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

Oklahoma City University General Policies:

Oklahoma City University Student Handbook


Oklahoma City University Graduate Catalog

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

Student Conduct Code

<table>
<thead>
<tr>
<th>Program Director</th>
<th>Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel McNeill, PhD, PA-C</td>
<td>Jerry Vannatta, MD</td>
</tr>
<tr>
<td>405.208.6260</td>
<td>405.208.6260</td>
</tr>
<tr>
<td><a href="mailto:dmcneill@okcu.edu">dmcneill@okcu.edu</a></td>
<td></td>
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<table>
<thead>
<tr>
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<th>Clinical Director</th>
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<tbody>
<tr>
<td>Mark Britton, PharmD, MDiv</td>
<td>Andie Bean, MHS, PA-C</td>
</tr>
<tr>
<td>405.208.6260</td>
<td>405.208.6260</td>
</tr>
<tr>
<td><a href="mailto:mlbritton@okcu.edu">mlbritton@okcu.edu</a></td>
<td><a href="mailto:abean@okcu.edu">abean@okcu.edu</a></td>
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<table>
<thead>
<tr>
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<th>Principal Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan LaVictoire, MHS, PA-C</td>
<td>Tammie Reggio, MHS, PA-C</td>
</tr>
<tr>
<td>405.208.6260</td>
<td>405.208.6260</td>
</tr>
<tr>
<td><a href="mailto:slavictoire@okcu.edu">slavictoire@okcu.edu</a></td>
<td><a href="mailto:treggio@okcu.edu">treggio@okcu.edu</a></td>
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<thead>
<tr>
<th>Principal Faculty</th>
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<tbody>
<tr>
<td>Niki Brooks, MHS, PA-C</td>
<td>Amber Hicks</td>
</tr>
<tr>
<td>405.208.6260</td>
<td>405.208.6260</td>
</tr>
<tr>
<td><a href="mailto:nbrooks@okcu.edu">nbrooks@okcu.edu</a></td>
<td><a href="mailto:ahicks@okcu.edu">ahicks@okcu.edu</a></td>
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<thead>
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<tbody>
<tr>
<td>Jessica Butler</td>
<td></td>
</tr>
<tr>
<td>405.208.6260</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:jbutler@okcu.edu">jbutler@okcu.edu</a></td>
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</table>

Department Main Office
Department office number: 405.208.6260
Department fax number: 405.208.6269
Department Mailing Address:
Oklahoma City University
Physician Assistant Program
2501 N. Blackwelder Ave.
Oklahoma City, OK  73106
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 helping 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
4. Aseptic technique
5. Performing a complete history and physical 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

GENITOURINARY
1. Male and female urethral catheterization

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

CARDIOPULMONARY
1. Interpreting electrocardiograms
2. Interpreting spirometry
3. Use of a nebulizer

EENT
1. Indirect laryngoscopy
2. Fluorescein examination of the eye
3. Jet wash of the auditory canal

DERM
1. Punch biopsy
2. Suturing
   a. Simple interrupted
   b. Horizontal and vertical mattress
   c. Subcuticular suturing
   d. Running sutures
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.

<table>
<thead>
<tr>
<th>Academic Terms and Courses</th>
<th>Credit Hours</th>
<th>Weeks in Length</th>
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<tr>
<td><strong>Spring Semester</strong></td>
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<tr>
<td>PA 5116 Introduction to Human Form</td>
<td>6</td>
<td>7</td>
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<tr>
<td>PA 5122 EENT</td>
<td>2</td>
<td>2</td>
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<tr>
<td>PA 5131 Hematology/Genetics</td>
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<td>1</td>
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<tr>
<td>PA 5142 Pulmonology</td>
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<tr>
<td>PA 5154 Cardiology</td>
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<tr>
<td>PA 5161 Geriatrics</td>
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<tr>
<td><strong>Summer Semester</strong></td>
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<tr>
<td>PA 5223 Obstetrics and Gynecology</td>
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<tr>
<td>PA 5232 Endocrinology</td>
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<tr>
<td>PA 5252 Psychiatry</td>
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<td>PA 5312 Musculoskeletal System</td>
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<td>PA 5322 Dermatology</td>
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<td>PA 5333 Gastroenterology</td>
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<tr>
<td>PA 5383 Capstone</td>
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The Clinical Phase

The clinical year is comprised of rotations. Mandatory rotations include: internal medicine, pediatrics, obstetrics and gynecology, mental health, family medicine, emergency medicine, and general surgery. 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 site instructed by their preceptors.

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 Coordinator.

During the clinical phase, students will also be required to complete five online courses in topics related to medical practice management. These courses offered through an online PowerPoint platform will be presented every nine weeks during the first year of supervised clinical practice experiences.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number</th>
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<td>January Rotation</td>
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<td>April Rotation</td>
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<td>TBD</td>
<td>May Rotation</td>
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<tr>
<td></td>
<td>6701</td>
<td>Strategic Management of a Medical Practice</td>
<td>9 weeks</td>
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<td>Healthcare Financial Strategies</td>
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<tr>
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<td></td>
<td>TBD</td>
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</table>
### Course title | Course number
---|---
Charitable Primary Care | 6004
*Family Medicine (2 months)* | 6014
*Internal Medicine* | 6024
Medicine (5 separate months) | 6034
*General Surgery* | 6044
*Pediatrics* | 6054
*OB/GYN* | 6064
*Psychiatry* | 6074
*Emergency Medicine (2 months)* | 6084
Preceptor and Summative Process | 6094

### Didactic Academic Calendar

<table>
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<th>Spring 2017</th>
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<tr>
<td>January 3, 2017</td>
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<td>January 16, 2017</td>
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<td>March 13-17, 2017</td>
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<td>May 5, 2017</td>
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<table>
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<tr>
<th>Summer 2017</th>
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<td>May 8, 2017</td>
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<td>July 4, 2017</td>
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<td>December 21, 2017-January 2, 2018</td>
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PROGRAM POLICY

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 hospital or clinic. Additionally, closed toe shoes, white jackets, and Oklahoma City University photo identification on their person in a clearly visible location must be worn.

The dress code for the clinical year is more restrictive. These regulations will be outlined in the Clinical Handbook 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 year 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. 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)
   - Dtap (Tetanus, Diphtheria, Pertussis)
   - Meningococcal
   - Influenza

2. For OCU, you must provide records of immunity to:
   - Hepatitis B
   - MMR (Measles, Mumps and Rubella)
   - Meningitis (if living in on-campus housing, including dormitories and apartments, not required if residing off campus)

The reason for vaccination requirements:

PA students will be required to have patient contact in the both the didactic and clinical year. 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.

OCU requires the information in order to comply with an Oklahoma state law requiring all students in post-secondary education to have immunity to those diseases.

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 bring or fax your records to 405-208-6016.

If you are unable to provide evidence of your immunization record then you can:

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Recommendations in brief</th>
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| **Hepatitis B** | If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should  
  • Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2).  
  • Get anti-HBs serologic tested 1–2 months after dose #3. |
**Physician Assistant Academic Standards**

### Flu (Influenza)
Get 1 dose of influenza vaccine annually.

### MMR (Measles, Mumps, & Rubella)
- If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).
- If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps.
- For HCWs born before 1957, see the MMR ACIP vaccine recommendations.

### Varicella (Chickenpox)
- 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.

### Tdap (Tetanus, Diphtheria, Pertussis)
- Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).
- Get Td boosters every 10 years thereafter.
- Pregnant HCWs need to get a dose of Tdap during each pregnancy.

### Meningococcal
- Those who are routinely exposed to isolates of *N. meningitidis* should get one dose.


### 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.

### Exposure Policy and Incident Reporting
Students pursuing their degree in healthcare-related fields face unique challenges including the risk of exposure to bloodborne pathogens such as hepatitis B (HBV), hepatitis C (HCV) and human
immunodeficiency virus (HIV).

How can I prevent an exposure?

Many needle sticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth or skin.

What is considered an exposure?

Exposures occur through needle sticks or cuts from other sharp instruments contaminated with an infected patient’s blood/body fluid or through contact of the eye, nose, mouth, or skin with a patient’s blood/body fluid.

It is important to note that most exposures do not result in infection. However, timely follow-up is imperative to ensure that prophylactic medications, if indicated, are initiated as soon as possible.

What should I do if I am exposed to the blood of a patient?

1. Immediately following an exposure to blood:
   a. Wash needle sticks and cuts with soap and water
   b. Flush splashes to the nose, mouth, or skin with water
   c. Irrigate eyes with clean water, saline or sterile irrigants
2. Report the exposure:
   a. If the exposure occurs during business hours (Monday-Friday from 8am-5pm): Report immediately to the OCU Health Center located in the Kramer West Building
   b. If the exposure occurs at an off-campus site, after hours, or on a holiday: Report immediately to the nearest Emergency Department for evaluation and then follow-up with the OCU Health Center the next business day

What is the risk of infection following a bloodborne pathogen exposure?

1. HBV: Healthcare personnel who have received the hepatitis B vaccination series and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needle stick can range from 6-30%.
2. HCV: The average risk for infection after a needle stick or cut exposure to HCV-infected blood is approximately 1.8%. The risk is less than 1.8% for splash exposures to the eyes, nose, mouth, or non-intact skin.
3. HIV: The average risk of HIV infection after a needle stick or cut exposure to HIV-infected
blood is 0.3%. The risk is less than 0.3% for splash exposures to the eyes, nose, mouth, or non-intact skin.

What treatment is available if an exposure occurs?

1. HBV: If the student has proof of immunity to hepatitis B, no treatment is required. If immunity status is unknown, hepatitis B immune globulin (HBIG) alone or in combination with the vaccine is effective in preventing HBV infection following an exposure.
2. HCV: There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection. For these reasons, following recommended infection control practices to prevent percutaneous injuries is imperative.
3. HIV: There is no vaccine against HIV. However, studies have shown that the use of some antiretroviral drugs after an exposure may reduce the chance of HIV transmission. Treatment should be started as soon as possible, preferably within hours as opposed to days after the exposure. This is why the PA program strongly encourages students to report any exposure immediately.

PA program students participating in clinical learning environments are encouraged to have coverage for needle stick injuries. Students who do not have needle stick coverage on their current health insurance plan may purchase this on a stand-alone basis. If you are enrolled in the OCU student health plan, this benefit is included and does not have to be purchased separately. There is no cost for laboratory testing if performed through the OCU Campus Health Center. You would be financially responsible for any co-pays and deductibles for laboratory testing if obtained outside the OCU Health Center.

Questions regarding bloodborne pathogen exposures should be directed to the OCU Campus Health Center at (405) 208-5090.

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. The PA Faculty will try not to make any changes 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 that is 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 experience (SCPE) 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. A Professional Page on Facebook is an acceptable form of communication in organizations between students, patients, staff, physicians and PAs.

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 Coordinator (depending on the phase of the Program in which the issue resides).

ACADEMIC POLICY

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 objective testing during and at the end of 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 and 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 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 at the twelve-month mark of the clinical year. 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 OCSE 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 matter 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 Clinical Year**

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 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, physiology, and radiology). 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
laboratory medicine – at the end of the didactic year
medical humanities and professionalism – 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
physical diagnosis – at the end of the didactic year
physiology – at the end of the didactic year
radiology – at the end of the didactic year

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). 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 Advancement Committee may elect to lift the probationary status after the student demonstrates a satisfactory performance.

Failure of two program components (specifically, two courses, two concentrations, or one course and one concentration) 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 two 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 three 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 Advancement Committee. Should the Advancement Committee find that a student has behaved unprofessionally, he/she will first be issued a warning. A second violation will result in professional probation. Professional probation is a status designated by the 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 a student has been placed on professional probation, the student will remain on professional probation for the duration of the program. The 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.

Advancement Committee
The Advancement Committee is comprised of PA Program faculty, community clinicians, and is chaired by the Medical Director. The 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 Advancement Committee will make decisions concerning the course of action.
needed to address identified problems, in agreement with established program policies. The 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 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 year, a comprehensive examination must be passed if a leave extends more than three (3) months, and depending on the results of examination, the student may be required to restart the clinical year. 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 year, 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 if 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 Physician Assistant Program. OCU computer policy can be found online at:

http://www.okcu.edu/technology/docs/ComputerUsePolicy.pdf

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

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 405-208-5075 or visit http://www.okcu.edu/admin/hr/titleix 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) 208-5090 for an appointment to discuss your needs and the process for requesting accommodations. For more information visit:

www.okcu.edu/students/.../2014_Disability_Policy_for_Students.docx

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/


TRANSITION TO THE CLINICAL YEAR

Clinical Year Curriculum Design

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<td><strong>February</strong></td>
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<tr>
<td>Medicine/ Charitable Primary Care (1 mos)</td>
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<td>Medicine/ Charitable Primary Care (1 mos)</td>
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<td></td>
<td>Preceptorship</td>
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<tr>
<td><strong>Evaluation</strong></td>
<td><strong>Evaluation</strong></td>
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<td>Packrat II</td>
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<tr>
<td><strong>Family Medicine 2 mos)</strong></td>
<td><strong>PANCE (Practice test)</strong></td>
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<td><strong>OB/GYN</strong></td>
<td><strong>Summative Evaluation</strong></td>
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<td><strong>Pediatrics</strong></td>
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<td><strong>Emergency Medicine</strong></td>
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<td><strong>Medicine/Charitable Primary Care (1 mos)</strong></td>
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<td><strong>Medicine</strong></td>
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Structure of the Clinical Year

The clinical year is made up of seven required supervised clinical practices experiences (SCPE), four medicine/elective SCPEs, one charitable primary care (1 mos) SCPE, and preceptorship SCPE. The required SCPEs include: family medicine (2 mos), internal medicine, general surgery, mental health/psychiatry, obstetrics/gynecology, emergency medicine, and pediatrics. The duration of each SCPE is listed below. The elective SCPEs provide an additional experience in internal medicine, sub-discipline of medicine, and possibly in urgent care.

The syllabus/objectives for each SPCE are found in the back of this handbook. Students are responsible for the objectives regardless of the types of patient care experiences they encounter. The objectives also contain a list of references which students are expected to access during the SCPE.

The first 12 months of the clinical year is titled: Session One. All students will complete the 7 core SCPEs within that first twelve months. The students will also be required to take the EOR examinations associated with core SCPEs (see above the Clinical Year Curriculum Design). Session Two will include the last four months of SCPES and students will be required to complete two comprehensive examinations and the program’s summative examination (see above the Clinical Year Curriculum Design).
Session One (Core SCPE Session):

1. Family Medicine (2 months)
2. OB/GYN (1 month)
3. General Surgery (1 month)
4. Internal Medicine (1 month)
5. Pediatrics (1 month)
6. Mental Health/Psychiatry (1 month)
7. Emergency Medicine (2 months)
8. Charitable Primary Care (1 month)
9. Medicine (1 month)
10. Medicine (1 month)

Total months will be twelve (12). The order of SCPEs will be determined by Clinical Coordinator and will vary from student to student.

Session Two (Elective SCPE Session)

1. Medicine (1 month)
2. Medicine (1 month)
3. Medicine (1 month)
4. Preceptorship (1 month)

Total months will be four (4). The order of SCPEs will be determined by Clinical Coordinator and will vary from student to student. However, the Preceptorship SCPE will always be in April (the last SCPE).

Preparation for SCPEs

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

Identification of Gaps in Knowledge: The ability to identify areas of weakness and finding 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 (found at the end of the Handbook). 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 discuss the Check List with him/her. Each student will have a list of goals and objectives to discuss with the preceptor. Reviewing the Check List with the preceptor will help plan how best to use the weeks allotted for the SCPE. Afterward, the preceptor must sign the Check List 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 these 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 iPads: Owners of iPads 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 year or interpersonal conflicts may arise on a clinical site. Your assigned faculty advisor and the Clinical Coordinator 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 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 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 ins and outs of the SCPE layout will assist in making a good first impression, these include: procedures for ordering labs, diagnostic studies, and consults will aid in making a good first impression.

Interpersonal Communication: For a successful experience 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. You 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 your faculty advisor and/or Clinical Coordinator should be consulted.

Additional Learning Opportunities: Seek out addition 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. Student must be assertive to gain access to important learning opportunities.

Expect Frustrations: The clinical year 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.
SCPE Assignment Policy

Students are assigned to SCPE sites by the Clinical Coordinator. Students are not required to find their own SCPE sites or preceptors (A3.03). SCPE site assignments are non-negotiable. All SCPE schedule decisions rest with the Clinical Coordinator.

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 Coordinator 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 the student has/had a personal, family or professional relationship prior to beginning their clinical year.

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. This will ensure proper coordination between the staff of the site and the student, in reference to providing and acquiring proper documentation and training prior to starting at the site. Documentation that may need to be provided to the site may include, but not limited to, OSHA training, latex allergy statement, immunization record, criminal background check, record of academic standing, and/or insurance verification. Students may also be required to complete additional site training prior to starting at the site and the initial contact will allow that to be scheduled prior to that date. The standard requirements for each rotation will be found on Typhon, however each site must be contacted for to verify that requirements have not changed or additional documentation is required. This is a SCPE necessity and reflects your 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 geography 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.

Prospective clinical sites for the following areas are given a priority classification: mental health, general surgery, internal medicine, obstetrics and gynecology, and pediatrics.
The Clinical Coordinator 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 Coordinator. A current list of approved preceptors is maintained on the PAST system of Typhon group program. Students have access to this list through the PAST website.

The following procedure must be followed to initiate a new rotation site:

1. The student makes initial contact with the physician(s) or other potential preceptor. Once the preceptor agrees to accept a student, the Clinical Coordinator must be notified.

2. The program will contact the preceptor and initiate the protocol for selecting a new clinical site.

It is incumbent upon the student and prospective clinical preceptor to assure the PA Program that:

1. The preceptor is not a relative or a future in-law of the student.

2. The preceptor or facility is not a former employer of the student.

3. The student’s spouse, partner, or future spouse is not employed by the preceptor or the facility.

POLICIES REGARDING SCPEs

Health Insurance

Health Insurance is mandatory for the clinical year, as it is for the didactic year. Students must provide proof of medical insurance before beginning the clinical year. Health insurance is used to access healthcare, as needed, at a local facility or your primary provider will on SCPEs.

Identification

Students must display their Oklahoma City University photo identification in a visible location while on clinical SCPEs. All students must identify themselves as “physician assistant student” during all aspects of patient care.

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

Immunization (A3.07)

The following requirements must be met as specified once the Physician Assistant student is admitted to the program:

1. The student must follow the OCU immunization requirements for admission, in addition

2. The student must follow the CDC recommendations for Health Care workers
   a. Hepatitis B
   b. Influenza
   c. MMR
   d. Varicella
e. Tdap
f. Meningococcal

http://www.okcu.edu/students/health/immunizations/
http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

3. Health requirements specified by each agency where clinical and practical experiences will occur, including immunizations, background check, drug screening, and health tests.

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 program schedule than you will have to recycle. Leave of absence in the didactic year will result in an automatic restart of the program.

In the clinical year, a comprehensive examination must be passed if a leave extends more than three (3) months and depending on the results of examination the student may be required to restart the clinical year. If a student requests a leave of absence in the middle of a SCPE (greater than 4 days missed) they 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 year, 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 if granted.

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. In addition, all certifications must be current for the clinical year.

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.
Blood Borne Pathogens

Students will complete a training session for healthcare professionals in blood borne pathogens during the didactic year. A certificate of completion will be provided to any clinical site requiring a copy. In addition, all certifications must be current for the clinical year.

Exposure Policy and Incident Reporting

Students pursuing their degree in healthcare-related fields face unique challenges including the risk of exposure to bloodborne pathogens such as hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

How can I prevent an exposure?

Many needle sticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth or skin.

What is considered an exposure?

Exposures occur through needle sticks or cuts from other sharp instruments contaminated with an infected patient’s blood/body fluid or through contact of the eye, nose, mouth, or skin with a patient’s blood/body fluid.

It is important to note that most exposures do not result in infection. However, timely follow-up is imperative to ensure that prophylactic medications, if indicated, are initiated as soon as possible.

What should I do if I am exposed to the blood of a patient?

1. Immediately following an exposure to blood:
   a. Wash needle sticks and cuts with soap and water
   b. Flush splashes to the nose, mouth, or skin with water
   c. Irrigate eyes with clean water, saline or sterile irrigants
2. Report the exposure:
   a. If the exposure occurs during business hours (Monday–Friday from 8am-5pm): Report immediately to the OCU Health Center located in the Kramer West Building
   b. If the exposure occurs at an off-campus site, after hours, or on a holiday: Report immediately to the nearest Emergency Department for evaluation and then follow-up with the OCU Health Center the next business day
What is the risk of infection following a bloodborne pathogen exposure?

1. HBV: Healthcare personnel who have received the hepatitis B vaccination series and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needle stick can range from 6-30%.
2. HCV: The average risk for infection after a needle stick or cut exposure to HCV-infected blood is approximately 1.8%. The risk is less than 1.8% for splash exposures to the eyes, nose, mouth, or non-intact skin.
3. HIV: The average risk of HIV infection after a needle stick or cut exposure to HIV-infected blood is 0.3%. The risk is less than 0.3% for splash exposures to the eyes, nose, mouth, or non-intact skin.

What treatment is available if an exposure occurs?

1. HBV: If the student has proof of immunity to hepatitis B, no treatment is required. If immunity status is unknown, hepatitis B immune globulin (HBIG) alone or in combination with the vaccine is effective in preventing HBV infection following an exposure.
2. HCV: There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection. For these reasons, following recommended infection control practices to prevent percutaneous injuries is imperative.
3. HIV: There is no vaccine against HIV. However, studies have shown that the use of some antiretroviral drugs after an exposure may reduce the chance of HIV transmission. Treatment should be started as soon as possible, preferably within hours as opposed to days after the exposure. This is why the PA program strongly encourages students to report any exposure immediately.

PA program students participating in clinical learning environments are encouraged to have coverage for needle stick injuries. Students who do not have needle stick coverage on their current health insurance plan may purchase this on a stand-alone basis. If you are enrolled in the OCU student health plan, this benefit is included and does not have to be purchased separately. There is no cost for laboratory testing if performed through the OCU Campus Health Center. You would be financially responsible for any co-pays and deductibles for laboratory testing if obtained outside the OCU Health Center.

Questions regarding bloodborne pathogen exposures should be directed to the OCU Campus Health Center at (405) 208-5090.

**Desire 2 Learn (D2L) and Outlook Calendar**

All students will have access to a clinical year D2L and their class Outlook Calendar. The clinical year D2L contains examination and “call back” dates, important announcement, clinical documents and forms you will need during the clinical year. Each student is responsible for checking D2L daily for important announcements and site updates. In addition, information about the clinical year is updated on your class Outlook Calendar.
Social Media Policy

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

Similarly, private postings on Facebook or any other form of social media 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 year 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 studies 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 year, or who is already doing so during his or her time in the Program, must make the Clinical Coordinator 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 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 may not be required to perform clerical or administrative work for the Program or their assigned SCPE. Should such a request be made of a student, it should be reported to their faculty advisor or Clinical Coordinator immediately.

SCPE REQUIREMENTS

Student & Preceptor review of SCPE Checklist

At the beginning of each SCPE, students are required to review the clinical checklist with their preceptors. The Clinical Checklist includes the SCPE objectives, skills/procedures, and other guidelines for the preceptor. Once reviewed, the Clinical Checklist form must be turned into your faculty advisor or Clinical Coordinator with the Preceptor signature and date of review on the “call back” date of the SCPE. Failure to submit this form will result in a three (3) point reduction in the total SCPE grade. The SCPE Checklist is not used to calculate your rotation grade, however 3 points will be deducted from you final grade if not submit by the due date or failure to submit.
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 the signature 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 Advancement Committee.

PROFESSIONAL POLICIES REGARDING CLINICAL SCPEs

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 Advancement Committee. Should the Advancement Committee find that a student has behaved unprofessionally, he/she will first be issued a warning. A second violation will result in professional probation. Professional probation is a status designated by the 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 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,
  - performance in the classroom and clinical setting
- More than one unexcused absences 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 directions of 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 patients' culture, age, gender, and abilities
- Endangering the health and welfare of any patient
- Failure to submit an incident report both to the program and the clinical site

**Clinical Year Attendance**

Clinical year 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 year. Snow days do not pertain to the clinical year. Students may not take vacations apart from those designated by the clinical year schedule. Attendance is mandatory for all clinical year “call back” days

**Absence from Clinical 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 Coordinator 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. There are no personal days.

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

**Tardiness**

Students are expected to arrive at the clinical site on time. If delayed, the Clinical Coordinator and preceptor must be informed by phone. For in-patient SCPEs, it is especially important to arrive early each day to visit patients and do rounds. Physician assistant students can be questioned about features of the disease state and the course of care during rounds. Anticipate being put on the spot 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 year. 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 clinical SCPEs. Men should wear a dress shirt with 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 avoid wearing insignia, buttons or decals of a political nature while on clinical SCPE.

Unacceptable clothing includes:

- Low cut, revealing blouses for women
- Sandals
- Short skirts
- Leggings
- 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 each facilities designated scrubs policy.

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 should not be worn during surgical procedures or deliveries. No artificial nails, wraps, multicolored or designer nail polish or nail paintings are permitted.

Fragrances should not be worn during clinical SCPEs. Some patients may be particularly sensitive to fragrances.

Only post earrings are permitted. All tattoos should be concealed. Other body piercings 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 Coordinator immediately. All good faith reports of inappropriate behavior will be supported. 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, OCU Graduate handbook, and PA Program Academic Standards. Also, see OCU website for more information: http://www.okcu.edu/policies/

Academic Dishonesty

See the PA Program Academic Standards and OCU Graduate Catalog.

SITE VISITS

At the discretion of the PA Clinical Coordinator 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 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 (see PA Program Policy manual on specifics).

CLINICAL YEAR ASSIGNMENTS AND ACADEMIC PERFORMANCE

End-of-SCPE Examinations

A 120 question multiple choice examination will be given at the end of each Core SCPE (Internal Medicine, Family Medicine, Pediatrics, Mental Health, OB/GYN, General Surgery, and Emergency Medicine) on the “call back” day. This multiple choice examination is used to assess your 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 tasks and blueprints (http: www.nccpa). The format of these examinations are similar to and are a good preparation for your Physician Assistant National Certifying Examination (PANCE). Content area 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 your Core SCPEs. You will receive a score and feedback for each examination from the PAEA.

Exam Attendance and Policy

If you arrive 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 Coordinator is informed that such an unexcused absence occurred, the student will receive ten (10) points off final grade for the SCPE—NO EXCEPTIONS.
End-of-Rotation Examination Review Policy

Within 24-hours of submitting the exam, each student will receive an email from 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.

End-of-Rotation Examination Failure

Students must receive a 70% or greater on the EOR exam to pass the examination. Should a student fail the end-of-rotation exam, he/she will be given the opportunity to take a make-up exam which will be constructed in similar format as the PAEA EOR by the Clinical Coordinator. A grade of 70% or better must be achieved on the make-up exam in order to pass the SCPE. A grade of 70% will be entered for this portion of the final grade, regardless of the passing grade earned for the make-up exam. Only one make up examination will be offered in any SCPE. A failure of the make-up examination will result in failure of the SCPE.

Failure to take the make-up end-of-rotation exam on the scheduled date will result in a grade of zero for the exam portion of the grade. A second opportunity to take the examination will not be given unless the absence is approved by both the Clinical Coordinator and Program Director.

Students are permitted to take no more than two (2) remediation exams for separate SCPEs in the entire clinical year. Failing a third end-of-rotation exam will result in a student’s grade/performance review by the Advancement Committee which will result in the student being recycled for the clinical year or dismissed from the Program (depending on the student’s current academic standing in the program, See Academic Standards Clinical Handbook).

Submission of Write-ups

Each student will submit a complete history and physical, SOAP, procedure note, and/or Interprofessional write-up for each SCPE. The table below outlines the requirements for each SCPE.

<table>
<thead>
<tr>
<th>SCPE</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine (2 mos)</td>
<td>2 SOAP Note (1 each month)</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1 H&amp;P Note</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1 SOAP Note</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>1 SOAP Note</td>
</tr>
<tr>
<td>Mental Health/Psychiatry</td>
<td>1 SOAP Note</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1 admit H&amp;P Note, 1 SOAP Note</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1 Procedure Note</td>
</tr>
<tr>
<td>Charitable Primary Care (1 month)</td>
<td>1 SOAP Note and Interprofessional write-up</td>
</tr>
<tr>
<td>Medicine</td>
<td>1 SOAP Note</td>
</tr>
<tr>
<td>Primary Care in a Charitable Clinic</td>
<td>1 SOAP Note</td>
</tr>
</tbody>
</table>

- SOAP notes are not the same as progress notes. Progress notes will not meet this requirement.
- SOAP notes are to be a maximum of one (1) page in length.
- H&P notes are to be a maximum of five (5) pages in length.
- Procedure notes are to be a maximum of one (1) page in length.
- Notes cannot be typed. Photocopies are not acceptable.
- SOAP, procedure and H&P notes are not acceptable on hospital forms.
• Interprofessional write-up are to be a maximum of one (1) page in length. They may be typed.

• No identifying information may appear on any notes, as this is violates HIPAA regulations. Notes submitted with identifying information will earn a grade of zero for that particular note. All notes must be submitted to the clinical coordinator/faculty advisor on “call back” day no later than 5:00 pm (see submitting call back day materials). A 1% deduction will result for each day it is tardy.

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

Interprofessional Write-up

Students will be evaluated on a one page write-up on the interaction of other health care providers within the charitable clinic. Included within the write-up should include the other health care providers and the benefits the providers have to the patient center care. This may include other nontraditional benefits to the patient, i.e. help with transportation, daycare for dependents during appointments, financial aid for housing, etc.

Drug Cards

Students are required to research four (4) pharmaceutical agents used during the assigned SCPE. Students must document the class, mechanism of action, indications, contraindications, side effects and cost of medication. Students must also document how the particular agents would be written for a patient including name, dose, sig, quantity and number of refills. The drug notes must be signed by the preceptor after completion and prior to the due date. These drug notes must be emailed or turned in to your faculty advisor not later than 5:00 pm on the call back day. A 1% deduction will result for each day it is tardy.

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

Preceptor Evaluation

The preceptor will evaluate the student in the six core competencies during the clinical SCPE. Those 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 average of <3 or a competency measure of <3.

<table>
<thead>
<tr>
<th>OBJECTIVE AND COMPETENCE MEASURE</th>
<th>Unacceptable</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excerpt an accurate, detailed medical history relevant to the presenting problem(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Perform a comprehensive or focused physical examination relevant to the presenting problem(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Define the etiology of the disease.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Identify the pathophysiology and clinical presentation of disease.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Physician Assistant Academic Standards
| 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 |
| **INTERPERSONAL AND COMMUNICATION SKILLS** |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |
| 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 |
| **PATIENT CARE** |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |
| 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 |
| **PROFESSIONALISM** |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |
| 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 |
| **PRACTICE-BASED LEARNING AND IMPROVEMENT** |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |
| 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 |
| **SYSTEM-BASED PRACTICE** |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |  &nbsp; |
| 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 |

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

Evaluator’s Name:
Comments: (Required for any Rating of “1” or “2”)

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*Physician Assistant Academic Standards*
Mid-SCPE Evaluation by 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. Preceptors should notify the program’s Clinical Coordinator if they feel that the student is performing below the standard or if other issues need to be addressed. A 1% deduction will occur for each day it is tardy.

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

Check Sheet

Preceptors will receive a checklist at the beginning of the SCPE from the clinical student. This list is a guideline for preceptors that will include: goals of the SCPE, skills/procedures to be performed (if available), patient logs, and written assignments.

Skills/procedures—preceptors will be provided a list of skills/procedures that students are to perform by the end of their SCPE. This list will be provided to the preceptor as a guideline in helping the student attain these skills/procedures.

Patient logs—Students must be exposed to a variety of patient populations and clinical settings. The preceptor can use this checklist to help the student fulfill this requirement.

Written assignments—preceptors are not responsible for evaluating student write-ups. However, this has been provided on the check sheet so that the preceptor recognizes the exposure and necessary information student must learn on the SCPE.

“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-SCPE exam (if on core SCPE) and attend lectures. Attendance during the “call back” day is mandatory for all students. Should an absence be unavoidable, the Clinical Coordinator must be contacted prior to the date to discuss the nature and legitimacy of the absence. Unexcused absences from a “call back” will result in a grade of ‘F’ for the end-of-rotation exam, thus resulting in a failure of the SCPE. A student leaving “call back” day early without notifying the Clinical Coordinator will result in a 5-point deduction from the overall SCPE grade. This is also a time to turn in all of the required documents to the Clinical Coordinator or program faculty for the SCPE.

SCPE Grades

Each clinical clerkship 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.

Grades for the Core SCPEs are based on the following components:

<table>
<thead>
<tr>
<th>Evaluation Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor evaluation</td>
<td>40%</td>
</tr>
<tr>
<td>Multiple-choice EOR examination</td>
<td>30%</td>
</tr>
<tr>
<td>Written Patient Encounter Note and 4 Drug Notes (provided to advisor)</td>
<td>15%</td>
</tr>
<tr>
<td>Computer based Typhon Group patient tracking</td>
<td>10%</td>
</tr>
<tr>
<td>Mid-SCPE evaluation by Preceptor</td>
<td>5%</td>
</tr>
</tbody>
</table>

Grades for the Medicine SCPEs are based on the following components:

<table>
<thead>
<tr>
<th>Evaluation Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor evaluation</td>
<td>70%</td>
</tr>
<tr>
<td>Written Patient Encounter Note and 4 Drug Notes (provided to advisor)</td>
<td>15%</td>
</tr>
<tr>
<td>Computer based Typhon Group patient tracking</td>
<td>10%</td>
</tr>
<tr>
<td>Mid-SCPE evaluation by Preceptor</td>
<td>5%</td>
</tr>
</tbody>
</table>

Grades for the Charitable Primary Care (1month) SCPEs are based on the following components:

<table>
<thead>
<tr>
<th>Evaluation Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor evaluation</td>
<td>40%</td>
</tr>
<tr>
<td>Interprofessional Write-up</td>
<td>30%</td>
</tr>
<tr>
<td>Written Patient Encounter Note and 4 Drug Notes (provided to advisor)</td>
<td>15%</td>
</tr>
<tr>
<td>Computer based Typhon Group patient tracking</td>
<td>10%</td>
</tr>
<tr>
<td>Mid-SCPE evaluation by Preceptor</td>
<td>5%</td>
</tr>
</tbody>
</table>

Grade for the Preceptor SCPE is based on the following components:

<table>
<thead>
<tr>
<th>Evaluation Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor evaluation</td>
<td>85%</td>
</tr>
<tr>
<td>Computer based Typhon Group patient tracking</td>
<td>10%</td>
</tr>
<tr>
<td>Mid-SCPE evaluation by Preceptor</td>
<td>5%</td>
</tr>
</tbody>
</table>
TYPHON TRACKING SYSTEM

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 weekly. Students are contacted if the weekly review shows inadequate patient care experiences. The clinical coordinator will discuss ways to maximize clinical opportunities for the remaining time in the SCPE.

Typhon Group Patient Logging: Patient logs will be evaluated for 10% of the SCPE grade and 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 Monday, 8:00 a.m., after completing the SCPE).
4. Logging patients on a regular basis. Patient logs will be checked weekly 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 Student Progress Committee for disciplinary action.

Patient encounters will be checked weekly 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 9 diagnosis code – to include all diagnoses assigned to the patient
9. CPT procedure codes – to include all procedures performed

Patient tracking/logging is NOT optional and must be completed by the following Monday after the call back day. Many credentialing agencies (i.e. hospitals) require student patient tracking logs for verification of adequate training to perform duties and responsibilities as a physician assistant.

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

SCPE Specific Logging Requirements

Students must log specific number and types of patient encounters for each SCPE. The minimum requirements are listed in the table below:

<table>
<thead>
<tr>
<th>SCPE</th>
<th>TOTAL FOR REQUIREMENTS FOR EACH SCPE</th>
<th>PATIENT POPULATIONS (MUST INCLUDE IN LOGGING-at least one from each category)</th>
</tr>
</thead>
</table>

Physician Assistant Academic Standards
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Hours per week</th>
<th>Hours per SCPE</th>
<th>Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine (2 mos)</td>
<td>10 per week</td>
<td>80 per SCPE</td>
<td>Acute care adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chronic care adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Preventive and Wellness adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>male.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Preventive and Wellness adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chronic care geriatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Acute care geriatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Preventive and Wellness pediatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Acute care pediatric</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>10 per week</td>
<td>40 per SCPE</td>
<td>Chronic care adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chronic care geriatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In-patient care</td>
</tr>
<tr>
<td>General Surgery</td>
<td>10 per week</td>
<td>40 per SCPE</td>
<td>Pre-operative patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Peri-operative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Post-operative</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>10 per week</td>
<td>40 per SCPE</td>
<td>Well woman exam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gynecological patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prenatal care</td>
</tr>
<tr>
<td>Mental Health/Psychiatric</td>
<td>10 per week</td>
<td>40 per SCPE</td>
<td>Acute care adult/pediatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chronic care adult/pediatric</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>10 per week</td>
<td>80 per SCPE</td>
<td>Emergent care geriatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Emergent care adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Emergent care pediatric</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>10 per week</td>
<td>40 per SCPE</td>
<td>Well child check on newborn,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>infant, child, and adolescent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Acute care pediatric (newborn,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>infant, child, and adolescent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chronic care pediatric</td>
</tr>
</tbody>
</table>

**Physician Assistant Academic Standards**

45
<table>
<thead>
<tr>
<th>Medicine</th>
<th>10 per week/40 per SCPE</th>
<th>Acute care adult/peds/geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Chronic care adult/ peds/geriatric</td>
</tr>
<tr>
<td>Charitable Primary Care (1 mos)</td>
<td>10 per week/40 per SCPE</td>
<td>Acute care adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic care adult</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventive and Wellness adult male.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventive and Wellness adult female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic care geriatrics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acute care geriatrics</td>
</tr>
<tr>
<td>Preceptorship</td>
<td>10 per week/40 per SCPE</td>
<td>Acute care adult/peds/geriatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic care adult/ peds/geriatric</td>
</tr>
</tbody>
</table>

Definitions for Patient Encounters by Type and Minimum requirements by the end of the Clinical Year:

1. Fifty (50) **Acute**: For illness or injury (e.g. a patient comes in with a sore throat).
2. Fifty (50) **Chronic**: For established patients who are seen regularly for follow up and the visit is to manage a chronic condition (e.g. Diabetes, HTN).
3. Twenty (20) **Emergent**: For any visit that requires emergency care (Any Emergency Department visit, outpatient setting where the patient receives emergent care or the patient needs to go to the ER).
4. Fifty (50) **Preventive**: For visits that are well-child checks, well-woman exams, sports physicals, and adult screening appointments.

Definition for Patient Encounters by Age and Minimum requirements by the end of the Clinical Year:

1. No minimum **Newborn**: birth to 1 month
2. Five (5) **Infant**: 1 month to 2 years of age
3. Ten (10) **Child**: 2 to 12 years of age
4. Five (5) **Adolescent**: 12-21 years of age
5. One hundred (100) **Adult**: 21-64 years of age
6. Ten (30) **Geriatric**: 65 years of age or older

Surgical experiences: Pre-op, intra-op, and post-op experiences must be noted. Do not leave these fields blank. Students must be very diligent in documenting skills in which they participated, such as suturing, wound care, etc. (B3.03c)

Women’s Health experiences: Prenatal visits must be noted. It is a very small box to check and other fields are associated with it indicating estimated gestational age, etc. If during women’s health SCPEs, students participate in labor/delivery, surgery fields will also apply and need to be noted in the system. There is also a separate place to note Labor & Delivery.
Pediatrics experiences: Make sure ages of the patient are included and code the encounter correctly. (B3.03b).

**Procedure Logging**

Students are required to perform and log a number of procedures by the end of the clinical year. These procedures are tracked through the Typhon System. Please make sure to perform, rather than observe or assist, as many procedures as possible, as credit is given only for those logged “done”. The Clinical Coordinator or assigned program faculty will review procedure logs every three months. All procedure requirements must be completed by graduation. It is the student’s responsibility to find opportunities to meet the procedure requirements. Difficulty in meeting these requirements should be brought to the attention of the clinical coordinator. Failure to complete any procedure requirement by the end of the year will affect the student’s ability to graduate.

**Required Clinical Year Procedures**

<table>
<thead>
<tr>
<th>Procedure/Skill</th>
<th>Required Number of Procedure/Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture</td>
<td>5</td>
</tr>
<tr>
<td>Casting</td>
<td>1</td>
</tr>
<tr>
<td>Splinting</td>
<td>2</td>
</tr>
<tr>
<td>Pelvic examination</td>
<td>5</td>
</tr>
<tr>
<td>Rectal examination</td>
<td>2</td>
</tr>
<tr>
<td>Breast examination</td>
<td>5</td>
</tr>
<tr>
<td>Suturing</td>
<td>3</td>
</tr>
<tr>
<td>IM/SC/ID-injections</td>
<td>2</td>
</tr>
<tr>
<td>Assist in Operating Room</td>
<td>5</td>
</tr>
<tr>
<td>Wound Care/Debridement</td>
<td>3</td>
</tr>
<tr>
<td>Abscess I&amp;D</td>
<td>2</td>
</tr>
<tr>
<td>Foley Catheter Placement</td>
<td>2</td>
</tr>
</tbody>
</table>

**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 failing grade is earned on an end-of-SCPE examination (Failure is a grade <70%);
3. A student fails to fulfill the requirements of the SCPE which include Typhon tracking, write-ups (SOAP/H&P and Prescription Notes), and the mid-evaluation form or
4. The total SCPE grade is less than 70%.

Student who fail a SCPE will be required to repeat the SCPE at the end of the clinical year. Student may only repeat one SCPE in the clinical year. If more than one failure occurs in the clinical year the student will be required to repeat the clinical year or they will be dismissed from the program depending on previous academic performance. (See Academic Standards on Remediation/Failures)
STUDENT EVALUATION OF CLINICAL SCPEs

Student evaluations of SCPEs (both the preceptor and site) will be done using Qualtrics (See the form in the Appendix). 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 Qualtrics by “call back” day. Three (3) points will be deducted from the final grade for the course if the student evaluation is submitted late or not submitted.

COMPREHENSIVE EVALUATIONS

Students will complete three comprehensive examination 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 at the twelve month mark of the clinical year. 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 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 are 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 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 MCQ examination and a series of 4 separate Objective Structured Clinical Examinations. The MCQ is a comprehensive exam that is 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 (see below).

Remediation of the OSCE will occur over the following 4 weeks and will be established by the Clinical Coordinator. Reevaluation of the OSCE will include an OSCE with 4 more cases. Failure of the reevaluation will result in an extension of the student’s education for 1 month in a Primary Care clinical rotation of the Program’s choosing.
Remediation of the comprehensive written exam will occur over the next 4 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 (see above). Failure to meet the proficiency standard of 69.5 will result in an extension of the student’s education for 1 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 1 month extension in the clinical setting of Primary Care.
**CLINICAL YEAR FORMS**

Family Medicine Check Sheet (example)

**Goals of rotation:**
The student will be working with patients throughout the life span to include infants, children, adolescents, adults and the elderly; providing prevention and wellness, acute care and chronic care. By the conclusion of the rotation, the student will demonstrate knowledge of the principles of family medicine and the ability to manage patients of diverse populations.

**Skills/Procedures:**
- Venipuncture
- Finger stick blood sugar testing
- Performing intradermal, SQ and IM injections
- Performing a complete history and physical examination
- Case presentation on history, physical, differential diagnosis, and management plan
- Pelvic Examination
- Rectal Examination
- Breast Examination
- Abscess I & D
- Wound Care/Debridement
- Apply splints to extremities
- Performing and interpreting electrocardiograms
- Performing and interpreting spirometry
- Use of a nebulizer
- Fluorescence examination of the eye
- Jet wash of the auditory canal
- Punch biopsy

**Suturing:**
- Simple interrupted

**Document one (1) SOAP note per week for evaluation/feedback from the preceptor (can be in the EMR or handwritten)**

**Document a complete Admit History and Physical (if applicable)**

**Patient log:**
- Adult acute care
- Adult chronic care
- Preventive Male adult
- Preventive Female adult
- Geriatric chronic care
- Geriatric acute care
- Pediatric WCC
- Pediatric Acute Care
- Patient logging in different settings to include out-patient, hospital, home health care, and long term care facilities (if available)
Required written assignment to be turned in to the PA program at the completion of the Rotation

Write-ups:

☐ Students are required to turn in one written SOAP note from a patient encounter on the rotation.

Prescription Notes:

☐ Students are required to research four (4) pharmaceutical agents used during the rotation. Students must document the class, mechanism of action, indications, contraindications, side effects and cost of medication. They must also write the particular drug for a patient including drug name, dose, sig, quantity and number of refills.

***Please notify the clinical coordinator, at any time, if the students is not performing at a level that is expected on the clinical rotation or if not meeting the objectives or learning outcomes***

Preceptor Signature: ________________________________ Date: ________________________________
# Student Evaluation of the Preceptor and the Supervised Clinical Practice Experience (SCPE) Site

<table>
<thead>
<tr>
<th>SCPE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor:</td>
<td></td>
</tr>
<tr>
<td>Student Name:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site (Rate the ability of the SCPE to provide the following.)</th>
<th>Unacceptable</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The site allowed me to do procedures and skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The site provided a sufficient amount of patient encounters</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The site provided diverse patient care experiences (acute, chronic and preventive)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The site provided exposure to diverse populations (race, socioeconomic status, gender, age, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The site provided a mechanism for documenting patient notes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The site provided orientation to the facility and the staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The site provided a good environment for learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preceptor (Rate your preceptor’s performance at the SCPE)</th>
<th>Unacceptable</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The preceptor provided supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The preceptor directly observed by performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The preceptor provided regular feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The preceptor provided mentoring</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The preceptor was accessible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The preceptor allowed me to evaluate and then present the patient?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The preceptor was effective in teaching</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The preceptor was knowledgeable in the SCPE objectives.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please comment on what you perceive as the weakness of your SCPE.

Please comment on what you perceive as the strengths of your SCPE.
# BLOOD BORNE PATHOGEN EXPOSURE FORM

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Exposure:</td>
<td>Time of Exposure: am/pm</td>
</tr>
<tr>
<td>SCPE Location of Exposure:</td>
<td>Complete exposure form at SCPE location: (YES/NO)</td>
</tr>
<tr>
<td>Brief Description of Exposure (Omit any patient specific information):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**PHYSICIAN ASSISTANT PROGRAM STAFF ONLY:**

<table>
<thead>
<tr>
<th>Reviewed by:</th>
<th>Date:</th>
</tr>
</thead>
</table>
Clinical Handbook Agreement Form  
Spring 2017 Edition

The 2017-2018 Physician Assistant Studies Program Student Clinical 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 coordinator.

_I have read and understand the policies, rules and regulations as outlined within the Oklahoma City University Physician Assistant Program Clinical Year Handbook and agree, without reluctance, to abide by them._

SIGNATURE:

NAME (Print):

DATE:
The 2017-2018 Physician Assistant Studies Program Student Academic Standards outlines school-wide and program-specific policies and regulations for Physician Assistant Program students in 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.

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: 