THOMAS JEFFERSON UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM

PRECEPTOR HANDBOOK

The Thomas Jefferson University Physician Assistant Program would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our students. The clinical experiences our students will have in your practices are of critical importance to a successful learning experience in the program. The clinical setting synthesizes concepts and application of principles for quality healthcare delivery. As a clinical preceptor, you are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and from your example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to physician assistant education here at Thomas Jefferson.
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Mission, Goals & Objectives

Thomas Jefferson University is an independent, non-sectarian, urban university dedicated to the health sciences. On the graduate and undergraduate levels, the University is committed to: educating professionals who will form and lead the integrated healthcare delivery and research teams of tomorrow; discovering new knowledge that will define the future of clinical care through investigation from the laboratory to the bedside and into the community; and setting the standard for quality, compassionate, and efficient patient care for our community and for the nation.

Founded in 1824 as the Jefferson Medical College and granted an independent charter with full university rights and privileges in 1838, Thomas Jefferson University was established on July 1, 1969. Today, it encompasses the following: Jefferson Medical College, Jefferson College of Graduate Studies, Jefferson School of Health Professions, Jefferson School of Nursing, Jefferson School of Pharmacy and Jefferson School of Population Health. The University also has a strong collaborative relationship with Thomas Jefferson University Hospital, which is part of the Jefferson Health System.

At Thomas Jefferson University, the approach to the art and science of the healing professions is one that recognizes both the importance of tradition and the necessity for exploration and discovery. As a University, it continues to reflect the philosophies of its founders and their renowned followers in its present view of education, research and service. Its faculty is drawn from noted scientific investigators, clinicians and academicians who bring to the University the keenly felt sense of living, studying and working at one of the world’s great centers of medical excellence.

Thomas Jefferson University Mission

Thomas Jefferson University is dedicated to the health sciences. We are committed to:

- Educating professionals in a variety of disciplines who will form and lead the integrated healthcare delivery and research teams of tomorrow
- Discovering new knowledge that will define the future of clinical care through investigation from the laboratory to the bedside, and into the community
- Setting the standard for quality, compassionate and efficient patient care for our community and for the nation.
- We accomplish our mission in partnership with Thomas Jefferson University Hospital, our education and clinical care affiliates.

Mission of the School of Health Professions

The Jefferson School of Health Professions is committed to educating health care professionals of the highest quality and ethical standards for contemporary practice in the global community.

By promoting faculty excellence in teaching, research and service, we prepare caring professionals who are competent in the use of evidence based practice, critical in their thinking, committed to lifelong learning and prepared to be leaders in diverse health care settings. In keeping with the mission of the University and the future of health care delivery, the Jefferson School of Health Professions is committed to interdisciplinary education and technologies that draw upon the strengths of all disciplines.
Physician Assistant Program Mission

The mission of the Department of Physician Assistant Studies is congruent with the mission of the University and guides the strategic plan and faculty goals in the Department. The mission of the Thomas Jefferson University Department of Physician Assistant Studies is to utilize the Jefferson model of interprofessional education to educate skilled, compassionate physician assistants prepared to provide leadership through our evolving healthcare system; dedicated to lifelong learning and service to the community.

Physician Assistant Program Goals

To design a curriculum that builds the cognitive, clinical, interpersonal, and professional skills needed for the supervised practice of medicine as physician assistants.

To provide the educational tools so that graduates will be able to identify, analyze and manage clinical problems, and provide effective, efficient, and humane patient care with physician supervision.

Physician Assistant Program General Objectives

The TJU Physician Assistant Program is designed to provide students with the skills and activities that enhance their professional and personal growth as physician assistants through course objectives which cover three areas of learning: Cognitive Skills (knowledge base), Psychomotor Skills (manipulative and motor skills), and Affective Skills (attitudes and values).

The graduate will be able to demonstrate:

1. The knowledge of the structures of the human body and how they function at the biochemical and physiological level.
2. An understanding of the common pathophysiological disturbances that occur in each of the organ systems and those disease processes in human beings that result.
3. The knowledge of the principles of drug absorption, distribution, action, toxicity, and elimination.
4. A practical, working knowledge of commonly prescribed drugs.
5. The knowledge and the application of the use of the clinical laboratory in the diagnosis and management of disease states.
6. An understanding of the health care and social service systems, and the role of the PA/Physician Team within those systems.
7. The knowledge, appreciation, and application of legal and ethical concepts related to medical care.
8. An understanding of the PA profession, its origin, and development.
9. The application of clinical reasoning to the solution of medical problems.
10. The knowledge and ability to perform the skills necessary for patient evaluation, monitoring, diagnostic/therapeutics, counseling, and appropriate referral.
11. The ability to effectively communicate with patients, patients’ families, physicians, and various other professional associates.
12. An understanding of the principles of scientific inquiry and research design, so that they will be
able to apply those principles to critically interpret medical literature and enhance their ability to provide quality health care.

13. The attitudes and skills which show a commitment to personal growth and sensitivity to cultural and individual differences throughout a diverse patient population.

14. The attitudes and skills, which show a commitment to professional behaviors and respect for self and others.

**Technical Standards**

The technical standards for admission set forth by the Department of Physician Assistant Studies establish the essential qualities that are considered necessary for students admitted to this program to achieve the knowledge, skills and levels of competency stipulated for graduation by the faculty and expected of the professional program by its accrediting agency (ARC-PA, Inc.). All students admitted to this program are expected to demonstrate the attributes and meet the expectations listed below. These Technical Standards are required for admission and also must be maintained throughout a student’s progress through the Physician Assistant Program. In the event that, during training, a student is unable to fulfill these technical standards, with or without reasonable accommodations, then the student may be asked to leave the program.

Students must possess aptitude, ability, and skills in the following areas:

1. General
2. Observation
3. Communication
4. Motor coordination and function
5. Conceptualization, integration, and quantization
6. Behavioral and social skills, abilities, and aptitudes
7. Professionalism

**General:** The student is expected to possess functional use of the senses of vision, touch, hearing, taste, and smell so that data received by the senses may be integrated, analyzed, and synthesized in a consistent and accurate manner. A student must also possess the ability to perceive pain, pressure, temperature, position, vibration, position equilibrium, and movement that are important to the student’s ability to gather significant information needed to effectively evaluate patients.

**Observation:** The student must have sufficient capacity to accurately observe and participate in the lecture hall, the laboratory, and with patients at a distance and close at hand, including non-verbal and verbal signals, to assess health and illness alterations in the outpatient and inpatient clinical settings. Inherent in the observational process is the use of the senses to elicit information through procedures regularly required in physical examination, such as inspection, palpation, percussion, and auscultation.

**Communication:** The student must communicate effectively verbally and non-verbally to elicit information; describe changes in mood, activity, posture; and perceive non-verbal communications from patients and others. Each student must have the ability to read and write, comprehend and speak the
English language to facilitate communication with patients, their family members, and other professionals in health care settings where written medical records, verbal presentations, and patient counseling and instruction are integral to effective medical practice and patient care. The student must communicate effectively verbally and in writing with instructors and other students in the classroom setting, as well.

**Motor coordination and function:** The student must be able to perform gross and fine motor movements with sufficient coordination needed to perform complete physical examinations utilizing the techniques of inspection, palpation, percussion, and auscultation, and other diagnostic maneuvers. A student must develop the psychomotor skills reasonably needed to perform or assist with procedures, treatments, administration of medication, management and operation of diagnostic and therapeutic medical equipment utilized in the general and emergent care of patients required in practice as a physician assistant. The student must be able to maintain consciousness and equilibrium; have sufficient levels of postural control, neuromuscular control, and eye-to-hand coordination; and to possess the physical and mental stamina to meet the demands associated with extended periods of sitting, standing, moving, and physical exertion required for satisfactory performance in the clinical and classroom settings.

**Conceptualization, integration, and quantization:** The student must be able to develop and refine problem-solving skills that are crucial to practice as a physician assistant. Problem solving involves the abilities to comprehend three-dimensional relationships and understand the spatial relationships of structures; to measure, calculate reason, analyze, and synthesize objective and subjective data; and to make decisions that reflect consistent and thoughtful deliberation and sound clinical judgment. A student must have the capacity to read and comprehend medical literature. Each student must demonstrate mastery of these skills and the ability to incorporate new information from peers, teachers, and the medical literature to formulate sound judgment in patient assessment and diagnostic and therapeutic planning.

**Behavioral and social skills, abilities, and aptitudes:** Flexibility, compassion, integrity, motivation, effective interpersonal skills, and concern for others are personal attributes required of those in physician assistant practice. Personal comfort and acceptance of the role of a dependent practitioner functioning under supervision is essential for training and practice as a physician assistant. The student must possess the emotional health required for full utilization of the student’s intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities in the classroom setting, as well as those in the clinical setting attendant to the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients and other members of the health care team. Each student must have the emotional stability required to exercise stable, sound judgment and to complete assessment and interventional activities. The ability to establish rapport and maintain sensitive, interpersonal relationships with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds is critical for practice as a physician assistant. The student must be able to tolerate physically taxing loads and still function effectively under stress; adapt to changing environments; display flexibility; graciously accept constructive criticism; manage difficult interpersonal relationships during training; and learn to function cooperatively and efficiently in the face of uncertainties inherent in clinical practice.
**Professionalism**: A candidate/student must consistently display honesty, integrity, respect for self and others, tolerance, caring, fairness, and dedication to their patients, peers, PA faculty and staff, TJU faculty and staff, the community and the PA profession.

In compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and applicable federal and state laws, Thomas Jefferson University ensures people with disabilities will have an equal opportunity to participate in its programs and activities. Members and guests of the Jefferson community who have a disability need to register with the Office of Student Life, if requesting auxiliary aids, accommodations, and services to participate in Thomas Jefferson University’s programs. All requests for reasonable and appropriate auxiliary aids, academic adjustments, and services will be considered on a case-by-case basis and in a timely fashion.

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StudentLife@jefferson.edu

**Graduate Outcomes**

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

   Physician assistant graduates are expected to understand, evaluate, and apply the following to clinical scenarios:
   a. evidence-based medicine  
   b. scientific principles related to patient care  
   c. etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions  
   d. signs and symptoms of medical and surgical conditions  
   e. appropriate diagnostic studies  
   f. management of general medical and surgical conditions to include pharmacologic and other treatment modalities  
   g. interventions for prevention of disease and health promotion/maintenance  
   h. screening methods to detect conditions in an asymptomatic individual  
   i. history and physical findings and diagnostic studies to formulate differential diagnoses
2. **Interpersonal and Communication Skills**

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

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

3. **Patient Care**

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

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

4. **Professionalism**

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

Physician assistant graduates are expected to demonstrate:
   a. understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
   b. professional relationships with physician supervisors and other health care providers
   c. respect, compassion, and integrity
   d. accountability to patients, society, and the profession
   e. commitment to excellence and on-going professional development
   f. commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
   g. sensitivity and responsiveness to patients’ culture, age, gender, and abilities
   h. self-reflection, critical curiosity, and initiative
   i. healthy behaviors and life balance
   j. commitment to the education of students and other health care professionals

5. **Practice-Based Learning and Improvement**

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

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

6. **Systems-Based Practice**

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

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

Graduate Functions & Tasks

Thomas Jefferson University Physician Assistant Program graduates are expected to perform and be competent in many functions and tasks as entry-level physician assistants. The entry-level physician assistant must be able to function in various clinical encounters, including: initial workups, continued care, and emergency care. The graduate must be able to identify, analyze, and manage clinical problems and be able to apply a scientific method to the solution of the medical problems. The graduate’s functions and tasks are divided into six categories: evaluation, monitoring, diagnostics, therapeutics, counseling, and referral.

A. Evaluation
The graduate will be able to perform an accurate and comprehensive history and physical examination for patients of any age, in any health care setting, and be able to recognize and interpret pertinent factors in the patient’s history and physical findings.

The medical information obtained will be organized and presented in a form that lends itself to interpretation by medical professionals and will be recorded in the medical record.

B. Monitoring
The graduate will be able to manage health care activities in the acute care, long term care, home care and outpatient settings, ordering needed diagnostic tests and therapies, accurately recording progress notes and other documentation, providing services necessary for continuity of care. The graduate will be able to focus on identifying risk factors and characteristics for patient population groups at risk.
C. Diagnostics
The graduate will be able to initiate requests for routine diagnostic procedures, assist with obtaining quality specimens and/or performing common laboratory and diagnostic procedures, and establish priorities for appropriate diagnostic and laboratory testing.

The graduate will be able to order and interpret common laboratory procedures, including but not limited to, complete blood counts, erythrocyte sedimentation rates, serum chemistries, urinalyses, microbiological smears and cultures from various sites, pulmonary function testing, electrocardiograms, and diagnostic imaging studies.

D. Therapeutics
The graduate will be able to perform routine therapeutic and/or diagnostic procedures including injections, immunizations, applying and removing casts and splints, debriding and repairing minor lacerations and wound care, managing and caring for simple conditions, assisting surgeons, and assisting in the management of complex illnesses and injuries such as: initiating evaluation and management of acute life-threatening situations from major trauma, cardiac arrest, respiratory failure and other life-threatening situations. The graduate will be able to provide the patient with an understanding of the indications, monitoring and side effects of pharmacologic agent prescribed for their patients care.

E. Counseling
The graduate will be able to provide patient education and counseling services such as: instructing on preventive medicine measures and the impact of habits and lifestyles on health; fostering an awareness of signs, symptoms and precautions for diseases common to certain age groups; helping patients and families understand issues of normal growth and development; sensitively working with patients making family planning decisions; helping patients cope with emotional problems of daily living; help patients and family members cope with the emotional issues of the dying patient; and being able to discuss implications of certain diagnostic and therapeutic procedures, diseases, and medications.

F. Referral
The graduate will be able to recognize their own limitations and the limitations of their practice setting, facilitating timely referral of patients to appropriate physicians and others in the interdisciplinary health care team and social service agencies.

PA Program Curriculum
The Program reserves the right to change curriculum offerings and sequence.

Case-based learning is used throughout the TJU PA Program curriculum as a means of fostering attitudes and skills essential to critical thinking and life-long learning.

During the didactic phase, students will receive orientation sessions to the clinical year. Students should be aware that a number of clinical sites may be scheduled at some distance from the campus. This is necessary to provide a range of diverse learning experiences and ensure availability and quality of clinical rotation sites. Students are responsible for all financial costs associated with the clinical year, including transportation and living expenses. The Thomas Jefferson University PA Program assigns and
approves all clinical rotations.

**Didactic Phase/Year 1**

### Pre-Fall Semester

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<td>Patient Communication</td>
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<td>Introduction to Professional Practice</td>
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<td>Legal and Ethical Aspects of Medicine</td>
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<td>Epidemiology, Public Health and Evidence Based Medicine</td>
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<td>Clinical Skills I</td>
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<td>Pharmacology and Clinical Therapeutics I</td>
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<td>Introduction to Healthcare Quality &amp; Safety</td>
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Clinical Phase/Year 2

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<tr>
<td>Clinical Rotation 8</td>
<td>5.0 Credits</td>
</tr>
<tr>
<td>Healthcare II</td>
<td>1.0 Credits</td>
</tr>
<tr>
<td>Graduate Project II</td>
<td>0.5 Credits</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11.5 Credits</strong></td>
</tr>
</tbody>
</table>

*Rotations: These clinical rotations provide a brief but focused clinical experience in medical disciplines. The minimum required experience in these disciplines is:

- Internal Medicine 5 weeks
- Emergency Medicine 5 weeks
- Women’s Health 5 weeks
- Behavioral Medicine 5 weeks
- Surgery 5 weeks
- Primary Care 5 weeks
- Pediatrics 5 weeks
- Elective 5 weeks

**Total Year 1 Credits** 52.5
**Total Year 2 Credits** 43
**Total Program Credits** 95.5
General Goals of the Clinical Year

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Physician Assistant Competencies

“The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.” (NCCPA)

Definition of the Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.
Responsibilities

Program Responsibilities

- The Program is responsible for assigning and approving all student clinical rotations.
- The Program will be responsible for assuring that during the clinical rotations each student keeps in force professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 in the aggregate covering students of the University for claims involving bodily injury, or death on account of alleged malpractice, professional negligence, failure to provide care, breach of contract, or other claim based upon failure to obtain informed consent for an operation or treatment. This document will be provided to the preceptor prior to the start of the rotation.
- The Program will be responsible for assuring that during the clinical rotations each student keeps in force major medical insurance as stipulated by the University.
- The Program will protect the student and their educational learning experience if it is deemed they are in danger or in an environment not conducive of learning.
- The Program will withdraw any student from a rotation at the request of the preceptor when it is deemed that the student’s work, conduct, or health is considered detrimental to patients or the practice site.
- The Program will withdraw any student from a rotation if there is a significant conflict between the student and preceptor that would deter from the rotation experience.
- The Program will coordinate the assignment of students with the preceptor and designate a faculty member(s) who shall act as a liaison and information resource for the preceptor.
- The Program will evaluate rotation sites to assess student progress and to address any preceptor and/or student issues.
- The Program will maintain frequent communication with students while they are on rotations.
- The Program will determine the final grades for students in the clinical year.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- The preceptor agrees to accept responsibility for the student and to provide careful supervision of the clinical activities of the student, insuring the highest standards of patient care and safety, while providing a sound educational experience for the student.
- The preceptor agrees to promptly inform the Director of Clinical Education (215-503-5696) or Department Chair (215-503-0106) if significant problems of a personal or professional nature develop requiring faculty attention, knowledge, or consultation.
- The preceptor agrees to provide clinical hours (approx. 40 hours/week) for the student to attend and participate in clinical activities at the rotation site.
- The preceptor agrees to insure provision of quality medical care and agrees to monitor (to the point he/she deems necessary) the clinical performance of the student and to countersign all orders, chart entries, etc. as stipulated by state regulation and facility rules.
- The preceptor agrees to review the educational objectives to make reasonable efforts to assist the student in attaining the competencies and skills listed in the objectives.
- The preceptor agrees to take responsibility for introducing the student to personnel at the
practice site and local medical facilities, informing these persons of the proposed student clinical activities and clarifying the role and responsibilities of the student.

- The preceptor agrees to evaluate the student’s performance by providing verbal and written feedback to the student as the preceptor deems necessary.
- The preceptor agrees to arrange an alternate preceptor or to give an assignment to the student if they will not be able to precept the student for more than 2 days. If an alternate cannot be found, please contact the Director of Clinical Education (215-503-0106) immediately.
- The preceptor agrees not to use students as a substitute for regular clinical or administrative staff.
- The preceptor agrees to provide supervision of a student’s clinical activities in the clinical/office setting:
  - Histories, physical exams, laboratory/radiology tests, making assessment and treatment plans.
  - Case presentations or research projects as required by the preceptor.
  - Clinical procedures that are consistent with patient care.
- The preceptor agrees to provide supervision of the student’s clinical activities in the hospital setting:
  - Daily rounds: in-patient rounding, physical exams, recording progress notes and performing procedures that are consistent with patient care.
  - Assisting in surgery as directed by the preceptor.
  - Documentation (written/dictated) of admission/discharge summaries utilizing the established protocols.
- The preceptor agrees not to provide money or material goods to the student in return for his/her assistance in the medical care of patients.
- The preceptor agrees to allow student visits by faculty/staff or regional coordinators of the Thomas Jefferson University Physician Assistant Program to assess the progress of students.
- The preceptor agrees to complete and return the end of rotation evaluation form as soon as possible. The final grade for the student cannot be assigned until the Program receives this evaluation.
- The preceptor agrees to supervise the student within the preceptors’ scope of practice.

**Student Responsibilities**

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year
- The student will conduct themselves in a courteous, respectful, and professional manner at all
The student will identify themselves as a Thomas Jefferson University Physician Assistant Student.

- The student will be hardworking, conscientious and accountable.
- The student will be responsible for taking an active role in their clinical education.
- The student will be responsible for their own transportation to and from all clinical site assignments.
- The student will demonstrate awareness of professional limitations and will only perform activities assigned by and under the supervision of their preceptor.
- On the first day of the rotation, the student will inform the preceptor of their individual needs; this includes sharing with the preceptor where the student feels he/she “is” and where he/she “ought to be” in specific clinical requirements and clinical skills. He/she will review rotation objectives and evaluation form with the preceptor.
- The student will adhere to the regulations and policies of the Thomas Jefferson University PA Student Handbook.
- The student will follow the rules and regulations of the hospital or other institutions in which he/she works and agrees to complete any additional training and/or testing required by the facilities.
- The student will make all reasonable efforts to maintain good relationships at all times with patients, staff, and preceptors.
- The student will complete all assignments, E*Value® patient tracking, and site/preceptor evaluations at the completion of each rotation.

The Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (i.e., Facebook, MySpace) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.
Orientation & Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the director of clinical education well in advance of the clinic absence.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit.
Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be in the office)
- Student’s expected role in patient care
- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will be scheduled for the student

Supervision of the PA Student

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another MD, DO, or PA who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student’s responsibility to ensure that the supervising physician or preceptor also 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 preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation”
section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation. https://www.cms.gov/MLNProducts/downloads/gdelineteachgresfctsht.pdf
**Prescription Writing**

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student’s name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

**Expected Progression of the PA Student**

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should be allowed progressively increasing supervised autonomy.

**Student Evaluation**

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor’s evaluation of the student is tremendously important. On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed “not passing,” the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student’s professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Please contact the clinical coordinator for specific evaluation forms and policies, in accordance with the student handbook.
Feedback to Students
While students may have only one formal evaluation during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies regarding student evaluation.

Standards of Professional Conduct
As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

- Respect
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the physician assistant program.

If preceptors observe any concerns about a student’s professionalism, please contact the clinical coordinator immediately.

Program Policies
Please refer to the TJU PA Program Student Handbook for program-specific policies.

Health Insurance
Policies require that all PA students carry major medical health insurance during their education at TJU. Students may indicate that they wish to maintain coverage through a parent, spouse or a private plan for the medical health insurance portion of this plan. The student is required to show proof of coverage at the beginning of each school year, and if changes are made they must be reported immediately to the program. An insurance plan is made available for purchase to all students through the University.

Attendance & Leave of Absence
- The student is expected to be in attendance daily and when asked, to be available to the preceptor which may include evenings and/or weekends.
- You are expected to participate in scheduled clinics, hospital rounds, call, and any conferences
or other activities assigned by your preceptor during the rotation.

- Students responsible for family care and/or pets will need to make arrangements so that this does not interfere with your rotation obligation.
- The student must notify the PA Program Director of Clinical Education (215-503-5696) **AND** their preceptor if they will be absent at **anytime** during a rotation.
- **Students are permitted 2 excused absences per rotation.** More than 2 excused absences per rotation may result in action by the program including repeating the rotation.
- An absence of two or more consecutive days requires a written excuse from a healthcare provider.
- An unexcused or extended absence will require that the student appear before the PA Program PARC and could jeopardize your continued enrollment in the program.
- Under no circumstances may you change a rotation without **FIRST** contacting the program Director of Clinical Education to discuss the problems you are encountering. At that time the program will decide if the change requested is appropriate. The TJU PA Program Professional and Academic Review Committee automatically review violations.
- Emergency leave needs to be discussed with the Director of Clinical Education and/or the Department Chair and must be approved by the Program. Depending on the circumstance and length of time missed there may be a need to repeat the rotation. Upon re-entrance to clinical rotations the student will follow the clinical manual currently being used by the Program.
- Holidays – students are expected to follow the schedule of their Preceptor with the exception of scheduled TJU PA Program vacation.

For an extended illness, a leave of absence will be considered. All possible efforts will be made by the administration and faculty to provide a means for remediating deficiencies incurred. The student bears the responsibility for learning any material missed and for arranging with the instructor to complete missed assignments.

**Needlestick & Occupational Exposure**

**Occupational Exposure to Blood and Body Fluids**

Students who are exposed to patients’ blood or body fluids during the course of their clinical rotations should report to UHS as soon as possible after the exposure. If the exposure occurs after normal working hours, the student should report to Jefferson’s Emergency Department. UHS follows the Public Health Service’s Guidelines for Exposure to HIV, Hepatitis C and Hepatitis B. If a student is on a rotation outside of Jefferson, he/she is advised to contact UHS for direction. Students unable to return to UHS or to Jefferson’s Emergency Department should be seen in the closest emergency department. Care for this visit is charged to the student’s insurance. Further information regarding Jefferson’s exposure protocol may be viewed on the UHS Website or by visiting the Occupational Exposures website found on the TJUH intranet under the UHS website link.

**Overview**

The Physician Assistant Program recognizes that as students begin to interact with patients as part of their clinical training, they will encounter the risk of exposure to infectious diseases. Recognizing that there is no way to totally eliminate this risk and continue to provide a meaningful and quality medical
education, the Program and the University accepts their responsibility to provide all students appropriate training in universal precautions and other risk reduction behaviors before entering the patient care environment.

**What to Do for an Occupational Exposure to Body Fluids** (needlestick or splash)
If you have sustained an exposure to a body fluid from one of your patients, please follow the instructions below.

1. Wash the exposed area with soap and water. DO NOT USE BLEACH.
2. If a fluid splashed in your eye, rinse with tap water or with sterile saline.
3. If a fluid splashed in your eye, remove your contacts immediately.
4. Advise your supervisor that you have been exposed.
5. Complete the accident report and have your supervisor sign it.
6. Report to UHS at 833 Chestnut St, Suite 205 (when UHS is closed report to the Emergency Department) as soon as possible. Important: DO NOT wait until the end of your shift; if antiviral medication is required, the CDC recommends taking the initial dose within 2 hours of the exposure.
7. Know your patient's name and MR# as well as the name of the attending physician of the source patient.
8. Physicians ordering post exposure testing on source patients should choose "exposure panel-source patient" in the A-Z directory of laboratory tests in JeffChart. This is the only testing needed for source patients and includes a stat HIV, Hepatitis C antibody, and Hepatitis B surface antigen. Written informed consent is necessary for HIV testing.

UHS will discuss the risks of your exposure and advise whether or not further treatment or evaluation is necessary. All testing in UHS is performed free of charge for Jefferson employees. Please call 215-955-6835 with any questions.

If you are a Jefferson student at an affiliate, please call our office as soon as possible. If we are closed, you should report to the affiliate's Emergency Department for evaluation and treatment. You must then contact our office as a priority the next business day.

Reminder, all TJU students are required to carry health insurance for the duration of the program. Payment for diagnostics tests and treatment for accidental exposure is the responsibility of the student. It is the responsibility of the student to notify the PA Program Director of Clinical Education at (215) 503-5696 of the incident in within one business day; however this should not cause a delay in receiving medical care. Students will be required to fill out an accident report following the exposure.

**HIPAA Training**
Prior to entrance into the clinical year, all students are trained in the Health Insurance Portability Accountability Act (HIPAA) medical privacy regulations. Students will not be permitted to begin the clinical year without HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the clinical year. Failure to do so may result in suspension or dismissal from the
program.

Students, preceptors, and patients trust the program and the students with important information relating to their lives, practices, and medical problems. The physician assistant profession requires that you maintain all issues of confidentiality and it is the program’s responsibility to safeguard the information. This professional behavior earns the respect and trust of the people with whom the program and you will be dealing.

When you matriculate into the PA Program you have an obligation to maintain confidentiality, even after you leave the program. Any violation of confidentiality seriously effects the PA Program’s reputation and effectiveness. Casual remarks may be misinterpreted and repeated, so please learn to develop the personal discipline needed to maintain confidentiality.

**Immunization Requirements**

Prior to entering the program students are required to have documentation of their current health status by way of a health exam prior to entering the program at University Health Services. It is the student’s responsibility to notify University Health Services of any changes in their medical condition and update their records.

It is a requirement of the University that all students meet the minimum vaccine recommendations as determined by the Centers for Disease Control and Prevention and TJU requirements. Students are required to demonstrate of proof of immunity to measles, mumps, rubella, varicella, and Hepatitis B by laboratory evidence prior to starting any experiential learning or clinical rotation. These records are kept by University Health Services. However, a clinical site may request a copy of this at any time, and the student will be required to provide documentation of this. The program does not keep this information on file and is not able to provide this to the site.

The (TB) Mantoux test, including chest x-ray and counseling, when applicable is required prior to starting the PA Program and it is to be repeated one month before entering their second year and clinical rotations. TB testing may be required more frequently according to clinical site requirements. The students are responsible for maintaining this testing.

The following immunizations and laboratory tests are required prior to matriculation into the TJU Department of Physician Assistant Studies:

- **Hepatitis B Recombinant Vaccine**
  - Documentation of 3 vaccine series and/or serologic evidence of immunity

- **Influenza Vaccine**
  - Required annually

- **Measles, Mumps & Rubella Vaccine**
  - Documentation of 2 vaccine series and/or serologic evidence of immunity

- **Tetanus, Diphtheria & Pertussis**
  - Documentation of 3 vaccine series, and Tdap booster within 10 years

- **Varicella**
  - Documentation of immunization or disease history

- **Tuberculin Skin Test**
  - Required annually. Initial test must be two step test, and singular test is required annually. If positive test, must have no evidence of active disease on chest x-ray
Background Checks, Drug Screening, Fingerprinting, Child Abuse Clearance

Prior to matriculation and to beginning clinical rotations, students will be required to complete the following in addition to the testing described above: criminal background check, fingerprinting, drug screening, and child abuse clearance. Positive criminal record, fraudulent application statements, history of drug abuse or positive drug screening are grounds for immediate program dismissal and may nullify admission to the program.

Clinical rotation and fieldwork sites that require a criminal background check, child abuse clearance and/or fingerprinting may deny a student’s participation in the clinical experience, rotation or fieldwork because of a felony or misdemeanor conviction or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, such as failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences or rotations are required parts of the curriculum and requirements for graduation, denial of participation by a clinical site may result in delay of graduation or the inability to graduate from the program.

Regardless of whether or not a student graduates from Jefferson, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

Occasionally, some clinical sites and/or hospitals will have additional requirements. For example, some clinical sites may require documentation of latex allergy testing or statement that the student is not allergic to latex products.

Students who fail to provide acceptable documentation of the above will not be permitted to have any patient interactions sponsored by the University. This can result in the students receiving an incomplete grade and/or a delay in graduation.

The following link to the U.S. Department of Education’s Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: [http://www2.ed.gov/about/offices/list/ocr/know.html](http://www2.ed.gov/about/offices/list/ocr/know.html)

The Preceptor-Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the Director of Clinical Education. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the clinical coordinator. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.
Liability Insurance

Each PA student is fully covered for malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university’s liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

Evaluation

The process of student performance evaluation goes on throughout each rotation. The TJU PA Director of Clinical Education will contact each student during the first and/or second week of the rotation to assess their progress. Each student will be visited by a TJU PA faculty/staff member or designated regional coordinator a minimum of two times during their clinical year.

The program uses several tools to help evaluate the TJU PA clinical sites and the effectiveness of the curriculum. Any falsification of the evaluation tools will lead to dismissal from the Thomas Jefferson University Physician Assistant Program. These include, but are not limited to the Student Contact Form, Student Schedule, Site Survival Forms, and Student Evaluation of Preceptors and Sites.

Each of these tools is briefly described below.

- **Preceptor and Site Profile** – The clinical coordinator reviews the site profile and if site meets the program’s criteria, the Director of Clinical Education will contact the site to arrange the student placement.

- **Student Evaluation of Site & Preceptor** – Each student will complete a site/preceptor evaluation online via the E*Value® Site evaluation page, at the conclusion of each rotation. This evaluation will help the program demonstrate the ability of the setting to strengthen the student’s capacity to perform essential role responsibilities. It will also provide feedback regarding the effectiveness of the rotation, the effectiveness of the preceptor as a teacher, and, the ability of the rotation to help the student understand defined principles and develop technical skills.
• **Preceptor Evaluations of Clinical Skills** – The student’s clinical preceptor completes a form at mid-rotation and after each of the clinical rotations. The form provides information about the student’s performance along different parameters. The information provided for each student allows us to amass a global picture of the clinical and cognitive abilities of the entire class at specified points in time throughout the clinical year. The mid-rotation evaluation form should be given to the preceptor at the end of the second week and should be completed and reviewed by the end of the third week. The final rotation evaluation should be submitted to the preceptor at the end of the 4th week and should be completed and reviewed by the last day at the clinical site.

*A failure in any professionalism category will result in failure of the rotation.*

• **Patient Encounter Tracking System** – Students are required to enter patient encounter data online through E*Value®. Specifically, students enter data daily throughout the clinical year to record patient encounters. This documentation allows the program to evaluate the level of involvement with patients and quantify student skills learned. If a student does not consistently enter or falsifies patient encounter data, this will be reflected in his/her assignment grade and possible dismissal from the program. All patient encounters should be documented on the Patient Data Tracking system within 48 hours. This will be periodically monitored by faculty, and if not up to date, the student will be notified and points will be deducted from this portion of the grade (per the rotation syllabus). Insufficient data could result in a student having to repeat a rotation in lieu of a chosen elective.

• **Procedures** – The Program will be monitoring patient encounters throughout each rotation to ensure that the skill competency requirements are fulfilled. It is the students’ responsibility to note the skills/procedures that are required and listed as performed, or, performed and/or observed, are satisfied. The skill competencies listed in **Performed Only** and the **Performed/Observed areas are required**. These competencies, according to state laws, are skills that physician assistants are licensed to perform. Therefore, each student should be proficient in these competencies. The Program encourages students to approach their preceptor(s) about the opportunity to accomplish these competencies (whenever possible) during your rotation(s).

The information derived from using these tools allows us to make informed decisions regarding the quality of the clinical experience offered any one student, class or group of students over time.
Rotation Grades

Supervised clinical rotation grades are based on the following criteria:

<table>
<thead>
<tr>
<th>Course</th>
<th>End of Rotation Exam</th>
<th>Research Paper</th>
<th>Mid-Rotation Evaluation</th>
<th>Preceptor Evaluation</th>
<th>Rotation Specific Assignment</th>
<th>Patient Tracking</th>
<th>Admin Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>40%</td>
<td>n/a</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
<tr>
<td>EMed</td>
<td>40%</td>
<td>n/a</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
<tr>
<td>Surgery</td>
<td>40%</td>
<td>n/a</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>40%</td>
<td>n/a</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
<tr>
<td>Women's Health</td>
<td>40%</td>
<td>n/a</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>40%</td>
<td>n/a</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>40%</td>
<td>n/a</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
<tr>
<td>Elective</td>
<td>n/a</td>
<td>40%</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
</tbody>
</table>

Appendices

Appendix 1 - Preceptor Resources

Additional tools and resources for preceptors can be found on the Physician Assistant Education Association (PAEA) website at [www.paeaonline.org](http://www.paeaonline.org) under “Preceptors” and under “Faculty Resources”.

Integrating Students into a Busy Practice

The Model “Wave” Schedule

This resource provides an actual time schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and not fall behind. [http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf](http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf) (See page 13)

– Adapted from Yale Medical School Ambulatory Clerkship Handbook

Integrating the Learner into the Busy Office Practice

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including “What do I do if I get behind?” and “What measures can help prevent me from getting behind?” [http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm](http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm)

Time-Efficient Preceptors in Ambulatory Care Settings

31
This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting.  


**Evaluation and Teaching Strategies**

**Evaluation Using the GRADE Strategy**
This easy-to-use tool provides five simple tips on how to effectively evaluate PA students.  
http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf

**The One-Minute Preceptor**
This resource outlines five “microskills” essential to clinical teaching.  

**Feedback and Reflection: Teaching Methods for Clinical Settings**
This article describes how to use these two clinical teaching methods effectively.  
http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf

**Characteristics of Effective Clinical Teachers**
This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.  

**Providing Effective Feedback**

**Getting Beyond “Good Job”: How to Give Effective Feedback**
This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.  
http://pediatrics.aappublications.org/cgi/reprint/127/2/205

**Feedback in Clinical Medical Education**
This article provides effective guidelines for giving feedback.  
http://jama.ama-assn.org/content/250/6/777.full.pdf+html

**Feedback: An Educational Model for Community-Based Teachers**
This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios.  
http://www.snhahec.org/feedback.cfm

**Managing Difficult Learning Situations**

**Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers**
These documents outline strategies for both preventing and managing difficult learning situations.  
http://www.snhahec.org/diffman.cfm
**Providing Difficult Feedback: TIPS for the Problem Learner**¹²  
This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. [http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf](http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf)

**Developing Expectations**

**Setting Expectations: An Educational Monograph for Community-Based Teachers**¹³  
This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. [http://www.snhahec.org/expectations.cfm](http://www.snhahec.org/expectations.cfm)

**Conflict Resolution**

**Aspects of Conflict Resolution**¹⁴  
This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively.  
### Appendix 2 - Procedures (Performed; Performed/Observed; Recommended)

<table>
<thead>
<tr>
<th>Performed</th>
<th>Perform and/or Observe</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Exam/Pap Smear</td>
<td>Audiometry Screening</td>
<td>Bone Marrow Aspirations/Biopsy</td>
</tr>
<tr>
<td>Rectal Exam</td>
<td>Routine Visual Screening</td>
<td>Insert/Remove Chest Tubes</td>
</tr>
<tr>
<td>GU Exam (breast, testicular)</td>
<td>Developmental Screening Exams</td>
<td>Perform/interpret ABG</td>
</tr>
<tr>
<td>Patient Education</td>
<td>Removing Superficial FBs</td>
<td>Fast Exam - Ultrasound</td>
</tr>
<tr>
<td>Suturing/Laceration Repair</td>
<td>Insert/Remove Birth Control Devices</td>
<td>Pacemaker Insertion</td>
</tr>
<tr>
<td>Incision and Drainage</td>
<td>Arthrocentesis/Intra-articular Injection</td>
<td>Paracentesis/Thoracentesis</td>
</tr>
<tr>
<td>Wound Care</td>
<td>Intubation Endotracheal</td>
<td>Assist in Vaginal Delivery</td>
</tr>
<tr>
<td>Venous Catheterization</td>
<td>Lumbar Punctures</td>
<td>Assist in Cesarean Delivery</td>
</tr>
<tr>
<td>Insert/Remove Urinary Cath</td>
<td>Arterial Catheterization (Cardiac or Peripheral)</td>
<td>Auscultate Fetal Heart Sounds</td>
</tr>
<tr>
<td>Skin Biopsy/Lesion Removal/Cryotherapy/Punch Biopsy</td>
<td>Central Line/Swan Ganz/Picc Line</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>Apply/Remove Cast/Splint</td>
<td>Endoscopy (EGG/Colon)</td>
<td>Fetal Monitoring</td>
</tr>
<tr>
<td>Administer Local Anesthesia</td>
<td>(Defibrillation/Cardioversion) CPR/ACLS</td>
<td>Nail Removal</td>
</tr>
<tr>
<td>Perform/Interpret EKG</td>
<td>Circumcision</td>
<td></td>
</tr>
<tr>
<td>First Surgical Assist</td>
<td>Joint Reduction</td>
<td></td>
</tr>
<tr>
<td>Injections</td>
<td>Insert/Remove NG Tube</td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td>Pulmonary Function Testing (PFT)</td>
<td></td>
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<tr>
<td></td>
<td>Stress Testing</td>
<td></td>
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<tr>
<td></td>
<td>Newborn Exam</td>
<td></td>
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<tr>
<td></td>
<td>Fluorescein Stain for Eye</td>
<td></td>
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<tr>
<td></td>
<td>Nebulizer Treatments</td>
<td></td>
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<tr>
<td>Pre-op</td>
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<tr>
<td>Intra-op</td>
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<td>Post-op</td>
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</table>
Appendix 3 – Competencies for the Physician Assistant Profession

Preamble & Introduction

**Preamble**

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

In 2011, representatives from the same four national PA organizations convened to review and revise the document. The revised manuscript was then reviewed and approved by the leadership of the four organizations in 2012.

**Introduction**

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

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

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

**Medical Knowledge**

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:
• evidence-based medicine
• scientific principles related to patient care
• etiologies, risk factors, underlying pathologic process, and epidemiology for medical
  conditions
• signs and symptoms of medical and surgical conditions
• appropriate diagnostic studies
• management of general medical and surgical conditions to include pharmacologic and other
  treatment modalities
• interventions for prevention of disease and health promotion/maintenance
• screening methods to detect conditions in an asymptomatic individual
  history and physical findings and diagnostic studies to formulate differential diagnoses

### Interpersonal & Communication Skills

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

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

### Patient Care

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

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

Professionalism

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

• understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
• professional relationships with physician supervisors and other health care providers
• respect, compassion, and integrity
• accountability to patients, society, and the profession
• commitment to excellence and on-going professional development
• commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
• sensitivity and responsiveness to patients’ culture, age, gender, and abilities
• self-reflection, critical curiosity, and initiative
• healthy behaviors and life balance
• commitment to the education of students and other health care professionals

Practice-Based Learning & Improvement

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

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

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

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

Adopted 2012 by AAPA, ARC-PA, NCCPA, and PAEA

Appendix 4 – Guidelines for Ethical Conduct for the Physician Assistant

Introduction

The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

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

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

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

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

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

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

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

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

**Statement of Values for the Physician Assistant Profession**

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve...
their medical practice.

- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

The PA and Patient

**PA Role and Responsibilities**

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

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

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

Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient’s best interests.

**The PA and Diversity**

The physician assistant should respect the culture, values, beliefs, and expectations of the patient.
Nondiscrimination
Physician assistants should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

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

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

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

Informed Consent
Physician assistants have a duty to protect and foster an individual patient’s free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on Confidentiality.)

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

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

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

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient. PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

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

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

Disclosure
A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient’s interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

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

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

Genetic Testing
Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

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

Reproductive Decision Making
Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

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

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

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

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

While respecting patients’ wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician’s agreement and in accordance with the policies of the health care institution.

The PA and Individual Professionalism

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

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

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

Competency
Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships
It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.
Such relationships generally are unethical because of the PA’s position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

**Gender Discrimination and Sexual Harassment**

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

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

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

**The PA and Other Professionals**

**Team Practice**

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

**Illegal and Unethical Conduct**

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

**Impairment**

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

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.
PA–Physician Relationship
Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

Complementary and Alternative Medicine
When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Health Care System

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

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

PAs and Research
The most important ethical principle in research is honesty. This includes assuring subjects’ informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

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

PAs as Expert Witnesses
The physician assistant expert witness should testify to what he or she believes to be the truth. The PA’s review of medical facts should be thorough, fair, and impartial.

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

The PA and Society

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

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

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

Community Well Being
Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient’s best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

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


Appendix 5 – Pennsylvania Scope of Practice for Physician Assistants

PENNSYLVANIA SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS

47
Subchapter D. PHYSICIAN ASSISTANTS

GENERAL PROVISIONS

§ 18.121. Purpose.

This subchapter implements section 13 of the act (63 P. S. § 422.13) pertaining to physician assistants and provides for the delegation of certain medical tasks to qualified physician assistants by supervising physicians when the delegation is consistent with the written agreement.

Authority

The provisions of this § 18.121 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § 422.8, 422.13 and 422.36).

Source


§ 18.122. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

ARC-PA—The Accreditation Review Commission.

Administration—The direct application of a drug, whole blood, blood components, diagnostic procedure or device, whether by injection, inhalation, ingestion, skin application or other means, into the body of a patient.

CAAHEP—The Commission for Accreditation of Allied Health Educational Programs.

CAHEA—The Committee on Allied Health Education and Accreditation.

Device—An instrument or tool necessary in the administration of medication or medical care.

Dispense—To deliver a drug or device to or for an ultimate user for limited or continuing use.

Drug—A term used to describe a medication, device or agent which a physician assistant prescribes or dispenses under § 18.158 (relating to prescribing and dispensing drugs, pharmaceutical aids and devices).

Emergency medical care setting—

(i) A health care setting which is established to provide emergency medical care as its primary purpose.

(ii) The term does not include a setting which provides general or specialized medical services that are not routinely emergency in nature even though that setting provides emergency medical care from time to time.
Medical care facility—An entity licensed or approved to render health care services.

Medical regimen—A therapeutic, corrective or diagnostic measure performed or ordered by a physician, or performed or ordered by a physician assistant acting within the physician assistant’s scope of practice, and in accordance with the written agreement between the supervising physician and the physician assistant.

Medical service—An activity which lies within the scope of the practice of medicine and surgery.

NCCPA—The National Commission on Certification of Physician Assistant.

Order—An oral or written directive for a therapeutic, corrective or diagnostic measure, including a drug to be dispensed for onsite administration in a hospital, medical care facility or office setting.

Physician—A medical doctor or doctor of osteopathic medicine.

Physician assistant—An individual who is licensed as a physician assistant by the Board.

Physician assistant examination—An examination to test whether an individual has accumulated sufficient academic knowledge to qualify for licensure as a physician assistant. The Board recognizes the certifying examination of the NCCPA.

Physician assistant program—A program for the training and education of physician assistants which is recognized by the Board and accredited by the CAHEA, the CAAHEP, ARC-PA or a successor agency.

Prescription—

(i) A written or oral order for a drug or device to be dispensed to or for an ultimate user.

(ii) The term does not include an order for a drug which is dispensed for immediate administration to the ultimate user; for example, an order to dispense a drug to a patient for immediate administration in an office or hospital is not a prescription.

Primary supervising physician—A medical doctor who is registered with the Board and designated in the written agreement as having primary responsibility for directing and personally supervising the physician assistant.

Satellite location—A location, other than the primary place at which the supervising physician provides medical services to patients, where a physician assistant provides medical services.

Substitute supervising physician—A supervising physician who is registered with the Board and designated in the written agreement as assuming primary responsibility for a physician assistant when the primary supervising physician is unavailable.

Supervising physician—Each physician who is identified in a written agreement as a physician who supervises a physician assistant.

Supervision—

(i) Oversight and personal direction of, and responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising
physician and the physician assistant are, or can be, easily in contact with each other by radio, telephone or other telecommunications device.

(ii) An appropriate degree of supervision includes:

(A) Active and continuing overview of the physician assistant’s activities to determine that the physician’s directions are being implemented.

(B) Immediate availability of the supervising physician to the physician assistant for necessary consultations.

(C) Personal and regular review within 10 days by the supervising physician of the patient records upon which entries are made by the physician assistant.

Written agreement—The agreement between the physician assistant and supervising physician, which satisfies the requirements of § 18.142 (relating to written agreements).

Authority

The provisions of this § 18.122 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. §§ 422.8, 422.13 and 422.36).

Source


PHYSICIAN ASSISTANT EDUCATIONAL PROGRAMS

§ 18.131. Recognized educational programs/standards.

(a) The Board recognizes physician assistant educational programs accredited by the American Medical Association’s CAHEA, the CAAHEP, ARC-PA or a successor organization. Information regarding accredited programs may be obtained directly from ARC-PA at its website: www.arc-pa.org.

(b) The criteria for recognition by the Board of physician assistant educational programs will be identical to the essentials developed by the various organizations listed in this section or other accrediting agencies approved by the Board.

Authority

The provisions of this § 18.131 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. §§ 422.8, 422.13 and 422.36).

Source

§ 18.132. [Reserved].

Source


Licensure of Physician Assistants and Registration of Supervising Physicians

§ 18.141. Criteria for licensure as a physician assistant.

The Board will approve for licensure as a physician assistant an applicant who:

(1) Satisfies the licensure requirements in § 16.12 (relating to general qualifications for licenses and certificates).

(2) Has graduated from a physician assistant program recognized by the Board.

(3) Has submitted a completed application together with the required fee, under § 16.13 (relating to licensure, certification, examination and registration fees).

(4) Has passed the physician assistant examination.

Authority

The provisions of this § 18.141 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.156 (relating to monitoring and review of physician assistant utilization).

§ 18.142. Written agreements.
(a) The written agreement required by section 13(e) of the act (63 P. S. § 422.13(e)) satisfies the following requirements. The agreement must:

1. Identify and be signed by the physician assistant and each physician the physician assistant will be assisting who will be acting as a supervising physician. At least one physician shall be a medical doctor.

2. Describe the manner in which the physician assistant will be assisting each named physician. The description must list functions to be delegated to the physician assistant.

3. Describe the time, place and manner of supervision and direction each named physician will provide the physician assistant, including the frequency of personal contact with the physician assistant.

4. Designate one of the named physicians who shall be a medical doctor as the primary supervising physician.

5. Require that the supervising physician shall countersign the patient record completed by the physician assistant within a reasonable amount of time. This time period may not exceed 10 days.

6. Identify the locations and practice settings where the physician assistant will serve.

(b) The written agreement shall be approved by the Board as satisfying the requirements in subsection (a) and as being consistent with relevant provisions of the act and regulations contained in this subchapter.

(c) A physician assistant or supervising physician shall provide immediate access to the written agreement to anyone seeking to confirm the scope of the physician assistant’s authority.

Authority

The provisions of this § 18.142 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. §§ 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.122 (relating to definitions); 49 Pa. Code § 18.143 (relating to criteria for registration as a supervising physician); and 49 Pa. Code § 18.156 (relating to monitoring and review of physician assistant utilization).

§ 18.143. Criteria for registration as a supervising physician.

(a) The Board will register a supervising physician applicant who:
(1) Possesses a current license without restriction to practice medicine and surgery in this Commonwealth.

(2) Has filed a completed registration form accompanied by the written agreement (see § 18.142 (relating to written agreements)) and the required fee under § 16.13 (relating to licensure, certification, examination and registration fees). The registration requires detailed information regarding the physician’s professional background and specialties, medical education, internship, residency, continuing education, membership in American Boards of medical specialty, hospital or staff privileges and other information the Board may require.

(3) Includes with the registration, a list, identifying by name and license number, the other physicians who are serving as supervising physicians of the designated physician assistant under other written agreements.

(b) If the supervising physician plans to utilize physician assistants in satellite locations, the supervising physician shall provide the Board with supplemental information as set forth in § 18.155 (relating to satellite locations) and additional information requested by the Board directly relating to the satellite location.

(c) The Board will keep a current list of registered supervising physicians. The list will include the physician’s name, the address of residence, current business address, the date of filing, satellite locations if applicable, the names of current physician assistants under the physician’s supervision and the physicians willing to provide substitute supervision.

Authority

The provisions of this § 18.143 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § 422.8, 422.13 and 422.36).

Source


§ 18.144. Responsibility of primary supervising physician.

A primary supervising physician shall assume the following responsibilities. The supervisor shall:

(1) Monitor the compliance of all parties to the written agreement with the standards contained in the written agreement, the act and this subchapter.

(2) Advise any party to the written agreement of the failure to conform with the standards contained in the written agreement, the act and this subchapter.

(3) Arrange for a substitute supervising physician. (See § 18.154 (relating to substitute supervising physician).)

(4) Review directly with the patient the progress of the patient’s care as needed based upon the patient’s medical condition and prognosis or as requested by the patient.

(5) See each patient while hospitalized at least once.
(6) Provide access to the written agreement upon request and provide clarification of orders and prescriptions by the physician assistant relayed to other health care practitioners.

(7) Accept full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patients.

Authority

The provisions of this § 18.144 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. §§ 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.156 (relating to monitoring and review of physician assistant utilization).

§ 18.145. Biennial registration requirements; renewal of physician assistant license.

(a) A physician assistant shall register biennially according to the procedure in § 16.15 (relating to biennial registration; inactive status and unregistered status).

(b) The fee for the biennial registration of a physician assistant license is set forth in § 16.13 (relating to licensure, certification, examination and registration fees).

(c) To be eligible for renewal of a physician assistant license, the physician assistant shall maintain National certification by completing current recertification mechanisms available to the profession and recognized by the Board.

(d) The Board will keep a current list of persons licensed as physician assistants. The list will include:

(1) The name of each physician assistant.

(2) The place of residence.

(3) The current business address.

(4) The date of initial licensure, biennial renewal record and current supervising physician.

Authority
PHYSICIAN ASSISTANT UTILIZATION

§ 18.151. Role of physician assistant.

(a) The physician assistant practices medicine with physician supervision. A physician assistant may perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices, as well as the ordering, prescribing, and executing of diagnostic and therapeutic medical regimens, as directed by the supervising physician.

(b) The physician assistant may provide any medical service as directed by the supervising physician when the service is within the physician assistant’s skills, training and experience, forms a component of the physician’s scope of practice, is included in the written agreement and is provided with the amount of supervision in keeping with the accepted standards of medical practice.

(c) The physician assistant may pronounce death, but not the cause of death, and may authenticate with the physician assistant’s signature any form related to pronouncing death. If the attending physician is not available, the physician assistant shall notify the county coroner. The coroner has the authority to release the body of the deceased to the funeral director.

(d) The physician assistant may authenticate with the physician assistant’s signature any form that may otherwise be authenticated by a physician’s signature as permitted by the supervising physician, State or Federal law and facility protocol, if applicable.

(e) The physician assistant shall be considered the agent of the supervising physician in the performance of all practice-related activities including the ordering of diagnostic, therapeutic and other medical services.

Authority

The provisions of this § 18.151 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § 422.8, 422.13 and 422.36).

Source

Cross References

This section cited in 49 Pa. Code § 18.142 (relating to written agreements).

§ 18.152. Prohibitions.

(a) A physician assistant may not:

(1) Provide medical services except as described in the written agreement.

(2) Prescribe or dispense drugs except as described in the written agreement.

(3) Maintain or manage a satellite location under § 18.155 (relating to satellite locations) unless the maintenance or management is registered with the Board.

(4) Independently practice or bill patients for services provided.

(5) Independently delegate a task specifically assigned to him by the supervising physician to another health care provider.

(6) List his name independently in a telephone directory or other directory for public use in a manner which indicates that he functions as an independent practitioner.

(7) Perform acupuncture except as permitted by section 13(k) of the act (63 P. S. § 422.13(k)).

(8) Perform a medical service without the supervision of a supervising physician.

(b) A supervising physician may not:

(1) Permit a physician assistant to engage in conduct proscribed in subsection (a).

(2) Have primary responsibility for more than two physician assistants.

Authority

The provisions of this § 18.152 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

Source


(a) A physician assistant may execute a written or oral order for a medical regimen or may relay a written or oral order for a medical regimen to be executed by a health care practitioner subject to the requirements of this section.

(b) As provided for in the written agreement, the physician assistant shall report orally or in writing, to a supervising physician, within 36 hours, those medical regimens executed or relayed by the physician assistant while the supervising physician was not physically present, and the basis for each decision to execute or relay a medical regimen.

(c) The physician assistant shall record, date and authenticate the medical regimen on the patient’s chart at the time it is executed or relayed. When working in a medical care facility, a physician assistant may comply with the recordation requirement by directing the recipient of the order to record, date and authenticate that the recipient received the order, if this practice is consistent with the medical care facility’s written policies. The supervising physician shall countersign the patient record within a reasonable time not to exceed 10 days, unless countersignature is required sooner by regulation, policy within the medical care facility or the requirements of a third-party payor.

(d) A physician assistant or supervising physician shall provide immediate access to the written agreement to anyone seeking to confirm the physician assistant’s authority to relay a medical regimen or administer a therapeutic or diagnostic measure.

Authority

The provisions of this § 18.153 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

Source


(a) If the primary supervising physician is unavailable to supervise the physician assistant, the primary supervising physician may not delegate patient care to the physician assistant unless appropriate arrangements for substitute supervision are in the written agreement and the substitute physician is registered as a supervising physician with the Board.

(b) It is the responsibility of the substitute supervising physician to ensure that supervision is maintained in the absence of the primary supervising physician.

(c) During the period of supervision by the substitute supervising physician, the substitute supervising physician retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patients treated by the physician assistant.
(d) Failure to properly supervise may provide grounds for disciplinary action against the substitute supervising physician.

Authority

The provisions of this § 18.154 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.144 (relating to responsibility of primary supervising physician); and 49 Pa. Code § 18.156 (relating to monitoring and review of physician assistant utilization).

§ 18.155. Satellite locations.

(a) Registration of satellite location. A physician assistant may not provide medical services at a satellite location unless the supervising physician has filed a registration with the Board.

(b) Contents of statement. A separate statement shall be made for each satellite location. The statement must demonstrate that:

(1) The physician assistant will be utilized in an area of medical need.

(2) There is adequate provision for direct communication between the physician assistant and the supervising physician and that the distance between the location where the physician provides services and the satellite location is not so great as to prohibit or impede appropriate support services.

(3) The supervising physician shall review directly with the patient the progress of the patient’s care as needed based upon the patient’s medical condition and prognosis or as requested by the patient.

(4) The supervising physician will visit the satellite location at least once every 10 days and devote enough time onsite to provide supervision and personally review the records of selected patients seen by the physician assistant in this setting. The supervising physician shall notate those patient records as reviewed.

(c) Failure to comply with this section. Failure to maintain the standards required for a satellite location may result not only in the loss of the privilege to maintain a satellite location but also may result in disciplinary action against the physician assistant and the supervising physician.

Authority
The provisions of this § 18.155 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.143 (relating to criteria for registration as a supervising physician); and 49 Pa. Code § 18.152 (relating to prohibitions).

§ 18.156. Monitoring and review of physician assistant utilization.

(a) Representatives of the Board will be authorized to conduct scheduled and unscheduled onsite inspections of the locations where the physician assistants are utilized during the supervising physician’s office hours to review the following:

(1) Supervision of the physician assistant. See § § 18.144 and 18.154 (relating to responsibility of primary supervising physician; and substitute supervising physician).

(2) Presence of the written agreement and compliance with its terms. See § 18.142 (relating to written agreements).

(3) Utilization in conformity with the act, this subchapter and the written agreement.

(4) Appropriate identification of physician assistant. See § 18.171 (relating to physician assistant identification).

(5) Compliance with licensure and registration requirements. See § § 18.141 and 18.145 (relating to criteria for licensure as a physician assistant; and biennial registration requirements; renewal of physician assistant license).

(6) Maintenance of records evidencing patient and supervisory contact by the supervising physician.

(b) Reports shall be submitted to the Board and become a permanent record under the supervising physician’s registration. Deficiencies reported will be reviewed by the Board and may provide a basis for loss of the privilege to maintain a satellite location and disciplinary action against the physician assistant and the supervising physician.

(c) The Board reserves the right to review physician assistant utilization without prior notice to either the physician assistant or the supervising physician. It is a violation of this subchapter for a supervising physician or a physician assistant to refuse to comply with the request by the Board for the information in subsection (a).

(d) Additional inspections, including follow-up inspections may be conducted if the Board has reason to believe that a condition exists which threatens the public health, safety or welfare.
Authority

The provisions of this § 18.156 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

Source


§ 18.157. Administration of controlled substances and whole blood and blood components.

(a) In a hospital, medical care facility or office setting, the physician assistant may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.

(b) The physician assistant shall comply with the minimum standards for ordering and administering controlled substances specified in § 16.92 (relating to prescribing, administering and dispensing controlled substances).

Authority

The provisions of this § 18.157 issued under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.151 (relating to role of physician assistant).

§ 18.158. Prescribing and dispensing drugs, pharmaceutical aids and devices.

(a) Prescribing, dispensing and administration of drugs.

(1) The supervising physician may delegate to the physician assistant the prescribing, dispensing and administering of drugs and therapeutic devices.

(2) A physician assistant may not prescribe or dispense Schedule I controlled substances as defined by section 4 of The Controlled Substances, Drug, Device, and Cosmetic Act (35 P. S. § 780-104).
(3) A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible, but in no event longer than 24 hours from the issuance of the prescription. A physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if it was approved by the supervising physician for ongoing therapy. The prescription must clearly state on its face that it is for initial or ongoing therapy.

(4) A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the supervising physician’s instructions and written agreement.

(5) A physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients.

(6) A physician assistant authorized to prescribe or dispense, or both, controlled substances shall register with the Drug Enforcement Administration (DEA).

(b) Prescription blanks. The requirements for prescription blanks are as follows:

(1) Prescription blanks must bear the license number of the physician assistant and the name of the physician assistant in a printed format at the heading of the blank. The supervising physician must also be identified as required in §16.91 (relating to identifying information on prescriptions and orders for equipment and service).

(2) The signature of a physician assistant shall be followed by the initials “PA-C” or similar designation to identify the signer as a physician assistant. When appropriate, the physician assistant’s DEA registration number must appear on the prescription.

(3) The supervising physician is prohibited from presigning prescription blanks.

(4) The physician assistant may use a prescription blank generated by a hospital provided the information in paragraph (1) appears on the blank.

(c) Inappropriate prescription. The supervising physician shall immediately advise the patient, notify the physician assistant and, in the case of a written prescription, advise the pharmacy if the physician assistant is prescribing or dispensing a drug inappropriately. The supervising physician shall advise the patient and notify the physician assistant to discontinue using the drug and, in the case of a written prescription, notify the pharmacy to discontinue the prescription. The order to discontinue use of the drug or prescription shall be noted in the patient’s medical record by the supervising physician.

(d) Recordkeeping requirements. Recordkeeping requirements are as follows:

(1) When prescribing a drug, the physician assistant shall keep a copy of the prescription, including the number of refills, in a ready reference file, or record the name, amount and doses of the drug prescribed, the number of refills, the date of the prescription and the physician assistant’s name in the patient’s medical records.

(2) When dispensing a drug, the physician assistant shall record the physician assistant’s name, the name of the medication dispensed, the amount of medication dispensed, the dose of the medication dispensed and the date dispensed in the patient’s medical records.
(3) The physician assistant shall report, orally or in writing, to the supervising physician within 36 hours, a drug prescribed or medication dispensed by the physician assistant while the supervising physician was not physically present, and the basis for each decision to prescribe or dispense in accordance with the written agreement.

(4) The supervising physician shall countersign the patient record within 10 days.

(5) The physician assistant and the supervising physician shall provide immediate access to the written agreement to anyone seeking to confirm the physician assistant’s authority to prescribe or dispense a drug. The written agreement must list the categories of drugs which the physician assistant is not permitted to prescribe.

(e) Compliance with regulations relating to prescribing, administering, dispensing, packaging and labeling of drugs. A physician assistant shall comply with §§ 16.92—16.94 (relating to prescribing, administering and dispensing controlled substances; packaging; and labeling of dispensed drugs) and Department of Health regulations in 28 Pa. Code §§ 25.51—25.58 (relating to prescriptions) and regulations regarding packaging and labeling dispensed drugs. See §§ 16.94 and 28 Pa. Code §§ 25.91—25.95 (relating to labeling of drugs, devices and cosmetics).

Authority

The provisions of this § 18.158 issued under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. §§ 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.122 (relating to definitions); and 49 Pa. Code § 18.151 (relating to role of physician assistant).

§ 18.159. Medical records.

The supervising physician shall timely review, not to exceed 10 days, the medical records prepared by the physician assistant to ensure that the requirements of § 16.95 (relating to medical records) have been satisfied.

Authority

The provisions of this § 18.159 issued under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. §§ 422.8, 422.13 and 422.36).

Source
**MEDICAL CARE FACILITIES AND EMERGENCY MEDICAL SERVICES**

§ 18.161. Physician assistant employed by medical care facilities.

(a) A physician assistant may be employed by a medical care facility, but shall comply with the requirements of the act and this subchapter.

(b) The physician assistant may not be responsible to more than three supervising physicians in a medical care facility.

(c) This subchapter does not require medical care facilities to employ physician assistants or to permit their utilization on their premises. Physician assistants are permitted to provide medical services to the hospitalized patients of their supervising physicians if the medical care facility permits it.

(d) Physician assistants granted privileges by, or practicing in, a medical care facility shall conform to policies and requirements delineated by the facility.

**Authority**

The provisions of this § 18.161 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).

**Source**


§ 18.162. Emergency medical services.

(a) A physician assistant may only provide medical service in an emergency medical care setting if the physician assistant has training in emergency medicine, functions within the purview of the physician assistant’s written agreement and is under the supervision of the supervising physician.

(b) A physician assistant licensed in this Commonwealth or licensed or authorized to practice in any other state who is responding to a need for medical care created by a declared state of emergency or a state or local disaster (not to be defined as an emergency situation which occurs in the place of one’s employment) may render care consistent with relevant standards of care.

**Authority**

The provisions of this § 18.162 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § § 422.8, 422.13 and 422.36).
IDENTIFICATION AND NOTICE RESPONSIBILITIES

§ 18.171. Physician assistant identification.

(a) A physician assistant may not render medical services to a patient until the patient or the patient’s legal guardian has been informed that:

(1) The physician assistant is not a physician.

(2) The physician assistant may perform the service required as the agent of the physician and only as directed by the supervising physician.

(3) The patient has the right to be treated by the physician if the patient desires.

(b) It is the supervising physician’s responsibility to be alert to patient complaints concerning the type or quality of services provided by the physician assistant.

(c) In the supervising physician’s office and satellite locations, a notice plainly visible to patients shall be posted in a prominent place explaining that a “physician assistant” is authorized to assist a physician in the provision of medical care and services. The supervising physician shall display the registration to supervise in the office. The physician assistant’s license shall be prominently displayed at any location at which the physician assistant provides services. Duplicate licenses may be obtained from the Board if required.

(d) The physician assistant shall wear an identification tag which uses the term “Physician Assistant” in easily readable type. The tag shall be conspicuously worn.
§ 18.171. Authority

The provisions of this § 18.171 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § 422.8, 422.13 and 422.36).

Source


Cross References

This section cited in 49 Pa. Code § 18.156 (relating to monitoring and review of physician assistant utilization).


(a) The physician assistant is required to notify the Board, in writing, of a change in or termination of employment or a change in mailing address within 15 days. Failure to notify the Board, in writing, of a change in mailing address may result in failure to receive pertinent material distributed by the Board. The physician assistant shall provide the Board with the new address of residence, address of employment and name of registered supervising physician.

(b) The supervising physician is required to notify the Board, in writing, of a change or termination of supervision of a physician assistant within 15 days.

(c) Failure to notify the Board of changes in employment or a termination in the physician/physician assistant relationship is a basis for disciplinary action against the physician’s license, supervising physician’s registration and the physician assistant’s license.

Authority

The provisions of this § 18.172 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § 422.8, 422.13 and 422.36).

Source


DISCIPLINE

§ 18.181. Disciplinary and corrective measures.
(a) A physician assistant who engages in unprofessional conduct is subject to disciplinary action under section 41 of the act (63 P. S. § 422.41). Unprofessional conduct includes the following:

1. Misrepresentation or concealment of a material fact in obtaining a license or a reinstatement thereof.

2. Commission of an offense against the statutes of the Commonwealth relating to the practice of physician assistants or regulations adopted thereunder.

3. Commission of an act involving moral turpitude, dishonesty or corruption when the act directly or indirectly affects the health, welfare or safety of citizens of this Commonwealth. If the act constitutes a crime, conviction thereof in a criminal proceeding may not be a condition precedent to disciplinary action.

4. Conviction of a felony or conviction of a misdemeanor relating to a health profession or receiving probation without verdict, disposition in lieu of trial or an accelerated rehabilitative disposition in the disposition of felony charges, in the courts of the Commonwealth, a Federal court or a court of another State, territory or country.

5. Misconduct in practice as a physician assistant or performing tasks fraudulently, beyond its authorized scope, with incompetence, or with negligence on a particular occasion or negligence on repeated occasions.

6. Performance of tasks as a physician assistant while the ability to do so is impaired by alcohol, drugs, physical disability or mental instability.

7. Impersonation of a licensed physician or another licensed physician assistant.

8. Offer, undertake or agree to cure or treat disease by a secret method, procedure, treatment or medicine; the treating, prescribing for a human condition, by a method, means or procedure which the physician assistant refuses to divulge upon demand of the Board; or use of methods or treatment which are not in accordance with treatment processes accepted by a reasonable segment of the medical profession.

9. Violation of a provision of this subchapter fixing a standard of professional conduct.

10. Continuation of practice while the physician assistant’s license has expired, is not registered or is suspended or revoked.

11. Delegating a medical responsibility to a person when the physician assistant knows or has reason to know that the person is not qualified by training, experience, license or certification to perform the delegated task.

12. The failure to notify the supervising physician that the physician assistant has withdrawn care from a patient.

(b) The Board will order the emergency suspension of the license of a physician assistant who presents an immediate and clear danger to the public health and safety, as required by section 40 of the act (63 P. S. § 422.40).

(c) The license of a physician assistant shall automatically be suspended, under conditions in section 40 of the act.
(d) The Board may refuse, revoke or suspend a physician's registration as a supervising physician for engaging in any of the conduct proscribed of Board-regulated practitioners in section 41 of the act.

Authority

The provisions of this § 18.181 amended under sections 8, 13 and 36 of the Medical Practice Act of 1985 (63 P. S. § 422.8, 422.13 and 422.36).

Source


§ 18.182. [Reserved].

Source


§ 18.183. [Reserved].

Source

Appendix 6 – Accidental Exposure/Incident Report

Thomas Jefferson University
Department of Physician Assistant Studies
Exposure/Incident Report

Name: ____________________________________________________________

Rotation: _________________________________________________________

Name of Site: _____________________________________________________

Supervising Preceptor: _____________________________________________

Date and time of Exposure (as precise as possible): ______________________

Type of Exposure: __________________________________________________

NOTIFICATIONS (Note date/time/ person contacted)
Rotation site’s contact person (immediate): ______________________________
PA Program (within 24 hours): _________________________________________

Description of incident, inclusive of precautions taken (i.e. gloves, gowning, eye protection, cleanup, etc.) and extent of patient contact. Continue on back if needed.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Was treatment initiated? Yes/No/ NA
If Yes, list medications of prophylaxis given (amount/duration): _______________
If No, did student deny treatment Yes/ No list reason: _________________________

If exposure incident (i.e. Tuberculosis) is student cleared for clinical rotation? Yes/No
Student MUST provide documentation of clearance to School.

I have reviewed and understand the Accidental Exposure Policy found in the student manual.

Student Signature: ___________________________ Date:_____________________

Fax this form to the Department of PA Studies within 24 hours of exposure: 215-503-0315