

# ACADEMIC STANDARDS

Physician Assistant Program

*updated May, 2018*



PHYSICIAN ASSISTANT PROGRAM  
OKLAHOMA CITY UNIVERSITY

## Table of Contents

Department Faculty and Staff .....	5
Mission Statement and Goals .....	6
Technical Standards for Physician Assistant Program Admissions .....	8
Curriculum Design .....	10
Technical Procedures To Be Taught During The Program .....	10
The Didactic Phase .....	11
The Clinical Phase .....	12
Didactic Academic Calendar .....	13
Program Policy .....	15
Work Policy .....	15
Email .....	15
Dress Code .....	15
Student Identification .....	15
Transportation .....	15
Health Insurance .....	15
Program Faculty and Student Health Care .....	16
Immunizations .....	16
Blood Borne Pathogens (Universal Precautions) .....	17
Patient Rights and Confidentiality .....	17
Student Teaching In Program Curriculum .....	17
Attendance Policy .....	18
Social Media Policy .....	18
Student Advisement .....	19
Academic Policies .....	19
Student Evaluation .....	19
Examination Policy .....	19
Comprehensive Exams .....	19
Summative Evaluation .....	20
Progression From The Didactic To The Clinical Phase .....	20
Graduation Requirements .....	20
Remediation Policy of the Didactic Phase .....	21
Professionalism .....	21
Academic Advancement Committee .....	22

Grievance Procedure For Grade Appeal .....	22
Academic Dishonesty .....	22
Policy For Academic Probation and Dismissal.....	22
Leave of Absence .....	22
Academic Support Services.....	23
Computer Policy.....	23
Registration and Withdrawal .....	23
Sexual Harassment .....	23
Reasonable Accommodation for Students.....	23
University Counseling Center .....	23
<b>CLINICAL PHASE HANDBOOK</b>	
Structure of the Clinical Year .....	25
Preparation for Supervised Clinical Practice Experiences (SCPE).....	25
SCPE Assignment Policy .....	26
Contacting the Preceptor/Site .....	27
Cultural Issues .....	27
Student Initiated SCPE .....	27
Health Insurance .....	27
Identification .....	27
Patient Rights and Confidentiality .....	27
D2L.....	28
Social Media Policy .....	28
E-mail.....	28
Working during the Clinical Year .....	28
Preceptor Review and Countersignature .....	29
Professionalism .....	29
Clinical Phase Attendance .....	30
Absence from SCPE .....	30
Tardiness .....	30
Dress Requirements .....	31
Sexual Misconduct/Harassment .....	31
Academic Dishonesty .....	31
Site Visits .....	31
End-of-Rotation Examinations .....	32

Exam Attendance and Policy .....	32
End-of-Rotation Examination Review Policy.....	32
Failure of an End-of-Rotation Examination .....	32
SCPE Failure .....	32
Academic Review .....	32
Preceptor Evaluation.....	33
Mid-SCPE Evaluation by Preceptor .....	34
“Call Back” Day .....	34
SCPE Grades .....	35
Patient Logging .....	35
<b>SCPE FAILURE .....</b>	<b>36</b>
<b>STUDENT EVALUATION OF SCPE .....</b>	<b>36</b>
<b>COMPREHENSIVE EVALUATION .....</b>	<b>36</b>
<b>SUMMATIVE EVALUATION .....</b>	<b>36</b>
<b>CLINICAL PHASE HANDBOOK AGREEMENT FORM .....</b>	<b>38</b>
OSHA Blood borne Pathogens Exposure Control Policy and Procedures .....	39
Blood Borne Pathogen Exposure Form .....	45

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:**

Oklahoma City University Student Handbook

<https://www.okcu.edu/uploads/students/conduct/docs/2017-2018-Student-Handbook.pdf>

Oklahoma City University Graduate Catalog

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

Student Conduct Code

<https://www.okcu.edu/financialaid/types-of-assistance/loans/code-of-conduct>

**DEPARTMENT FACULTY AND STAFF  
CONTACT INFORMATION**

<b>Program Director</b> Daniel McNeill, PhD, PA-C dmcneill@okcu.edu	<b>Medical Director</b> Jerry Vannatta, MD jbvannatta@okcu.edu
<b>Didactic Director</b> Mark Britton, PharmD, MDiv mlbritton@okcu.edu	<b>Clinical Director</b> Susan LaVictoire, MHS, PA-C slavictoire@okcu.edu
<b>Program Coordinator</b> Amber Hicks ahicks@okcu.edu	<b>Principal Faculty</b> Tammie Reggio, MHS, PA-C treggio@okcu.edu
<b>Principal Faculty</b> Nancy Letassy, PharmD naletassy@okcu.edu	<b>Principal Faculty</b> Niki Brooks, MHS, PA-C nbrooks@okcu.edu
<b>Principal Faculty</b> Sally Roark, MHS, PA-C sroark@okcu.edu	<b>Principal Faculty</b> Amy Hughes, PA-C ahughes@okcu.edu
<b>Adjunct Faculty</b> Robin Paulk, MS, MPH, PA-C rpaulk@okcu.edu	<b>Clinical Coordinator</b> Amber Johnson Adjohanson2@okcu.edu
<b>Didactic Coordinator</b> Monica Rose mrose@okcu.edu	
<p><b>Department Main Office</b>  <b>Department office number: 405.208.6260</b>  <b>Department fax number: 405.208.6269</b>  <b>Department Mailing Address:</b>  <b>Oklahoma City University</b>  <b>Physician Assistant Program</b>  <b>2501 N. Blackwelder Ave.</b>  <b>Oklahoma City, OK 73106</b></p>	

## 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

### TECHNICAL STANDARDS FOR PHYSICIAN ASSISTANT PROGRAM ADMISSIONS

Regarding: Abilities and skills required of a candidate for the Master of Physician Assistant Studies (MPAS).

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 to be Taught During 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

1. Venipuncture
2. Finger stick blood sugar testing
3. Certifications in BLS and ACLS
5. Aseptic technique
6. Performing a complete history and physical examination
7. Intravenous catheter placement
8. Diabetic foot examination

#### EMERGENCY MEDICINE

1. Intubation
2. Insertion of a laryngeal mask airway
3. Insertion of a central venous catheter
4. Insertion of a chest tube
5. Insertion of an intraosseous needle
6. Needle decompression of the chest
7. Pericardiocentesis
8. Cricothyrotomy
9. Introduction to ultrasonography
10. Lumbar puncture
11. Pediatric airway management

#### GENITOURINARY

1. Male and female urethral catheterization
2. Prostate examination

#### MUSCULOSKELETAL

1. Applying splints to extremities
2. Applying casts to the extremities
3. Intra-articular injections

#### CARDIOPULMONARY

1. Interpreting electrocardiograms
2. Interpreting pulmonary function test/spirometry
3. Use of a nebulizer
4. Use of spacer with metered dose inhaler
5. Use of valved holding chamber with metered dose inhaler

#### EENT

1. Indirect laryngoscopy

2. Fluorescein examination of the eye
3. Jet wash of the auditory canal

#### DERMATOLOGY

1. Punch biopsy
2. Suturing
3. Incision and drainage of abscess
4. Loop drain placement
5. Surgical knot tying (one- and two-hand technique)
6. Surgical knot tying (instrument technique)

#### OB/GYN

1. Pelvic exam with speculum insertion
2. 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.

Academic Terms and Courses	Credit Hours	Weeks in Length
<b>Spring Semester</b>		
PA 5116 Introduction to Human Form	6	7
PA 5361 Nutrition	1	1
PA 5122 HEENOT	2	2
PA 5131 Hematology/Genetics	1	1
PA 5142 Pulmonology	2	2
PA 5154 Cardiology	4	4
<b>Summer Semester</b>		
PA 5333 Gastroenterology	3	4
PA 5213 Urinary System	3	3
PA 5242 Neurology	2	3
PA 5252 Psychiatry	2	2

PA 5312 Musculoskeletal System	2	2
<b>Fall Semester</b>		
PA 5232 Endocrinology	2	3
PA 5223 Obstetrics and Gynecology	3	3
PA 5322 Dermatology	2	2
H&P week		1
PA 5372 Pediatrics	2	2
PA 5161 Geriatrics	1	1
PA 5342 Infectious Diseases	2	2
PA 5353 Emergency Medicine	3	4
PA 5383 Capstone	3	3

### The Clinical Phase

The clinical phase is comprised of rotations. Mandatory rotations include: internal medicine, pediatrics, women's health, mental health/psychiatry, family medicine, emergency medicine, general surgery and charitable primary care. Rotations 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 site identified by the PA Program.

Some rotations 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 examinations, writing assignments, and other items as required by the Clinical Director.

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 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	
	Spring I	TBD		Rotation #1	1 Month	4
		TBD		Rotation #2	1 Month	4
		TBD		Rotation #3	1 Month	4
		TBD		Rotation #4	1 Month	4
		TBD		Rotation #5	1 Month	4
		6111		Operationalizing a Medical Practice	9 weeks	1
		6121		Finances of a Medical Practice	9 weeks	1
	Summer I	TBD		Rotation #6	1 Month	4
		TBD		Rotation #7	1 Month	4
		TBD		Rotation #8	1 Month	4
		6211		Accessing the Community	9 weeks	1
	Fall I	TBD		Rotation #9	1 Month	4
		TBD		Rotation #10	1 Month	4
		TBD		Rotation #11	1 Month	4
		TBD		Rotation #12	1 Month	4
		6311		Reimbursement, Documentation of Care, Coding and Billing	9 weeks	1
		6321		Contracts and Medical Law	9 weeks	1
	Spring II	TBD		Rotation #13	1 Month	4
		TBD		Rotation #14	1 Month	4
TBD			Rotation #15	1 Month	4	
TBD			Preceptorship/Summative Experience	6 weeks	4	

### Course title

Charitable Primary Care (1 month)  
 Family Medicine (2 months)  
 Internal Medicine (1 month)  
 Medicine/Elective (5 separate months)  
 General Surgery (1 month)  
 Pediatrics (1 month)  
 Women's Health (1 month)  
 Behavioral Health (1 month)  
 Emergency Medicine (2 months)  
 Preceptorship (1 month) and Summative Process

### Course number

6004  
 6014  
 6024  
 6034  
 6044  
 6054  
 6064  
 6074  
 6084  
 6094

## Didactic Academic Calendar

<b>Spring 2018</b>	
January 3, 2018	Semester begins
January 15, 2018	Martin Luther King Day – No Classes
March 19-23, 2018	Spring Break – No Classes
May 4, 2017	Semester Ends
<b>Summer 2018</b>	
May 7, 2018	Semester begins
May 28, 2018	Memorial Day – No Classes
July 4, 2018	Independence Day – No Classes
July 27, 2018	Semester ends
<b>Fall 2018</b>	
July 30, 2018	Semester begins
September 3, 2018	Labor Day – No Classes
November 21-23, 2018	Thanksgiving Break – No Classes
December 21, 2018	Semester ends
December 22, 2018-January 2, 2019	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 training 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 training. Furthermore, students will not be required to perform clerical or administrative work for the program.

### 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. These regulations are outlined in the clinical section of the Academic 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.

1. For the PA Program, you must prove immunity to (CDC guidelines for Healthcare Professionals):

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

The reason for vaccination requirements:

PA students will be required to have patient contact in the both the didactic and clinical phases. Students will be required to have immunity to the above diseases, so the PA Program must have your records. You should provide your records directly to the PA program staff.

The OCU Health clinic coordinates records of students at the University. The PA Program does not send your records to the Health Center. You can take your records to the 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 <ul style="list-style-type: none"><li>• Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2).</li><li>• Get anti-HBs serologic tested 1–2 months after dose #3.</li></ul>
<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

	<p>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.</p> <p>For health care workers born before 1957, see the <a href="#">MMR ACIP vaccine recommendations</a>.</p>
<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>	<p>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).</p> <p>Get Td boosters every 10 years thereafter.</p> <p>Pregnant health care workers need to get a dose of Tdap during each pregnancy.</p>
<a href="#">Meningococcal</a>	Those who are routinely exposed to isolates of <i>N. meningitidis</i> should get one dose.

CDC Recommendation 2015—Source: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

**Blood Borne Pathogens (Universal Precautions)**

Students will complete a training session for healthcare professionals in Blood Borne Pathogens during the didactic year. The PA Program's complete policy regarding Blood Borne Pathogens is included at the end of the Academic Standards.

**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. 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 the didactic phase of training.

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 Supervised Clinical Practice Experience, all information that might identify the patient must be omitted to protect patient confidentiality.

**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 will be adjustments and changes to the calendar. Sometimes, last minute changes may occur due to unforeseen circumstances. Although not a guarantee, the PA Faculty will make every effort to not make changes to the schedule within 24 hours of the assigned lecture time.

## **Social Media Policy**

Social Media Platforms – 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*

## **Professional/Ethical/Legal Conduct**

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/or 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. The faculty advisor is there 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. Office hours vary from week-to-week. It is best to email or call your faculty advisor and make an appointment. If there is an urgent situation, PA students can come to the program offices and see any available faculty member.

Students will be informed that if they are unable to resolve an academic issue with their assigned faculty advisor, their recourse is to present their issue to the Didactic or Clinical Director (depending on the phase of the Program in which the issue resides).

## **ACADEMIC POLICIES**

### **Student Evaluation**

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

### **Examination Policy**

Examinations and courses must be completed according to the schedule provided by the Program or course coordinator. 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 for reasons of: 1) the death of an immediate family member, 2) illness (a doctor’s note may be required), 3) an accident, or 4) a circumstance deemed extenuating by the course coordinator or Program Director.

Students who arrive late to an examination will be able to take the examination within the allotted time. Students will not be granted additional time to take the examination due to tardiness.

Failure to comply with this policy may result in a grade of zero (0) for that examination.

### **Comprehensive Exams**

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 during the end of the didactic year and during the final semester of the clinical phase. This comprehensive examination is a requirement of the program; however, the results of the PACKRAT examination do not count toward a course grade. Nonetheless, completing the exams 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 high correlation between the performance scores on the PACKRAT and PANCE, this report may be utilized in formulating study plans for success in the PANCE exam. The

student outcomes from the PACKRAT will also allow the Program to compare student performance with national scores.

The third exam 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 obtained in their educational process. The Program can use this information to help students remediate deficiencies prior to taking the PANCE exam and to compare our students' performance with other PA students across the country.

### **Summative Evaluation**

The Summative Evaluation process will be employed during the final two weeks of the curriculum. It will include a Program-derived comprehensive multiple choice question (MCQ) examination and a series of 4 separate Objective Structured Clinical Examinations (OSCEs). The MCQ is a comprehensive exam that is based on the constructs of the PANCE content blueprint and must be passed with a score of 69.5% or greater. The OSCE will be comprised of four common medical complaints using standardized patients (SPs), and a student performance grade will be determined based on completeness of SOAP notes and communication. Students who fail to achieve a satisfactory performance on either component of the summative examination must complete one additional month on a Primary Care clinical rotation for each component not successfully completed. For example, a student failing both the comprehensive MCQ examination and the OSCE must complete two month-long Primary Care clinical rotations before being reevaluated. The reevaluation of the MCQ examination will be another comprehensive written examination, fashioned in the same manner as the initial examination, and remediation work prior to this examination will focus on the student's knowledge deficits. The reevaluation of the OSCE will entail completion of a second OSCE, and remediation work prior to this exam will be focused on identified deficits in writing SOAP notes and/or communication. Failure to meet the proficiency standard of 69.5% on either component in this first reevaluation will again require the student to complete a month-long Primary Care clinical rotation for each component not successfully completed with reassessment again as described above. If the student fails either component for a third time, the student will be required to restart the clinical phase of the program.

### **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 "C" or better,
2. Achieve a cumulative score of at least 69.5% 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,
3. Meet all patient and procedural log requirements and write ups, and
4. 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, medical humanities and professionalism, pathophysiology, pharmacology and pharmacotherapeutics, physical diagnosis, and physiology). Students must receive a grade of "C" or better in each course. Additionally, students must receive an average score of 69.5% or better for each area of 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 84.5% or better 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)

A student who does not achieve a passing score in a course or a concentration at the interval(s) 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 course or concentration will be enrolled in a special remediation course and will receive a separate grade for this course. This grade will not replace the original failing grade for a 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 a satisfactory performance.

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. 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

egregious 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. A student will be **dismissed** from the program for their third violation of professionalism (following an initial warning), even if all other elements of training are completed satisfactorily. Once a student has been placed on professional probation, the student will remain on professional probation for the duration of the program. The Academic Advancement Committee reserves the right to dismiss a student for egregious professional misconduct despite probationary status. 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.

### **Grievance Procedure for Grade Appeal**

Policies for Grievance Procedure for Grade Appeal can be found in the OCU Graduate Catalog:

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

### **Academic Dishonesty**

Policies for Academic Dishonesty can be found in the OCU Graduate Catalog:

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

### **Policy for Academic Probation and Dismissal**

The appeal procedure for Academic Probation and Dismissal can be found in the OCU Graduate Catalog:

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

### **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.

Due to the progression of courses in the didactic phase, there is no room to make-up for missed course work. The policy of the PA program is that if you are unable to keep up with the program schedule then you will have to recycle. Leave of absence in the didactic year will result in an automatic restart of the program.

In the clinical phase, a comprehensive examination must be passed if a leave extends more than three (3) months, and depending on the results of the examination, the student may be required to restart the clinical phase. If a student requests a leave of absence in the middle of a SCPE (greater than 4 days missed), that student will receive an Incomplete "I" for the SCPE. Any Incomplete for a SCPE will require the student to repeat the entire SCPE at the end the clinical phase, which will affect the graduation and board exam certification dates.

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 is granted.

### **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 the Physician Assistant Program. The OCU computer policy can be found online at:

<https://www.okcu.edu/admin/hr/policies/general/computer-use-policy>

### **Registration and Withdrawal**

Deadlines for registration and withdrawal can be found at

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

### **Sexual Harassment**

The Preventing Sexual Harassment-Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity that receives federal funds, including federal loans and grants. Title IX also prohibits student-to-student sexual harassment. If you encounter unlawful sexual harassment or gender-based discrimination, please talk with your professor or with the Title IX Coordinator at 405-208-6310 or visit <https://www.okcu.edu/admin/hr/policies/health-safety-security/sexual-harassment-discrimination-violence-retaliation> for more information.

### **Reasonable Accommodation for Students**

If you believe that you need accommodations for a documented physical, psychiatric, or learning disability, please contact the Disabilities Services Coordinator at (405) 208-5895 for an appointment to discuss your needs and the process for requesting accommodations. For more information, visit:

<https://www.okcu.edu/campus/resources/disability>

### **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.

**Location:** Northwest wing of Walker Hall, enter from the Blue Awning on the north side

**Phone Number:** (405) 208-7902

**Website:** <http://www.okcu.edu/campus/resources/counseling/>

## ***Academic Standards Agreement Form*** **Spring 2018 Edition**

The Physician Assistant Program *Academic Standards* outlines school-wide and program-specific policies and regulations for Physician Assistant Program students. If the student is in doubt about the intent or content of any of the material in this handbook, it is his or her responsibility to initiate a discussion with their faculty advisor or the Didactic Director.

*I have read and understand the policies, rules and regulations as outlined within the Oklahoma City University Physician Assistant Program Academic Standards 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), five medicine/elective SCPEs, one charitable primary care SCPE, 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 provide additional experiences in internal medicine, sub-disciplines of medicine, and possibly in urgent care. 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.

### **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 presenting to the clinical site for the first time, review the learning objectives in each 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 and review the syllabus content with him/her. Reviewing the rotation syllabus with the preceptor will help plan 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, that 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 will be in rural Oklahoma and will require long transit times for the initial start of the SCPE and return to campus for the "call back" days; however, housing will be provided in those sites. A dependable vehicle is important.

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. 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: Clinical SCPEs require students 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 on 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 the SCPE. Reading about disease states/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. Taking notes during the clinical day and then researching the deficiencies after hours will enhance the learning experience.

First impressions count: Preceptors often form opinions of students early in the SCPE. Therefore, it is important to be punctual, maintain a professional appearance, and demonstrate initiative from the first day of the SCPE. Learning the day-to-day operations of the SCPE will assist in making a good first impression, these include: procedures for ordering labs, diagnostic studies, and consults.

Interpersonal communication: For a successful clinical experience, students must interact with many health care team members. The key to being respectful and courteous includes self-awareness of tone of voice, body language and attitude. Occasionally, students and preceptors/other health care team members experience difficulties that strain their professional and educational relationship. As a result, estrangement may occur which impedes the learning process. 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.

Additional learning opportunities: Seek out additional learning opportunities available on the SCPE. This may be 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. Students must 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.

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

Students are assigned to SCPE sites by the Clinical Director. Students are not required to find their own SCPE sites or preceptors. SCPE site assignments are non-negotiable. All SCPE schedule decisions rest with the Clinical Director.

The Program is not required to take into account the personal circumstances of a student in making assignments to SCPE sites. While personal considerations are respected when possible, the primary focus of SCPE assignments is to give each student a well-rounded clinical experience. Therefore, students are required to attend each SCPE site to which they are assigned.

The clinical schedule may change due to situations beyond the program's control. It is necessary that students remain flexible when these situations arise. If a PA student is removed from a SCPE due to preceptor issues (such as preceptor hardship or vacation) the Clinical Director will find a replacement for that SCPE as soon as possible.

To ensure the best possible clinical year experience, students will be assigned SCPEs that will require travel. If the SCPE is not within driving distance from Oklahoma City, the program will provide housing for the student. The cost of meals and transportation is the responsibility of the student.

No student shall rotate with a preceptor with whom he/she has had a personal or family relationship with prior to beginning the clinical phase. A prior professional relationship, e.g., employer/employee, may be considered appropriate on a case-by-case basis.

### **Contacting the Preceptor/Site**

The student must contact the preceptor/site thirty (30) days prior to the SCPE start date. The assigned preceptor and contact person for each SCPE will be found on Typhon. Early contact will ensure proper coordination between the staff of the site and the student with reference to acquiring and providing proper documentation and training prior to starting at the site. Documentation that may need to be provided to the site includes, but is not limited to, Blood Borne Pathogen and HIPAA training, latex allergy statement, immunization records, criminal background check, drug screen, record of academic standing, and/or insurance verification. Students may also be required to complete additional training prior to starting at the clinical rotation site. The standard requirements for each rotation (when applicable) will be found on Typhon and D2L, however each site must be contacted in order to verify that requirements have not changed or additional documentation is required. This is a SCPE necessity and reflects the student's professionalism in the program.

### **Cultural Issues**

The range of clinical experiences will include working with patients of various cultural, racial, ethnic, and socio-economic backgrounds. Students will be assigned to sites in various geographical areas or work with patient populations with which they may be unfamiliar. Providing care to diverse populations is a mission and student learning outcome of our program. Students are expected to rotate to all sites to which they are assigned, regardless of their geographical location or patient population.

### **Student Initiated SCPE**

In order for the SCPE to be approved, the preceptor/clinical site must agree to take additional students. No rotation will be arranged for one student only.

The Clinical Director shall approve potential clinical sites and potential preceptors. No student may attend a clinical rotation site or work with a preceptor until that site or preceptor has been approved by the Clinical Director. A current list of approved preceptors is maintained on Typhon. Students have access to this list through the Typhon website.

### **Health Insurance**

Health insurance is mandatory for the clinical phase, as it is for the didactic year. Students must provide proof of medical insurance before beginning the clinical phase. Health insurance is used to access healthcare, as needed, at a local facility or the student's primary care provider while on 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.

While in the Program, students may not use previously earned titles, i.e., RN, PhD, RD, etc.

### **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 possible dismissal from the program.

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

All students will have access to a clinical phase D2L, Outlook Calendar and Typhon. The clinical phase D2L and Typhon contain examination and mandatory "call back" dates, important announcements, clinical documents and forms students will need during the clinical phase. Each student is responsible for checking D2L and Typhon daily for important announcements and site updates. In addition, information about the clinical phase is updated on the student Outlook Calendar.

### **Social Media Policy**

It is strictly prohibited to take any patient information, even if the patient is not identified (pictures/imaging), from a clinical SCPE for the purpose of transmission on a social media (Facebook, Twitter, Instagram, etc.). Violation of this policy will result in being called before the Academic Advancement Committee and possible dismissal from the program. Witnessing any violation of this policy should be immediately reported to the Clinical Director or Program Director.

Similarly, private postings on social media (Facebook, Twitter, Instagram, etc.) regarding the PA Program, including faculty, lecturers and fellow students, may be subject to disciplinary action with possible dismissal. Assume all postings are visible to the Program faculty.

### **E-mail**

E-mail is the preferred mode of communication between the Program faculty/staff and students. All clinical phase students are required to use 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.

### **Working During the Clinical Year**

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. In addition, any student considering engaging in gainful employment during the clinical phase, or who is already doing so during his or her time in the Program, must make the Clinical Director aware of his or her employment. The appropriateness of such employment will be reviewed with the student in light of the student's personal academic history. Under NO circumstance can outside work interfere with a SCPE.

Students who choose to volunteer or be paid employees during the course of their physician assistant training cannot use their affiliation with the program in any aspect of that volunteer commitment or 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 training. Volunteering, as a function of the training process, is covered with prior approval of the Clinical, Didactic, or Program Director.

Furthermore, students may not be required to perform clerical or administrative work for the Program or their assigned SCPE. Should such a request is made, it should be reported to the student's faculty advisor or Clinical Director immediately.

### 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 increased 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 disciplinary hearing before the Academic Advancement Committee.

### Professionalism in the Clinical Phase

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 first be issued a **warning**. The warning will be given verbally and in writing. A second violation may result in **professional probation**. A second violation 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. A student will be dismissed from the program for their third violation of professionalism, even if all other elements of training are completed satisfactorily. Once the student has been placed on professional probation, the student will remain on professional probation for the duration of the program. The Academic Advancement Committee reserves the right to dismiss a student for egregious professional misconduct at any time. Examples of unprofessional behavior include:

- Failure to comply with program rules and regulations, including but not limited to:
  - attendance,
  - punctuality,
  - preparedness,
  - conduct,
  - performance in the classroom and clinical setting
- More than one unexcused absence during the clinical year.
- Excessive excused absences during the clinical year.
- Excessive lateness during the clinical year
- Unauthorized departure from the clinical setting
- Failure to perform all or part of assigned tasks and responsibilities
- Failure to follow protocol, or the directions of the supervising physician, physician assistant or program faculty
- Immature demeanor
- 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

### **Clinical Phase Attendance**

Clinical phase students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift and remain on the site until excused. Students are expected to take call as designated by the preceptor. Students are expected to work weekends, holidays and overnight. University holidays do not pertain to the clinical phase. Inclement weather days do not pertain to the clinical phase. Students may not take vacations apart from those designated by the clinical phase schedule. Attendance is **mandatory** for all clinical phase call back days.

### **Absence from SCPEs**

If a student is unable to report to the clinical site for any reason, he/she is required to

1. Call and e-mail the clinical preceptor.
2. Call and e-mail the Clinical Director by 9 AM that day.

It is unacceptable to leave a message with the program administrative assistant. It is unacceptable for a student to call on behalf of another student.

Any absence, for any reason, must be made up at the site.

Failure to report an absence and obtain approval from the Clinical Director will result in an unexcused absence. More than one unexcused absence during the entire clinical phase will result in a hearing before the Academic Advancement Committee.

### **Tardiness**

Students are expected to arrive at the clinical site on time. If delayed, the Clinical Director 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). Physician assistant students can be questioned about features of the disease state and the course of care during rounds. Anticipate performing oral presentations of patient cases/progress during rounds and to be prepared for any questions that may arise.

Should a student be physically present on a site, but away from the team, he/she will be considered absent. It is not acceptable to go to the library to study or to be away from the team unless permission is obtained from the preceptor.

### **Dress Requirements**

Dress requirements must be strictly adhered to in the clinical phase. One reason is safety – appropriate dress can decrease the potential for injury. The second is that clinical year students represent the physician assistant profession, the PA program, and Oklahoma City University. Therefore, students must look professional while interacting with patients and health professionals on clinical sites.

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.

### **Sexual Misconduct/Harassment**

Sexual relations between a PA student and a patient are unethical, regardless of who initiated the relationship. Reasonable proof of a sexual relationship between a student and patient will result in dismissal from the program. Sexual relations between a PA student and clinical staff at a 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 Clinical Director 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 faculty should be sought immediately for consultation.

The OCU PA Program will follow the OCU harassment policy found in the OCU Student Handbook and OCU Graduate Catalog. Also, see OCU website for more information: <http://www.okcu.edu/policies/>

### **Academic Dishonesty**

Policies for academic dishonesty can be found in the OCU Graduate Catalog:

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

### **Site Visits**

At the discretion of the PA Clinical Director and other PA faculty, a site visit (scheduled or unscheduled) may be performed with the student and/or the clinical preceptor to discuss progression and other issues related to the student clinical experience and performance. During the site visit, the faculty may have the student give an oral presentation on a patient encounter, recent documentation of patient care, and/or evaluate the student's performance interacting with patients. The site visit will not be part of the SCPE grade but may be used to guide student remediation of observed deficiencies.

Any of the following situations, may prompt a site visit by the PA faculty to the clinical site:

- The preceptor calls to express a concern regarding student performance.
- The student calls to express a concern regarding the preceptor and/or site.
- The student is on academic probation or observation.
- The Clinical Committee, after the semi-annual meeting, recommends a review of a site and/or preceptor

### **End-of-Rotation Examinations**

A 120 question multiple choice examination will be given at the end of each core SCPE (Internal Medicine, Family Medicine, Pediatrics, Behavioral Health, Women's Health, General Surgery, and Emergency Medicine) on the "call back" day. This multiple choice examination is used to assess the student's comprehensive knowledge of each required core SCPEs. These examinations are offered by the Physician Assistant Education Association (PAEA). The peer-reviewed examinations are based off the NCCPA blueprints and topic lists. The format of these examinations are similar to and are a good preparation for the Physician Assistant National Certifying Examination (PANCE). Core tasks, and learning objectives for each core SCPE examination can be found at <http://www.endofrotation.org/>.

The written examination will take place on the "call back" day at the end of the student's core SCPEs. Students will receive a score and feedback for each examination from the PAEA.

### **Exam Attendance and Policy**

If a student arrives late to an exam, you must still complete the exam by the original deadline. You will not be given additional time for the exam.

No student is permitted to take the day off before "call back" day in order to study or complete assignments. If the Clinical Director is informed that such an unexcused absence occurred, the student will receive ten (10) points off the final grade for the SCPE—NO EXCEPTIONS.

### **End-of-Rotation Examination Review**

Within 24-hours of submitting the exam, each student will receive an email from the PAEA containing the raw score and feedback on incorrectly answered exam questions. This feedback should be saved and used for self-study on content deficiencies and studying for the PANCE.

### **Failure of an End-of-Rotation Examination**

Students failing an end of rotation exam will be given the opportunity to take a make-up exam constructed in the same format. This retake EOR exam must be paid for by the student prior to sitting for the exam. A grade of 69.5% or better on this exam is required to pass the SCPE, and a grade of 70% will be entered for this portion of the SCPE final grade, regardless of the passing grade earned on the make-up exam. Failing an EOR make-up exam will result in a failing grade (F) for the SCPE. Unexcused absences for a scheduled make-up EOR exam will result in a grade of zero for the examination and a failing grade (F) for the SCPE. Students who fail a SCPE will be placed on **academic probation**.

### **SCPE Failure**

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

### **Academic Review**

The academic performances of students failing one SCPE will be reviewed by the Academic Advancement Committee. 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, 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 but fails to show satisfactory progress on subsequent SCPEs may be subject to **dismissal**. A student who receives a failing grade twice on the same SCPE may be subject to **dismissal**.

All students must successfully complete 7 core SCPEs, 5 medicine SCPEs, one charitable primary care SCPE, and one preceptorship 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, 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.

### Preceptor Evaluation

The preceptor will evaluate the student in the six core competencies during the SCPE. The core competencies include: medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and system-based practice.

Students will receive a passing score on the SCPE by passing each core competency with a 3.0 or greater and by receiving an overall score of > 3.0 on the evaluation sheet. See evaluation sheet below:

*Example of student evaluation by preceptor*

SCPE:

Student Name:

\*\*\*A Student FAILURE consists of an **overall** and/or a **competency measure** with an average of <3.0.

OBJECTIVE AND COMPETENCE MEASURE	<u>Unacceptable</u> Clearly inadequate; requires remediation	<u>Poor</u> Many deficiencies	<u>Satisfactory</u> Adequate	<u>Very Good</u> Exceeds in many areas -top 20%	<u>Excellent</u> Superior in every way -top 10%
<b>MEDICAL KNOWLEDGE</b>					
Elicit an accurate, detailed medical history relevant to the presenting problem(s).	1	2	3	4	5
Perform a comprehensive or focused physical examination relevant to the presenting problem(s).	1	2	3	4	5
Define the etiology of the disease.	1	2	3	4	5
Identify the pathophysiology and clinical presentation of disease.	1	2	3	4	5

Identify appropriate diagnostic studies and treatment plans relevant to the presenting problem or disease state.	1	2	3	4	5
Identify complications of the disease state, medical treatments and associated comorbidities.	1	2	3	4	5
Recognize prognosis of the disease state.	1	2	3	4	5
Define the preventive strategies for the disease states.	1	2	3	4	5
Identify indications, contraindication, mechanism of action, side effects, interactions and adverse reactions for pharmacologic agents.	1	2	3	4	5
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>					
Perform an accurate and succinct oral presentation elicited in the history, physical and clinical intervention of the presenting problem(s).	1	2	3	4	5
Document accurately and adequately in the patient's medical record.	1	2	3	4	5
Demonstrate the ability to provide patient education on a level that patient can comprehend.	1	2	3	4	5
Elicit and provide good communication skill with patients.	1	2	3	4	5
<b>PATIENT CARE</b>					
Elicit and document a pertinent history for the patient.	1	2	3	4	5
Demonstrate and document an appropriate physical exam for the presenting chief complaint.	1	2	3	4	5
Interpret and perform diagnostic and therapeutic services appropriate for the pathophysiological process.	1	2	3	4	5
Develop differential diagnoses from the presenting disease(s).	1	2	3	4	5
Develop and implement effective treatment plans of common medical conditions.	1	2	3	4	5
Formulate patient education for hospitalized and/or out-patient clinics regarding their specific conditions, treatment plans, and measures to maintain their health.	1	2	3	4	5
Perform and document clinical procedures associate with the SCPE.	1	2	3	4	5
Summarize and provide discharge and follow-up care directly to patients.	1	2	3	4	5
<b>PROFESSIONALISM</b>					
Participate in all lectures, conferences, and rounds as directed by the SCPE site/preceptor.	1	2	3	4	5
Demonstrates respect and compassion with patients.	1	2	3	4	5
Demonstrates a professional demeanor when working with other members of the health care team.	1	2	3	4	5
Understands and demonstrates the physician assistant role in the care of patients.	1	2	3	4	5
Assume responsibility at all times in areas of preparedness, attendance, demeanor and dress.	1	2	3	4	5
Commitment to caring for all patients regardless of gender, race, socioeconomic status, intellect, sexual orientation, or ability to pay.	1	2	3	4	5
Openness to receiving constructive criticism.	1	2	3	4	5
<b>PRACTICE-BASED LEARNING AND IMPROVEMENT</b>					
Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.	1	2	3	4	5
Demonstrate their ability to apply evidence-based medicine in the clinical setting.	1	2	3	4	5
Demonstrate the use of information technology to support patient care decisions and patient education.	1	2	3	4	5
<b>SYSTEM-BASED PRACTICE</b>					
Identify socio-economic or others factors that may limited patients access to care.	1	2	3	4	5
Identify the member of the health care team and their contribution to patient care.	1	2	3	4	5
Collaborates with the health care team to provide effective and efficient care.	1	2	3	4	5
Facilitates patient referrals to appropriate specialty practices and community agencies.	1	2	3	4	5
Demonstrate knowledge of dealing with healthcare system complexities as appropriate.	1	2	3	4	5

### Mid-SCPE Evaluation by the Preceptor

Students will meet with the preceptor during the mid-point of the SCPE and use the evaluation form seen above. This evaluation is important for opening a dialogue between the student and preceptor. This evaluation is also critical for identifying a student's deficiency and allowing enough time to remediate that

deficiency during the SCPE. This is also a time for students to discuss objectives and outcomes not yet achieved on the SCPE. Students will submit this form on Typhon. A 1% deduction in the final SCPE grade will occur for each day the Mid-SCPE Evaluation is tardy.

If a student fails to complete this SCPE requirement the student will receive a failure (F) in the course.

### **“Call Back” Day**

Students return to campus on the last day of the SCPE for the “call back” day. During call back days, students may take an End-of-Rotation exam (if on a core SCPE), a medical practice operations exam, and attend lectures. Attendance during the call back day is mandatory for all students. 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 from a call back day will result in a grade of 'F', thus resulting in a failure of the SCPE. A student leaving call back day early without notifying the Clinical Director will result in a 5-point deduction from the overall SCPE grade. .

### **SCPE Grades**

Each SCPE must be passed in order to graduate from the program. The minimum passing grade for each SCPE is a "C." Grades will be assigned based on the following percentages:

89.5 - 100 points.....A  
79.5 - 89.4 points.....B  
69.5 - 79.4 points.....C  
59.5 - 69.4 points.....D  
<59.5 points.....F

No rounding will occur beyond tenths.

### **Patient Logging**

Typhon Group Physician Assistant Tracking System is an electronic tracking system to log patient encounters and procedures. Students are required to log information regarding patients seen daily. All submissions are reviewed by the program every 2 weeks. Students are contacted if the bi-weekly review shows inadequate patient care experiences. The Clinical Director will discuss ways to maximize clinical opportunities for the remaining time in the SCPE.

Typhon Group Patient Logging: Patient logs will be evaluated on the following criteria:

1. Logging an appropriate number of patients per SCPE.
2. Completeness of information provided (no missing data)
3. Meeting the deadline for turning in the patient log (first Sunday, 10:00 p.m., after completing the SCPE).
4. Logging patients on a regular basis. Patient logs will be checked every 2 weeks to ensure that students are entering patient encounters 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. All points will be lost for this grading component and the student will be referred to the Academic Advancement Committee for disciplinary action.

Patient encounters will be checked every 2 weeks to include the following information:

1. Date of encounter
2. SCPE type
3. SCPE site
4. Preceptor

5. Patient age
6. Patient gender
7. Patient ethnicity
8. ICD 10 diagnosis code – to include all diagnoses assigned to the patient
9. CPT procedure codes – to include all procedures performed and visit complexity/level

Patient tracking/logging is NOT optional and must be completed by the following Sunday after the “call back” day. Many credentialing agencies (e.g., hospitals, outpatient surgery centers) require student patient tracking logs for verification of adequate training to perform duties and responsibilities as a newly licensed physician assistant.

If a student fails to complete this SCPE requirement the student will receive a failure (F) in the course.

### **SCPE Failure**

A student will fail a SCPE if:

1. A failing grade is submitted by a preceptor on the preceptor evaluation form;
2. A final failing grade is earned on an End-of-Rotation examination (see the section on Failure of an End-of-Rotation Examination);
3. A student fails to fulfill the requirements of the SCPE which may include Typhon tracking, write-ups (SOAP/H&P/Procedure and Prescription Notes or the Inter-professional write-up), and the mid-evaluation form or
4. The total SCPE grade is less than 69.5%.

A student who fails a SCPE will be required to repeat the SCPE at the end of the clinical phase. Students may only repeat two SCPEs in the clinical phase. If more than two failures occur in the clinical phase the student will be required to repeat the clinical phase or they will be dismissed from the program depending on previous academic performance.

### **Student Evaluation of SCPEs**

Student evaluations of SCPEs (both the preceptor and site) will be completed using Typhon. Student feedback and comments are for program assessment of clinical sites and preceptors, resulting in the overall improvement of the program. Students must submit their evaluation of each SCPE on Typhon by the Sunday following the “call back” day. Completing the preceptor and site evaluation is a reflection of a student’s professionalism. Failure to complete appropriate evaluations may result in a hearing before the Academic Advancement Committee for unprofessional behavior.

### **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 exam 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 obtained in their educational process. The program can use this information to help students remediate deficiencies prior to taking the PANCE exam and compare our class performance with other PA students across the country.

### **Summative Evaluation**

A summative evaluation process will be employed during the final two weeks of the curriculum. It will include a Program-derived comprehensive MCQ examination and a series of 4 separate Objective Structured Clinical Examinations. The MCQ is a comprehensive exam based on the constructs of the PANCE content blueprint. The OCSE will be comprised of four common medical complaints using standardized patients (SP). A student who does not meet the established proficiency standard must undergo remediation and further assessment. The two evaluation components are: 1) the faculty graded student's SOAP note, and 2) communication skills. The two components of the OSCE examination must be passed by the student. Students who fail to achieve a satisfactory performance on either component of the summative examination will require remediation and reevaluation.

Remediation of the OSCE will occur over the following four weeks and will be established by the Clinical Director. Reevaluation of the OSCE will include an OSCE with four more cases. Failure of the reevaluation will result in an extension of the student's education for one month in a Primary Care clinical rotation of the Program's choosing.

Remediation of the comprehensive written exam will occur over the next four weeks and will emphasize the student's deficits. The reevaluation will be another comprehensive written examination, fashioned in the same matter as the initial examination. Failure to meet the minimum proficiency standard of 69.5 will result in an extension of the student's education for one month in a Primary Care clinical rotation of the Program's choosing.

If a student has a failure of both components of the summative examination and also fails the reevaluation, that student will only be required to fulfill a one month extension in the clinical setting of Primary Care.

## Clinical Phase Handbook Agreement Form Spring 2018 Edition

The Physician Assistant Program Clinical Phase Handbook outlines school-wide and program-specific policies and regulations for Physician Assistant Program students in the clinical phase of the program. If the student is in doubt about the intent or content of any of the material in this handbook, it is his or her responsibility to initiate a discussion with their faculty advisor or the Clinical Director.

*I have read and understand the policies, rules and regulations as 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

## I. 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).

## II. 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.

## III. 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.



PHYSICIAN ASSISTANT PROGRAM  
OKLAHOMA CITY UNIVERSITY

## 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: