

# ACADEMIC STANDARDS

Physician Assistant Program

*updated December 2018*



PHYSICIAN ASSISTANT PROGRAM  
OKLAHOMA CITY UNIVERSITY

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**Students are expected to adhere to Oklahoma City University policies as well as those set forth by the Oklahoma City University PA Program Academic Standards.**

**Oklahoma City University General Policies:**

1. Oklahoma City University Student Handbook

<https://www.okcu.edu/uploads/Student-Handbook-18-19-Updated-September-2018.pdf>

2. Oklahoma City University Graduate Catalog

<http://www.okcu.edu/catalog/grad>

3. Student Conduct Code

<https://www.okcu.edu/students/conduct>

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## **Mission Statement and Goals**

### **Mission Statement of the Oklahoma City University Physician Assistant Program**

To prepare physician assistants who are competent in the art and science of medicine so that they may improve lives in the communities they serve.

### **Goals of the Oklahoma City University Physician Assistant Program**

#### **1. To graduate PAs possessing a thorough understanding of disease mechanisms**

The program provides a comprehensive curriculum of basic and clinical sciences delivered in a systems-based format. During the initial didactic phase, the transition from acquiring medical knowledge to putting it into practice is facilitated by frequent use of simulated patients and an early introduction to patients. Confirmation of knowledge is assessed through objective testing, performance on procedural skills, evaluations from early patient interactions and a summative examination process.

#### **2. To graduate PAs proficient in the application of critical thought to medical decision making**

More than simply memorizing facts, the art of medicine requires the practitioner to apply logic and reasoning to achieve healing. These principles are taught and practiced in the didactic curriculum in small group discussions, through interactions with simulated patients and through a commitment to the teachings of humanism in medicine. Confirmation that critical thought is developing appropriately is assessed by evaluations on objective written examinations, objective structured clinical examinations and by observations of preceptors in the clinical year.

#### **3. To graduate PAs with an exemplary sense of community service through a team-based model of health care delivery**

Graduate PAs are in a unique position to have a tremendous impact on the communities in which they live and work. Paramount is their ability to provide compassionate care to marginalized citizens with the breadth of care multiplied through a team-based approach. During their tenure with the PA program, students will participate in such collaborative environments in charitable clinics throughout Oklahoma City. Confirmation that students attain this goal will be accomplished through analysis of survey data from frequent experiences serving the health care needs of the uninsured and working poor alongside physician and PA role models.

#### **4. To graduate PAs who are servant leaders in patient-centered practices**

Servant leadership is an ancient philosophy based on putting the needs of others first and people develop and perform to the best of their abilities. This philosophy is consistent with patient-centered care, which strives to improve outcomes by strengthening the provider-patient relationship, by providing care in consultation with patients and by replacing the provider-centered system with one from the patient's viewpoint. Students will become familiar with this type of practice in the didactic phase and will gain hands-on experience working directly with PA program

faculty who function as servant leaders in charitable clinics in the metro area. Indeed, servant leadership is a strategic initiative of the University and one embodied by the PA Program. Confirmation that students attain this goal will be accomplished through analysis of survey data from frequent experiences in patient-centered care practices.

## **5. To graduate PAs committed to life-long learning**

Our understanding of medical science increases each day. To keep up, practitioners must commit themselves to constant study throughout their careers. The discipline to maintain this effort begins with matriculation into the program. Students will learn the value of, and how to practice evidenced-based medicine. Being at ease with how to access and interpret the literature will provide the foundation for this way of life for the benefit of the graduate's future patients. Confirmation that students strive for this goal will be assessed by evaluation their ability to access and discuss the medical literature during the didactic and clinical phases of the program.

## **Technical Standards for Physician Assistant Program Admission**

A candidate for the MPAS degree as a Physician Assistant shall have abilities and skills in the areas of observation, communication, motor function, conceptual and analytical thinking, and normative behavioral and social attributes. Technological accommodations can be made for some disabilities in certain of these areas, but the role of the Physician Assistant in the delivery of health care necessitates that he/she shall be able to perform in an independent manner.

### **I. Observation**

The candidate shall be able to observe demonstrations in the basic sciences. A candidate shall be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the senses of vision and touch which are enhanced by the functional use of the sense of smell.

### **II. Communication**

A candidate shall be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate shall be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. Candidates shall be able to communicate effectively and efficiently in oral and written form with members of the health care team.

### **III. Motor Function**

Candidates shall have sufficient motor function to elicit information from patients by auscultation, percussion, palpation and other diagnostic maneuvers. A candidate shall be able to perform basic laboratory tests (urinalysis, phlebotomy, etc.), carry out procedures (intubation, pelvic exams, etc.), and read EKGs and x-rays. A candidate shall be able to execute motor movements required to provide general care and emergency treatment to patients. Examples of emergency treatment required of PAs are cardiopulmonary resuscitation, the administration of intravenous medications, the application of pressure to stop bleeding, the opening of obstructed airways, suturing wounds, and the performance of obstetrical and surgical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

#### **IV. Conceptual and Analytical Thought**

These abilities include being able to perceive all manner of sensory stimuli, including verbal, written, visual, auditory, tactile and olfactory. The candidate must be able to synthesize and integrate the aforementioned sensory inputs and apply them to patient care through objective and subjective examinations in a timely manner with stressful distracters consistent with the medical environment.

#### **V. Behavioral and Social Attributes**

A candidate shall possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates shall be able to tolerate physically taxing workloads and to function effectively under stress. Candidates must have no spiritual, ethical, or constitutional objection to physical contact with any gender. Candidates will be required to perform full physical examinations on male and female patients to fulfill the requirements of clinical competence and graduation. Students will also be required to practice and perfect physical examination skills on each other (with the exception of examinations of the genitalia). Candidates shall be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties in the clinical problems of many patients. Because disease recognizes no holiday or day of the week, candidates must be willing to perform in the clinical setting as required by their designated preceptor. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the education process.

### **CURRICULUM DESIGN**

#### **Technical Procedures Taught in the Program**

The rationale for each procedure as well as its technical explanation will be provided to all students during the didactic phase using task trainers and/or standardized patients. Program faculty will confirm all students are proficient in each task prior to entering the clinical phase. During the performance of supervised clinical practice experiences, preceptors will be encouraged to allow students to gain expertise in the procedures on patients when appropriate.

#### **General**

- Venipuncture
- Finger stick blood sugar testing
- Certifications in BLS and ACLS
- Aseptic technique
- Performing a complete history and physical examination
- Intravenous catheter placement
- Diabetic foot examination

#### **Emergency Medicine**

- Intubation
- Insertion of a laryngeal mask airway
- Insertion of a central venous catheter
- Insertion of a chest tube
- Insertion of an intraosseous needle
- Needle decompression of the chest

- Pericardiocentesis
- Cricothyrotomy
- Introduction to ultrasonography
- Lumbar puncture
- Pediatric airway management

### **Genitourinary**

- Male and female urethral catheterization
- Prostate examination

### **Musculoskeletal**

- Applying splints to extremities
- Applying casts to the extremities
- Intra-articular injections

### **Cardiopulmonary**

- Interpreting electrocardiograms
- Interpreting pulmonary function test/spirometry
- Use of a nebulizer
- Use of spacer with metered dose inhaler
- Use of valved holding chamber with metered dose inhaler

### **EENT**

- Indirect laryngoscopy
- Fluorescein examination of the eye
- Jet wash of the auditory canal

### **Dermatology**

- Punch biopsy
- Cryotherapy
- Toenail removal
- Suturing
- Incision and drainage of abscess
- Loop drain placement
- Surgical knot tying (one- and two-hand technique)
- Surgical knot tying (instrument technique)

### **Women's Health**

- Pelvic exam with speculum insertion
- Breast examination

## **The Didactic Phase**

The didactic curriculum will be presented in an integrated systems-based format. Classes will be held, for the most part, Monday through Friday from 8:00 am - 5:00 pm. Some classes may require evening, early morning or weekend sessions. Students are expected to attend all classes. Students should have no other commitments during these hours.

At the beginning of each course, students will receive a syllabus and course outline describing the purpose of the course, the format, and the objectives. Students will also receive instructional learning objectives for each course, which will guide the student in studying and will provide the basis for

examinations. Faculty members will determine the method of teaching and evaluation for the courses they teach. Some evaluation methods will be traditional (e.g., multiple choice questions) and others will be less traditional (e.g., objective structured clinical examinations using standardized patients). Students are expected to meet the competencies determined by each instructor, in the manner required.

<b>Academic Terms and Courses</b>	<b>Credit Hours</b>	<b>Weeks in Length</b>
<b>Spring Semester</b>		
PA 5116 Introduction to Human Form	6	7
PA 5361 Nutrition	1	1
PA 5131 Hematology/Genetics	1	1
PA 5322 Dermatology	2	2
PA 5122 HEENOT	2	3
PA 5142 Pulmonology	2	2
<b>Summer Semester</b>		
PA 5154 Cardiology	4	3
PA 5333 Gastroenterology	3	3
PA 5213 Urinary System	3	2
PA 5242 Neurology	2	2.5
PA 5252 Psychiatry	2	1.5
PA 5312 Musculoskeletal System	2	2
PA 5232 Endocrinology	2	3
<b>Fall Semester</b>		
H&P week	0	1
PA 5223 Women's Health	3	3
PA 5372 Pediatrics	2	2
PA 5161 Geriatrics	1	1
PA 5342 Infectious Diseases	2	2
PA 5353 Emergency Medicine	3	3.5
PA 5383 Capstone	3	2.5

## **The Clinical Phase**

The clinical phase is comprised of supervised clinical practice experiences (SCPEs). Mandatory SCPEs include: internal medicine, pediatrics, women's health, behavioral health/psychiatry, family medicine, emergency medicine, and general surgery. SCPEs are completed off campus in various clinical settings such as hospitals and private clinics. Students are not required to obtain clinical sites or preceptors. Students are required to report to the clinical sites identified by the PA Program.

Some SCPEs will require students to work during weekends, holidays, overnight, or late into the evenings. Students will return to campus for "call back" days, which are held on the last day of each rotation. These day-long sessions may consist of end of rotation (EOR) examinations, business course examinations, and other activities as required by the Program.

The clinical phase of the program curriculum is designed to provide the student with an interactive, problem-based learning opportunity. Students will acquire hands-on, clinical experience through evaluation and management of both acute and chronic diseases under direct supervision by their preceptor.

Clinical phase students will receive a SCPE syllabus and course outline describing the purpose of the course, the format, and the objectives. Students will also receive instructional learning objectives for each course, which will guide the student in studying and will provide the basis for examinations.

During the clinical phase, students will also be required to complete five online courses in topics related to medical practice operations. Topics include managing human resources, billing and coding, medico-legal issues, contract negotiation, etc. These courses are offered through an online PowerPoint platform with a new course being presented approximately every nine weeks during the first year of supervised clinical practice experiences.

## Representative Layout of the Clinical Phase

Clinical Phase	Semester	Course Number	Courses	Length	Credit hours	
	<b>Spring I</b>	TBD	Rotation #1		4 weeks	4
		TBD	Rotation #2		4 weeks	4
		TBD	Rotation #3		4 weeks	4
		TBD	Rotation #4		4 weeks	4
		PA 6111	Operationalizing a Medical Practice		9 weeks	1
		PA 6311	Reimbursement, Documentation of Care, Billing and Coding		9 weeks	1
	<b>Summer I</b>	TBD	Rotation #5		4 weeks	4
		TBD	Rotation #6		4 weeks	4
		TBD	Rotation #7		4 weeks	4
		TBD	Rotation #8		4 weeks	4
		PA 6211	Accessing the Community		9 weeks	1
	<b>Fall I</b>	TBD	Rotation #9		4 weeks	4
		TBD	Rotation #10		4 weeks	4
		TBD	Rotation #11		4 weeks	4
		TBD	Rotation #12		4 weeks	4
		PA 6121	Finances of a Medical Practice		9 weeks	1
		PA 6321	Contracts and Medical Law		9 weeks	1
	<b>Spring II</b>	TBD	Rotation #13		4 weeks	4
		TBD	Rotation #14		4 weeks	4
		TBD	Rotation #15		4 weeks	4
		PA 6094	Preceptorship/Summative Experience		5-6 weeks	4

### Course title

Family Medicine (8 weeks)

Internal Medicine (4 weeks)

Medicine/Elective (6 separate 4 week SCPEs)

General Surgery (4 weeks)

Pediatrics (4 weeks)

Women's Health (4 weeks)

Behavioral Health (4 weeks)

Emergency Medicine (4 weeks)

Preceptorship (4 weeks) and Summative Process (1-2 weeks)

### Course number

6014

6024

6034

6044

6054

6064

6074

6084

6094

## Didactic Academic Calendar

<b>Spring 2019</b>	
January 3, 2019	Semester Begins
January 21, 2019	Martin Luther King Day – No Classes
March 11-15, 2019	Spring Break – No Classes
April 26, 2019	Semester Ends
<b>Summer 2019</b>	
April 29, 2019	Semester Begins
May 27, 2019	Memorial Day – No Classes
July 1-5, 2019	Summer Break – No Classes
August 30, 2019	Semester ends
<b>Fall 2019</b>	
September 2-6, 2019	Fall Break – No Classes
September 9, 2019	Semester Begins
November 27-29, 2019	Thanksgiving Break – No Classes
December 18, 2019	Semester Ends
December 19, 2019-January 1, 2020	Winter Break – No Classes

## **PROGRAM POLICIES**

### **Work Policy**

The program strongly discourages any type of outside employment during the course of study in the program. Program responsibilities are not negotiable and will not be altered due to student work obligations.

Students who choose to volunteer or be paid employees during the course of their physician assistant education cannot use their affiliation with the program in any aspect of that employment. Any activity undertaken by the student, independent of the program, is not covered by the liability insurance offered for clinical work associated with physician assistant education.

### **Email**

E-mail is the preferred mode of communication between the program faculty/staff and students. All students *must* use their Oklahoma City University e-mail account, and must check this account on a daily basis. Additionally, students should empty mailboxes to allow for regular e-mail from program staff and faculty. Failure to check an e-mail account is not an allowable excuse for missing a program event or notification.

### **Dress Code**

Students must dress professionally at all times. While students are not required to dress in business attire while in class, certain types of dress are not acceptable. Clothing that is revealing such as beach wear, shorts, or bathing suit tops should not be worn in class. Business attire must be worn when visiting a clinic or interacting with standardized patients during the didactic phase including closed toe shoes, white jackets, and an Oklahoma City University photo identification displayed in a clearly visible location.

The dress code for the clinical phase is more restrictive and described in detail in the clinical phase section of these standards.

### **Student Identification**

PA students will be identified in the clinical setting by their official OCU ID badge which they must display on their person whenever engaged in direct patient contact. Students observed in a clinical setting without their badge will be immediately dismissed from the site. The absence will be addressed according to information provided in the Academic Standards.

### **Transportation**

Throughout the entire curriculum, opportunities to participate in clinical or research experiences in medical settings will require travel off campus. Transportation to hospitals, clinics, and other community settings is the student's responsibility. Clinical phase students are responsible for transportation to all clinical rotation sites and to the campus on call back days.

### **Health Insurance**

All students accepted to Oklahoma City University are required to have health care coverage. Proof of insurance must be submitted to the Registrar. Oklahoma City University provides access to a Student Health Insurance Plan.

## Program Faculty and Student Health Care

No faculty member, including the Program Director and the Medical Director, are permitted to provide health care for Oklahoma City University PA Students. Provision of health care includes giving medical advice in this instance. Program faculty are, however, able to refer students for medical and mental health care, if needed.

### Immunizations

Students in the Physician Assistant Program are required to submit records of immunization to the OCU PA Program and OCU Health Clinic. In accordance with CDC guidelines for healthcare professionals, each student must prove immunity to:

- Hepatitis B
- MMR (Measles, Mumps and Rubella)
- Varicella (Chickenpox)
- Tdap (Tetanus, Diphtheria, Pertussis)
- Meningococca
- Influenza

PA students will be required to have patient contact in the both the didactic and clinical phases. The program is responsible to verify that students have immunity to the above diseases. Records should be provided directly to the PA program staff.

The OCU Health Clinic coordinates records of students at the University. Because the PA Program does not manage health records, students are expected to take their records to the health clinic or fax them to 405-208-6016. Students unable to provide direct evidence of their immunization record can satisfy this requirement according to the procedures outlined in the following table.

Vaccines	Recommendations in brief
<a href="#">Hepatitis B</a>	If you don't have documented evidence of a complete HepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Get anti-HBs serologic tested 1–2 months after dose #3.
<a href="#">Flu (Influenza)</a>	Get 1 dose of influenza vaccine annually.
<a href="#">MMR (Measles, Mumps, &amp; Rubella)</a>	If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later). If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For health care workers born before 1957, see the <a href="#">MMR ACIP vaccine recommendations</a> .
<a href="#">Varicella (Chickenpox)</a>	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

<a href="#">Tdap (Tetanus, Diphtheria, Pertussis)</a>	Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get Td boosters every 10 years thereafter. Pregnant health care workers need to get a dose of Tdap during each pregnancy.
<a href="#">Meningococcal</a>	Those who are routinely exposed to isolates of <i>N. meningitidis</i> should get one dose.

Reference: CDC Recommendation 2018—Source: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

### Blood Borne Pathogens (Universal Precautions)

Students must complete a training session for healthcare professionals in Blood Borne Pathogens during the didactic year. The complete policy regarding Blood Borne Pathogens is included as an addendum at the end of these standards.

### Patient Rights and Confidentiality

Medical ethics forbids violation of patient confidentiality. Students must be sensitive to this issue. All students must strictly adhere to each institution's policy governing patient rights and confidentiality and to all federal, state and local regulations. Students must not discuss any information regarding a patient in a manner or location that might reveal the identification of the patient to individuals not directly involved in that patient's care. For this reason, all students must complete HIPAA training and provide proof of completion during both the didactic and clinical phases of the PA program.

### Student Teaching in Program Curriculum

Some students may be particularly knowledgeable in an area of medicine or possess advanced clinical skills because of prior health care related experience. Although such expertise is commendable, PA students are not permitted to participate in the teaching of the curriculum. A student may assist with technical procedures if they have specific advanced training in the task.

### Attendance Policy

The Physician Assistant Program follows the university's attendance policy. See the Academic Regulations section of the graduate catalog. <http://www.okcu.edu/catalog/grad>. At times during the didactic year, there may be adjustments and changes to the calendar in response to unforeseen circumstances. The program will provide notice of any change as soon as it is known.

### Social Media Policy

Social media includes user-generated content posted and shared on internet and other platforms. While new social media interfaces continue to emerge, for the sake of this document, this policy applies to all platforms of social media. Examples include, but are not limited to the following:

- YouTube*
- Facebook*
- Instagram*
- LinkedIn*
- Twitter*
- Blogs*
- Google+*
- SnapChat*

Content posted on social media cannot be deleted. Care should be taken by each person associated with the OCU PA Program to ensure the protection of the Program, its patients, students, staff and faculty.

Inappropriate social media content related to the OCU PA Program, institution, fellow students, faculty or supervised clinical practice experiences (SCPEs) shall not be posted by any student, staff member, faculty member, or any other person affiliated with the OCU PA Program. Inappropriate content includes, but is not limited to profane, libelous, obscene, threatening, abusive, harassing, hateful, defamatory and/or embarrassing content. Inappropriate posts may lead to University disciplinary action, and/or criminal and/or civil penalties.

Students in the OCU PA Program shall not represent themselves as medical professionals or provide any medical advice through social media. Opinions posted by OCU PA Program students do not represent the views of Oklahoma City University.

Students in the OCU PA Program shall not post content that might compromise the confidentiality of PA Program students, staff members, faculty members, patients, or any other person affiliated with the OCU PA Program. Students in the OCU PA Program shall follow all relevant state and federal laws, including HIPAA and other patient privacy laws.

OCU PA Program faculty and staff shall not be “friends” on social media with any current OCU PA Program student.

Current OCU PA Program students shall not be “friends” on social media with patients they encounter through the course of their didactic or clinical training. Also, to maintain a professional student/instructor environment, currently enrolled students are discouraged from being “friends” with guest lecturers, adjunct faculty, and clinical preceptors.

The OCU PA Program has established a Professional Page for each incoming OCU PA Class which includes all students, staff, and faculty.

### **Student Advisement**

All students are assigned a faculty advisor. Faculty advisors are available to discuss general, academic, and/or personal concerns with the student. It is the student’s responsibility to seek advice from faculty. Advisors are also available to discuss PA Program Academic Standards. Because office hours may vary, it is best to email or call a faculty advisor and make an appointment. If there is an urgent situation, PA students may come to the program offices and meet with any available faculty member.

## **ACADEMIC POLICIES**

### **Student Evaluation**

Student evaluations in the didactic and clinical phases involve one or more of the following methods: standardized patient encounters, writing assignments, small group exercises, a participation grade, preceptor evaluation, or objective testing. At the conclusion of the didactic phase, a comprehensive examination will be administered. At the end of the curriculum, students will be required to successfully complete a summative evaluation process.

### **Examination Policy**

Examinations and courses must be completed according to the schedule provided by the Program. An extension of the scheduled time for an examination or course completion may be granted by the course coordinator or by the Academic Advancement Committee. Reasons for changing a scheduled assessment

include, but are limited to, the death of a family member, illness (a doctor's note may be required), an accident, or a circumstance deemed extenuating by the course coordinator or Program Director. Students who arrive late to an examination may not be granted additional time to take the examination based on an assessment of the circumstances by the course coordinator, didactic director, or Program Director. Failure to comply with this policy may result in a grade of zero (0) for that examination.

### **Comprehensive Evaluations**

Students will complete three comprehensive examinations during their tenure in the PA program. The PACKRAT (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered at the end of the didactic phase and during the final spring semester of the clinical phase. This comprehensive examination is a requirement of the program. The results of the PACKRAT examination do not count toward a course grade. However, it is a requirement for graduation. In addition, it will provide students with a report of their areas of strength and areas for improvement. Since there is a correlation between the performance scores on the PACKRAT and PANCE, this report may be utilized in formulating study plans for success on the PANCE exam. Student results from the PACKRAT will also allow the program to compare performance against national scores.

The third examination will be the Practice PANCE exam given one month prior to graduation. Again, this is a requirement of the program but not a graded component of the program. This evaluation tool also provides feedback to students on strengths and weakness as they prepare for the PANCE exam.

The goal for these comprehensive examinations is to encourage students to continually address gaps in their knowledge and to re-enforce information learned in the professional program.

The Program uses information from these three examinations to evaluate the performance of the curriculum and its assessment methods, and this information also allows the Program to compare its student performances with those of other physician assistant students nationally.

### **Summative Evaluation**

A summative evaluation process will be employed during the final week of the curriculum. It will include a comprehensive multiple choice examination to assess knowledge and an objective structured clinical examination (OSCE) to assess performance of skills including the patient interview, physical assessment, ability to develop a plan for identified problems, and clinical documentation. The multiple choice examination is developed using the PANCE content blueprint. The OSCE uses standardized patients presenting with common medical complaints.

The Program will evaluate the performance of a student who is unsuccessful on either component of this summative evaluation and determine a course of action to prepare the student to be successful when assessed again. This remediation plan will be individualized and may require additional time in a clinical practice setting and may require up to four additional weeks of work.

### **Progression from the Didactic to the Clinical Phase**

To progress from the didactic phase to the clinical phase of the professional program, a student must:

1. Complete all didactic phase courses with a grade of C or better,
2. Achieve a cumulative score of at least 69.5% or 84.5% as specified in all designated concentrations at the specified intervals (see below), and
3. Complete the PACKRAT.

## Graduation Requirements

To graduate, a student must:

1. Achieve a passing grade in all courses and clinical rotations of the curriculum,
2. Achieve a passing grade on the summative evaluation process, and
3. Be granted permission to graduate by the Academic Advancement Committee within three months of the date of graduation.

## Remediation Policy of the Didactic Phase

The didactic phase consists of 19 courses. Each course is composed of various concentrations of knowledge and skills (specifically, clinical anatomy, clinical medicine, laboratory medicine, pathophysiology, pharmacology and pharmacotherapeutics, physical diagnosis, and physiology). Additionally, students must complete assignments and assessments in two concentrations, physical diagnosis and medical humanities and professionalism, that run across the entire didactic curriculum. Students must receive a grade of C or better in each course. Additionally, students must receive an average score of at least 69.5% for each concentration at specified intervals as follows:

clinical anatomy – at the end of the course PA 5116 Introduction to Human Form  
clinical medicine – at the end of each semester (spring, summer, and fall)  
laboratory medicine – at the end of the didactic year  
pathophysiology – at the end of the didactic year  
pharmacology and pharmacotherapeutics – at the end of the didactic year  
physiology – at the end of the didactic year

Students must also receive an average score of at least 84.5% for the following concentrations/activities at the completion of the didactic year:

medical humanities and professionalism  
physical diagnosis (as assessed by multiple choice questions, SPBLs, or PBLs)

The academic performances of all students in the didactic phase will be reviewed at the end of each semester. A student who does not achieve a passing score in a course or a concentration at the interval specified above will be placed on **probation** and required to remediate the subject matter for one month at the end of the didactic phase (specifically in January). Remediation of more than one program element (course or concentration) will require additional time, generally one month per element or on a timeline approved by the faculty member(s) responsible for the remediation with agreement of both the Didactic Director and Program Director. Students remediating a concentration will be enrolled in a special remediation course and will receive a separate grade for this course. Students remediating a course will be enrolled in the course again, and the grade received will not replace the original failing grade for the course. Demonstration that the requisite knowledge has been obtained via follow-up testing qualifies the student for advancement. The Academic Advancement Committee may elect to lift the probationary status after the student demonstrates satisfactory performance in all areas of deficiency.

Failure of three program components (specifically, three courses, three concentrations, or any combination of three courses and concentrations) or failure to achieve satisfactory performance in the remediation month will result in a student restarting the program and remaining on probation. A student failing three didactic curricular components before the completion of the didactic year will be placed on **suspension** and not allowed to progress further in the didactic curriculum. Students on suspension will be required to retake all courses of the didactic phase already completed. A student may be given only one opportunity to restart the program. Failure of any course and/or concentration at the interval(s) specified above after restarting

the program will result in **dismissal**. Failure of four program components (any combination of courses and/or concentrations) will result in **dismissal** from the program.

### **Professionalism**

Students must adhere to standards of professional behavior at all times. These standards are part of the *Competencies for the Physician Assistant Profession* and the ethical foundation of medical practice and of our integrity as physician assistants. Lapses in professional behavior will be brought before the Academic Advancement Committee. Should the Academic Advancement Committee find that a student has behaved unprofessionally, he/she may be issued a **warning**. A second violation or an initial violation deemed serious will result in **professional probation**. Professional probation is a status designated by the Academic Advancement Committee indicating that a student has violated one or more of the tenets of professional conduct of either the PA Program, PA Profession, or the OCU Student Code of Conduct. In addition to probation, a student may receive an additional penalty of suspension from participation in the program for a defined period of time depending on the nature of the unprofessional behavior. A student will be **dismissed** from the program for a third violation of professionalism, even if other elements of training have been completed satisfactorily. Once a student has been placed on professional probation, the student's behavior will be reviewed by the Academic Advancement Committee at the end of each semester or more immediately, if warranted, and may be removed from professional probation or remain on it for the duration of the program. The Academic Advancement Committee reserves the right to **dismiss** a student for any egregious professional misconduct. Examples of unprofessional behavior include failure to comply with program rules and regulations, including but not limited to attendance, punctuality, preparedness, conduct, and performance in the classroom or clinical setting. Also, deviations from societal moral, legal, and ethical standards of conduct will constitute unprofessional behavior.

### **Academic Advancement Committee**

Membership of the Academic Advancement Committee consists of PA Program and non-PA Program personnel. The Medical Director of the PA Program serves as committee chair. The Academic Advancement Committee reviews student academic performances and charges of inappropriate behavior. Students will have the opportunity to provide information that may explain or clarify issues under review. The Academic Advancement Committee will make decisions concerning the course of action needed to address identified problems, in agreement with established program policies. The Academic Advancement Committee makes recommendations (e.g., warnings, probation, suspension, dismissal, or other alternatives as may be deemed appropriate) to the PA Program Director for review and appropriate action.

### **Maximum Time for Program Completion and Leave of Absence**

A student must complete all requirements of the program within four calendar years.

A leave of absence may be granted for extraordinary personal or family problems or illness. Academic difficulty itself is not a sufficient reason to request a leave of absence. Leave of absence may be granted for up to one year, but requires review and approval by the Program Director. Failure to re-enter the program after one year will result in automatic dismissal from the program. The request must be submitted in written format to the Program Director.

The Program will define a schedule to make up missed work before a student is allowed to progress to the clinical phase. This schedule may range from defining times in the student's current didactic year to submit missed assignments and take assessments as agreed to by the involved course coordinator(s), spending time completing coursework at the first of the year after the year in which the work was missed, or repeating the entire didactic phase.

Leaves of absence in the clinical phase are address in the clinical phase section later in the standards.

A leave of absence will affect a student's full time status and financial aid package/loans. It is the student's responsibility to contact the financial aid office if a leave of absence if granted.

### **Academic Integrity and Professionalism**

The university's academic honesty policy is published in the OCU handbooks:

<https://www.okcu.edu/uploads/Student-Handbook-18-19-Updated-September-2018.pdf>

<http://www.okcu.edu/catalog/grad>

<https://www.okcu.edu/students/conduct>

### **Academic Complaints**

Students are encouraged to utilize Oklahoma City University's internal complaint policies through the Office of the Provost/Vice President for Academic Affairs prior to filing a complaint with any external entity. Students may submit an official Academic Complaint at [Complaints - Oklahoma City University](#). Academic complaints submitted will be received by the Office of the Provost/Vice President for Academic Affairs, and will be investigated by that office for action or further resolution. Submitting an academic complaint via this form does not initiate a formal appeal process under the student handbook or the current catalogs found under quick links: <https://www.okcu.edu/academics/home>

For information on submitting a complaint related to the accreditor of your program, please visit [Accreditation - Oklahoma City University](#).

### **Academic Support Services**

LEC (Learning Enhancement Center) is a free service available to students. More information can be found about this service in the OCU Graduate Catalog: <http://www.okcu.edu/catalog/grad>.

### **Computer Policy**

Laptops computers are required for Physician Assistant Program. OCU computer policy can be found online at: <http://www.okcu.edu/technology/docs/ComputerUsePolicy.pdf>.

### **Registration and Withdrawal**

Deadlines for registration and withdrawal can be found at <http://www.okcu.edu/catalog/grad>.

### **Disability Accommodations (ADA / Section 504)**

If you believe that you need reasonable accommodations for a documented physical, psychiatric, and/or learning disability or attention disorder, please make sure to register with Campus Disability Services by filling out the New Student Application at the following link: [OKCU Disability Information Form - DSV4-LionHead](#). The Senior Coordinator for Access and Academic Support is responsible for coordinating student disability-related accommodations and, if approved, will issue students a Letter of Accommodation. Reasonable accommodations may require early planning and are not provided retroactively, so please start this process as soon as possible. If you have general questions about reasonable accommodations, you may contact the Senior Coordinator for Access and Academic Support, Jenny Minsberg, at [jaminsberg@okcu.edu](mailto:jaminsberg@okcu.edu) and in DBL 06C.

### **Sexual Harassment and Misconduct (Title IX)**

The Nondiscrimination Policy also prohibits a number of forms of sex discrimination, including sexual harassment, sexual misconduct, intimate partner violence, and stalking. That policy includes definitions

and examples of these terms as well as the procedures for the investigation and resolution of Complaints. Many of these issues are also prohibited by Oklahoma criminal law and may be reported to campus or local police in addition to the University. When the University receives a report, the reporting party will be contacted by a Title IX administrator to discuss options for confidential support, interim measures to address safety/access concerns, and formal and informal procedures for resolving Complaints as appropriate. To make informed choices, it is important to be aware of mandatory reporting requirements for campus resources. Nearly all University employees, including faculty, are required to report known/suspected discrimination to the Compliance Coordinator within 24 hours. Confidential options including University Counseling and advocacy services can maintain privacy. They do not disclose information about reports to university officials without explicit permission. Please visit [Title IX Information - Oklahoma City University](#) for more information about confidential resources, reporting options, policies and procedures, and contact information for University Title IX administrators. For emergencies, please call campus police at (405) 208-5911 or local police at 911.

### **Civil Rights, Equity, and Access: Nondiscrimination Policy**

The Nondiscrimination Policy prohibits discrimination in the University community, including students, faculty, staff, guests, and visitors. Acts of discrimination, including harassment based on a protected category, may limit, deprive, or deny educational/employment access, benefits, and opportunities. This policy prohibits discrimination based on race, ethnicity, national origin (including ancestry), religion, sex, gender identity, gender expression, sexual orientation, pregnancy, age, disability, domestic violence victim status, veteran or military status, and other protected categories under federal law. For a complete list of prohibited forms of discrimination, definitions, and examples, please visit [University Policies - Oklahoma City University](#) to access the Nondiscrimination Policy.

The University's Compliance Coordinator, Ms. Joey Croslin, oversees prevention and response programs addressing discrimination in our community. To make a report, ask questions, or learn more, please contact Ms. Croslin at (405) 208-5075 and [jcroslin@okcu.edu](mailto:jcroslin@okcu.edu).

### **Religious Accommodation**

Oklahoma City University seeks to be supportive of religious observance among the members of our diverse campus community and to be as accommodating as possible. Students should discuss with their instructor at the beginning of the semester forms of religious observance (dress, fasting, specific prayer times) that may affect their full participation in the course. Students should also compare the class schedule to their own religious calendar to determine if there will be any class days in which the student expects to be absent due to the observance of a religious holiday. Students must notify the instructor, in writing, of the expected absence within the first two weeks of the semester. The instructor will then work with the student to develop a plan to reschedule any exams, assignments, or course activities for that day. The instructor, at his/her own discretion, will make reasonable accommodations wherever possible. Students should recognize, however, that there may be some course aspects that cannot be rescheduled or accommodated, and it will therefore rest upon the student to determine whether they wish to remain enrolled in the course or have their grade potentially affected.

### **Emergency Preparedness: Policies and Assembly and Shelter Locations**

In the event an emergency on campus, the following link identifies relevant information, including where to assemble and locations of shelters: <https://www.okcu.edu/main/emergency>

## **University Counseling Center**

The University provides short-term counseling and professional referrals for problems likely to confront students. The counselors provide individual or group therapies or may refer the students to other counselors in special areas and for continued services. Counseling is a confidential process designed to help individuals address concerns, come to a greater self-understanding, and learn effective personal and interpersonal coping strategies.

Each student enrolled at OCU is entitled to 4-6 personal counseling sessions per semester at no charge. Private spiritual counseling is also available to students through the Offices for University-Church Relations. To make an appointment, please call the University Counseling Office located in the northwest wing of Walker Hall (enter under the Blue Awning on the north side) at (405) 208-7902. The website for these services is: <http://www.okcu.edu/campus/resources/counseling/>.

## Academic Standards Acknowledgement Form

### Spring 2019 Edition

The Physician Assistant Program Academic Standards outline school-wide and program-specific policies and regulations for students in the program. If there is any doubt about the meaning or intent of any of the policies or content about the clinical phase, it is a student's responsibility to initiate a discussion with the Clinical Director or his or her faculty advisor.

By signing this document, I acknowledge that I have read and understand the policies and content outlined within the Oklahoma City University Physician Assistant Program Clinical Phase Handbook and agree, without reluctance, to abide by them.

SIGNATURE:
NAME (Print):
DATE:

## **CLINICAL PHASE HANDBOOK**

The clinical phase is comprised of seven core supervised clinical practices experiences (SCPEs), six medicine/elective SCPEs, and one preceptorship SCPE. The core SCPEs include family medicine, internal medicine, general surgery, behavioral health, women's health, emergency medicine, and pediatrics. The medicine/elective SCPEs allow additional experiences in any of the core SCPEs and in the sub-disciplines of medicine and surgery. The preceptorship SCPE can be completed out of state if the student chooses to do so.

Each SCPE has a designated syllabus that includes global learning objectives and a medical condition topic list that students are responsible for learning during their clinical rotation.

### **Supervised Clinical Practice Experience (SCPE) Assignment Policy**

Students are assigned to SCPE sites by the Program; students are not required to find their own SCPE sites or preceptors. Decisions about SCPE assignments are complex, taking into account Program requirements for each student, availabilities of preceptors and practice sites, contractual relationships, and other considerations associated with management of a complex clinical education program.

While personal circumstances of individual students are often considered when making SCPE assignments, the Program may not always be able to take these into account. The primary focus of SCPE assignments is to give each student a well-rounded clinical experience, assuring graduation within the 28 months of the program. The Program will work to assure that students have as much notice as possible about the clinical phase schedule, allowing students adequate time to plan ahead and manage their personal affairs, especially in the case of assignments to SCPE sites outside the metropolitan area of Oklahoma City.

Clinical schedules may change due to circumstances beyond Program control so that flexibility, a key virtue in health care providers, is important on the part of both the student and the Program. For example, a preceptor may have an unforeseen hardship such as personal illness or family emergency, making it necessary for the Program to change a student assignment.

To meet all Program requirements of the clinical phase, students may be assigned SCPEs that will require travel. Practice sites within a 50 mile radius of Oklahoma City are considered within reasonable driving distance, regardless of where the student chooses to reside, and the program is not responsible for housing for these SCPEs. The Program will provide housing for SCPEs outside this radius if a student requests it. This housing will be located within 50 miles of the assigned practice site. The costs of meals and transportation remain a student responsibility.

Students are not allowed to be assigned to and evaluated by a healthcare practitioner with whom they have a personal or family relationship. A prior professional relationship (e.g., with a former employer) may be considered appropriate on a case-by-case basis.

### **Student-Initiated SCPE**

Student-initiated SCPEs may be approved by the Program but, generally, only if the preceptor and site are agreeable to take additional students, as the administrative time required to develop and approve a new site is considerable. Academic credit is granted only for sites and preceptors approved by the Program. A current list of approved preceptors is accessible by students on the Typhon Student Tracking System.

## **Desire 2 Learn (D2L), Outlook Calendar, and Typhon Student Tracking System**

Students have access to a clinical phase site on D2L, a class Outlook Calendar, and the Typhon Student Tracking System. The electronic locations contain examination and call back dates, important announcements, and documents and forms needed during the clinical phase. Each student is responsible for checking these locations daily for important announcements and site updates. In addition, the Program will communicate significant announcements and information via emails to the class.

### **E-mail**

E-mail is the preferred mode of communication between students and Program faculty and staff. All Program communications with clinical phase students will be via their OCU account, which must be checked on a daily basis. Failure to check an e-mail account is not an allowable excuse for missing a Program event or notification.

### **Contacting the Preceptor and Site**

The student must contact the preceptor and site 30 days prior to the SCPE start date. The assigned preceptor and contact person for each SCPE will be found on Typhon. Early contact allows time for proper coordination between the site and the student regarding documentation and training needed to function at the site. This documentation, which varies by site, may include blood borne pathogen and HIPAA training, latex allergy statement, immunization records, criminal background check, drug screen, record of academic standing, liability insurance verification, etc. Students may also be required to complete additional training (e.g., how to use the site's electronic medical record) prior to starting at the clinical rotation site. The standard requirements for each SCPE site are located on the Typhon Student Tracking System; however, each site must be contacted in order to verify that requirements have not changed or that additional documentation is required. Failure to address these details for a SCPE reflects on a student's professionalism and may subject a student to behavioral probation if disruptive to reasonable management of the clinical phase.

### **Preparation for SCPEs**

There are several factors to consider before beginning each SCPE. They include:

Identification of gaps in knowledge: The ability to identify areas of weakness and to find ways to address them is a lifelong process that begins in the clinical year. Before arriving at a clinical site for the first time, review the learning objectives in the pertinent SCPE syllabus. Some areas of weakness will be apparent before beginning the SCPE; others may present during the course of the SCPE. Early identification allows for timely remediation.

Communication with Preceptor: Meet with the preceptor on the first day of each SCPE to review the syllabus content. Reviewing the SCPE syllabus with the preceptor facilitates planning how best to utilize the weeks allotted for the SCPE.

Dedication: Students are required to be at the site at all times designated by the preceptor. In some cases, this will require staying at the site during most of the month, staying late into the evening or overnight, arriving very early in the morning or working on weekends.

Transportation: Students are required to provide their own transportation to SCPE sites. Some of the SCPEs are in rural Oklahoma and require longer transit times to the SCPE site and back to campus for call back days; however, housing will be provided closer to these sites. A dependable vehicle is required.

Smart phones or electronic tablets: Owners of electronic tablets or smart phones should download pertinent information such as textbooks, PDRs, EKG and radiology references. In addition to its use as a

reference, these devices can be used to take notes, keep study lists or to log patients. It is worth noting that WiFi access may not be reliably available in some rural locations, so keeping some useful references available on electronic devices may be helpful. Please remember to adhere to HIPAA policy when using this technology. No identifiable patient information should be kept on smart phones or tablets.

Oral presentations: While on a SCPE, students are required to present patient cases to preceptors, fellow students, and other health care team members. Practice of the presentation beforehand will aid in the appearance of confidence and being well informed.

Early identification of problems: Students may experience personal problems during the clinical phase or interpersonal conflicts may arise at a clinical site. Your assigned faculty advisor and the Clinical Director are available for advice and support. Call them as soon as a problem arises. Do not wait until the situation spirals out of control.

Effort and learning: The amount of learning is directly proportional to the effort extended on a SCPE. Reading about disease states and medical conditions encountered each day is essential. Students are expected to volunteer for presentations and to spend as much time as possible at the site. Take notes during the clinical day and then research areas for knowledge improvement after hours to enhance the learning experience.

First impressions count: Preceptors often form opinions of students early during the SCPE. Therefore, it is important to be punctual, maintain a professional appearance, and demonstrate initiative from the first day of the SCPE. Learning day-to-day operations at the practice site (e.g., procedures to order lab tests, diagnostic studies, and consults) will assist in making a good first impression.

Interpersonal communication: For a successful clinical experience, students must interact with many health care team members. Self-awareness and regulation of voice tone, body language, and attitude is important to communicate respect and courtesy. Occasionally, students and preceptors and other health care team members experience difficulties that strain their professional and educational relationship. Students are expected to deal with such problems in a mature and professional manner. If the situation cannot be resolved after all reasonable attempts with the preceptor have been exhausted, then the student's faculty advisor and/or Clinical Director should be consulted on ways to communicate to improve the relationship.

Additional learning opportunities: Seek out additional learning opportunities available on a SCPE. These may include lectures, conferences, or teaching rounds. Other members of the health care team such as social workers and nurses may provide additional insight into patient care.

Be assertive: Some sites will have other students rotating at the same time, either from other PA programs, NP programs, or from other medical disciplines. All of these students will compete for the attention of preceptors, for the opportunity to perform procedures, or for the privilege to present cases on rounds. In these circumstances, be assertive to gain access to important learning opportunities.

Expect frustrations: The clinical phase can be frustrating. Remaining flexible will help in minimizing the negative aspects of a SCPE experience. It is also important to keep in mind that patients can be the source of frustration. Patients can be angry, fearful, seductive or duplicitous. A discussion with the preceptor may help determine if there are factors that can improve the provider-patient interaction.

## **Dress Requirements**

Students must adhere to dress requirements for the clinical phase to decrease the potential for injury and because they represent the physician assistant profession, the PA program, and Oklahoma City University.

Both men and women should wear business attire while on SCPEs. Men should wear a dress shirt with a tie. Closed-toed shoes with socks or stockings, as well as a short white uniform jacket, must be worn by men and women at all times. Students should not wear insignia, buttons, or decals of a political nature while on SCPEs.

Unacceptable clothing includes:

- Low cut, revealing blouses or shirts
- Sandals
- Short skirts
- T-shirts, sweatshirts or sweatpants
- Any clothing made of denim
- Clothing that exposes the mid-abdomen
- Clothing that is soiled, in poor repair, or not well maintained

Students may wear scrubs only while in the operating room, emergency room, delivery room, or as allowed by preceptors. Students may wear sneakers only while wearing scrubs as listed above. All students are required to follow the designated scrub policy at each facility.

Hair must be pulled back away from the face if it is longer than shoulder length. Fingernails must be less than ¼" long. Nail polish must not be worn during surgical procedures or deliveries. No artificial nails, wraps, multicolored or designer nail polish or nail paintings are permitted.

Fragrances are not to be worn during clinical SCPEs. Some patients and employees may be particularly sensitive to fragrances.

Only post earrings are permitted. All tattoos should be concealed. Body piercings that are visible should not be worn during SCPEs.

### **Identification**

Students must display their Oklahoma City University photo identification in a visible location while on SCPEs. All students must identify themselves as a "physician assistant student" during all aspects of patient care. Other types of identification may be required by the rotation site.

When functioning as a health professional student in the Program, students may not use previously earned professional designations (e.g., RN, PhD, RD, etc.) when providing patient care, interacting with other healthcare providers at practice sites, documenting care provided, or corresponding with patients and other healthcare providers as a physician assistant student.

### **Health Insurance**

Health insurance is mandatory for all students in the Program. Students must provide proof of medical insurance before beginning the clinical phase.

### **Patient Rights and Confidentiality**

Medical ethics forbids violation of patient confidentiality. The student should be sensitive to this issue. All students must strictly adhere to each institution's policy governing patient rights and confidentiality and to all federal, state and local regulations. All students must complete HIPAA training and provide proof of completion during the didactic phase of training. HIPAA certification must be current for the clinical phase. Students must not discuss any information regarding a patient in a manner or location that might reveal the identification of the patient to individuals not directly involved in that patient's care – this includes posting

patient information (including pictures/imaging) on social media venues (Twitter, Instagram, Facebook, etc.) or sending patient information (including pictures/imaging) via email or text messaging.

Patient charts, inclusive of progress notes or lab reports, must not be removed from the clinical site by the physician assistant student. If any assignments related to patient care are required from the clinical SCPE, all information that might identify the patient must be omitted to protect patient confidentiality.

If a HIPAA violation is committed, the student will be brought before the Academic Advancement Committee for review and may receive behavioral probation up to dismissal from the Program.

### **Social Media Policy**

It is strictly prohibited to take any patient information (e.g., pictures, imaging, etc.), even if the patient is not identified, from a clinical SCPE for the purpose of transmission on social media (e.g., Facebook, Twitter, Instagram, etc.). A student who violates this policy will be brought before the Academic Advancement Committee for review and may receive behavioral probation up to dismissal from the Program. Witnessing any violation of this policy should be immediately reported to the Program.

Similarly, private postings on social media about the PA Program, including faculty, lecturers, and fellow students, may be subject to disciplinary action by the Academic Advancement Committee up to and including dismissal. A wise student will behave as if all their postings are visible to the Program.

### **Cultural Diversity**

During the clinical phase, students will work with patients of various cultural, racial, ethnic, and socio-economic backgrounds with which they may not be familiar. Providing care to diverse populations is a mission of this Program and student learning outcome of our program. The many opportunities to learn about others within the clinical phase are to be embraced as a significant part of professional growth and maturity.

### **Sexual Misconduct or Harassment**

Sexual relations between a PA student and a patient are unethical, regardless of who initiated the relationship. Proof of a sexual relationship between a student and patient will result in review by the Academic Advancement Committee and dismissal from the program. Sexual relations between a PA student and clinical staff at a SCPE site are similarly unacceptable.

Sexual harassment of a physician assistant student by a preceptor or other SCPE site employee is a serious matter and must be reported to the Program immediately. Students should not attempt to handle this problem alone, as sexual harassment involves issues of unequal power. Should a student feel he/she has been sexually harassed, assistance from the Program should be sought immediately for consultation and guidance about a proper course of action.

The OCU PA Program follows the OCU harassment policy. For more information about confidential resources, reporting options, policies and procedures, and contact information for University Title IX administrators, use the following link: <https://www.okcu.edu/admin/hr/titleix>. For emergencies, please call campus police at (405) 208-5911 or local police at 911.

### **Preceptor Review and Countersignature**

On each SCPE, it is the student's responsibility to ensure that the preceptor sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increasing autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge.

The supervising preceptor must countersign any note written by the student that is part of the patient record.

The student is not authorized to initiate any orders for a patient without the consultation and signature or verbal order of the supervising preceptor. Students are not permitted to sign any prescriptions. Failure to adhere to these policies will result in a review by the Academic Advancement Committee and may result in behavioral probation up to dismissal.

### **Clinical Phase Attendance Policy**

Clinical year students are expected to follow the schedules set by their preceptors. Students should arrive at the practice site before their scheduled shift and remain there until excused. Students are expected to take call as designated by their preceptors. Students are expected to work weekends, holidays and overnight as defined by their preceptors.

University holidays and closures because of weather do not pertain to students during the clinical phase. Students are expected to coordinate attendance at their practice sites with their preceptor when weather may result in unsafe travel conditions. If a preceptor tells a student to remain at home, the student must communicate this information to the Program (ideally via an email to the clinical director and clinical coordinator).

Students may not take vacation or personal days apart from the vacation days designated by the clinical year schedule. If this does occur, the student is subject to review by the Academic Advancement Committee and may receive behavioral probation up to dismissal from the program.

Students are not allowed time away from clinical practice on a SCPE to study for an EOR or business examination or to complete other assignments. If this does occur, the student is subject to review by the Academic Advancement Committee and may receive behavioral probation up to dismissal from the program.

### **Tardiness**

Students are expected to arrive at the clinical site on time. If delayed, the Program and preceptor must be informed by phone. For in-patient SCPEs, it is especially important to arrive early each day to see patients, complete progress notes, and present at rounds (if applicable).

A student who is physically present at a SCPE site, but away from the team, will be considered absent. It is not acceptable to go to a library to study or be away from the team unless permission is obtained from the preceptor.

### **Absence from Clinical Rotations**

Students unable to report to an assigned clinical site for any reason are required to:

1. call and e-mail the clinical preceptor
2. call and e-mail the clinical coordinator by 9 AM that day

It is unacceptable for students to:

1. leave a message about an absence with program administrative assistants
2. communicate on behalf of another student capable of communicating for him/herself

Failure to report an absence and obtain approval from the clinical director may result in an **unexcused absence**.

1. **Unexcused absences** are referred to the Advancement Committee to determine a course of action, including behavioral probation, No Credit for the SCPE, up to dismissal from the program.
2. **Excused absences.** Students are allowed **up to 4 excused absences per SCPE** regardless of length (4 or 8 weeks).
  - a. Excused absences include personal illness, accidents, family emergencies or other extreme hardships.
  - b. Excused absences must be made up at the SCPE practice site as determined by the preceptor.
  - c. If personal illness is the reason for absence from the rotation, the student must provide proper documentation to the clinical director within 48 hours of contacting the Program showing that he/she was seen by a medical provider. The provider document must have the date that the student was seen. The student does not have to provide personal health information regarding diagnosis or treatment. The provider note will be placed in the student's file.
  - d. The preceptor and/or the clinical director reserve(s) the right to review each absence submitted and may deny excusing the absence if it is deemed unacceptable.
  - e. If a student has **more than 4 excused days on a SCPE**, the student will be assigned a grade of Incomplete and the SCPE requirements will have to be completed at a time and by a method defined by the Program.
  - f. Students are allowed **up to 7 total excused absences for the entire clinical phase** of the Program. Students exceeding this number of excused absences will be reviewed by the Academic Advancement Committee to determine a course of action, including completion of additional clinical work at a time and by a method defined by the Program.

### **Leave of Absence Policy**

Circumstances may result in a student being unable to complete a SCPE. The Program may choose to manage these situations by granting a leave of absence according to policy outlined in the Program's Academic Standards.

### **Typhon Patient Encounter Logging**

Many credentialing agencies (e.g., hospitals or health systems) require student patient tracking logs for verification of adequate training to perform duties and responsibilities as a physician assistant; therefore, it is essential to log all procedures observed, participated in, or completed during a SCPE.

Patient logs will be evaluated on the following criteria:

1. Logging an appropriate number of patient encounters.
2. Completeness of information provided
3. Patient tracking/logging is not optional and must be completed for each SCPE. The deadline for turning in the patient logs is no later than the first Wednesday by 10:00 pm after completing the SCPE and preferably before leaving the practice site on the last Friday of the SCPE.
4. Logging patients on a regular basis. Patient logs will be checked periodically, generally every two weeks, to ensure that patient encounters are logged on a regular basis.
5. Logging accurate information for the criteria listed below. Any information that is deliberately logged incorrectly will be considered as fraud and the student will be referred to the Academic Advancement Committee for disciplinary action.

Program expectations for patient encounter logging include the following:

- Students must log the following types of patients (minimum requirements):
  1. **60 patients (15 patient each week of the SCPE)**
  2. Acute care adult/pediatric
  3. Chronic care adult/pediatric
- Date of encounter
- SCPE type (core, medicine, or preceptorship)
- Preceptor name
- Rotation site
- Setting type (inpatient, outpatient, etc.)
- Demographics of patient (age, gender and race)
- Insurance status
- Time spent with the patient
- Time spent consulting with preceptor on patient
- Type of decision-making (please refer to <https://emuniversity.com/StraightforwardMedicalDecision-Making.html> for examples)
- Student participation (observation, shared role, primary provider)
- Reason for visit – if you choose “other” please document the reason in the clinical note section
- Chief complaint
- Encounter number
- Social problems addressed (if applicable)
- **Skills/procedures** (as applicable) – very useful after graduation for obtaining credentials and defining a scope of practice in many health systems
- Medical documentation (associated with the encounter)
- ICD 10 diagnosis code – to include all diagnoses assigned to the patient
- CPT procedure codes – to include all procedures performed
- Referral Strategies (if applicable)
- Patient education performed (if applicable)
- Interprofessional collaboration (if applicable)
- Medications (if applicable)
- Labs/Diagnostic work-up (if applicable)
- Additional “selection options” have been added to Typhon for students to utilize (attendance at lectures/rounds, oral presentation of patient info, use of EBM or EMR, assigned readings or assignments by the preceptor, etc.). Please use these selections when applicable.
- Clinic Notes: It is possible to cut and paste information, upload a template or free text into this section.

### **Preceptor Evaluation of Student Performance**

The preceptor will evaluate the student in the six core competencies during the SCPE. Those core competencies include: medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and system-based practice. Students are expected to receive a passing score on the SCPE by passing each core competency with a score of 7.0 or greater and by receiving an overall average score of 7.0 or greater on the evaluation. Only the preceptor of record may complete the preceptor evaluation forms. Two preceptor evaluations will be completed for the rotation: the mid-SCPE evaluation and the final SCPE evaluation.

Submission due dates for the mid-SCPE evaluation can be found on D2L site for the clinical phase.

Preceptors will be given access to Typhon in order to complete electronic versions of the mid-SCPE and final SCPE evaluations. Students have access to the electronic version of the mid-SCPE and final SCPE evaluations via Typhon.

The **mid-SCPE evaluation** should be completed with both the student and the preceptor at the mid-point of the SCPE. This evaluation is important for opening a dialogue between the student and preceptor for the purpose of identifying areas of strength and areas for improvement during the SCPE.

The preceptor will complete the **final SCPE evaluation** during the final 2-3 days of the SCPE. The student may or may not be present for the completion of the final SCPE evaluation at the discretion of the preceptor. The clinical coordinator will email the preceptor a link for access to the final SCPE evaluation, and the student will also have access to the final evaluation form for preceptors who prefer writing over entering data into a computer.

### **IMPORTANT:**

1. **It is the student's responsibility to ensure that the mid-SCPE and final evaluations are completed and submitted to Typhon by the designated due dates.** If a student encounters difficulty getting the mid-SCPE evaluation completed, then the student must contact the Program for assistance in obtaining the completed evaluations.
2. The preceptor may complete the mid-SCPE and final evaluations via the Typhon link provided by the clinical coordinator **OR** the student can print a paper copy of the required evaluation for the preceptor to complete. If the preceptor chooses to complete a paper version of either the mid-SCPE or final evaluations and have the student enter the data into Typhon, then the student must submit the paper copy signed, dated (by the preceptor) and appropriately labeled via External Documents in Typhon. The student is responsible for ensuring that the mid-SCPE and final evaluation data is entered correctly into Typhon. The Program will verify that the electronically entered data match the preceptor's entries on the written form.

### **Call Back Day Policy**

Students are required to return to campus on call back days to take EOR examinations and/or business course examinations, to attend scheduled presentations and activities, and to meet with faculty advisors as needed. Should an absence be unavoidable, the clinical director must be contacted prior to the date to discuss the nature and legitimacy of the absence. Unexcused absences or early unexcused departures from call back day will result in review by the Academic Advancement Committee for determination of a proper course of action, including behavioral probation and up to dismissal from the program. Specific dates for call back days are posted on D2L and on the student Outlook calendar.

### **End-of-Rotation (EOR) Examinations**

A 120 question multiple-choice examination will be given on the call back day immediately following a core SCPE. These online examinations developed and administered by the Physician Assistant Education Association (PAEA) are used to assess the student's comprehensive knowledge of each required core SCPE. These examinations are peer-reviewed and based on the NCCPA task and system blueprint. The format of these examinations is similar to, and a good preparation for, the Physician Assistant National Certifying Examination (PANCE).

Students will receive a score and performance report for each examination from the PAEA. The Program will release scores to students after they are available from PAEA (and this may take up to 24 hours or longer).

## Preparation for End-of-Rotation Examinations

The blueprint and current topic list for each EOR Examination may be located at the following link:  
<https://paeaonline.org/assessment/end-of-rotation/content/>

Review of this material is strongly advised at the beginning of each core SCPE to guide learning during the SCPE and study preparation for the EOR examination.

## EOR Examination Policy

Unexcused absences from a scheduled EOR examination may result in a grade of zero on the EOR examination and a grade of No Credit for the SCPE. Students arriving late to an EOR examination without a legitimate excuse may be barred from taking the examination. Should an absence be unavoidable, the clinical director must be contacted prior to the date to discuss the nature and legitimacy of the absence.

## Method of Determining SCPE Grades

Students may be assigned a grade of Credit (CR), No Credit (NC), or Credit with Honors (CRH) for each core SCPE. **NOTE:** Only core SCPEs with an EOR examination are eligible for a grade of Credit with Honors. The clinical course PA 6094 Preceptorship and Summative Process receives a letter grade which is determined by performance on summative assessments of knowledge and skills.

The Program will assign a grade of **Credit** after reviewing each of the following components of student performance during the SCPE to assure that each meets program expectations:

1. Patient encounters logged in the Typhon Student Tracking System – completed and submitted according to established timelines and meeting the program standards of 15 patients per week for a total of 60 patients over a 4 week SCPE (or 120 for SCPEs of 8 weeks, e.g., family medicine).
2. Mid-SCPE evaluation – completed and submitted according to established timelines
3. Final SCPE evaluation -- completed and submitted according to established timelines and with an expected overall average score of  $\geq 7.0$  and a score of  $\geq 7.0$  in each of the 6 program outcomes
4. EOR examination score – must be  $\geq$  [EOR mean score] – [1.65 x standard deviation for the EOR]

The Program will assign a grade of **No Credit** to students who do not submit required documentation or do not meet any of the above requirements for a grade of Pass on the SCPE.

The Program will assign a grade of **Credit with Honors** after reviewing each of the following components of student performance during the SCPE to assure that each meets program expectations:

1. Patients encounters logged in the Typhon Student Tracking System – completed and submitted according to established timelines and meeting the program standards of 15 patients per week for a total of 60 patients over a 4 week SCPE (or 120 patients for SCPEs requiring 8 weeks)
2. Mid-SCPE evaluation – completed and submitted according to established timelines
3. Final SCPE evaluation -- completed and submitted according to established timelines and with an expected overall average score of  $\geq 9.0$  and a score of  $\geq 7.0$  in each of the 6 program outcomes
4. EOR examination score – must be  $\geq$  [EOR mean score] + [1.00 x standard deviation for the EOR]

Successful completion of each SCPE with a grade of Credit (or Credit with Honors where applicable) is required to be eligible for graduation from the PA program. Students who are assigned a grade of No Credit will be reviewed by the Advancement Committee within one week of receiving notification of a failing grade and

the situation managed according to guidance provided within the program's Academic Standards for progression and retention.

### Missed or Late Assignments

1. Logging Patient Encounters on Typhon: Patient logging is not optional and must be completed in the manner and timelines stated above. Failure to complete this requirement may result in a grade of No Credit for a SCPE.
2. Mid-SCPE and Final SCPE Evaluations by the Preceptor: Failure to complete these requirements may result in a grade of No Credit for a SCPE.

### **Student Evaluation of Preceptors and SCPEs**

An evaluation of each SCPE preceptor and practice site must be conducted using evaluations located on the Typhon Student Tracking System. It is a student's responsibility to complete these survey questions. Student feedback and comments are used by the program to assess clinical sites and preceptors and guide program efforts to maintain SCPE strengths and facilitate refinements where needed.

Failure to complete these evaluations reflects on the student's professionalism.

### **Policy for Failure of an EOR Examination**

#### First Attempt Failure

A student earning a score of  $< [\text{EOR mean score}] - [1.65 \times \text{standard deviation for the EOR}]$  will fail an EOR examination. Students failing their first attempt at an EOR examination will be given the opportunity to take a second EOR examination constructed in the same format.

All students who fail an EOR examination on the first attempt are required to meet with the clinical director and/or faculty advisor to review the PAEA EOR exam performance report, resources (books/lectures) used to prepare for the exam, timeline implemented to cover the topic list, and any additional study habits used to prepare for the first EOR examination. The purpose of the meeting is to identify potential reasons for the failure, including areas of deficient knowledge and study habits, and to develop a plan that the student can implement in preparation for the second attempt at the EOR examination.

#### Second Attempt Failure

Second attempts at an EOR examination will generally occur on the call back day for the first scheduled medicine (elective) SCPE after failing the first attempt at an EOR examination.

A student failing the second attempt at an EOR examination will receive a grade of No Credit for the SCPE, and the student will be reviewed by the Advancement Committee within one week of receiving notification of a failing grade and the situation managed according to guidance provided within the program's Academic Standards for progression and retention.

### **SCPE Failure**

Failed SCPEs must be repeated and successfully completed during the clinical phase of the curriculum.

### **Medical Practice Operations (MPO) Course Failure**

Students failing an MPO course will be given one opportunity to make-up this deficiency by an assessment method determined by the course coordinator. A grade of 69.5% or better is required to pass an MPO course make-up assessment, and the student will receive a C for the MPO course, regardless of the grade

on the make-up assessment. Failing an MPO make-up assessment will result in a failing grade (F) for the MPO course, and the student will be placed on **academic probation**. Failed MPO courses must be repeated and successfully completed during the clinical phase of the curriculum.

### Academic Review

The academic performances of students failing one SCPE or one MPO course will be reviewed by the Advancement Committee and the student placed on **probation**. Progression in the clinical phase may be halted, and depending on facts and circumstances, the student may be required to undergo psychosocial and/or cognitive assessment prior to determination of an appropriate course of action to move forward in the clinical phase.

Upon receipt of a second failing grade on a SCPE in a different discipline or a second MPO course, progression will be halted, the student placed on **academic suspension**, and depending on facts and circumstances, the student may be required to undergo psychosocial and/or cognitive assessment prior to determining an appropriate course of action to move forward in the clinical phase.

A student who successfully remediates a SCPE or MPO course but fails to show satisfactory progress [defined as successful completion of subsequent future SCPEs or MPO courses, improved performance in the area(s) resulting in failure of the first SCPE, and failure to meet performance expectations as outlined by the Advancement Committee] on subsequent SCPEs or MPO courses may be subject to **dismissal**. A student who receives a failing grade twice on the same SCPE or MPO course may be subject to **dismissal**.

All students must successfully complete 7 core SCPEs, 6 medicine SCPEs, and one preceptorship as well as all 5 MPO courses to be eligible for graduation. Students must complete the professional program within four calendar years of the date of initial enrollment or they will be **dismissed**.

To expedite review of unsatisfactory performance in the clinical phase, performance and progress will be assessed by the chair of the Advancement Committee (or designee) and the Clinical Director. Unsatisfactory performance situations will be assessed promptly (usually within one week) upon receiving notification of a failing grade.

The performance of all students on **probation** during the clinical phase will be reviewed monthly by the chair (or designee) of the Advancement Committee and the Clinical Director. Students who make satisfactory progress, defined as improvement in the area(s) that caused the failure of a SCPE [e.g. medical knowledge (as assessed on subsequent EOR examinations or by a preceptor), interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and system-based practice], will be considered in good standing for the purpose of rotation assignment. A student will be **removed from probation** during the clinical phase when all coursework attempted has been successfully completed.

A student's clinical phase performance will be reviewed by the Program when any of the following events occur:

1. First time failure of an EOR
2. Achieving an EOR score  $\geq$  [EOR mean score] – [1.65 x standard deviation for the EOR] but  $<$  [EOR mean score] – [1.00 x standard deviation for the EOR]
3. Receiving an overall preceptor score of  $<$  8.0 on the final SCPE evaluation
4. Receiving a preceptor score of  $<$  8.0 on any of the six program outcomes on the final SCPE evaluation

The Program will meet with these students to evaluate the reason(s) for the performance and to develop a plan for improvement.

### **Professionalism in the Clinical Phase**

Students must adhere to standards of professional behavior at all times. These standards are expected of the physician assistant profession and serve as the ethical foundation for medical practice. Departures from professional behavior expected by the Program, the profession, or the university as defined in the OCU Student Code of Conduct will be brought before the Academic Advancement Committee. Should the Academic Advancement Committee find that a student has behaved unprofessionally, it may issue a **warning** verbally and in writing, place the student on professional probation, or even dismiss the student depending on the severity of the behavior. Students placed on professional probation will be reviewed periodically, typically at the end of each semester, to determine whether continued probation is necessary; it is possible that a student may remain on professional probation for the duration of the program.

Examples of unprofessional behavior include but are not limited to:

- Failure to comply with program rules and regulations regarding attendance, punctuality, preparedness, conduct, performance in the classroom, or performance in the clinical setting
- More than one unexcused absence during the clinical year
- Excessive excused absences during the clinical year
- Excessive tardiness during the clinical year
- Unauthorized departure from the clinical setting
- Failure to perform assigned tasks and responsibilities
- Failure to follow protocol or the directions of the supervising physician, physician assistant, or program faculty
- Immature behavior
- Unacceptable dress in the clinical setting
- Academic or personal dishonesty
- Failure to accept constructive criticism
- Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the physician assistant program
- Violation of the Health Insurance Portability and Accountability Act (HIPAA)
- Failure to identify oneself as a physician assistant student, especially after being addressed as doctor
- Failure to report all observed unethical conduct by other members of the health profession, including other students
- Insensitivity to a patient's culture, age, gender, or abilities
- Endangering the health and welfare of any patient
- Failure to submit an incident report both to the program and the clinical site

### **Site Visits**

At the discretion of the Program, a scheduled or unscheduled site visit may be conducted with a student and/or the clinical preceptor to discuss progression and other issues related to a student's clinical experience and performance. During the site visit, the Program's representative may have the student give an oral presentation on a patient encounter, provide a sample of recent documentation of patient care, and/or evaluate the student's performance interacting with patients. Observations from the site visit will not be used to determine a SCPE grade but may be used to guide the Program's planning of a student's clinical phase development.

Any of the following situations may prompt a site visit:

- A preceptor call expressing a concern about student performance
- A student call expressing a concern about a preceptor or site
- A student being placed on academic probation
- A recommendation from the Clinical Committee to a review of a site or preceptor

## Clinical Phase Handbook Acknowledgement Form

The Physician Assistant Program Clinical Phase Handbook outlines university-wide and program-specific policies for physician assistant students engaged in the clinical phase of the Program. If there is any doubt about the meaning or intent of any of the policies or content about the clinical phase, it is a student's responsibility to initiate a discussion with the Clinical Director or his or her faculty advisor.

By signing this document, I acknowledge that I have read and understand the policies and content outlined within the Oklahoma City University Physician Assistant Program Clinical Phase Handbook and agree, without reluctance, to abide by them.

SIGNATURE:
NAME (Print):
DATE:

## OSHA Blood Borne Pathogens Exposure Control Policy and Procedure

### Introduction

The Occupational Safety and Health Administration (OSHA) has promulgated its occupational exposure to blood borne pathogens standard to promote the safety of workers who routinely work with and come in contact with materials which may contain infectious agents such as the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV).

### Purpose

- Provide a safe and healthful learning environment for OCU PA Program students by eliminating or minimizing occupational exposure to blood or certain other body fluids.
- Provide guidelines for the management of occupational exposure to HIV (Human Immunodeficiency Virus), HBV (hepatitis B virus), and HCV (hepatitis C virus).
- Comply with the OSHA Blood borne Pathogens Standard, 1910.1030, and all subsequent updates to this standard.

### Policy

This exposure plan covers all OCU PA Program students who have the potential for exposure to blood and other infectious materials while in either the didactic or the clinical (SCPEs) portion of the curriculum. It is the responsibility of the Clinical Director to assure that all OCU PA Program students understands and comply with the procedures contained herein. This plan will be reviewed annually by the Clinical Committee with recommendations forwarded to the Operations Committee for consideration and possible implementation. Components of the exposure plan include the following elements as required by the Occupational Safety and Health Administration (OSHA):

Part I of this plan will include:

1. Defining exposure determination
2. Infection control methods used to comply
3. Housekeeping and regulated waste practices
4. Communication/labeling of hazards to students
5. Training and education of students

### **OSHA Blood borne Pathogens Exposure Control Plan, Part I**

#### 1. Defining Exposure Determination:

- An occupational exposure to blood borne pathogens is defined by OSHA as "Reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood and other potentially infectious materials that may result from the performance of an employee's duties."
- A parenteral injury means piercing of the mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- Body fluids or substances linked to the transmission of HBV, HCV, and/or HIV include: blood, blood products, semen, vaginal secretions, pericardial fluid, amniotic fluid, synovial fluid, pleural fluid,

peritoneal fluid, concentrated HIV, HBV, and HCV, saliva in dental settings, and any bodily fluid which is visibly contaminated with blood.

1(a). Exposure Determination:

The OCU PA Program has determined that occupational exposure may occur when students perform the following tasks or procedures.

- Venipunctures and all vascular access punctures/procedures
- Capillary punctures
- Obtaining cultures
- Specimen collection
- Specimen handling/transporting
- Administration of parenteral medication
- Performing cleaning/maintenance of patient care equipment
- Performing endovaginal procedures
- Accessing portacaths
- Redressing venous lines, arterial lines
- Redressing wounds
- Maintaining chest tubes
- Inserting urethral catheters
- Performing endotracheal or oropharyngeal suctioning
- Controlling unruly/combatative patients
- Emptying trash in patient rooms, nursing units and other patient care areas
- Cardiac Cath procedures/pacemaker insertions
- Administration of radionuclides by parenteral methods
- Assisting with surgical or diagnostic procedures performed by physician/physician assistant
- Servicing or maintaining patient care biomedical equipment
- Performing general physical assessments
- Cleaning and decontamination of equipment after procedures
- Assisting with endoscopic/bronchoscopic procedures
- Assisting with arterial/venous catheter placement
- Managing airways including oro- and naso-tracheal intubation and/or ventilation
- Transporting patients and equipment between areas of the hospital
- Handling soiled linen
- Assisting patients with nutrition and elimination
- Handling patients with complex drainage problems
- Performing emergency procedures in trauma, cardiac or respiratory arrest
- Performing radiologic exams
- Performing radiation therapy treatments
- Administering physical therapy procedures to patients
- Administering occupational therapy procedures to patients
- Performing diagnostic evaluations for speech language dysphagia

2. Infection Control Methods of Compliance:

- Since medical history and examination cannot reliably identify all patients infected with HIV, HBV, HCV or other blood borne pathogens, universal/standard precautions will be consistently used for all patients that students will come in contact with during the didactic or clinical curriculum.

- In accordance with universal/standard precautions, students will use barriers such as gloves, protective clothing, and eye protection to prevent occupational exposure to potentially infectious blood and body.
- Personnel protective equipment is to be centrally and conveniently located, and provided at no cost to the students.
- It is OCU PA Program policy that contaminated needles not be recapped. However, if recapping is absolutely necessary, a one handed technique is used as follows.
- The cap is placed on a counter surface and the needle is slipped into the sheath without touching the sheath. Only when the needle is covered fully is it locked onto the hub with the second hand.
- Contaminated needles are not to be bent, cut, sheared, or removed by hand.
- Safe devices for sharps disposal are provided in the lab, at pre-clinical charitable care clinics, and SCPEs. Used or contaminated sharps are to be placed in approved, puncture resistant and leak proof containers, which are labeled with a universal biohazard sign.
- Contaminated reusable sharps are not to be stored or re-processed in any way in which a student risks percutaneous injury.
- Syringes (Where comparable sizes and products are available.) with a safety device that locks in place after the syringe is used to prevent accidental needle sticks are to be routinely used.
- Safety IV catheters with a shielding device that covers the sharp end after removal from the patient are to be routinely used. (Where comparable sizes and products are available.)
- A needleless IV system that eliminates the possibility of accidental needle sticks from contaminated IV lines is to be routinely used. (Where comparable sizes and products are available.)
- Safety lancets with a retractable needle are to be used whenever a procedure requiring a lancet is indicated. (Where comparable sizes and products are available.)
- Safety venipuncture needles are to be used for all routine phlebotomies. (Where comparable sizes and products are available.)

#### 2(a). Hygienic Work Practices:

- Hand washing facilities, with soap and running water are provided at a reasonable distance from all work areas. In addition, alternatives to hand washing, such as alcohol foams, or hand cleansers are readily available.

#### 2(b). Personal Protective Garb, Barriers, and Equipment:

- At no cost to students, appropriate barriers known as personal protective equipment (PPE) will be made available to students in the lab, at the pre-clinical charitable care experience, or while on SCPEs.
- PPE includes, but is not limited to gloves, gowns, laboratory coats, aprons, face masks, face shields, eye protectors, surgical garb, resuscitation bags, mouthpieces or other resuscitation devices.
- Side shields are required when prescription glasses are used for eye protection.

- If during the course of routine duties, a student's uniform or clothing not designated as PPE becomes contaminated with blood or other infectious material, the student will remove the contaminated clothing and don clinic/hospital provided scrubs as soon as feasible. Students are encouraged to bring additional set of scrubs or clothing when on rotations in the event that a clothing change is indicated.
  - Soiled personal clothing is to be placed in a plastic bag labeled with the universal biohazard label. Choice of laundering or proper disposal of the soiled clothing is left up to the student.
  - Non-latex gloves are to be routinely used whenever clinically possible.
  - Gloves will be worn during all vascular access procedures, during contact with mucous membranes, open skin lesions, and when contamination is likely from fomites or environmental surfaces.
  - Gloves will be changed when they become damaged or contaminated.
  - Hand washing while wearing gloves is not considered a hygienic practice.
  - Mechanical Respiratory Resuscitation Devices (Ambu Bags or equivalent) are to be used preferentially to mouth-to-mouth resuscitation where supplies are available. (Where comparable products are available.)
  - Students refusing to use PPE when necessary will be subject to disciplinary action.
3. Housekeeping and Regulated Waste Disposal:
- Disposal procedures conform to all applicable regulations of the United States, the State of Oklahoma, local authorities and hospital/clinical site.
4. Communication/Labeling of Hazards:
- The presence of an actual or potential biological hazard will be identified with a universal biohazard symbol or a tag depicting the universal biohazard symbol.
  - These biohazard labels will be an integral part of or closely affixed to the container of contaminated materials.
  - Biohazard labels are to be posted on refrigerators, freezers and other storage sites containing blood, body fluids or other regulated wastes.
  - Individual blood or tissue specimens are to be placed in a leak proof biohazard specimen transport bag that contains the universal biohazard symbol prior to transport.
5. Training and Education of Students:
- The OCU PA Program will assure that all student with exposure to blood or other potentially infectious materials participate in a training and education program. The training will be provided at no cost to the students during the didactic and clinical year. A certificate of completion will be made available to students and will be provided to any clinical site requiring a copy.
  - The OCU PA Program training will consist of a lecture series explaining all necessary components needed to comply with the OSHA Blood Borne Pathogens Exposure Control Policy/Procedure and In2Vate online blood borne pathogen exposure training (with certificate of completion). Students have been made aware that additional universal precautions/blood borne pathogen exposure

training may need to be completed in addition to the OCU PA Program universal precautions/blood borne pathogen training. Students are required to complete all universal precautions/blood borne pathogen exposure training that is clinical rotation site specific (SCPEs).

- The OCU PA Program and the student will maintain records of completion of training sessions for the didactic and clinical components of the program.
- Training records will include the date of the session, the contents of the session, the name of the qualified person conducting the session, and the names of the students attending the session.
- When an exposure occurs, a copy of all results of examinations, medical testing, and follow-up procedures, and medical evaluations will be maintained at the OCU PA Program and the OCU Health Clinic (when applicable). These records will be maintained for the duration of the student's time at the OCU PA Program and kept on file for 1 year after the student graduates from the program. After this interval the documents will be destroyed.
- Student medical records will be provided from the Campus Health Center within 10 working days upon request of the student or anyone having written consent by the student.

## **OSHA Blood borne Pathogens Exposure Control Plan, Part II**

### Post Exposure Management Procedure

Should exposure (as outlined in the "Defining Exposure Determination" section) take place while the student is on a SCPE, the following steps must be followed.

\*Variables that can determine the course of action: If the clinical rotation site has an exposure policy and procedure in place for students and if the source is known, can HIV, Hep B, Hep C status be obtained? If the source is positive for HIV, Hep B, or Hep C, the post-exposure prophylaxis plan of the site should be followed. Other variables include the immunization status of the student, location of the SCPE in relation to the OCU Health Clinic, resources available to the student when on a distant SCPE, ER availability, etc.

1. Wounds and skin sites that have been in contact with blood or body fluids are to be immediately washed with soap and water, mucus membranes are to be flushed with clean water/sterile saline.
2. The student will immediately report the incident to the clinical preceptor/supervisor/instructor.
3. The student will follow the implemented on site/departments reporting and exposure policy and procedure as directed. The student will be required to complete all necessary reporting and exposure documentation set forth by the clinical rotation (SCPE) site.
4. The student must contact the OCU PA Program Clinical Director or Clinical Coordinator within one hour of the incident.
5. The student is required to complete an incident form to be submitted to the Clinical Director or Clinical Coordinator within 24 hours of the incident. Health information of any kind concerning students, patients, or staff should not be included when filling out the incident form.
6. Following an exposure, the student must follow-up with the OCU Health Clinic within the same day of exposure if during clinic business hours. If the incident occurs after business hours, holidays, times when the OCU Health Clinic is closed or on weekends, the student is to report to the nearest emergency room. At that facility, the student should report to the clerical staff their exposure incidence and the need for urgent evaluation and receipt of medication if applicable. At the next available time, the student must report to the OCU Health Clinic and receive further evaluation of the exposure and follow-up.

7. If the clinical rotation site does not have an exposure policy and procedure in place, the student is to contact the Clinical Director or Clinical Coordinator immediately for further instruction.
8. If the student presents to the OCU Health Clinic after exposure (and no actions were taken at a previous health care facility) the following steps will be implemented: evaluation of the exposure, baseline labs, counseling regarding treatment options if applicable, limited treatment if indicated and recommendations for follow-up will be provided.
9. Baseline blood labs that **should** be checked on the source and student include: Rapid HIV, HIV-1/HIV-2 antibody screen with reflex, Hep B surface antigen and Hep C virus antibody.
10. Given that the source is identified - If the source patient labs are all negative (the testing should be completed by the clinical rotation site in which the exposure occurred) then the student does not have to undergo further testing.
11. Given that the source is identified - If the source patient is Hep B positive and the student has had the Hep B series the following actions must be taken: 1) an antibody to hepatitis B surface antigen (anti-HBs) should be checked on the student and 2) the student should receive one dose of prophylaxis Hep B immediately.
12. Given that the source is identified – If the source patient is HIV positive, the student is to follow the CDC guideline on post-exposure prophylaxis found at:  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
13. Given that the source is identified – If the source patient is Hep C positive, the student is to follow the CDC guideline on post-exposure prophylaxis found at:  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
14. The cost of lab testing and treatment is the financial responsibility of the student and/or the student's insurance carrier. Post-exposure emergency treatment, whether provided in the OCU Health Clinic, emergency department or other health care setting is the financial responsibility of the student.



## BLOOD BORNE PATHOGEN EXPOSURE FORM

Name:		Date of Report:
Date of Exposure:	Time of Exposure:          am/pm	
SCPE Location of Exposure:	Complete exposure form at SCPE location: (YES/NO)	
Brief Description of Exposure (Omit any patient specific information):		
Signature:	Date:	
<i>PHYSICIAN ASSISTANT PROGRAM STAFF ONLY:</i>		
Reviewed by:	Date:	