



# **Idaho State University**

## **Department of Physician Assistant Studies**

# **Guidelines & Policies**

**Class of 2027**

**2025 – 2027**

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

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# INTRODUCTION

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

The ARC-PA standard corresponding to a specific guideline or policy has been listed in-line for reference.

Given the multi-campus nature of the Idaho State University Physician Assistant Studies Program and its presence on the campuses of other institutions of higher education, wherever services and resources are provided in this document under the “Resources” header, the equivalent services and resources for all campuses and, where applicable and available, other institutions are also provided for reference. (A3.12h)

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

## DEFINITION OF A PHYSICIAN ASSISTANT

PAs are health professionals licensed to practice medicine and work in collaboration with a doctor of medicine or osteopathy and the health care team. PAs are qualified by graduation from an accredited PA educational program and/or certification by the NCCPA. The physician/PA relationship is fundamental to the PA profession, enhancing the delivery of high quality care. Within the physician/PA relationship, PAs exercise autonomy in medical decision-making, and provide a broad range of diagnostic and therapeutic services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings in rural and urban areas. PA practice is centered on patient care and may include educational, research, and administrative activities.

Services performed by PAs include, but are not limited to:

- **Evaluation:** Eliciting a detailed medical history, performing an appropriate physical examination, delineating problems, and recording information in the medical record.
- **Monitoring:** Working collaboratively with physicians and the healthcare team in developing and implementing patient management plans, recording progress notes in office-base and patient health care settings.
- **Diagnostics:** Performing and interpreting laboratory, radiologic, cardiographic, and other routine diagnostic procedures used to identify pathophysiologic processes.
- **Therapeutics:** Performing routine procedures such as injections, immunizations, suturing and wound care, managing simple conditions produced by infection or trauma, participating in the management of more complex illness and injury, and taking initiative

in performing evaluation and therapeutic procedures in response to life-threatening situations.

- **Counseling:** Instructing and counseling patients regarding compliance with prescribed therapeutic regimens, normal growth and development, family planning, situational adjustment reactions, and health maintenance.
- **Referral:** Facilitating the referral of patients to the community's health and social service agencies when appropriate.

The extent of the involvement by PAs in the assessment and treatment of patients depends largely on the complexity and acuity of the patient's condition as well as their education, experience, competence, and regulatory guidelines.

The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes of the graduate PA.

## **IDAHO STATE UNIVERSITY PA PROGRAM OVERVIEW**

### **THE PROGRAM**

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

### **VISION STATEMENT**

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

### **MISSION STATEMENT**

To cultivate caring, collaborative physician assistants dedicated to serving and improving the health and wellbeing of patients and communities.

### **MOTTO**

Training medical professionals who care.

## CORE VALUES OF THE IDAHO STATE UNIVERSITY PA

- **Compassionate** — We recognize and respond to the needs and feelings of others.
- **Inclusive** — We welcome and value you for who you are.
- **Collaborative** — We believe in the power of teamwork across disciplines to strengthen communities.
- **Integrity** — We strive to do the right thing personally and professionally.
- **Service Oriented** — We have the heart to care for others.
- **Intellectual Curiosity** — We pursue continuous growth and development in a safe and supportive learning environment.

## STUDENT HONOR CODE

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

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

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

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

## CURRICULUM

(A3.12d, B1.02, B2.02a–e, B2.03) The Idaho State University PA Program graduate curriculum is twenty-four months in length, divided into twelve months of didactic and twelve months of supervised clinical education. The fall semester of the didactic curriculum is comprised of foundation courses followed by modules in the spring and summer semesters that provide an immersive experience in the diagnosis and treatment of diseases commonly encountered in primary care medicine. The fall, spring, and summer semesters of the clinical curriculum are comprised of eight supervised clinical practice experiences (rotations) lasting approximately five weeks each.

### Didactic Curriculum

Fall Semester:

- PAS 6601 Intro to Physician Assistant (IPAS)
- PAS 6602 Evidence Based Medicine (EBMS)
- PAS 6603 Clinical Assessment (CLAS)

- PAS 6604 Pharmacology (PHAR)
- BIOL 5529 Regional Anatomy and Histology
- BIOL 5564 Lectures in Human Physiology
- BIOL 5563 Human Pathophysiology

Spring Semester:

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

Summer Semester:

- PAS 6639 Dermatology Module (DERM)
- PAS 6643 Genitourinary Module (GENU)
- PAS 6646 Neurology Module (NEUR)
- PAS 6650 Obstetric/Perinatology Module (OBPN)
- PAS 6651 Pediatric Module (PEDS)
- PAS 6652 Geriatric Module (GERI)
- PAS 6653 Surgery Module (SURG)
- PAS 6654 Emergency Medicine Module (EMER)
- PAS 6657 Comprehensive Evaluation

## **Clinical Curriculum**

Fall Semester:

- PAS 6661 Clinical Rotation I (R1)
- PAS 6662 Clinical Rotation II (R2)
- PAS 6663 Clinical Rotation III (R3)
- PAS 6671 Capstone Assessment I
- PAS 6689 Graduate Special Topics: PANCE Prep (by invitation)

Spring Semester:

- PAS 6664 Clinical Rotation IV (R4)
- PAS 6665 Clinical Rotation V (R5)
- PAS 6666 Clinical Rotation VI (R6)
- PAS 6672 Capstone Assessment II

- PAS 6689 Graduate Special Topics: PANCE Prep (by invitation)

Summer Semester:

- PAS 6667 Clinical Rotation VII (R7)
- PAS 6668 Clinical Rotation VIII (R8)
- PAS 6673 Capstone Assessment III
- PAS 6689 Graduate Special Topics: PANCE Prep (by invitation)



# **GUIDELINES & POLICIES**

## **IDAHO STATE UNIVERSITY GUIDELINES & POLICIES**

### **Federal Family Educational Rights and Privacy Act of 1974**

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

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

A student may restrict release of all directory information by filing a Student Non-Disclosure Declaration Of Education Record form with the Office of the Registrar. Any restriction is permanent and remains in place even after the student has stopped attending or has graduated from the University unless the student requests, in writing, that it be removed.

### **Resources:**

[isu.edu/registrar/ferpa/](http://isu.edu/registrar/ferpa/)

[isu.edu/registrar/student-resources/ferpa---student-rights/](http://isu.edu/registrar/student-resources/ferpa---student-rights/)

### **Americans with Disabilities**

Idaho State University is committed to providing equal opportunity in education for all students. If you are a qualified individual who has a diagnosed disability or if you believe you have a disability (physical, learning, hearing, vision, psychiatric) that might require reasonable accommodation in this Program, please contact Disability Services. Students must initiate requests for services and arrange any reasonable accommodations with Disability Services. Students are encouraged to register with Disability Services as soon as they begin this Program or in the timeliest manner possible as accommodations are not provided retroactively. PA students at the Caldwell campus should pursue accommodations through the College of Idaho after securing them through Idaho State University. Students need to self-advocate, articulate their needs for services and accommodations proactively, and pursue resources on campus for assistance. If a student believes that full participation in the PA Program graduate curriculum is not possible, it is the student’s responsibility to notify the Program as soon as the student is aware there is a limitation.

**Resources:****Idaho State University**

Disability Services

(208) 282-3599

[isu.edu/disabilityservices/](http://isu.edu/disabilityservices/)**The College of Idaho**

Department of Accessibility &amp; Learning Excellence

[accessibility@collegeofidaho.edu](mailto:accessibility@collegeofidaho.edu)[collegeofidaho.edu/accessibility](http://collegeofidaho.edu/accessibility)**Student Grievances and Allegations of Harassment & Mistreatment**

The State Board of Education (SBOE), as the governing body of the state's postsecondary educational institutions, has established the procedure for the review of the institution decision regarding student complaints and grievances. The procedure is outlined in Idaho State University's Student Code of Conduct (ISUPP 5000) and the College of Idaho's Student Handbook.

Reports regarding sexual harassment, sex- or gender-based discrimination are handled by Title IX. Reports regarding other types of harassment, discrimination, or retaliation are handled by Idaho State University's Office of Equity and Inclusion. Reports regarding academic mistreatment or other non-academic concerns are handled by Idaho State University's Office of the Dean of Students.

Persons experiencing harassment or mistreatment from another Idaho State University employee or student ought to utilize Idaho State University reporting tools; persons experiencing harassment or mistreatment from an employee or non-PA student of the College of Idaho ought to utilize the College of Idaho reporting tools. (A1.02j; A3.15f–g)

**Resources:****Idaho State University**[isu.edu/title-ix/](http://isu.edu/title-ix/)[isu.edu/aaction/](http://isu.edu/aaction/)[isu.edu/deanofstudents/student-conduct/](http://isu.edu/deanofstudents/student-conduct/)**The College of Idaho**[collegeofidaho.edu/harassment-prevention/sexual-misconduct](http://collegeofidaho.edu/harassment-prevention/sexual-misconduct)[collegeofidaho.edu/harassment-prevention](http://collegeofidaho.edu/harassment-prevention)[collegeofidaho.edu/student-life/student-handbook](http://collegeofidaho.edu/student-life/student-handbook)**Federal Health Insurance Portability and Accountability Act of 1996**

Idaho State University, in compliance with the Health Insurance Portability and Accountability Act (HIPAA), is committed to protecting the confidentiality of protected health information and in complying with Federal and State regulations regarding protected health information.

The Physician Assistant Studies Program trains all students in HIPAA. Every student is taught information regarding it, provided information for their continued review, and receive a badge. In particular, while on clinical rotations, students must comply with all policies and requirements for HIPAA. If the student becomes aware of or suspects any breach in patient information, they must notify their clinical supervisor and Idaho State University's HIPAA Compliance Officer immediately.

Any violations of HIPAA policies will be investigated by the Idaho State University HIPAA Compliance Officer in collaboration with the facility's Privacy Officer and Idaho State

University's HIPAA Compliance Committee. The investigation will assess the scope and severity of the breach and a recommendation will be made for appropriate disciplinary action. This may include a review by the Academic Affairs Committee (AAC) and result in a vote of dismissal from the Program.

**Resources:**

[isu.edu/ogc/our-team/](http://isu.edu/ogc/our-team/)

**Safety & Security on Campus**

Students concerned for their safety and security while on campus should contact Public Safety, or 911 as appropriate.

**Resources:**

**Idaho State University**

pubsafe@isu.edu

(208) 282-2515

[isu.edu/publicsafety/](http://isu.edu/publicsafety/)

**The College of Idaho**

campussafety@collegeofidaho.edu

(208) 459-5151

[collegeofidaho.edu/about/offices/campus-safety](http://collegeofidaho.edu/about/offices/campus-safety)

# PA PROGRAM GUIDELINES & POLICIES

## 1. Advanced Placement

(A3.13c) The Idaho State University Physician Assistant Studies Program does not award or grant advanced placement, nor accept the transfer of credits from other programs except on a case-by-case basis for teach-out students.

## 2. Teach-Out Students

- A. In the event the Idaho State University Physician Assistant Studies Program is required to close, the Program will follow the “Procedures to Close a Program, Additional Location, Branch Campus, or Institution” policy as outlined by the NWCCU.
- B. The Program may accept teach-out students from a Physician Assistant Program that has lost its ARC-PA accreditation. Admission of these students will be dependent upon the approval of the Program Director and Idaho State University.

### Resources:

[nwccu.org/policies/](http://nwccu.org/policies/)

## 3. Student Records

(A3.17a–f) Files on each student are kept confidentially within the Program. These files include admission decisions, justification for teach-out students’ advanced placement, immunization records, student performance, remediation efforts and outcomes, academic and/or behavioral disciplinary action, guidance notices or warnings, and verification of program completion. Portions of these files may be kept electronically or physically in secured locations. Student files are maintained after a student’s graduation or separation from the Program in accordance with the Idaho State University records management policy and the State Board of Education Public Higher Education Records Retention Schedule.

Documentation pertaining to significant occurrences required to be reported to licensing and credentialing services may be retained further than standard retention schedules. This permanent record may include, but not limited to, a student being sent to the PA Program’s Academic Affairs Committee (AAC) or being placed on probation. Isolated incidents of guidance notices or warnings are not retained in a permanent record.

### Resources:

[isu.edu/records/](http://isu.edu/records/)

[boardofed.idaho.gov/resources/state-board-of-education-public-higher-education-records-retention-schedule/](http://boardofed.idaho.gov/resources/state-board-of-education-public-higher-education-records-retention-schedule/)

## 4. Employment

- A. Employment in the Didactic Year is discouraged, and is not permitted at all during class hours. (A3.15e)
- B. Employment in the Clinical Year is strongly discouraged, and is not permitted at all during scheduled rotation hours. (A3.15e)

- i) The Clinical Year Team will consider individual student concerns regarding employment during the Clinical Year on a case-by-case basis.
- C. Students are not required to work for the Program. (A3.04)
- D. Students may not function as instructional faculty, or clinical or administrative staff. (A3.05a–b)

## 5. Advising in a Medical Capacity

- A. The Program Director, Medical Directors, and members of the PA Program faculty body are precluded from participating as health care providers or personal counselors for students in the PA Program except in emergency situations. (A3.09)
- B. Students should at no time consult members of the PA Program faculty body, lecturers, or clinical preceptors for health care advice for themselves, their family members, or anyone else.
- C. Students should at no time avail themselves of drug samples in a preceptor provider's office.
- D. Students experiencing a medical and/or personal issue will be directed to seek appropriate help through University resources or the private sector. The role of faculty is to inform students of available sources of help, not to provide services. (A3.10)
- E. Students should notify appropriate Didactic Year or Clinical Year faculty in a timely manner regarding any issue that may negatively impact attendance, following procedures outlined in this document. (A3.10)
- F. If the nature of the problem is urgent or emergent, the student should seek care immediately.

### Resources:

#### Idaho State University

Disability Services  
[isu.edu/disabilityservices/](http://isu.edu/disabilityservices/)

#### Pocatello:

Student Health Center  
[isu.edu/healthcenter/](http://isu.edu/healthcenter/)

Counseling and Mental Health Center  
[isu.edu/ctc/](http://isu.edu/ctc/)

#### Meridian:

Meridian Health Care  
[isu.edu/clinics/meridian-health-care/](http://isu.edu/clinics/meridian-health-care/)

Counseling Clinic  
[isu.edu/clinics/counseling-meridian/](http://isu.edu/clinics/counseling-meridian/)

#### The College of Idaho

Department of Accessibility & Learning  
 Excellence  
[collegeofidaho.edu/accessibility](http://collegeofidaho.edu/accessibility)

The Wellness Center  
[collegeofidaho.edu/student-life/wellness/student-health-services](http://collegeofidaho.edu/student-life/wellness/student-health-services)

The Counseling Center  
[collegeofidaho.edu/student-life/wellness/counseling-center](http://collegeofidaho.edu/student-life/wellness/counseling-center)

National Suicide Prevention Lifeline: call, text, or chat 988

National Crisis Text Line: text "HOME" to 741741

BIPOC Crisis Text Line: text "COALITION" to 741741

LGBTQIA+ National Hotline: call 888-843-4564

Trans Lifeline: call 877-565-8860

Domestic Violence Hotline: call 800-799-7233 or text “START” to 88788

Sexual Assault and Harassment Crisis Support: 800-656-4673 (HOPE)

## **6. Progression**

The PA Program graduate curriculum is a progressive immersive experience and each class of students is expected to move through the curriculum as a group. PA students are required to take the courses identified in the Program of Study in the order and semester in which they are offered.

### **A. Part-Time Status and Reduced Educational Load**

The PA Program graduate curriculum is designed to be delivered on a full-time basis to students in a cohort. There is no option to complete the curriculum on a part-time basis or on a reduced educational credit load with the intention of extending the curriculum’s schedule.

### **B. Additional Credit Load**

PA students may request up to three credits above and beyond the required PA Program graduate curriculum credit load each semester in order to pursue courses toward an additional Graduate Certificate or recreational courses. The student must be in good standing with the PA Program. Requests for these additional overrides must be made each semester through the Admissions Director for approval by the Program Director. Requests for credit load increases of four or more will not be permitted except in the case of a student pursuing a Graduate Certificate, who may request an increase of up to six credits during one of their Didactic and Clinical Year semesters if one course is experiential in nature.

### **C. Deceleration**

(A3.15c) Deceleration is defined by the ARC-PA as “the loss of a student from the entering cohort, who remains matriculated in the physician assistant program.”

- i) The Idaho State University Physician Assistant Program allows deceleration for the following reasons:
  - a. A student is granted a leave of absence by the PA Program.
  - b. A student is required to remediate their Capstone Assessment.
  - c. A student is required to enroll in additional PANCE preparatory coursework.
  - d. A student is required to make up missed rotation time.
- ii) A student who has decelerated due to a leave of absence joins the cohort graduating in the following year.
- iii) A student who has decelerated due to remediation, additional preparatory coursework, or missed rotation time is considered a “late finisher,” taking greater than 24 months to complete the Program but successfully completing the program of study before the next graduating class.
- iv) Completion of the Program should not exceed 42 months.
- v) Deceleration is not available for students who cannot meet the Program’s academic and/or professionalism/behavioral conduct requirements, nor in lieu of disciplinary

action or any other situation that would be considered grounds for a vote of dismissal from the Program.

#### **D. Leaves of Absence**

(A3.15d) The PA Program expects full-time students to complete the graduate curriculum in 24 months, however, family, medical, personal, or financial emergencies may arise that interrupt a student's studies. "Leave of absence" is defined by the PA Program as any time a student is unable to attend coursework for a prolonged period of time but intends to return to the Program; "Medical Withdrawal" is defined by the PA Program as any time a student is unable to attend coursework for a prolonged period of time due to medical reasons as recognized by the University which results in a leave of absence from the Program; "voluntary withdrawal" is defined by the PA Program as any time a student is unable or unwilling to attend coursework for a prolonged period of time but does not intend to return to the Program.

- i) If a student encounters an emergency during the first semester of the Program:
  - a. The student must meet with their faculty advisor, the Academic Coordinator, and either the Program Director or an Associate Director to determine the best course of action.
  - b. The student must submit to the Program Director:
    - 1) A brief written statement outlining the reason for the leave of absence and the plan for addressing it during the intervening time before returning to the Program,
    - 2) A letter of support from their faculty advisor, and
    - 3) In the event that the leave of absence is medical in nature, the University Medical Withdrawal approval.
- ii) If a student encounters an emergency during any other semester of the Program resulting in the need to miss greater than seven consecutive days in the didactic year, or fourteen consecutive days in the clinical year, must:
  - a. Meet with the Didactic Year Team or Clinical Year Team to determine the best course of action and develop a plan to address the absence.
  - b. The student must submit to the Program Director:
    - 1) A brief written statement outlining the reason for the leave of absence and the action plan discussed, and
    - 2) In the event that the leave of absence is medical in nature, the University Medical Withdrawal approval.
  - c. The Program Director must approve all action plans.
- iii) A student pursuing a voluntary withdrawal or a leave of absence must follow the "Drop or Withdrawal" policy as outlined by the Graduate Catalog.
- iv) A student pursuing a University Medical Withdrawal must follow procedures outlined by the Student Affairs Office when applying for the Withdrawal.
- v) If applicable, once the above have transpired, the Program Director will issue a letter to the student outlining any Program requirements that the student must meet in order to return to the Program.
- vi) Leaves of absence may not exceed 12 months in a single period or 18 months cumulatively.
- vii) A student returning from a leave of absence must:

- a. Submit to the Program Director a written return request, including the intended date of return, or an extension request at least thirty days prior to the end of the withdrawal period,
  - b. Submit a current attestation of the Program's *Technical Standards*,
  - c. Submit a current attestation and documentation of the Program's immunizations requirements,
  - d. Meet any Program requirements outlined in the Program Director's letter,
  - e. Meet and follow all University policies for return, and
  - f. If applicable, meet any requirements stipulated in the University Medical Withdrawal approval.
- viii) A student who does not submit a written return request or an extension request, submits a written notice of intention not to return, does not meet the Program or University Medical Withdrawal return requirements, or does not return on the agreed-upon date will be considered to have permanently withdrawn from the PA Program.
- a. If the student later desires to return, they will be required to reapply and meet all admission requirements at that time.

**Resources:**

[coursecat.isu.edu/graduate/generalinfoandpolicies/dropwithdrawal/isu.edu/deanofstudents/resources/](http://coursecat.isu.edu/graduate/generalinfoandpolicies/dropwithdrawal/isu.edu/deanofstudents/resources/)

**E. Parental Leave**

- i) Accommodation for students who have given birth to a child, are a spouse/partner of a person who has given birth to a child, have adopted a child or received a foster placement, or are breastfeeding will differ depending on the phase of the Program impacted by the pregnancy, birth, or adoption.
- ii) Students are expected to be in close communication with the Program Director and Academic or Clinical Coordinator in order to collaborate on a detailed plan, which will be developed on a case-by-case basis and may include:
  - a. Making up missed content at a later time;
  - b. Delaying testing and in-person requirements;
  - c. Attend the majority of class remotely, in the case of Didactic Year courses;
  - d. Taking an "incomplete" course grade, with completion required prior to progressing (either into the Clinical Year or to graduation);
  - e. Taking a University Medical Withdrawal and a leave of absence from the Program if the absence is expected to be greater than two weeks.
- iii) In the case of parental leave taken during the Clinical Year, return to rotations is dependent upon clinical site availability.
- iv) A student needing support for breastfeeding accommodations must discuss with the Academic or Clinical Coordinator.

**Resources:**

[isu.edu/title-ix/parent-rooms/](http://isu.edu/title-ix/parent-rooms/)



#### **F. Reinstatement**

- i) The Reinstatement Committee is an ad-hoc committee composed of the Academic Coordinator, the Clinical Coordinator, and either the Program Director or an Associate Director. The Program Director may appoint a replacement from amongst the PA Program faculty in the event conflicting schedules preclude a timely meeting.
- ii) In the event of a student returning from a leave of absence, the Program Director will call a meeting between the Reinstatement Committee and the student to discuss the leave of absence period and the reinstatement requirements outlined in the Program Director's letter.
- iii) The Reinstatement Committee will make a recommendation to the full PA Program faculty body.
  - a. Reinstatement will not be considered should the Reinstatement Committee find that the reinstatement requirements outlined in the Program Director's letter have not been met.
  - b. The Reinstatement Committee reserves the right to recommend against reinstatement even if the student has met the requirements for reinstatement.
- iv) A vote of the full PA Program faculty body will be called to either grant or deny the student's reinstatement request.
  - a. A majority vote is required.
  - b. The full PA Program faculty body reserves the right to deny a reinstatement request even if the student has met the requirements for reinstatement.
- v) Reconsideration may be granted on a case-by-case basis.

#### **G. Repeated Courses and Auditing Courses**

- i) Students who have previously taken courses that are part of the PA Program graduate curriculum may petition the PA Program's Academic Affairs Committee to audit the class(es).
  - a. Students who are auditing a class are expected to attend lectures and otherwise meet all course objectives.
  - b. Auditing is not allowed if content, labs, or small groups/discussions vary from those required by the Program's objectives.

#### **H. Progression from Didactic Year to Clinical Year**

- i) In order to progress from the Didactic Year to the Clinical Year, a student must: (*A3.15b*)
  - a. Successfully complete all didactic year courses as outlined in this document.
  - b. Maintain a cumulative GPA of 3.0.
    - 1) If a student's cumulative GPA at the end of the Didactic Year is below 3.0, the student may be prohibited from progressing to the Clinical Year until sufficient remediation is completed, or dismissed from the Program.
    - 2) If a student's cumulative exam average at the end of the Didactic Year is below 85%, the student will be asked to enroll in the elective PAS 6689 Special Topics: PANCE Prep course.
    - 3) If a student is, or has been placed on probation, the Program faculty will determine if the student is ready to enter the Clinical Year until sufficient remediation is completed, at the discretion of the Program faculty.

- c. Demonstrate competent physical examination and clinical reasoning skills as determined by clinical skills problems via mock patient, objective examinations, or other simulations, administered by the Program faculty.
- d. Complete the PACKRAT examination.
  - 1) If a student's PACKRAT score is less than 120, the student will be asked to enroll in the elective PAS 6689 Special Topics: PANCE Prep course.
- e. Conform to professional behavior standards in this document.
- f. Conform to the PA code of ethics as listed in this document's appendices.
- g. Have current immunizations or exemptions as required by Idaho State University and clinical sites.

## **I. Graduation Requirements**

- i) In order to progress from the Clinical Year to graduation from the PA Program, a student must: (*A3.15b*)
  - a. Successfully complete all clinical rotation courses as outlined in this document.
  - b. Achieve passing scores on or complete sufficient remediation of each section of the summative evaluation, including assessments of medical knowledge, clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal skills, and professional behavior standards.
  - c. Satisfactorily complete all capstone assessment courses as outlined in this document.
  - d. Maintain a cumulative grade point average (GPA) of 3.0 for all coursework undertaken as part of the PA Program graduate curriculum identified in the Program of Study.
  - e. Meet all requirements of the Graduate School.
- ii) Within the first two weeks of the semester in which a student expects to finish work for the MPAS degree, the student must apply for graduation through MyISU.
  - a. This application is only good for the specified term. Failure to graduate during the specified term will require a student to reapply for graduation, incurring an additional processing fee.
  - b. Applications for degrees will not be approved without completion or in-progress status of coursework required for the MPAS Program of Study as outlined in the Graduate Catalog.

### **Resources:**

[isu.edu/graduate/student-resources/current-students/coursecat.isu.edu/graduate/college-of-health/physicianassistantstudies/mpas/](http://isu.edu/graduate/student-resources/current-students/coursecat.isu.edu/graduate/college-of-health/physicianassistantstudies/mpas/)

## **J. Final Program of Study**

A final Program of Study lists all requirements that must be completed in order to receive a degree or certificate.

- i) Submission of a Program of Study to the Graduate School is not required for PA students. Program staff who have been designated as University advisors as well as students have access to view and track academic progress and outstanding degree requirements through DegreeWorks in MyISU.

- ii) A student's DegreeWorks, illustrating sufficient completion of all coursework required for the MPAS degree, is retained upon graduation with student records for five years.
- iii) Once a student's degree has posted to their transcripts or five years have passed from a student's separation from the Program, official transcripts from the University are considered the official source for a student's Program of Study.

## **7. Professional Behavior Standards**

In addition to meeting minimum grade requirements, successful completion of the Program includes adherence to standards of professional behavior, which include but are not limited to a consistent demonstration of mature demeanor, manner, conduct, behavior, character, deportment, and performance; respect for patients, preceptors, staff, instructors, and fellow students; personal integrity and honesty; and sensitivity to patients and respect for their rights to competent, confidential service.

### **A. Professional Behavior Expectations**

- i) Students should maintain a high level of professionalism and strive to demonstrate this through the following:
  - a. Assimilate material in a workable/useable format that demonstrates understanding and clinical relevance;
  - b. Contribute to class through meaningful and constructive comments, and cooperative and productive group participation;
  - c. Show respect, humility, and a willingness to learn, including honesty, integrity, and the ability to accept constructive criticism from PA Program faculty members and/or staff, preceptors, and/or fellow students;
  - d. Communicate with respect and relevance to the task at hand;
  - e. Demonstrate initiative through a motivated approach to learning in both academic and clinical settings;
  - f. Illustrate a willingness to learn about and respect for cultural differences without bias;
  - g. Arrive to class and clinic punctually, with the flexibility to change, and the self-awareness to adjust one's own habits;
  - h. Demonstrate the ability to think critically, and assimilate and integrate material in order to effectively manage patients in a clinical setting;
  - i. Embody an understanding of ethical concepts in dealing with PA Program faculty members and/or staff, preceptors, and/or fellow students when presented with medical information.

### **B. Unprofessional Behavior**

- i) The following examples act as continued guidance regarding the PA Program's expectations of its students and what constitutes unprofessional behavior:
  - a. Failure to comply with PA Program guidelines, regulations, and rules;
  - b. Failure to participate fully in all aspects of the curriculum;
  - c. Failure to perform, or only partially performing assigned tasks and responsibilities;
  - d. Failure to accept or act upon constructive criticism;

- e. Lack of cooperation with PA Program faculty, lecturers, preceptors, or fellow students;
- f. Hostile and/or disruptive attitudes and behaviors;
- g. Hostile comments made in evaluations (Program, course, and/or faculty);
- h. Chronic absences; leaving the classroom or clinical site early; failure to follow Didactic and Clinical Year absence notification procedures;
- i. Failure to follow protocol or directions given by a PA Program faculty member or preceptor;
- j. Performance of procedures beyond the scope of the role of a student or beyond a student's clinical ability without appropriate supervision;
- k. Performance of unauthorized procedures or administration of services disallowed by the PA Program, preceptor, or facility;
- l. Failure to report all observed unethical conduct by other members of the health profession and/or fellow students;
- m. Violations of HIPAA standards;
- n. Disrespect of patients' rights;
- o. Endangerment of the health and welfare of any patient;
- p. Failure to identify as a PA student during service learning activities or on clinical rotations; (A3.06)
- q. Improper use of electronic devices, including:
  - 1) Laptop usage unrelated to the current class activity such as emailing or messaging family and friends, online shopping, watching movies, playing video games, etc.,
  - 2) Laptop or other device usage resulting in the distraction of fellow students during lecture,
  - 3) Accessing pornography while in an academic or clinical setting,
  - 4) Cell phone usage such as leaving class to take a call, texting, checking apps, or playing games;
    - i. Cell phones must be on silent and are not allowed to make any sound during lecture.
    - ii. Cell phones are best used during breaks between lectures.
    - iii. Emergency calls should come through the PA Program's main phone numbers during a lecture:

**Resources:**

Pocatello Main Phone — (208) 282-4726 | Meridian Main Phone — (208) 373-1808 |  
Caldwell Main Phone — (208) 459-5126

**C. Academic Dishonesty**

- i) The Program will follow the "Academic Dishonesty" policy as outlined in the Graduate Catalog.
- ii) Copying exams or quizzes by any methodology is forbidden.

**Resources:**

[coursecat.isu.edu/graduate/generalinfoandpolicies/academicdishonesty/](http://coursecat.isu.edu/graduate/generalinfoandpolicies/academicdishonesty/)

#### **D. Evaluation of Professional Behavior Standards**

- i) Professional behavior standards are graded as a pass/fail component within a course. The course instructor reserves the right to determine satisfactory performance, either solely or in conjunction and consultation with other PA Program faculty members involved in the teaching of the course, utilizing their experience in the field and own well-reasoned professional judgment.
- ii) Satisfactory performance of the professional development, behavioral, and critical thinking components will not impact a course's final grade.

#### **E. Violations of Professional Behavior Standards**

- i) A student struggling with one or more of the professional behavior expectations will initially be counseled by a PA Program faculty member, generally their advisor, a course instructor, or a member of the Didactic or Clinical Team.
- ii) Based on the nature and degree of the precipitating events, a student who fails to maintain appropriate professional behavior will be issued a guidance notice or warning, be referred to the AAC, or—for particularly egregious violations—be dismissed.
- iii) Guidance notices or warnings are issued to a student whose behavior or performance in either the classroom or clinical setting is in violation of professional behavior standards and constitutes a recommendation for student improvement.
  - a. Upon receipt of three guidance notices or warnings, a student will be referred to the AAC.

### **8. Academic Standards**

#### **A. Grading Scale**

- i) The grading scale for PAS and clinical rotation courses is as follows:

|    |           |    |           |
|----|-----------|----|-----------|
| A  | 95–100%   | C  | 69–71.99% |
| A- | 90–94.99% | C- | 66–68.99% |
| B+ | 85–89.99% | D+ | 63–65.99% |
| B  | 80–84.99% | D  | 60–62.99% |
| B- | 75–79.99% | D- | 57–59.99% |
| C+ | 72–74.55% | F  | <57%      |

- ii) Each PAS course undertaken as part of the PA Program graduate curriculum, including clinical rotations, must be passed with a 75% final course grade when all grading components are considered. (A3.15a)
- iii) BIOL courses required as a part of the PA Program graduate curriculum may have their own grading scale. Refer to BIOL syllabi for their respective scales.
- iv) Scores are calculated exactly and are not rounded (e.g.: a student earning a 74.9% has failed).
- v) The Program will follow the “Grading” policy as outlined in the Graduate Catalog.
- vi) The Program will follow the “Incomplete Grades” policy as outlined in the Graduate Catalog.

**Resources:**

[coursecat.isu.edu/graduate/generalinfoandpolicies/courselevelcreditsgrading/#Grading](http://coursecat.isu.edu/graduate/generalinfoandpolicies/courselevelcreditsgrading/#Grading)

**B. Tutoring**

Formal academic tutoring for PAS courses is not available. Students are encouraged to speak with fellow classmates to form study groups that build on each other's strengths, reach out to second-year student mentors, and talk with their faculty advisor when struggling.

**Resources:**

[isu.edu/success/](http://isu.edu/success/)

[isu.edu/disabilityservices/academic-coaching/](http://isu.edu/disabilityservices/academic-coaching/)

**C. Academic Affairs Committee**

- i) The AAC is composed of a minimum of three to four PA faculty members appointed by the Program Director, and acts as an evaluation committee to make recommendations to the Program Director on behalf of the faculty as a whole for decision. The AAC convenes in a reasonable and timely period following a student's referral to assess a student's standing in the Program with regards to both academic and behavioral issues.
- ii) The AAC bases its recommendations on a student's file, petition to continue, facts and information presented, and the student's demonstrated potential to successfully complete the Program. Recommendations may include, but are not limited to:
  - a. No action taken;
  - b. A written warning given to the student and placed in the student's file;
  - c. Referral to appropriate student services;
  - d. An individualized recommendation plan;
  - e. Other recommendations as deemed appropriate;
  - f. Academic probation;
  - g. A vote of dismissal from the Program.

**D. Appeals**

- i) The Program will follow the "Appeal of a Final Course Grade" policy as outlined in the Graduate Catalog. (A3.15g)
- ii) Deviations from standard procedures must be applied for by the student via a formal petition submitted to the Academic Affairs Office.

**Resources:**

[coursecat.isu.edu/graduate/generalinfoandpolicies/appealsanddismissals/](http://coursecat.isu.edu/graduate/generalinfoandpolicies/appealsanddismissals/)

**E. Probation**

"Probation" is defined by the PA Program as a student status given when a student exhibits ongoing academic or behavioral difficulties.

- i) Probation may be given if:
  - a. A student's cumulative GPA for coursework undertaken as part of the PA Program graduate curriculum falls below a 3.0;

- b. A student fails nine written exams in the Didactic Year.
- ii) An official letter will be issued to the student with additional requirements intended to assist the student's performance.
- iii) Failure to meet the requirements of a student's probation will result in a vote of dismissal.
- iv) Probation extends for the following semester unless otherwise noted in the official letter to the student, and may follow the student from the Didactic Year into the Clinical Year.

#### **F. Petitions**

"Petition" is defined by the PA Program as a written statement provided by the student to illustrate self-awareness of ongoing academic or behavioral difficulties, provide an action plan for addressing the circumstances, and request to remain in the Program.

- i) A student must submit a petition to the Program Director to continue in the Program if they receive a grade of C+ or below for any one course in any given semester.
- ii) Petitions may be accepted or denied. An official letter will be issued to the student with the resulting decision.
  - a. A student whose petition is accepted and who is maintained in the Program may be given academic or behavioral requirements, including probation.
  - b. Denial of a petition may result in a call for a vote of dismissal.

#### **G. Dismissal**

- i) The Program will follow the "Dismissal from a Graduate Program" policy as outlined in the Graduate Catalog. (*A3.15d*)
- ii) The Program Director will convene a meeting of the full PA Program faculty body to discuss the preceding events, a student's file, petition to continue, facts and information presented, and the student's demonstrated potential to successfully complete the Program; a vote of the full PA Program faculty body will be called in the course of this meeting to either sustain or dismiss the student.
  - a. A majority vote is required.
- iii) A vote of dismissal will be called if:
  - a. A student's petition to remain in the Program is denied;
  - b. A student receives a grade of C+ or below in two or more courses in the Program, regardless of GPA;
  - c. A student whose cumulative GPA for coursework undertaken as part of the PA Program graduate curriculum remains below a 3.0 following a semester of probation;
  - d. A student fails to meet the requirements outlined in their probation letter;
  - e. A student fails a further course with a grade of C+ or below following probation;
  - f. A student violates standards for professional behavior in a particularly egregious manner.
- iv) A student who fails to notify the PA Program in a timely manner of the inability to fully participate may experience disciplinary action, including a vote of dismissal.

#### **Resources:**

[coursecat.isu.edu/graduate/generalinfoandpolicies/appealsanddismissals/](http://coursecat.isu.edu/graduate/generalinfoandpolicies/appealsanddismissals/)

## 9. Student Concerns and Grievances

(A3.15f–g) In addition to the resources outlined in “Student Grievances and Allegations of Harassment & Mistreatment” section of this document, the PA Program also provides an alternative venue for students who wish to air concerns, grievances, or offenses but are uncomfortable bringing it directly to their advisor, the DY Team, the AAC, or other involved faculty, students, or staff. While it is preferred that individuals attempt to resolve the problem between each other initially, the Program recognizes that interpersonal relations can be difficult to navigate.

### A. The Concern Committee

- i) The Concern Committee is composed of three PA faculty and/or staff members. The Committee will involve the three Class Representatives on a case-by-case basis as deemed appropriate.
- ii) Students, faculty, and staff receiving concerns from students may direct the individual(s) to the Concern Committee.
- iii) The Concern Committee will hear the presented concern and discuss it, determining appropriate action, including but is not limited to:
  - a. Counsel with the concerned individual(s) and no further action;
  - b. Further investigation of the concern;
  - c. Review of materials substantiating the concern;
  - d. Discussion with anyone involved with the concern, including the person(s) accused;
  - e. Consultation with leadership, counseling, the PA Program faculty and/or staff members, or other appropriate entities;
  - f. Referral to a more appropriate entity to handle the concern.
- iv) The Committee may share their opinions, provide feedback, and lead discussion regarding learning points and how the situation can be better handled in the future.
- v) It is recognized by the Committee that individual(s) accused of or involved in a concern should have the opportunity to share their side of the concern.
- vi) If it is deemed appropriate or an acceptable resolution cannot be reached, the Committee may bring the concern to the full PA Program faculty body for further discussion.
- vii) Circumstances covered under Title IX (sexual harassment, discrimination, or violence) must be reported immediately.
- viii) Cases indicating the potential for harm to self or others will be reported to appropriate University authorities. Students in crisis are urged to reach out if they are in need.

### Resources:

#### Idaho State University

[isu.edu/deanofstudents/student-conduct/  
isu.edu/title-ix/](http://isu.edu/deanofstudents/student-conduct/isu.edu/title-ix/)

Title IX Coordinator: (208) 282-1439

#### The College of Idaho

[collegeofidaho.edu/student-life/student-  
handbook](http://collegeofidaho.edu/student-life/student-handbook)  
[collegeofidaho.edu/harassment-  
prevention/sexual-misconduct](http://collegeofidaho.edu/harassment-prevention/sexual-misconduct)

Title IX Coordinator: (208) 459-5139



Pocatello:

Counseling and Mental Health Center  
(208) 282-2130  
[isu.edu/ctc/](http://isu.edu/ctc/)

Meridian:

Counseling Clinic  
(208) 373-1719  
[isu.edu/clinics/counseling-meridian/](http://isu.edu/clinics/counseling-meridian/)

The Counseling Center

(208) 459-5108  
[counseling@collegeofidaho.edu](mailto:counseling@collegeofidaho.edu)  
[collegeofidaho.edu/student-life/wellness/counseling-center](http://collegeofidaho.edu/student-life/wellness/counseling-center)

Advocate Center

(208) 459-5555  
[advocates@collegeofidaho.edu](mailto:advocates@collegeofidaho.edu)  
[collegeofidaho.edu/student-life/wellness/student-advocates](http://collegeofidaho.edu/student-life/wellness/student-advocates)

# **DIDACTIC YEAR GUIDELINES & POLICIES**

## **10. Didactic Year Team**

The Didactic Year (DY) Team is composed of the Academic Coordinator and a PA faculty member from each campus other than that of the Academic Coordinator. In the case of a campus being unable or unwilling to supply a PA faculty member, the Program Director may appoint another faculty member. This Team assists the Academic Coordinator in providing perspective about the naturally developing culture of each campus' student body and other intercampus coordination. The Didactic Year Team is composed of Cindy Bunde, Jeff Johnson, and Margo Smedshammer.

## **11. Didactic Year Attendance**

- A. The PA Program requires attendance for all classes and activities during the Didactic Year to develop into effective PAs able to meet professional behavior and responsibility standards.
- B. Students are expected to be wholly present and participatory in either the physical or digital classroom environment. As a professional school, active participation in courses and other learning activities are critical to the evaluation of student understanding and mastery of professional responsibilities.
- C. Classes and/or clinical experiences may require attendance on any day of the week, including weekends, evenings, and holidays. The tenants of this document, including attendance and professional behavior policies, are expected to be upheld during educational activities and conferences occurring outside the classroom.
- D. **Attendance Modality**
  - i) In-person attendance is required for the following:
    - a. Labs,
    - b. Physical exam practice,
    - c. Physical exam testing,
    - d. AHA courses,
    - e. Written tests, and
    - f. When lectures originate on a student's home campus.
  - ii) Zoom attendance is permissible outside of the above instances, and in the case of illness or exposure to infectious illness, though in-person attendance in general is strongly encouraged for student connectedness, attention, and academic performance.
    - a. The Program recommends a limit of approximately one Zoom day (partial or full) per week, or seventeen Zoom days per semester. Students are expected to self-monitor this.
    - b. All instances of Zoom attendance must be reported with a Zoom attendance form.
    - c. Notification of the intention to attend a day's lectures by Zoom should be submitted so the Distance Learning technology team can provide and prepare lecturers with the best solutions for class activities.
    - d. Excessive use of Zoom will be evaluated on a case-by-case basis, with consideration for approved accommodations, health and family issues, academic performance, engagement, and professional behavior of the student.

#### **E. Absences**

It is understood that some legitimate and unavoidable causes such as illness, death in the family, and doctor's appointments, etc., may cause a student to be absent. Students must approach absences in the same standard of professional responsibility required of a practicing PA, recognizing that professional responsibility extends to one's patients and team members.

- i) Absences are not permitted for the following:
  - a. Labs,
  - b. Physical exam practice,
  - c. Physical exam testing,
  - d. AHA courses, or
  - e. Written tests.
- ii) All absences must be reported with an absence form.
- iii) Absences should be reported to the DY Team 72 business hours in advance unless there are extenuating circumstances.
- iv) Excessive Absences
  - a. Excessive absence is generally considered more than sixteen hours per semester, however the DY Team may determine this on a case-by-case basis with consideration for extenuating circumstances.
  - b. A student with excessive absences will be counseled.
  - c. Continued absences will be considered a breach of professional behavior standards, resulting in a guidance notice or warning.
  - d. Further absences will result in referral to the AAC.

### **12. Didactic Year Clinical Experiences**

- A. Participation in Didactic Year clinical experiences may be required for some PAS courses; additionally, they may be appointed.
- B. Participation in a minimum of sixteen hours of service learning activities is required in the Didactic Year.
- C. A student must have fully up-to-date immunizations in order to participate in Didactic Year clinical experiences or service learning activities.
- D. A student must have completed HIPAA training in order to participate in Didactic Year clinical experiences or service learning activities.
- E. The supervision of a PA Program faculty member or preceptor is required for all Didactic Year clinical experiences.
- F. Personally arranged clinical experiences are not covered under University liability and are not permitted.
- G. Professional attire is required in Didactic Year clinical experiences or service learning activities, including a student name badge identifying the student as a student.

### **13. Evaluation of Didactic Academic Performance**

#### **A. Grading Components**

- i) PAS course grades may be determined using the following assessments: (*B4.01*)
  - a. Written exams,
  - b. Mock patient exams,
  - c. Quizzes,

- d. Assignments,
- e. Case studies,
- f. Presentations/projects, and
- g. Other methods of assessment as determined by the course instructor.
- ii) A student must pass overall professional development, behavior, and critical thinking components, and satisfactorily complete all assignments, regardless of whether the assignment is graded or not.
- iii) In general, Didactic Year PAS course grades may be broken down in the following percentages:
  - a. Written exams: 50% of a course's grade, minimum.
  - b. Mock patient exams: 30% of a course's grade when performed individually; 10% of a course's grade when performed as a group.
  - c. Quizzes, assignments, case studies, presentations, and projects: no more than 20% of a course's grade.
  - d. Participation: not included in a course's grade, however, participation is an expectation of the Program's professional behavior standards.

## **B. Failures**

A failure in the Didactic Year is defined by the PA Program as a score of <75% on any PAS exam, including mock patients but excluding quizzes. BIOL exams are also excluded.

- i) Failures are tracked by the Academic Coordinator during the Didactic Year. While students are notified of each exam score within the electronic testing software, the Academic Coordinator will provide a summary of failed exams upon request.
- ii) Written exam failures will be handled in the following manner:
  - a. First exam failure: No action.
  - b. Second exam failure: Notice will be issued to the student and their advisor. The student must complete a Learner Self-Assessment Form (provided by the Academic Coordinator). The student must submit the Form to and meet with their advisor. The advisor will help the student develop an action plan and document recommendations.
  - c. Third exam failure: Notice will be issued to the student's advisor and the student will be referred for coaching.
  - d. Fourth exam failure: Notice will be issued to the student and their advisor. The student will also be referred to the AAC.
  - e. Fifth through eighth exam failure: Notice will be issued to the student's advisor and the AAC. The AAC will meet with the student following the fifth exam failure if a meeting did not occur following the fourth exam failure.
  - f. Ninth exam failure: Notice will be issued to the student, their advisor, and the AAC.
  - g. Tenth exam failure: Notice will be issued to the student, their advisor, and the AAC. A vote of dismissal will be called.
- iii) Mock patient exam failures apply to both individual and group exams.
- iv) Mock patient exam failures will require the student(s) to repeat the exam with a new scenario in order to reinforce concepts and practice becoming a proficient clinician.

- a. The higher of the two mock patient exam grades will be used in the student's course grade.
- b. A student who fails both mock patient exams will receive the higher of the two grades. Notice will be issued to the student and their advisor. The student will also be referred to the AAC.

### C. Remediation

(A3.15c) "Remediation" is defined by the PA Program in the Didactic Year as a limited opportunity to increase a failing course grade to a minimum passing grade of 75%. Whether remediation is available in a BIOL course and the details of those remediation options are determined by and executed at the sole discretion of the Biology instructor of record.

- i) Remediation usage is recommended and tracked by the Academic Coordinator during the Didactic Year.
- ii) A remediation may be used when a student has failed one or more graded components that would result in a course failure.
- iii) Only one remediation attempt per course is permitted.
- iv) Each student will have three remediations available for the Didactic Year and may choose when to use them. A student who uses all three of their remediations will have no further recourse for failing course grades.
- v) A student who uses a remediation must demonstrate correction of the deficiencies in their knowledge and/or skills which caused the initial failure. The course instructor will select a method most appropriate for the student and their situation; and communicate with the student regarding the plan, deadline for completion, and requirements for satisfactory completion.
- vi) The original failing course grade will be adjusted to 75% if a student's remediation is completed satisfactorily.
- vii) The original failing course grade will stand if a student's remediation is not completed satisfactorily.
- viii) Potential remediation plans include but are not limited to:
  - a. The student receives a copy of their exam and re-answers their incorrect items (open- or closed-book/note, short answer, referenced or not, etc.);
  - b. The student participates in a verbal discussion of their incorrect items with a PA Program faculty member or course instructor;
  - c. The student retakes the same test (open- or closed-book/note);
  - d. The student completes an alternate assignment;
  - e. The student completes or re-performs another assignment, mock patient, or case(s).
- ix) Examples:
  - a. A student scores a 60% on a written final exam in a PAS course. When all grading components are considered, the student has failed the course. The student opts to use a remediation. The course instructor elects to have the student re-answer their incorrect items from the failed exam with short answers including the correct answer and why their answer was incorrect. The course instructor deems the student's responses sufficient proof of learning and adjusts the final course grade to a 75%, resulting in the student passing the course. The student proceeds

through the PA Program graduate curriculum with two remediations remaining for the Didactic Year.

- b. A student scores a 74% on a written final in a PAS course. However, when all grading components are considered, the student still passes the course. The student opts not to use a remediation. The final exam grade remains a 74%; the student passes the course. The student proceeds through the PA Program graduate curriculum with three remediations remaining for the Didactic Year.

#### **D. Testing Protocol**

- i) Additionally, students must adhere to the following standards of professional behavior relating to test taking procedures:
  - a. Quizzes and exams must be taken in the classroom unless otherwise determined by an appropriate faculty member and/or ADA accommodations.
  - b. All attempts at silence must be made during exams.
  - c. Students may have only one sheet of paper and a pen while taking quizzes or exams.
  - d. All books and backpacks must be outside the classroom/test-taking area.
  - e. No other electronic devices aside from a computer are permitted.
    - 1) A simple calculator is acceptable (addition/subtraction/multiplication/division functions only).
    - 2) Ear muffs and ear plugs are permitted.
    - 3) Devices capable of transmitting sounds for the sake of noise cancellation are not permitted.

## **PERFORMANCE ADVANCEMENT PROGRAM**

### **14.PAS 6689 Special Topics: PANCE Prep**

The PA Program has a responsibility to ensure students are making sufficient progress academically to acquiring the knowledge base and critical thinking skills necessary to care for patients within their community, beyond the academic setting provided by the Program. This course is designed to support academically underperforming students in their preparation to take and pass the PAEA End of Rotation exams and NCCPA PANCE exam upon graduation from the Program. By utilizing the skills and information learned in this course, students will be able to study more effectively and enhance their self-regulated learning, leading to greater knowledge acquisition, more durable learning, and improved academic performance.

- A. A student will be invited to enroll in this course if:
  - i) Their Didactic Year exam average is less than 85%;
  - ii) Their Didactic Year PACKRAT score is less than 120;
  - iii) Their Clinical Year End of Rotation exam average score is less than 390;
  - iv) Their Clinical Year PACKRAT scores is less than 143;
  - v) Their Clinical Year End of Curriculum exam score is less than 1448.
- B. A student may test out of the course for the subsequent semester if:
  - i) They complete the required number of self-study PANCE Qbank exam questions in UWorld for the semester;
  - ii) They maintain an End of Rotation exam cumulative average score of at least 390.
- C. A student who tests out of the course will be invited to re-enroll if they later meet any of the above criteria again.

## **MASTERS CAPSTONE EXPERIENCE**

### **15.PAS 6671, 6672, & 6673 Capstone Assessment I, II, & III**

The three Capstone Assessment courses represent a comprehensive assessment of students during the Clinical Year in which students are required to demonstrate their readiness for clinical practice through a series of examinations, and the development, presentation, and defense of a project. The Master's Capstone Coordinator is Margo Smedshammer.

### **16.Capstone Project**

#### **A. Project Development**

Students will develop an evidence-based case concept vignette presentation, public health-based education project, primary research, or other project under the direction of a PA Program faculty member acting as the Capstone Project Advisor.

- i) Students will submit a written report of the project to their Capstone Project Advisor and the Master's Capstone Coordinator no later than two weeks prior to the presentation date, and in accordance with the deadlines provided in the course syllabus.
- ii) All project material must be HIPAA compliant.

#### **B. Oral Presentation**

Students will present an oral, in-depth, critical analysis and evaluation of their project to a committee, requiring the application of research skills, critical analysis of medical literature, evidence-based medicine, and a demonstration of the depth and breadth of knowledge in primary care medicine.

- i) Students should request any necessary equipment a minimum of two weeks prior to the presentation date.
- ii) The presentation is open to the public, including PA students and/or students from other programs.

#### **C. Oral Defense**

The committee will follow the presentation with a series of oral questions intended to determine a student's fund of knowledge with regard to the presented project and related concepts.

- i) The oral examination is not open to the public.
- ii) Access to additional materials, written or otherwise, electronic devices, charts, or other aids is not permitted during the oral examination.
- iii) Examining Committees
  - a. Committees consist of three Idaho State University faculty members:
    - 1) Two PA Program faculty members, including the Capstone Project Advisor;
    - 2) One Graduate Faculty Representative (GFR).
  - b. GFRs may be chosen by the PA Program faculty or the student from a list of those designated by Idaho State University in the Graduate Catalog.
  - c. One of the PA Program faculty members acts as the Committee Chair.
  - d. The Program will follow the "Conflict of Interest of Graduate Faculty" policy as outlined in the Graduate Catalog.



**Resources:**

[coursecat.isu.edu/graduate/graduatefaculty/](http://coursecat.isu.edu/graduate/graduatefaculty/)  
[coursecat.isu.edu/graduate/generalinfoandpolicies/advisorsandexaminingcttes/](http://coursecat.isu.edu/graduate/generalinfoandpolicies/advisorsandexaminingcttes/)

**D. Evaluation of Capstone Project Performance**

- i) The Program will follow the “Examinations” policy as outlined in the Graduate Catalog.
- ii) The Program will follow the “Continuing Registration for Graduate Students” policy as outlined in the Graduate Catalog.

**Resources:**

[coursecat.isu.edu/graduate/generalinfoandpolicies/examinations/](http://coursecat.isu.edu/graduate/generalinfoandpolicies/examinations/)  
[coursecat.isu.edu/graduate/graduateadmissions/](http://coursecat.isu.edu/graduate/graduateadmissions/)

**17. Comprehensive Examination/Summative Week**

(B4.03) Students will be evaluated to ensure that each student is prepared to enter clinical practice. Assessments will be summative in nature and incorporate both didactic and clinical components to assess student medical knowledge, clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal skills, and professional behavior required for clinical practice.

**A. Required Components**

- i) The PAEA End of Curricular Exam (or similar);
- ii) Objective Structured Clinical Examinations (OSCEs);
- iii) The PACKRAT II;
- iv) Attendance of Clinical Year Team meeting and workshops;
- v) Attendance of a PANCE preparation course.

**B. Remediation**

- i) Remediation is available for the OSCE.
- ii) The Clinical Year Team will develop an individualized plan to address identified deficiencies in clinical skills.
- iii) The Clinical Year Team reserves the right to determine whether remediation has been satisfactorily completed.

# CLINICAL YEAR GUIDELINES & POLICIES

## 18. Clinical Year Team

The Clinical Year (CY) Team is composed of the Clinical Coordinator and a PA faculty member from each campus other than that of the Clinical Coordinator. In the case of a campus being unable or unwilling to supply a PA faculty member, the Program Director may appoint another faculty member. This Team assists the Clinical Coordinator in advising students regarding clinical rotations; establishing relationships with clinical preceptors, their clinical sites, and the administrators of those sites; and all coordination of the PA Program's Clinical Year. The Clinical Year Team is composed of Vicki Allen, Anntara Smith, and Kent Whitaker. The Clinical Year Team also includes PA Program staff from across campuses.

## 19. Clinical Site Assignments

(B3.01) The CY Team is responsible for securing clinical rotation sites and preceptors for all PA Program students. As such, clinical sites may be located throughout the United States. Each student participates in eight clinical rotations, typically lasting five weeks each.

### A. Clinical Rotation Topics (A3.12d, B3.07a–g)

- i) Internal Medicine
- ii) Outpatient Medicine/Family Medicine
- iii) Obstetrics & Gynecology/Women's Health
- iv) Pediatrics
- v) Emergency Medicine
- vi) Psychiatry/Behavioral & Mental Health
- vii) Surgery
- viii) Elective

### B. Rotation Changes

- i) In general, once confirmed, a rotation will not be changed except in extreme or unforeseen circumstances. Circumstances of the dynamic landscape of medical practice may lead to a change in rotation being necessary at any time in the Clinical Year.
- ii) A student will be notified as soon as possible in the event that a clinical rotation assigned by the Clinical Year Team is cancelled by a clinical site or preceptor.
- iii) A student who is informed of a cancellation by a clinical site or preceptor must contact the Clinical Year Team immediately.
- iv) Students requesting a change in rotation must provide the request in a written email to the entirety of the Clinical Year Team, including its staff members, who will assess the situation and the possibility of enacting the change.

### C. Personal Site Requests

- i) Students are not required to provide or solicit any clinical rotation site or preceptor. (A3.03)
- ii) Students must follow the protocols for personal site requests provided by the CY Team.
- iii) Students are prohibited from cold-calling clinical sites or providers.

- iv) Students making a personal site request must have a prior relationship with the clinical site or preceptor.

**D. International Clinical Sites**

- i) Only international rotations established by Idaho State University are permitted.
- ii) Students are not required to participate in international clinical site opportunities.
- iii) An international rotation must be utilized to fulfill a student's Elective rotation. (B3.02)
- iv) Students participating in an international rotation must abide by the requirements of the Idaho State University Risk Management Office and Center for Disease Control travel guidelines. (A3.07b)

- E. The Clinical Year Team reserves the right to deny any student requests regarding the Clinical Year.

**Resources:**

[isu.edu/ogc/risk-management/](http://isu.edu/ogc/risk-management/)  
[cdc.gov/travel](http://cdc.gov/travel)

**20.Travel Costs**

Students of the PA Program will travel during the Clinical Year.

- A. Costs related to the Program's clinical requirements are the student's responsibility.

**B. Housing Reimbursement**

- i) In the event of a cancelled Program-assigned rotation, the student may contact any entities where monies for housing have been promised and request a refund.
- ii) If a refund is not possible, the student may send a request for up to \$1,000 and receipt(s) to the Clinical Year Team for review.
- iii) All housing reimbursement requests will be considered on a case-by-case basis.
- iv) Only the individual student's expense will be considered. Costs for a spouse, children, pets, etc., will not be considered.
- v) Final reimbursement must be approved by the Program Director.

**21.Background Checks**

Students of the PA Program are required to undergo a background check prior to beginning their clinical rotations. The cost of the first background check is covered by the Program. A student is responsible for the cost of any additional background check(s) required by a clinical site.

**22.Professional Responsibility**

Students have the opportunity during the Clinical Year to demonstrate and augment the knowledge and skills acquired in the Didactic Year. The clinical settings students are assigned to will promote the development of a greater understanding of the healthcare environment and patient management. The responsibility entrusted to students is significant and requires commitment to a high level of professionalism and clinical skill which are

integral to a student's obligations to patients, clinical facilities, the profession, and themselves.

#### **A. Clinical Experience Expectations**

- i) Students are under a professional obligation to augment clinical experiences with daily review of medical literature. A student should develop a disciplined approach to reading with the intention to build upon foundational medical knowledge and enhance personal development as preparation for end-of-semester and national certification exams.
- ii) Students should seek opportunities to work with and learn from nursing staff, respiratory therapists, lab and x-ray technicians, billing personnel, and any other members of the healthcare team. The Clinical Year provides a particularly unique opportunity to be exposed to a variety of medical experiences in a rapid timeframe, a benefit unlikely to occur at any other time in a PA's professional career.
- iii) Scope of clinical learning experiences will vary from site to site, usually based on institutionally mandated protocols. Some sites may afford a student the full range of participation in patient care activities; other sites may impose restrictions relative to chart documentation, clinical procedures, administration of medication, on-call expectations, etc. Individual preceptors may advance a student's autonomy as their abilities increase.

#### **B. Professional Appearance**

As a professional program, the following expectations aim to protect student and patient health, and achieve an air of professionalism that appeals to the broadest sensitivity of patients' desires for their health care provider.

- i) Students must dress professionally and maintain exemplary personal hygiene.
- ii) Clinical sites and individual preceptors will establish a dress code appropriate for their site.
- iii) Unless otherwise specified by a preceptor, students should wear business casual attire and observe the following best practices:
  - a. Personal hygiene
    - 1) Scented colognes, lotions, perfumes, etc., should be avoided.
    - 2) Long hair must be pulled back and secured.
    - 3) Facial hair must be shaved or neatly trimmed.
    - 4) Fingernails must be short and clean.
  - b. Clothing must be clean, well-kept, conservative, and tasteful.
  - c. Clothing should not be tight or revealing.
  - d. Jeans are not appropriate in any clinical or professional setting during the Clinical Year.
  - e. Sandals and open-toed shoes are not appropriate and expose the student to bodily fluids/excretions.
  - f. Rings
    - 1) Rings should be removed for procedures requiring sterile technique and some patient handling.
    - 2) Simple ring bands are acceptable but require optimal cleanliness.
  - g. Piercings

- 1) Hospital and/or clinic policy regarding piercings/decorations must be followed.
  - 2) Minimal ear piercings/decorations (one or two simple studs/earrings) are acceptable.
  - 3) Dangling earrings are not appropriate and constitute a danger from angry or disoriented patients who may grab them.
- h. Jewelry
- 1) Medical alert bracelets and necklaces are acceptable.
  - 2) Other jewelry, necklaces, bracelets, and other fashion accessories should be avoided as they may constitute a danger from angry or disoriented patients who grab or break them, or harbor infectious agents.

### C. Student Identification

(A3.06) Students must never misrepresent themselves as being any medical provider other than a PA student.

- i) Students must wear their student name badge at all times to clearly identify themselves as a student. It is considered part of a student's uniform.
- ii) Students provided with a name badge by a clinical site must wear it in addition to their Idaho State University name badge.
- iii) Failure to wear proper identification may result in disciplinary action, including dismissal from a clinical site.
- iv) Students who lose their Idaho State University name badge must contact the CY Team immediately.
- v) Students who lose their site-provided name badge must contact the clinical site immediately.
- vi) Students must introduce themselves as PA students and follow their signature on all documentation with "PA-S" or "PA student."
- vii) Students should not reference other credentials while acting as a PA student.

### D. Student Role & Supervision

Appropriate supervision is fundamental to the role of a student. The Clinical Year Team assigns students to clinical settings in which adequate and appropriate supervision is available.

- i) Students must politely but firmly decline should they be asked or expected to perform clinical procedures or deliver patient care services without adequate or appropriate supervision.
- ii) A student should contact their Clinical Year advisor/coordinator or any member of the Clinical Year Team in the event of further concern or question regarding scope and supervision.
- iii) Students should protect their personal and professional integrity, and avoid legal liability by not performing any patient care if:
  - a. The care or procedure is self-initiated (e.g., the student assumes or decides a service or procedure should be performed);
  - b. The authorized preceptor or their delegate is not on the immediate premises;
  - c. There is no adequate or appropriate supervision available at the time the student is expected to carry out the assignment;

- d. The student has not received adequate instruction and/or is not proficient in or knowledgeable about the care being requested, and direct supervision is not available;
- e. The care or procedure is beyond the student's knowledge and/or training as a student (e.g., the student is pressured to perform services inappropriate to their level of training/knowledge in a setting with a large number of patients);
- f. The student has reason to believe that such care or procedure may be harmful to the patient.

## **23. Clinical Year Attendance**

A. The PA Program requires attendance for all clinical rotations and mandatory meetings in order to successfully pass Clinical Year.

B. Scheduled or pre-approved time off is not allowed during the Clinical Year.

### **C. On-Call & Work Schedule**

- 1. There are no designated days off in the Clinical Year.
- 2. Students are expected to keep the same clinical hours as their preceptor, approximately 40 hours per week minimum and up to a maximum of 80 hours per week.
- 3. Students are expected to be available during clinical rotations for call schedule, evenings, weekends (including Sundays), and holidays.

### **D. Absences**

It is understood that some legitimate and unavoidable causes such as illness or death in the family may cause a student to be absent. Students must approach absences in the same standard of professional responsibility required of a practicing PA, recognizing that professional responsibility extends to one's patients and team members.

- i) Absences or late arrivals should be reported to the preceptor and CY advisor/coordinator by 10 AM or as soon as possible.
- ii) Students unable to reach their CY advisor/coordinator must contact another member of the Clinical Year Team.
- iii) All absences will be reviewed by the Clinical Year Team.
- iv) Make-up days will be assigned on a case-by-case basis.
- v) Failure to report an absence will result in a meeting with the Clinical Year Team and a possible guidance notice or warning.

## **24. Evaluation of Clinical Academic Performance**

### **A. Grading Components**

- i) Clinical rotation course grades are determined using the following assessments: *(B4.01)*
  - a. Preceptor evaluation,
  - b. Reflective paper,
  - c. Case logs,
  - d. End of rotation exam (except for an Elective rotation),

- e. Other methods of assessment as determined by the Clinical Year Team.
- ii) The Clinical Year Team reserves the right to assign a final grade.

## **B. Failures**

- i) Failure to fulfill any of the grading components for a clinical rotation will be handled through any of the following:
  - a. Remediation of any clinical course component;
  - b. Receipt of a failing course grade;
  - c. Requirement to repeat a clinical rotation;
  - d. Referral to the AAC.

## **C. Remediation**

(A3.15c) “Remediation” is defined by the PA Program in the Clinical Year as an opportunity to increase a failing exam grade to a minimum passing grade of 75%.

- i) Remediation is available for the End of Rotation exams.
- ii) A student who must remediate will develop an individualized plan to address identified weaknesses.
- iii) A student will be referred for coaching following their second failure and subsequent remediation of an End of Rotation exam.
- iv) The Clinical Year Team reserves the right to determine whether remediation has been satisfactorily completed.

## **D. Evaluations**

- i) Preceptor Evaluation of Student
  - a. Each student must have a final evaluation from each clinical rotation on file.
  - b. Students are strongly recommended to meet with their preceptor midway through a rotation to discuss strengths and areas for improvement.
    - 1) Preceptors are asked to submit the mid-rotation evaluation following this meeting in order for the Clinical Year Team to more effectively track learning and provide resources.
  - c. Students and/or preceptors should notify the Clinical Year Team of any concerns.
  - d. The Clinical Year Team will follow-up with any preceptors who do not submit a final evaluation for a student and determine a final course grade.
  - e. If a student’s rotation is managed by more than one preceptor at a site, preceptors may submit one evaluation on which they reach consensus or individual evaluations.
- ii) Clinical Site Evaluation
  - a. The Clinical Year Team will conduct an initial site evaluation and periodic site visits thereafter as part of site evaluation.
    - 1) Site visits may occur in-person, video conferencing, or by phone.
  - b. Students will have the opportunity to submit evaluations of clinical sites and preceptors at the completion of each rotation.
    - 1) Student evaluations of a clinical site are reviewed periodically and as-needed.
    - 2) Student evaluations of a clinical site are not available to preceptors.

iii) Clinical Year Evaluations

- a. Students will have the opportunity to submit evaluations of Clinical Year course instructors.



# INFORMATION FOR PRECEPTORS

## Clinical Rotations Overview

### 1. Purpose

The purpose of clinical rotations is to enable the student to develop fundamental clinical knowledge and skills under appropriate supervision. The clinical experience gained during the rotation, taken during the second year of the Program, forms a crucial part of a PA's education. During this time, the student makes the transition from the classroom to clinical practice.

### 2. Student Participation

Upon entering the clinical rotations, the student will have completed one year of basic and clinical sciences. In addition, the student will have had an introduction to medical practice through a variety of clinical practicums integrated throughout the first twelve months of the Program. The history and physical examination is emphasized throughout the first year.

### 3. Length

The Clinical Year runs from August to August of the following year. Individual rotations are typically five weeks.

### 4. Liability Insurance

PA students are covered by a liability policy procured by Idaho State University using student fees. A copy of the Certificate of Insurance is provided by the University to clinical sites during the credentialing process.

### 5. Supervision

Idaho State University will provide the preceptor with rotation learning objectives and outcomes. The clinical preceptor should meet with the student to review them. The preceptor should become acquainted with the student's capabilities by allowing the student to interact on a one-on-one basis with patients. This interaction is at the discretion of the preceptor and should be based on the perceived level of the student's experience and expertise. The patient interaction should be utilized as a personalized teaching tool of the preceptor. Students are instructed to respectfully decline in engaging in activities for which they are not prepared. An organization's policies may also determine the level at which a student may participate in a patient's care.

### 6. Evaluation

The preceptor should provide regular feedback throughout the duration of the rotation. This feedback may be used to aid the student in improving areas of weakness. A formal Preceptor Evaluation of Student will be sent via an E\*Value email link mid-rotation and near the end of the rotation. The students are also requested to complete an evaluation of the clinical site.

## **7. Precepting Hours**

Preceptors will receive a certificate documenting 200 hours precepted per clinical rotation each year.

## **8. Affiliate Faculty Status**

All interested preceptors must submit a current curriculum vitae/resume and their date of birth to receive affiliate faculty status.

## **Clinical Rotation Acquisition Process**

1. Clinical sites are recruited by the Clinical Year Team, or a PA student's site request if they have a personal relationship with a provider or site.
2. Students are not permitted to cold-call clinical rotation sites.
3. Clinical rotation sites are assessed by the Clinical Year Team using the initial site evaluation to assure compliance with Program technical standards.
4. If a site is determined to meet the clinical standards required by the ARC-PA and the Program, appropriate paperwork is initiated.
5. A Preceptor Packet will be sent and/or emailed prior to the beginning of the rotation.
6. The PA student should contact the preceptor and/or site approximately two to four weeks prior to the beginning of the rotation.

## **Preceptor/PA Student Scope of Practice**

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

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

The judgment of the preceptor regarding how much responsibility a student is ready for should determine what tasks are delegated and how much supervision is provided. PA students may participate in any activity that falls within the preceptor's scope of practice in accordance with hospital policy.

Provided below are some guidelines regarding what a PA student may be permitted to do by the preceptor/site. Typical tasks assigned to PA students by preceptors include:

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

## **Responsibilities During Clinical Rotations**

### **1. Purpose**

To provide second-year PA students with opportunities to develop basic clinical skills and knowledge under the supervision of licensed practitioners.

### **2. Description**

During the twelve months of the Clinical Year, PA students rotate through a cross-section of clinical specialties including outpatient medicine/family medicine, internal medicine, surgery, emergency medicine, obstetrics & gynecology/women's health, pediatrics, psychiatry/behavioral & mental health, and electives. While on these rotations the student learns the fundamentals of PA and medical practice under the direction of the supervising preceptor.

### **3. Student Responsibilities**

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

### **4. Program Responsibilities**

- a. Provide preceptors with a certificate documenting precepting hours;
- b. Nominate preceptors for Affiliate Faculty status when University qualifications are met;
- c. Coordinate student clinical rotations;
- d. Maintain educational records;
- e. Provide liability insurance for the student;
- f. Provide a basic fund of knowledge during the Didactic Year for the student.

## **Student Goals During Clinical Rotations**

### **1. Subjective Data — Medical History**

The student should be able to obtain information sufficient to conceptualize a medical problem, demonstrating the ability to:

- a. Use a problem-oriented approach to gather subjective information.
- b. Collect comprehensive data pertinent to the patient's problems from the following areas:
  - i. Chief complaint;
  - ii. Present illness;
  - iii. Past medical history;
  - iv. Family medical history;
  - v. Personal/social history;
  - vi. Review of systems;
  - vii. Previous medical records;

- viii. Patient profile/background.
- c. Use effective interview methods.

## 2. **Objective Data**

The student should be able to, within the category of:

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

# APPENDICES

## APPENDIX A: NEEDLESTICK/INFECTIOUS AND ENVIRONMENTAL HAZARDS EXPOSURE

(A3.08a–c) This policy provides guidelines for injuries received during a classroom activity, service learning activity, or clinical rotation, including contaminated needle stick or sharp injury; and/or mucous membrane/non-intact skin exposure to blood, blood-containing bodily fluids, or non-blood-containing bodily fluids.

If a student is in doubt, treat the event as a needlestick or exposure.

Immediately notify the site/preceptor and either the Didactic Year Team faculty members or the Clinical Year Team faculty members depending on the year in which the event occurs.

Seek medical care and treatment at one of the following:

1. If the incident occurs on or near the Pocatello campus:  
ISU Health Center at 990 Cesar Chavez Avenue, Pocatello, ID 83209  
(208) 282-2330  
Seek care elsewhere if the clinic is closed.
2. If the incident occurs on or near the Meridian or Caldwell campuses:  
Unity Health Center at 1130 E. Fairview Avenue, Meridian, ID 83642  
(208) 895-6729  
Seek care elsewhere if the clinic is closed.
3. The clinic/hospital of your choice.

NOTE: The student must notify the provider/clinic/hospital that this is an occupational injury, regardless of the location.

Prevention: Students are taught universal standard precautions and methods of prevention during the Didactic Year and should continue to abide by those.

Refer to the CDC Guidelines and Recommendations for Occupational Exposure. These recommendations supersede all other recommendations.

Procedure:

1. Stop what you are doing and immediately notify the supervisor/preceptor on site.
2. Dispose of the needle/sharp in a hard-sided container to prevent further injury.
3. Wash the site vigorously with soap and water. For mucous membrane exposure, flush with copious amounts of water.
4. Follow the site/facility policy for injury/incident reporting.
  - a. DO NOT GIVE YOUR PERSONAL INSURANCE FOR BILLING. PA students are covered under Idaho State University's workers' compensation and as such, the State Insurance Fund is financially responsible. Give the following:

STATE INSURANCE FUND  
P.O. Box 83720  
Boise, ID 83720

5. Contact the PA Program by phone.
  - a. **YOU MUST SPEAK TO SOMEONE ASAP.**
  - b. Didactic Year Students: Refer to the Needlestick section of the Didactic Year Commons for whom to contact.
  - c. Clinical Year Students: Contact a clinical coordinator.
6. Contact Idaho State University's Risk Management Office at (208) 282-5741 ASAP (within 24 hours if possible).
  - a. **Leave a message if no one answers.**
  - b. Inform Risk Management of any out-of-pocket expenses such as prescriptions or otherwise. You must submit the receipts to Risk Management.
7. Follow the treating provider's recommendations regarding follow-up and treatment of needlestick and/or infectious and environmental hazards exposure.
8. Complete the *Supervisor's Accident Report Form* found through the Risk Management website. Submit the completed *Form* to Heather O'Donnell, copying the faculty member with whom you spoke. Heather is responsible for the submission of the *Form* for signatures and records management.

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

**Resources:**

[cdc.gov/healthcare-associated-infections/hcp/prevention-healthcare/index.html](https://cdc.gov/healthcare-associated-infections/hcp/prevention-healthcare/index.html)

[isu.edu/ogc/workers-compensation/](https://isu.edu/ogc/workers-compensation/)

Heather O'Donnell — [heatherodonnell@isu.edu](mailto:heatherodonnell@isu.edu)

Reviewed: May 2020, 2022, June 2023, March 2024, June 2025

## **APPENDIX B: MEDICARE REIMBURSEMENT GUIDELINES FOR STUDENTS**

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

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

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

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

### **Medicare Policy**

The Center for Medicare and Medicaid Services (CMS) provides rules regarding student documentation.

### **Resources:**

[cms.gov/files/document/guidelines-teaching-physicians-interns-and-residents.pdf](https://www.cms.gov/files/document/guidelines-teaching-physicians-interns-and-residents.pdf)  
[cms.gov/training-education/medicare-learning-network-mln/provider-compliance](https://www.cms.gov/training-education/medicare-learning-network-mln/provider-compliance)

## **APPENDIX C: GUIDELINES FOR ETHICAL CONDUCT FOR THE PA PROFESSION**

### **Introduction**

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy, as written, reflects a point in time and should be reviewed through that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by going a step further and describing how these tenets apply to PA practice. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the healthcare team, clinical information, ethical principles, and legal obligations. Context and/or casuistry (extracting reasoning from case study), often play key roles in decision making.

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

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

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

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

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

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

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.



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

### **Statement of Values of the PA Profession**

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

### **The PA and Patient**

#### **PA Role and Responsibilities**

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

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

PAs should always act in the best interests of their patients and as advocates when necessary. While respecting the law, PAs should actively resist policies that restrict free exchange of

medical information whether the restrictions are coming from their institution, regulators or legislators. For example, PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

### **The PA and Diversity**

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

### **Nondiscrimination**

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

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

### **Initiation and Discontinuation of Care**

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

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

A professional relationship with an established patient may be discontinued as long as proper procedures are followed. The patient should be provided with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. In the event that discontinuation is the result of a problematic relationship, discontinuation should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

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

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

### **Informed Consent**

PAs have a duty to protect and foster an individual patient's free and informed choices. The doctrine of *informed* consent means that a PA provides adequate information that is comprehensible to a patient or patient surrogate who has medical decision-making capacity. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs are expected to be

committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational and personal factors.

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

In caring for adolescents, the PA must understand all of the laws and regulations in the PA's jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in healthcare decision making. The PA is expected to understand consent laws pertaining to emancipated or mature minors.

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

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

### **Confidentiality**

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

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

*See also, the section on Informed Consent.*

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

PAs should choose and advocate for methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique

challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

### **The Patient and the Medical Record**

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

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

### **Disclosure of Medical Errors**

A patient deserves complete and honest explanations of medical errors and adverse outcomes. The PA should disclose the error to the patient if such information is significant to the patient's interests and well-being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

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

### **Care of Family Members and Co-workers**

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

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

### **Genetic Testing**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be

undertaken only after proper informed consent is obtained. If PAs order or conduct the tests or have access to the results as a consequence of patient care, they should assure that appropriate pre- and post-test counseling is provided.

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

### **Reproductive Decision Making**

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

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

### **End of Life**

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

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

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

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

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

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

## **The PA and Individual Professionalism**

### **Conflict of Interest**

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

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the American College of Physicians, “What would the public or my patients think of this arrangement?”

### **Professional Identity**

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

### **Competency**

PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. Providing competent care includes seeking consultation with other providers or referring patients when a patient’s condition exceeds the PA’s education and experience, or when it is in the best interest of the patient. PAs should also strive to maintain and increase the quality of their healthcare knowledge, cultural sensitivity, and cultural competence through individual study, self-assessment and continuing education.

### **Sexual Relationships**

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

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

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

## **Nondiscrimination in the Workplace and Classroom**

It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy that adversely affect an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile, inequitable or intimidating work or learning environment. This includes, but is not limited to, discrimination based on sex, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

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

## **Sexual Harassment**

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

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

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

## **The PA and Other Professionals**

### **Team Practice**

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

### **Resolution of Conflict Between Providers**

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

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

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

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

### **Illegal and Unethical Conduct**

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

### **Impairment**

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

PAs should be able to recognize impairment in any member of the healthcare team and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

*See also, AAPA policy paper, PA Impairment.*

### **Complementary, Alternative and Integrative Medicine**

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

## **The PA and the Health Care System**

### **Workplace Actions**

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

### **PAs as Educators**

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



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

### **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research must be reported to maintain the integrity of the available data in research.

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

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

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

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

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

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

### **PAs as Expert Witnesses**

The PA expert witness should testify to what they believe to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

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

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

## **The PA and Society**

### **Lawfulness**

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

### **Executions**

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

*See also, AAPA policy HX-4100.1.9.*

### **Access to Care / Resource Allocation**

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

### **Community Well Being**

PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient’s best interest and the common good is not always easily resolved. When confronted with this situation, a PA may seek guidance from a supervisor, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies.

In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

### **Conclusion**

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

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

[aapa.org/wp-content/uploads/2021/11/Guidelines-for-Ethical-Conduct-for-the-PA-Profession-7-1-21.pdf](https://aapa.org/wp-content/uploads/2021/11/Guidelines-for-Ethical-Conduct-for-the-PA-Profession-7-1-21.pdf)

## APPENDIX D: COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION

### Introduction

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

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

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

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

### Background

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

### Methods

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

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

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

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

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

## **Competencies**

### **1. Knowledge for Practice**

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

- 1.10. Participate in surveillance of community resources to determine if they are adequate to sustain and improve health.
- 1.11. Utilize technological advancements that decrease costs, improve quality, and increase access to healthcare.

## **2. Interpersonal and Communication Skills**

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

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

## **3. Person-centered Care**

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

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

- 3.8. Provider healthcare services to patients, families, and communities to prevent health problems and to maintain health.

#### **4. Interprofessional Collaboration**

Demonstrate the ability to engage with a variety of other healthcare professionals in a manner that optimizes safe, effective, patient- and population-centered care. PAs should be able to:

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

#### **5. Professionalism and Ethics**

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

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

#### **6. Practice-based Learning and Quality Improvement**

Demonstrate the ability to learn and implement quality improvement practices by

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

- 6.1. Exhibit self-awareness to identify strengths, address deficiencies, and recognize limits in knowledge and expertise.
- 6.2. Identify, analyze, and adopt new knowledge, guidelines, standards, technology, products, or services that have been demonstrated to improve outcomes.
- 6.3. Identify improvement goals and perform learning activities that address gaps in knowledge, skills, and attitudes.
- 6.4. Use practice performance data and metrics to identify areas for improvement.
- 6.5. Develop a professional and organizational capacity for ongoing quality improvement.
- 6.6. Analyze the use and allocation of resources to ensure the practice of cost-effective healthcare while maintaining quality of care.
- 6.7. Understand how practice decisions impact the finances of their organizations, while keeping the patient's needs foremost.
- 6.8. Advocate for administrative systems that capture the productivity and value of PA practice.

## **7. Society and Population Health**

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

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

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

[aapa.org/career-central/employer-resources/employing-a-pa/competencies-physician-assistant-profession/](https://aapa.org/career-central/employer-resources/employing-a-pa/competencies-physician-assistant-profession/)

## APPENDIX E: COMPETENCIES FOR THE PA PROGRAM

(A3.12g) The PA Program is committed to developing competent and compassionate healthcare providers who are well-equipped to meet the diverse needs of patients. The following competencies have been designed in support of the Program's mission and vision, and refined through careful integration of national standards from PAEA and AAPA, and align with the ARC-PA definition of program competencies. These competencies serve as a foundation for students' education, guiding their development into skilled, knowledgeable, ethical, and caring healthcare providers. Through rigorous training and assessment, the PA Program ensures its graduates are prepared to excel in their careers through the application of these competencies, provide high-quality and patient-centered care to all peoples across the lifespan, and make significant contributions to the health and wellbeing of their communities.

The Idaho State University PA Program's competencies are organized into five core domains, reflecting the critical areas of expertise required for effective PA practice, and aligning with the PA Program's learning outcomes.

### A. Medical Knowledge (MK)

Encompasses the comprehensive understanding of biomedical and clinical sciences necessary to provide acute, chronic, urgent, and emergent patient-centered care, including women's health, prenatal care, and behavioral health for care across the lifespan (infants, children, adolescents, adults, and the elderly).

#### 1. Biology and Medical Science (MK1 | LO5)

Integrate foundational principles of human biology and clinical science, including anatomy, physiology, pathophysiology, and genetics to evaluate and manage patient health across the lifespan in preventative, acute, chronic, and emergent encounters of medical, surgical, and behavioral conditions.

#### 2. Clinical Science (MK2 | LO1, LO2, LO5)

Recognize the etiology, risk factors, and epidemiology, and distinguish signs and symptoms of common medical, surgical, and behavioral conditions in the care of healthy and ill patients.

#### 3. Diagnostic Proficiency (MK3 | LO3)

Select and interpret laboratory, imaging, diagnostic, and preventative tests and procedures to support informed clinical decision-making.

#### 4. Differential Diagnosis (MK4 | LO4, LO5)

Formulate differential diagnoses by integrating clinical science, historical data, physical examination, and diagnostic information.

#### 5. Therapeutic Management (MK5 | LO5, LO6)

Utilize pharmacologic and non-pharmacologic therapeutic treatment strategies to provide education and patient-centered care that incorporates lifestyle modification, treatment adherence, and patient coping mechanisms.

### B. Interpersonal Skills (IS)

Focuses on effective communication and relationship building with patients, families, caregivers, and healthcare team members, incorporating cultural humility and compassion.



1. Effective Communication (IS1 | LO10, LO11)  
Use effective interpersonal and communication skills with patients, families, caregivers, and healthcare team members that respect culture, emotional state, preferred language, and health literacy, and result in shared decision-making that is compassionate and provides equitable access to care.
2. Interprofessional Collaboration (IS2 | LO12, LO13)  
Create professional and respectful relationships with all members of the healthcare team that establish collaborative efforts toward patient-centered care.

#### C. Clinical and Technical Skills (CT)

Involves the practical application of clinical procedures and diagnostic tools required to provide age-appropriate assessment, evaluation, and management of patients.

1. Holistic Evaluation (CT1 | LO1, LO2)  
Conduct comprehensive and focused physical and behavioral health histories and examinations in various medical settings for patients of all ages across the lifespan.
2. Medical Procedures (CT2 | LO8, LO9)  
Perform the diagnostic and therapeutic procedures for the management of common medical and minor surgical conditions essential for entry into PA practice safely and competently.
3. Clinical Documentation (CT3 | LO14, LO15)  
Provide accurate and comprehensive written documentation and oral presentations that correctly reflect the patient's history, physical examination, diagnostic findings, and plan of care.
4. Practical Application (CT4 | LO1, LO2, LO8, LO9)  
Adapt approach to patient care based on the encounter setting (preventative, acute, chronic, emergent) and patient age (prenatal, infant, child, adolescent, adult, elderly).

#### D. Professional Behaviors (PB)

Emphasizes ethical practice, professional integrity, and a commitment to lifelong learning and self-improvement, enabling the provision of personalized, high-quality, and equitable care.

1. Ethical and Professional Conduct (PB1 | LO12, LO15)  
Demonstrate principles of honesty, integrity, accountability, and respect in interactions with patients, families, caregivers, and health professionals, adhering to ethical and professional standards of the PA profession.
2. Professional Development (PB2 | LO15, LO16)  
Engage in continuous self-assessment and improvement with a commitment to lifelong learning to provide high-quality, equitable care.
3. Health System (PB3 | LO7, LO15)  
Understand the influence of structural factors, and societal and psychosocial influences on community health outcomes.
4. Professional Awareness (PB4 | LO15)  
Demonstrate an understanding of the PA profession; its development, trends, and

ethics; and its relevant laws and regulations.

**E. Clinical Reasoning and Problem-Solving Abilities (CS)**

Develops the ability to analyze and synthesize relevant information and make informed clinical decisions to address complex health issues across the lifespan (infants, children, adolescents, adults, and the elderly).

1. **Diagnosis and Management (CS1 | LO1, LO2, LO3, LO4, LO6, LO9, LO13)**  
Analyze information from the patient history, physical exam, and diagnostic workup to synthesize differential diagnoses, reach a conclusive diagnosis, and develop management plans for acute, chronic, and emergent medical conditions across the lifespan.
2. **Integrated Medical Decision-Making (CS2 | LO7, LO16)**  
Utilize and integrate scientific evidence, research, and clinical guidelines to accurately diagnose health conditions, make informed clinical decisions, and improve patient care.
3. **Health Management (CS3 | LO6, LO7, LO10, LO11)**  
Formulate personalized health management strategies that integrate pharmacologic and non-pharmacologic therapies and patient education in the prevention and treatment of patients with acute, chronic, and emergent conditions across the lifespan.

**Resources:**

[aapa.org/career-central/employer-resources/employing-a-pa/competencies-physician-assistant-profession/](http://aapa.org/career-central/employer-resources/employing-a-pa/competencies-physician-assistant-profession/)

[paeonline.org/our-work/current-issues/core-competencies](http://paeonline.org/our-work/current-issues/core-competencies)

[arc-pa.org/postgraduate-accreditation/resources/](http://arc-pa.org/postgraduate-accreditation/resources/)

[arc-pa.org/entry-level-accreditation/accreditation-process/standards-of-accreditation/](http://arc-pa.org/entry-level-accreditation/accreditation-process/standards-of-accreditation/)

## **APPENDIX F: LEARNING OUTCOMES FOR THE PA PROGRAM**

The following learning outcomes are the medical, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities a student attains during the PA Program graduate curriculum. Students will apply learning outcomes to patients of all ages across the lifespan (infants, children, adolescents, adults, and the elderly) for all setting encounters (preventative, acute, chronic, and emergent) and any condition including women's health (prenatal and gynecologic), behavioral and mental health, and surgical conditions requiring pre-operative, intra-operative, and post-operative care. Relevant learning outcomes are included in PAS course syllabi.

1. History (LO1 | MK2, CT1, CT4, CS1)  
Elicit a complete, interval, or acute medical history for a patient of any age across the lifespan, in any setting including preventative, acute, chronic, and emergent encounters with any condition including surgical, women's health (prenatal and gynecologic), and behavioral and mental health.
2. Physical Examination (LO2 | MK2, CT1, CT4, CS1)  
Perform a complete and focused physical examination with the use of clinical skills for a patient of any age across the lifespan, for diverse encounters including preventative, acute, chronic, and emergent, and various conditions including surgical, women's health (prenatal and gynecologic), and behavioral and mental health.
3. Diagnostic Studies (LO3 | MK3, CS1)  
Identify, order, perform, and interpret cost-effective diagnostic procedures based on history and physical examination findings as appropriately indicated.
4. Differential Diagnosis (LO4 | MK4, CS1)  
Develop a differential diagnosis for medical and behavioral problems common to primary care using clinical reasoning, and subjective and objective data relevant to any age across the lifespan, patient encounter (preventative, acute, chronic, and emergent), and condition including surgical, women's health (prenatal and gynecologic), and behavioral and mental health.
5. Clinical Knowledge (LO5 | MK1, MK2, MK4, MK5)  
Explain the etiology, diagnosis, and management options of health problems within the scope of PA practice utilizing the principles of human biology.
6. Therapeutics (LO6 | MK5, CS1, CS3)  
Apply knowledge to order, educate, and perform pharmacologic and non-pharmacologic therapeutic management strategies appropriate to the age of the patient, setting (preventative, acute, chronic, and emergent), and conditions including surgical, women's health (prenatal and gynecologic), behavioral and mental health, with consideration of patient preference and safety.

7. Health Promotion/Disease Prevention (LO7 | PB3, CS2, CS3)  
Implement health maintenance, disease prevention screening, and counseling for patients across the lifespan.
8. Procedures (LO8 | CT2, CT4)  
Identify, discuss, order, and perform therapeutic procedures, technical skills, and treatment modalities for the management of common primary care medical and minor surgical conditions including applying pre-operative, intra-operative, and post-operative surgical care principles.
9. Emergency Skills (LO9 | CT2, CT4, CS1)  
Recognize and manage life-threatening conditions across the lifespan within the scope of entry level PA practice in the presentation of acute, chronic, and emergent encounters.
10. Communication/Patient Education (LO10 | IS1, IS2, CS3)  
Communicate professionally in both oral and written forms with a variety of patients, caregivers, families, and health professionals, providing personalized patient education and counseling with compassion, and at the patient's level of comprehension.
11. Cultural Competence (LO11 | IS1, CS3)  
Demonstrate an understanding of the impact of cultural and socioeconomic dimensions on health, illness, and medical care.
12. Professionalism (LO12 | IS2, PB1)  
Demonstrate teamwork and collegiality by working effectively with members of the healthcare team to provide collaborative care for patients.
13. Consultation and Referral (LO13 | IS2, CS1)  
Recognize when consultation is needed, including conditions requiring surgical management; identify the appropriate professional for referral and ensure continuity of care.
14. Documentation (LO14 | CT3)  
Provide appropriate written documentation, coding, and billing for the medical record of a patient of any age across the lifespan, encounter (preventative, acute, chronic, and emergent), and condition including surgical, women's health (prenatal and gynecologic), behavioral and mental health.
15. Ethics (LO15 | CT3, PB1, PB3, PB4)  
Adhere to legal requirements and demonstrate ethical behavior, professional integrity, and commitment to lifelong learning and self-improvement.
16. Research (LO16 | PB2, CS2)  
Apply evidence-based medical research methodologies to clinical practice.

## **APPENDIX G: GENERIC SYLLABUS EXAMPLE**

*(B1.03a–h)* What follows is an example of a typical syllabus for a PAS course. Text in red is intended to be changed by the course instructor for the course and its content. Black text indicated policies and procedures considered typical for a PAS course.

## **APPENDIX H: IMMUNIZATIONS CHECKLIST**

*(A3.07a)* All students are expected to complete the following Immunizations Checklist and provide documentation of the items attested to therein. Students may not participate in clinically oriented service learning activities until the form is completed and all required documentation is provided.