation; a couple of slides lacked professionalism, some slides difficult to read (small font, poor background, etc)		Some slides were good, others were sloppy, too congested, unreadable. (small font, poor background, etc.). Several slides not professional.		Slides were mostly sloppy, congested, or unreadable. (small font, poor background, etc.). Very unprofessional.				No slides were used.		
	20	19	18	17	16	15	14	13	12	11	10	9 → 0
PRESENTERS KNOWLEDGE OF THE CASE, DISEASE PROCESS AND EBM ARTICLES	Appeared to have an in-depth understanding of the material.	Seemed to understand most of the material, but a few aspects not well understood.		Seemed confident in about half of the material that was presented.		Seemed to understand some aspects of the material, but did not give many details.				Did not seem to understand the basics.		
	5	4	4	3	3	2	2	2	1	0	0	
DELIVERY	Good eye contact, spoke loudly, easy to understand.	Generally good, but failed to meet <i>one</i> of the three criteria needed to achieve a 5.		Generally OK, but often failed to meet one or two of the criteria needed to achieve a 5.		Little eye contact with audience, either spoke too softly or could not be understood at times.				Did not make any eye contact with audience, could not be heard or understood.		
	5	4	4	3	3	2	2	2	1	0	0	
PRESENTATION TIME AND OVERALL ORGANIZATION	Presentation was under 10 minutes. Presentation was well- organized and easy to follow.	Presentation went a little over 10 minutes &/or was generally well-organized, but some changes would have been helpful.		Presentation went over 10 minutes &/or about half of the presentation was organized while the other half was not.		Presentation went well over 10 minutes &/or most of presentation was unorganized, although parts were acceptable.				Presentation went well over 10 minutes & was completely unorganized.		
	10	9	8	7	6	5	4	3	2	1	0	
QUESTION AND ANSWER SESSION	Able to answer all questions well.	Able to answer most questions well.		Able to answer some questions well.		Able to answer a couple questions but not well.				Unable to answer any questions.		

SCORE: ____/50

COMMENTS (USE BACK AS WELL IF NEEDED):

Evaluator: _____