Welcome to the Thomas Jefferson University Physician Assistant Program! This handbook includes policies and procedures followed by the program including our responsibilities to you and your responsibilities to the program and your future profession.

This Student Handbook serves to share with you certain resources, policies and procedures that may be useful to you during your graduate studies in the Department of Physician Assistant Studies in the Jefferson School of Health Professions. In some cases, it will refer you to other documents, such as the Jefferson School of Health Professions Student Handbook or the Jefferson School of Health Professions Course Catalog (both documents are available online), that contain more detailed information. The policies in this handbook apply to all students regardless of location—whether on-campus or off-campus on clinical assignments. Your faculty is committed to providing you an excellent education and directing you to the resources you need to become a well-prepared and capable health professional. It is the responsibility of the student to read and understand this handbook. The TJU Department of Physician Assistant Studies which reserves the right to alter the contents at any time. All changes apply to all current and prospective students. The faculty reserves the right to alter the curriculum, schedule of required courses, and other regulations affecting admission and graduation requirements. The need for any clarification should be discussed with the department chair.

The TJU Department of Physician Assistant Studies extends sincere best wishes for your success in the Physician Assistant Program.
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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.

Didactic Year Goals

The faculty of the Thomas Jefferson University, Department of Physician Assistant Studies is committed to preparing future professionals with sound academic knowledge and proficiency in clinical skills that are requisite for providing and promoting quality health care to all individuals. Upon completion of the didactic phase of the program the students will demonstrate proficiency in the following areas, with the goal of applying and refining this knowledge during their supervised clinical practice. Students will:

- Demonstrate sufficient knowledge in the anatomic and physiologic mechanisms of health and disease.
- Be proficient in performing history and physical examinations to include:
  - Establishing a rapport with the patient and family members
  - Performing comprehensive and problem focused histories and physical examinations
- Possess the critical thinking skills vital to the practice of medicine.
- Demonstrate knowledge in the following areas of medicine, to include epidemiology, clinical manifestations, interpretation of diagnostic studies, management and patient education:
  - Genetics
  - Hematology
  - Infectious Disease
  - Otolaryngology
  - Dermatology
  - Cardiology
  - Pulmonology
  - Gastroenterology
  - Nephrology
  - Urology
  - Endocrinology
  - Orthopedics
  - Neurology
  - Rheumatology
  - Ophthalmology
  - Obstetrics/Gynecology
  - Geriatrics
  - Surgery
  - Emergency Medicine
  - Pediatrics
  - Behavioral Health
- Communicate effectively and professionally within a patient centered health care team with patients, their families and other members of the health care team.
- Understand and discuss the effects of the physical, psychological, sociocultural and economic factors relating to the patient’s health status.
- Counsel patients regarding health promotion and disease management in a sensitive and professional manner.
- Provide cost effective, quality care to all patients, while demonstrating sensitivity to age, gender, sexual orientation, and cultural background.
- Demonstrate an understanding of the role of a Physician Assistant in various clinical settings.
- Demonstrate the ability to work within the regulations of various health care systems.
**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 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.

Admission Standards & Program Outline

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition and competency of skills and professional attitudes and behavior. It is in the care of the patients that the physician assistant learns the application of scientific knowledge and skills. It is impossible to consider changes in medical education without considering their impact on patients who are an integral part of the educational process. The Faculty has immediate responsibilities to students and patients and ultimately responsibilities to society to graduate the best possible physician assistants. As a member of this program you will be expected to contribute your talents, learning abilities and energy to foster a professional learning and working environment for you, your classmates, and the PA faculty.

Admission standards for a physician assistant program must be rigorous and exacting, and admission to the Thomas Jefferson University Physician Assistant Program will be extended only to those who are best qualified to meet these performance standards. The education of a Thomas Jefferson University PA Program student includes:
• **Admission requirements**
  - Bachelor’s Degree required upon matriculation into program.
  - All prerequisite courses must be completed within the past 10 years prior to application to the program.
  - All required prerequisites must be completed prior to matriculation into the program.
  - TOEFL scores (if the applicant’s primary language is not English).
  - Completed CASPA and supplemental application by published deadline.
  - Applicants must meet minimal technical requirements for admission, continuation, and graduation.

• **Admissions Recommendations**
  - Overall cumulative GPA of 3.0/4.0
  - Science GPA of 3.0/4.0
  - Minimum grade of “B” in prerequisite courses
  - Patient contact hours
  - PA shadowing experience
  - Community service

• **Didactic Phase (12 months)**
  - PA professional education – classroom instruction and clinical training/observation
  - Comprehensive Examination

• **Clinical Phase (12 months)**
  - PA professional education – clinical training under the supervision of a physician and/or PA/NP/MD/DO
  - Summative Examination
  - Graduate Project

• **Life-Long Learning**
  - Continuing medical education - learning following the formal PA education

*The PA program does not accept Advanced Placement (AP) credits or College Level Examination Program (CLEP) credits for any prerequisite requirements. In addition, advanced placement is not offered for any portion of the PA Program curriculum. All courses must be completed at TJU.*

Graduation from the Thomas Jefferson University PA Program certifies that the individual has acquired competencies over a broad knowledge base and skills essential for medical or surgical practice in concert with a supervising physician. Students should possess the physical and mental potential for becoming generally trained physician assistants. The foundation of knowledge in the biomedical sciences must include, but is not limited to, all of the major disciplines of the biological and behavioral sciences. Biochemistry, Pharmacology, Microbiology, Immunology, Physiology, Anatomy, and Laboratory Medicine are the traditional fields of the biomedical sciences, which, along with appropriate elements of the behavioral sciences are considered essential for the education of the physician assistant. These must be taught in sufficient depth and breadth to insure that there is a fundamental knowledge base for ongoing continuing medical education.

The curriculum requires the study of both mental and physical disease, as well as preventive medicine and the socioeconomic aspects of health and disease, in both well and ill persons and groups.
This instruction relates both to in-patient and ambulatory patients. Achievement of comprehensive cognitive and skills knowledge in both the didactic and clinical phase prepare the graduate as an entry-level health care provider.

It is a responsibility of the faculty to insure that each student is provided with an opportunity to observe and to participate in the expert care of patients with a broad spectrum of disease in each of the major disciplines of medicine. Students will complete clinical rotations in internal medicine, pediatrics, general surgery, behavioral medicine, women’s health, emergency medicine, primary care, and one elective.

Because the certification as a Physician Assistant signifies that the holder is a Physician Assistant prepared for entry level practice of primary care within a variety of clinical settings, it follows that graduates must have the knowledge, skills, and ability to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The continued competence of the physician assistant in future years will require that every student utilize the fundamentals of both basic medical sciences and clinical knowledge so that they will be able to evaluate and understand current literature and advances in basic medical sciences including their application to clinical medicine.

Additionally, a document has been prepared by the four organizations that represent the physician assistant profession: the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the body that accredits PA educational programs; Physician Assistant Education Association (PAEA), the membership association for PA educators; National Commission on Certification of Physician Assistants (NCCPA, the body that certifies graduate physician assistants); and the American Academy of Physician Assistants (AAPA), the national membership association representing all PAs. This document, *Competencies for the Physician Assistant Profession* (Appendix 1) is a foundation from which each of those four organizations, other physician assistant organizations and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession. This document is a way to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants. Included with the document is a self-evaluation tool that physician assistants can use to evaluate their knowledge and skills throughout their careers.

**Background Checks, Clearances, Fingerprinting & Drug Testing**

All students who are offered admission to Jefferson are required to have a criminal background check and child abuse clearance. In addition, Physician Assistant students who are offered admission to Jefferson are required to be fingerprinted and undergo a drug test. Some clinical sites may require PA students to undergo additional clearances. The Office of Admissions will provide you with the appropriate information to complete these requirements, as needed. Established residency and/or visiting a state where cannabis is legal does not excuse a positive drug screen. If an arrest and/or conviction of a misdemeanor or felony occurs while the student is enrolled in the physician assistant program, the student is obligated to notify the program immediately.
Positive criminal record, fraudulent application statements, history of drug abuse or positive drug screening are grounds for immediate dismissal from the program 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, rotations or fieldwork is a required part of the curriculum and a requirement 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.

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.

Didactic Phase/Year 1

<table>
<thead>
<tr>
<th>Pre-Fall Semester</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Human Anatomy</td>
<td>5.0 credits</td>
</tr>
<tr>
<td>Patient Communication</td>
<td>1.5 credits</td>
</tr>
<tr>
<td>Introduction to Professional Practice</td>
<td>1.0 credit</td>
</tr>
<tr>
<td>Legal and Ethical Aspects of Medicine</td>
<td>1.0 credit</td>
</tr>
<tr>
<td>Epidemiology, Public Health and Evidence Based Medicine</td>
<td>1.0 credit</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9.5 Credits</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Medicine I</td>
<td>3.5 Credits</td>
</tr>
<tr>
<td>Clinical Skills I</td>
<td>1.0 Credits</td>
</tr>
<tr>
<td>Pharmacology and Clinical Therapeutics I</td>
<td>2.5 Credits</td>
</tr>
<tr>
<td>Physiology and Pathophysiology I</td>
<td>2.0 Credits</td>
</tr>
<tr>
<td>Physical Diagnosis</td>
<td>2.5 Credits</td>
</tr>
<tr>
<td>Behavioral Sciences</td>
<td>2.0 Credits</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13.5 Credits</strong></td>
</tr>
</tbody>
</table>
### Spring Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Medicine II</td>
<td>5.0</td>
</tr>
<tr>
<td>Clinical Skills II</td>
<td>3.0</td>
</tr>
<tr>
<td>Pharmacology and Clinical Therapeutics II</td>
<td>2.0</td>
</tr>
<tr>
<td>Physiology and Pathophysiology II</td>
<td>2.5</td>
</tr>
<tr>
<td>Introduction to Healthcare Quality &amp; Safety</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15.5</strong></td>
</tr>
</tbody>
</table>

### Summer Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Medicine III</td>
<td>3.5</td>
</tr>
<tr>
<td>Clinical Skills III</td>
<td>1.5</td>
</tr>
<tr>
<td>Pharmacology and Clinical Therapeutics III</td>
<td>1.5</td>
</tr>
<tr>
<td>Physiology and Pathophysiology III</td>
<td>1.5</td>
</tr>
<tr>
<td>Special Topics in Medicine</td>
<td>5.0</td>
</tr>
<tr>
<td>Medical Nutrition</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

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.**

### Clinical Phase/Year 2

#### Fall Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Rotation 1*</td>
<td>5.0</td>
</tr>
<tr>
<td>Clinical Rotation 2</td>
<td>5.0</td>
</tr>
<tr>
<td>Clinical Rotation 3</td>
<td>5.0</td>
</tr>
<tr>
<td>Healthcare I</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

#### Spring Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Rotation 4</td>
<td>5.0</td>
</tr>
<tr>
<td>Clinical Rotation 5</td>
<td>5.0</td>
</tr>
<tr>
<td>Clinical Rotation 6</td>
<td>5.0</td>
</tr>
<tr>
<td>Graduate Project I</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15.5</strong></td>
</tr>
</tbody>
</table>
### Summer Semester

<table>
<thead>
<tr>
<th></th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Rotation 7</td>
<td>5.0</td>
</tr>
<tr>
<td>Clinical Rotation 8</td>
<td>5.0</td>
</tr>
<tr>
<td>Healthcare II</td>
<td>1.0</td>
</tr>
<tr>
<td>Graduate Project II</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11.5</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

<table>
<thead>
<tr>
<th>Total Year 1 Credits</th>
<th>52.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Year 2 Credits</td>
<td>43</td>
</tr>
<tr>
<td>Total Program Credits</td>
<td>95.5</td>
</tr>
</tbody>
</table>

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### Student Support Services

It is important that all students achieve their potential and to this end, the University provides several support services which are open to all TJU students. A number of services are available for students in the Department of Physician Assistant Studies. It is recommended that the student review the Jefferson School of Health Professions [Student Handbook](#) for a full listing of available services.

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### Activities Office

- **Room B-67**
- **Jefferson Alumni Hall**
- **1020 Locust Street**
- **(215) 503-7743**
- **Office Hours**
  - Monday–Friday 8:00 am–6:00 pm

The University Activities Office coordinates social, cultural and recreational programs for the entire Jefferson community. Students are encouraged to participate in many events occurring regularly throughout the year, including movie nights, entertainment programs, co-curricular programs and workshops. The Activities Office also offers a variety of ticket sales to professional sporting events, amusement parks, museums, performing arts and cultural attractions available for purchase at the Jefferson Bookstore. The Activities Office also provides administrative services to student organizations. Staff members assist students in the establishment of new organizations; provide resources and advice regarding event planning and budget management; and maintain files of each student group’s bylaws, constitution, and contact information. A Jefferson Student Leadership Manual is available, which provides basic leadership skill information, campus resource information and University policies.
Activities Office also publishes the annual Student Organization Directory, which includes descriptions of more than 100 campus organizations and groups.

Admissions

Office of Admissions
Edison Building, Suite 100
(215) 503-8890
HOURS
Monday- Friday 8:30 am– 5:30 pm

The Office of Admissions coordinates the recruitment and enrollment of students to the following Jefferson Schools: Health Professions, Nursing, Pharmacy and Population Health.

SERVICES AVAILABLE
- Admission counseling
- Transcript review
- On campus events
- Off campus recruitment

For detailed information about the Office of Admissions and its services, visit their [website](#).

Alumni Affairs

Office of Alumni Relations
925 Chestnut Street, Suite 110
(215) 503-6882
HOURS
Monday–Friday 8:00 am–5:00 pm

The Office of Alumni Relations aims to increase affinity and foster connectedness to Jefferson through a broad range of programs, services and initiatives while also providing opportunities for alumni and students to actively engage in supporting the mission of Thomas Jefferson University. Upon graduation, all alumni become members of the Jefferson Alumni Association. They are encouraged to register for the [Online Community](#) to stay connected with former classmates, find out about events and sign up for permanent email forwarding.

Career Development Center

Edison Building, Room 707
(215) 503-5805
[www.jefferson.edu/career_services](http://www.jefferson.edu/career_services)
[https://jefferson-csm.symplicity.com/students](https://jefferson-csm.symplicity.com/students)
HOURS
Monday–Friday 9:00 am–5:00 pm
The Career Development Center (CDC) assists students and alumni with career planning, job searching and career development through individual counseling sessions and group workshops. The CDC helps students prepare for work in a variety of healthcare settings including hospitals, agencies, laboratories, rehabilitation centers, corporations and private practices.

SERVICES AVAILABLE
- Individual Career Counseling
- Career and Interest Inventory Assessments
- Career Planning Workshops
- Mock Interviews
- Career Resource Library
- On-campus Job Fairs
- Job Listings and Employer Contacts
- Long-distance Job Search Assistance
- Networking Opportunities
- On-line resume posting, job search service exclusively for Jefferson students and alumni
- Resume, CV and Cover Letter Assistance

For detailed information about the Career Development Center and its programs and services, we invite you to pick up these publications:
- Job Fair Employer Directories
- Job Search Handbook
- Resume Writing Handbook
- Interviewing Skills Handbook
- Evaluating Job Offers Handbook

Commuter Services/Mass Transit/Parking
Jefferson Bookstore
1009 Chestnut Street
(215) 955-6417
www.jefferson.edu/cso
HOURS
Monday–Friday 7:00 am–5:30 pm
Saturday 9:00 am–1:00 pm
The store is closed on Sunday and all University holidays.

SERVICES AVAILABLE
Commuter Services provides mass transit and parking information and savings on these services to eligible Jefferson students and employees. Benefits include maps and schedules of bus and rail line routes; discounts on SEPTA, New Jersey Transit and PATCO products as well as discounts with selected local parking garages. Mass Transit items provided at discount prices include:
- SEPTA tokens (5- and 10-packs); Trans/Trail Passes; 10-trip Regional Rail Line Tickets
- PATCO Freedom Pass
• New Jersey Transit One-way and Monthly Tickets
  Discounted Campus Area Parking
  Restricted daily and limited monthly parking is available at several locations on or near the campus.

Financial Aid Office

University Office of Financial Aid
College Building, Room G-1
(215) 955-2867
www.jefferson.edu/financialaid

HOURS
Monday, Tuesday, Thursday, Friday 8:30 am - 5:00 pm
Wednesday 8:30 – Noon

The University Office of Financial Aid identifies and helps students apply for possible sources of funding including grants, scholarships, loans and work study to help meet the cost of education.

SERVICES AVAILABLE
• Counsels students on financial aid
• Assists in completing financial aid forms
• Collects applications for all types of financial aid
• Awards loans/grants/work-study
• Provides debt management educational services
• Conducts Federal Stafford/Unsubsidized Stafford/PLUS Entrance/Exit Interviews
• Provides Federal Work Study (FWS) job placement and processes FWS time sheets for payment
• Certifies Stafford/Unsubsidized Stafford/PLUS/alternative loan applications
• Applies aid awards to student accounts

For detailed information about the Office of Financial Aid and its services, visit our website:
www.jefferson.edu/financialaid/

Housing & Residence Life

Department of Housing and Residence Life
Orlowitz Residence, Suite 103
1000 Walnut Street
(215) 955-8913
Fax (215) 923-1981
www.jefferson.edu/housing

HOURS
Office Hours Monday - Friday - 9:00 am – 5:00 pm
Desk Coverage 24 hours, 7 days/week
Resident Assistant Duty Monday – Friday, 5:00 pm - 8:00 am; 24 hours, weekends and holidays
The Department of Housing and Residence Life assigns student housing, coordinates building services, and provides an active Residence Life program in the University’s two apartment-style residence halls (Barringer and Orlowitz) and one dormitory-style residence hall (Martin). The Barringer and Orlowitz Residence Halls are managed by a private property management group, Philadelphia Management Company (PMC).

SERVICES AVAILABLE
Residence Life
• Live-in staff
• Social, developmental and recreational programming
• 24-hour resident advising program
• Liaison with numerous campus services
Assignment/Contracts
• Guaranteed housing for eligible first-year students who apply prior to May 31st.
• Financial aid-based fee deferments
Property Management
• 24-hour emergency maintenance service
Short-term Housing
• Shared or private dormitory-style accommodations
• Shared or private rooms with private bathroom
• One private apartment-style accommodation (includes private bath and kitchenette).
Off-campus housing information is also available.

International Student Services
Office of International Exchange Services
Jefferson Alumni Hall, Room M-70
(215) 503-4335/4024
www.jefferson.edu/oies

The University sets a high priority on the exchange of ideas related to education, research and patient care with members of the international community. We welcome people from other countries to study, work and engage in research at Jefferson and encourage students to study abroad. OIES assists departments that want to bring international students to Jefferson, serves as the central resource for international students, provides support for the University’s international initiatives, and assists those who wish to study or do research abroad.

The Office works closely with all University divisions to coordinate the immigration requirements and orientation of our international students and other visitors.

Practical information on the process of settling in the area, local public transportation, housing, tax responsibilities and cultural and historic sites is available to new international students. The OIES website includes forms, updates and a great deal of useful information.
Jefferson-Independence Blue Cross Wellness Center

Lower Level
Jefferson Alumni Hall
1020 Locust Street
(215) 503-7949

The Activities Office is responsible for managing the Jefferson-Independence Blue Cross Wellness Center, Jefferson’s multipurpose recreation and fitness facility, and its many programs and services. The facility is located in the lower levels of Jefferson Alumni Hall.

FACILITIES
• Group Exercise Studios • Racquetball Court
• Weight and Cardiovascular Training Areas • Sauna
• Gymnasium • Swimming Pool
• Men’s and Women’s Locker Rooms • Massage & Reiki Studio

SERVICES AVAILABLE
• Group Exercise Classes
• Co-curricular Courses such as Dance and Swim Lessons
• Fitness Testing/Exercise Prescriptions
• Intramural Sports Leagues
• Massage Therapy
• Personal Fitness Training

FACILITY HOURS OF OPERATION
Monday–Friday 6:00 am–10:00 pm
Saturday 10:00 am–6:00 pm
Sunday 10:00 am–10:00 pm

Jefferson Medical & Health Science Bookstore

1009 Chestnut Street
(215) 955-7922
www.jefferson.edu/bookstore

HOURS
Monday–Friday 7:00 am–5:30 pm
Saturday 9:00 am–1:00 pm

The store is closed on Sunday and all University holidays.

The Jefferson Bookstore is operated for the service, convenience and benefit of students, faculty and employees.

SERVICES AVAILABLE
• Text and reference books • Student uniforms and lab coats
• Laboratory and diagnostic supplies • Name tags and patches
• Computer accessories, supplies and software • Stamps
• Stationery materials • Jefferson clothing and gift items
• Best seller, consumer health and • Magazines and snacks • local interest books

The Bookstore offers a 10% discount off the publisher’s list price of all books. Special orders are accepted for all books. The 10% discount is also available on most titles purchased online at the Jefferson Bookstore at www.jefferson.edu/bookstore.
Commuter Services and Photo ID are also located in the Bookstore. Activities Office discount ticket sales are available for purchase at the Jefferson Bookstore.

THE STAFF
Director: Patricia S. Haas
Assistant Director and Merchandise Manager: Charity Marshall

Photo ID Center
Jefferson Bookstore
1009 Chestnut Street
(215) 955-7942
HOURS
Monday–Friday 7:00 am–5:30 pm
Saturday By Appointment

SERVICES AVAILABLE
Photo identification cards are issued to all new students within one week prior to the start of classes. Photos for identification cards are taken at Orientation for all new students. Each student must present a valid government-issued photo ID i.e. passport, driver’s license, military ID, for photo verification purposes at the time that they have their picture taken.
Identification cards must be displayed at all times on campus and in hospital facilities. The initial ID card is provided at no charge. If a student’s identification card is lost or damaged, replacement cards can be obtained from the Photo ID Center. A replacement fee of $15.00 will be charged for any card that replaces the initial card.

Records & Registration
University Office of the Registrar
Thomas Jefferson University
1015 Walnut Street, Room G-22 Curtis
Philadelphia, PA 19107
(215) 503-8734
(215) 923-6974 (fax)
Email: university.registrar@jefferson.edu
Web Site: www.jefferson.edu/registrar/
Banner Web: https://banner.jefferson.edu/
WALK-IN AND TELEPHONE HOURS
Monday, Tuesday, Thursday, Friday 8:30 am–5:00 pm
Wednesday 8:30 – Noon
Emails may be sent to our office at any time. Normal response time is within two business days. The University Office of the Registrar provides students, faculty, administration and alumni with information and services related to academic records, course scheduling and enrollment, classroom assignments and graduation.

SERVICES AVAILABLE
- Academic Records (Student Records)
- Academic Calendar, Course and Final Examination Schedules
- Classroom Assignments
- Course Enrollment Services: registration, drop/add, course withdrawal, status changes (leave of absence/withdrawal
- Enrollment Certification Services: professional licensure certification, student loan deferments, Veterans Administration education benefits
- Grade Recording and Grade Reports
- Graduation Services: certification of degree requirements, student/faculty regalia
- Student Transcripts
- Transfer Credit Evaluation

Scott Memorial Library & Learning Resource Center

Scott Memorial Library JAH LRC
1020 Walnut Street 1020 Locust Street, M13
Philadelphia, PA 19107 Philadelphia, PA 19107
Website: http://jeffline.jefferson.edu
AISR Administration (215) 503-8848
Scott Library Reference Desk (215) 503-8150
AISR Education Services: (215) 503-2830
Scott Library LRC (215) 503-8407
JAH LRC: (215) 503-7563
Medical Media Services: (215) 503-7841

Academic & Instructional Support & Resources (AISR) includes the Scott Memorial Library, AISR Education Services, AISR Learning Resources, and Medical Media Services.

The Scott Memorial Library is open and staffed 100 hours per week and the first and fourth floors provide 24-hour access to workstations and the Internet. The Library's collection is considered one of the finest in the region and reflects the University’s interests in the life sciences, clinical care, patient education, and the history of the health sciences. The collection includes approximately 80,000 books and bound print journals; over 5,000 electronic journal subscriptions; 700 plus e-books; the University Archives; and significant holdings of rare books dating to the 15th century. AISR Education Services provides faculty support in instructional design and educational technologies. Education Services staff provide workshops and online training materials for Jefferson’s academic resources in JEFFLINE, Pulse (the campus installation of the Blackboard learning management system), PowerPoint, and other popular applications. AISR Education Services develops educational software for use in Jefferson’s undergraduate, graduate, and CME activities.
The Learning Resources Division of AISR acquires and manages a wide variety of non-bibliographic educational resources. These include anatomical models, videos, human skeletons, etc. LR staff manages all of the computing labs, classrooms, and public access computers on campus. Many of these resources are integrated into the operations of the Scott Library building. In addition, a Learning Resources Center is located within Jefferson Alumni Hall which includes a suite for use of faculty and students to edit digital video and conduct both teleconferencing and webcasting. Laptop computers are also available for individual use, and there is a growing support base for mobile computing. Specialized software available on AISR-managed public computers include: 3D anatomy visualization, SAS/SPSS, GIS applications as well as Microsoft Office Suite. Support staff is available to assist students and faculty in the use of all technologies.

Medical Media Services supports Jefferson’s audio and visual communication resources as well as design and production services for professional presentations, publications, and teaching. Specific groups support: scientific photography, graphics and medical illustration, electronic presentations, and audio and video production. Medical Media Services also provides support for audiovisual equipment services including videoconferencing and web conferencing.

**Computer Labs**

Computers are available for student use. Please visit [http://jeffline.jefferson.edu/LR/hours.html](http://jeffline.jefferson.edu/LR/hours.html) for any updates or changes to the hours of operation.

**Information Technology**

http://www.jefferson.edu/jeffit/stu_res.cfm

Student Resources Available through Jeff-IT

Unified Login: The Campus Key is a unique login name and password provided to each faculty and staff member at TJU and Thomas Jefferson University Hospital. You will need your Campus Key to get into personalized sections of the University's Internet portal (Pulse), e-mail, student records, library databases and more.

Campus Portal: Pulse, [http://pulse.jefferson.edu](http://pulse.jefferson.edu), is the official web portal of TJU. It serves as the single location for all faculty, staff and students to access on-line information at the University. Using one’s Campus Key, many TJU resources may be accessed from any computer with an Internet connection, including courses in which the student is enrolled, organizations to which a student belongs, current news releases, latest research developments, clinical care information and more. Easy to follow instructions exist for personalizing one’s Pulse page. For problems related to Blackboard, Banner and other IT issues, students may contact the TJU Technical Assistance Center at X3-7975.

Wireless Access: The Student Wireless Network is available in all three dorms (Orlowitz, Barringer, and Martin) as well as Jeff Alumni Hall Mezzanine and the first four floors of Scott Library. Services that are currently available through the wireless network are Email, World Wide Web, Instant Messaging (AIM, ICQ, MSN Instant Messenger, Yahoo! Instant Messenger), Telnet, SSH, and FTP. If students experience wireless problems, they may call the Jeff IT Service Desk at X3-7600 for assistance. For web-based help with wireless issues, please visit the Student IT Support link under Pulse. Academic Research Network: Jeff-IT has installed a separate Academic Research Network (ARN) for clients who wish to have Internet access without accessing secure clinical services. The ARN was created to afford students the opportunity to access the Internet at TJU without compromising the University's security policies for the clinical network, which houses confidential patient data. Jeff-IT has expanded this service to researchers and is working to increase the availability of the ARN throughout the campus.
**Internet Access Service:** Thomas Jefferson University offers free access to the Internet through 350 public access computers located at various locations on campus managed by AISR. Jeffersonians and their affiliates, as well as the general public are welcome to use the public computers by following the simple instructions posted at each computer. Library and Learning Resource Center staff members are available for assistance with obtaining guest passes for computer access as well as assistance with locating and accessing public computers.

**Student Support Walk-In Center:** Located on the 3rd floor of the Edison building, this office provides technical support including technology sales and service and provides assistance in trouble-shooting technical difficulties. It does not provide repair services.

**Security**

Department of Campus Security  
Security Response Center, Gibbon - 2nd Floor East  
(215) 955-8888 (24 hours)  
[www.jefferson.edu/security](http://www.jefferson.edu/security)  
Security Administration, Room 402 Edison Building  
**IMPORTANT PHONE NUMBERS**  
On-Campus Emergency (Including Fire and Medical) 811  
To Report a Crime (215) 955-8888  
Investigations (215) 955-8175 or (215) 955-6331  
Student/Employee I.D. Center (215) 955-7942  

The Department of Campus Security works closely with the officers of the Philadelphia Police Department and places a high priority on your personal safety. In accordance with campus security regulations, we operate a sexual assault victim program. We also conduct numerous presentations on specific security issues for both students and employees. Here are some of the many resources we maintain for your safety and well-being in most Jefferson facilities:

- Multiple emergency phones throughout campus  
- Automated front and fire door locking devices  
- Central dispatch for on-campus emergencies  
- Closed-circuit TV and alarm monitoring  
- Sexual Assault Victim Program  
- 24-hour-a-day front-desk staffing  
- Student-Employee Identification Badges  
- Victim's Assistance Counselor  

The full text of our policies is available to you in the Department of Security’s administration offices, 402 Edison.

*Students, faculty, and staff are required to provide the Department of Security up-to-date contact information at all times for the JeffAlert Emergency Notification System. See the [JeffAlert registration site](http://www.jefferson.edu/security) for more information.*
Student Accounts

Tuition/Cashier’s Office
Thomas Jefferson University
1020 Walnut Street, Suite 521 Scott
Philadelphia, PA 19107
(215) 503-7669

Student Loan Office
Scott Library Building, Room 521
(215) 503-7226

HOURS: Monday–Friday, 9:00 am–5:00 pm

SERVICES AVAILABLE
• Answering inquiries concerning payment and fees
• Providing Promissory Notes for endorsement
• Invoicing to your Jefferson email account and Collection of Tuition Billings
• Distributing eRefunds to students
• Processing loan checks for payment
• Providing referrals or answers for payment plans
• Managing the collection by ACS of student loans obtained through Thomas Jefferson University
• Processing correspondence received from graduates pertaining to student loans (deferments, cancellations, loan verification forms)

Student Personal Counseling Center

833 Chestnut Street, Suite 210
(215) 503-2817

HOURS
Monday-Friday 9:00 am – 5:00 pm

The SPCC offers crisis consultation, individual counseling, group therapy and psychiatric consultation for students.

There are many concerns that may lead a student to seek counseling including stress, anxiety, depressed mood, relationship problems, and academic issues. The SPCC staff encourages students to come in and talk even if they are not sure counseling is what they need.

All TJU students are eligible for three visits without charge at the SPCC. Some students may resolve their concerns during the initial three sessions and decide that no further sessions are required. Some students decide to see a SPCC counselor on an ongoing basis. For students who desire or need ongoing support, SPPC counselors are in network with a limited number of insurance providers.

Students interested in making an appointment should call and leave a confidential voicemail with their name and contact number. A SPCC counselor will conduct a brief and confidential telephone screen to gather some basic information that will allow for a timely matching of services, based upon a
student’s individual needs. All information shared during counseling is confidential. No one outside of the SPCC may have access to the specifics of counseling sessions without the prior written permission of the student, except in situations where there is a threat or danger to life.

Urgent situations: SPCC counselors and psychiatrists are available for in-person crisis intervention between 9:00 am and 5:00 pm. After hours, all students experiencing an emergency should call 911 or go to the nearest emergency room. On-campus students should go to the Thomas Jefferson University Hospital Emergency Room, located in the Main Hospital Building at 10th and Sansom (215-955-6060) and ask to speak to the Psychiatry Resident On-Call.

Staff:
Director: Deanna Nobleza, MD
Psychologist: Shawn Blue, PsyD

Student Services

Office of Student Life
Edison Building, Room 709
(215) 503-8189
HOURS
Monday–Friday 9:00 am–5:00 pm
Other hours available by appointment.

The Office of Student Life is responsible for student programs, academic support services, disability services, student conduct administration and counseling. The major responsibility is to coordinate the delivery of services to students to assure successful student retention.

SERVICES AVAILABLE
• Orientation
• Personal Counseling Referrals
• Academic Support Services
• Disability Accommodation
• Reading and Study Skills Workshops
• Test Taking Skills Workshops
• Writing Center
• Leadership Development Programming
• Health Insurance Administration
• Issuance of Lockers
Jefferson students can take advantage of a wide range of medical and health services right on campus. Tuition and fees cover basic health care. Laboratory, emergency room visits, X-ray and specialist referral charges are billed to your insurance. Students are personally responsible for fees not covered by their health insurance. Jefferson’s Emergency Department is available for urgent medical problems when the office is closed.

Here are some of the basic services we provide:
• General medical care and advice
• Immunizations: free annual flu vaccine – required of all students with direct patient contact.
• Mandatory annual tuberculosis screening
• Exposure protocol for students exposed to blood borne pathogens
• Referrals to specialists

It is important that students utilize the Student Health Services or their personal primary care provider. PA program faculty may NOT provide medical care to students enrolled in the TJU PA program, nor can the faculty have access to student’s medical records.

Policies & Procedures

The student is expected to maintain him/herself in good academic standing and to conduct him/herself with honesty and integrity in all academic and professional manners and is responsible for upholding the policies and procedures of Thomas Jefferson University, Jefferson School of Health Professions, and the TJU Physician Assistant Program that are currently in effect. As a member of the TJU community, you are expected to adhere to the policies and procedures outlined in the JSHP Student Handbook, JSHP Course Catalog, and this Handbook.

Violations of University, School, or Program policies and/or procedures may result in disciplinary action up to and including dismissal from the program.

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.
Annual Health Status 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 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

A request for a copy of the student’s immunization records and TB testing may be made prior to starting or during any clinical rotations. These records are to be taken by the student on his/her rotations and copies provided to the clinical sites as needed.

See Admission Standards. 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.
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.

HIPAA Compliance/Confidentiality

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.

Communication

The TJU PA Program will be requiring you to access information and schedules via e-mail and/or the internet. An e-mail account will be set up for you through the program and we will provide training during your orientation. You are “required” to use the University e-mail address for all communication, and should check your e-mail daily. Failure to check your e-mail will not be accepted as a reason for missed communication. PA classrooms are equipped with wireless capability.

It is the student’s responsibility to check TJU email daily and respond within 24 hours throughout the didactic year and each clinical rotation experience. This allows you to stay informed and obtain any important information from the PA Program faculty/staff or University administration. Failure to respond within 24 hours is a violation of the professional conduct of a physician assistant and will result in an appearance before the Thomas Jefferson University Physician Assistant Program Professional and Academic Review Committee.

Email Guidelines

- TJU accounts must be used.
- The size of TJU email accounts is limited. Therefore, students are strongly advised to clean out their accounts on a regular basis to ensure that messages do not bounce and that they
receive all of their messages.
- The University does not forward TJU e-mail to personal e-mail accounts.

All students, faculty and staff of Thomas Jefferson University are subject to all applicable federal, state, and international computer laws. Unprofessional behavior on the computer systems will not be tolerated and could result in dismissal from the program.

Unauthorized duplication of software is a Federal crime. Penalties include fines and jail terms. Violation will result in dismissal from Thomas Jefferson University and the TJU PA Program.

Compliance with Universal Precautions

The Thomas Jefferson University PA Program recognizes that as students interact with patients as part of their clinical training, they will encounter the risk of exposure to infectious diseases. Safety is an important objective for the student and for patients. During the didactic phase of the program, each student receives training in accordance with the requirements of the Occupational Health & Safety Administration on Universal Precautions and learns appropriate methods of handling blood, tissues and bodily fluids as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients throughout the clinical year. It is the student’s responsibility to become familiar with the policies and procedures for employing these precautions at each of the rotation sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

Accidental Exposure Policy

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. Students are responsible for all costs not covered by their 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) 503-0106 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.
Malpractice Insurance

All students are required to carry medical malpractice insurance. This is supplied by the Thomas Jefferson University, and evidence of this will be provided to the clinical sites.

Basic Cardiac Life Support (BCLS)

All students in the PA Program must present proof of child and adult CPR certification upon entry into the program. Lack of certification will make a student ineligible for clinical rotations and Advanced Cardiac Life Support training provided by the program. It is the students’ responsibility to maintain their BCLS certification throughout the program.

PA Program Student Records

Questions regarding your records should be directed to the Department Chair. Files on students are maintained by the following departments:

1. The PA Program - official application, didactic and clinical academic performance, disciplinary actions, malpractice and healthcare insurance documentation, and health, drug screen, criminal background check, child abuse screening, fingerprinting & immunization verification.*
2. The Registrar’s Office – official transcripts.
3. Thomas Jefferson University Student Health Services – history and physical exam records, immunization records.
4. Faculty Advisor – files on student counseling and advising. Once you graduate, these records are maintained by the PA Program.

*Confidential health records are maintained in Student Health and cannot be accessed by PA Program faculty or staff. Student Health will notify the program that the student has satisfied the medical record and health screening requirements of the program each year. With permission of the student, the program will maintain vaccination records and TB testing results. The program will have access to results of student drug screening, child abuse screening, fingerprinting, and criminal background check results. These results, as well as vaccination records, TB testing results, and verification of medical records and health screening requirements are stored, maintained, and access provided for the program via the American DataBank system.

It is the responsibility of the student to keep his/her records current. If you have a change in any of the following items, please be sure to notify the program immediately:

1. Legal Name
2. Home address
3. Home telephone number
4. Cell phone number
5. Person to call in case of emergency
6. Medical insurance information
You may review the information that is kept in the main office with permission of the Department Chair.

Family Educational Rights & Privacy Act (FERPA)

See Jefferson School of Health Professions Student Handbook for more information.

The Family Educational Rights and Privacy Act (more commonly known as “The Buckley Amendment” or FERPA) is a federal law that affords students certain rights with respect to their education records. These rights include:

1. The right to inspect and review the student’s education records within 45 days of the day the University receives a request for access.

   Students should submit to the University Director of Student Records a written request that identifies the record(s) they wish to inspect. The University Director of Student Records will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University Director of Student Records to whom the request was submitted, he or she shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student’s education records that the student believes is inaccurate or misleading.

   Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write to the University official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

   If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.

   One exception that permits disclosure without consent is disclosure to School officials with legitimate educational interests. A School official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.
A School official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the University, at its discretion, may disclose education records without consent to officials of another school in which a student seeks or intends to enroll.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by Thomas Jefferson University to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

   Family Policy Compliance Office
   U.S. Department of Education
   400 Maryland Avenue SW
   Washington DC, 20202-4605

The University, at its discretion, may provide directory (public) information in accordance with the provisions of the Act to include: the student’s name, address, telephone listing, date and place of birth, major field of study, academic schedule, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, identification photo, University e-mail address and previous educational institutions attended by the student. Students wanting directory information withheld should notify the University Director of Student Records in writing within two weeks of each year’s initial academic enrollment.

Student records are held by the University in joint agreement with the student and the University for the benefit of the student. In such an agreement, the student’s records are the property of the University but may be released upon the written request of the student.

The records of the student are held in trust by the University and are maintained in a confidential manner.

Revisions and clarifications will be published as experience with the law and Jefferson’s policy warrant.

Derived from the JSHP Student Handbook, 2012-2013 ed.

Program Hours

PA Program office, classroom, and faculty office hours.

PA Program Office Hours

The PA Program office hours are 8:30 AM to 4:30 PM Monday through Friday.
Classroom Hours

Regular class hours are generally M-F, 8:00 AM to 5:00 PM, but there will be some evening and/or weekend classes. You will be given as much notice as possible for such assignments so that you can make arrangements to attend. Classroom attendance is mandatory.

Class times and locations are estimates and are subject to change AT ANY TIME during the program. The program will make every reasonable attempt to notify students of changes as soon as possible. Changes are made to benefit the quality of the education that you and your fellow students are receiving. During the Clinical Phase students are expected to be with their preceptor in the clinic, hospital, and/or on call as directed by the preceptor.

Faculty Office Hours

Faculty office hours are posted on Pulse. Meetings with faculty are also available by appointment. Faculty offices are located on the sixth floor of the Edison building. Students are to stop and check in with the program’s administrative assistant before continuing to a faculty member’s office.

Use of Electronic Communication Devices

In order to respect the learning environment of classmates and faculty, students should turn off all personal electronic devices while in class-related activities. Use of laptops or technology other than for instructional use is inappropriate (e.g. checking e-mail, surfing the internet, instant messaging, etc.). A student who fails to comply will be asked to leave the class or exam and it will be considered an unexcused absence or a “zero” grade for the exam and the student could be dismissed from the PA Program.

Identification

Students are required to display their Thomas Jefferson University ID badge at all times. The program will arrange for you to obtain your identification badge during orientation. In addition, the program will issue each student a name tag with the PA-S or physician assistant student designation. Name tag and waist length white coat must be worn during all clinical activities. TJU ID badges should be worn as appropriate in the clinical setting- i.e. TJU or affiliate clinical sites. It is your responsibility to inform the program if you have lost your badge and/or name tag and to pay for the cost of replacement.
Dress Code & Personal Appearance

The intent of the dress code is to allow the student maximal freedom in class as long as such freedom does not interrupt the educational process and they present themselves in a professional manner.

The public respects health care professionals largely due to their expertise, education, and performance. The Program believes that professional appearance and dress helps to maintain this respect.

Personal hygiene is of the utmost importance and the student is expected to be clean and well groomed at all times. All clothing must be clean, not ripped or torn, and devoid of advertising or slogans.

**Dress Code – Anatomy Lecture/Lab:**
- No hats can be worn at any time.
- Scrubs are permitted in both lecture and lab.
- The student’s body will be adequately covered.
- Shoes must be closed toe. No perforated, mesh, or shoes with holes are permitted (i.e. Crocs™)

**Dress Code – Classroom Attire during Didactic Setting:**
- No hats can be worn at any time.
- The student must dress professionally
- The student will dress in a conservative fashion.
- The student’s body will be adequately covered.
- Shoes will be comfortable and quiet.

**Dress Code – Physical Exam Course Attire during Didactic Setting:**
- Short-sleeve tee shirt and shorts with elastic waistband that is issued by the program.
- All clothing worn during physical exam lab must be cleaned regularly.
- Under-attire for females in physical exam lab must be sports bra or similar under-attire.
- All students must be prepared and able to remove tee shirts for thoracic, cardiac, and abdominal examinations at any time during physical examination labs.
- Students will not be permitted into lab without the appropriate attire.

**Dress Code – Clinical Setting (ER, Long-Term Care, In-Patient, and Clinical Phase Rotations, etc.):**

It is the responsibility of the student to dress appropriately during any function involving patient care or contact during the clinical setting. This includes long-term care facilities, scheduled clinical experiences (ER, in-patient) and all clinical rotations. Patient care areas are defined as any setting in which patients are examined, evaluated or rendered care by any means including both inpatient and outpatient settings.
The student will adhere to the dress policies of the clinical site to which they are assigned. The student must always look professional (business casual). The student will dress in a conservative fashion. The student will wear a clean and pressed, white waist-length lab coat at all times. The student will wear their program-issued name tag at all times. The student will wear their Thomas Jefferson University ID badge as appropriate. The student’s body will be adequately covered. Inappropriate skin exposure includes the torso, back, shoulders, thighs, and cleavage. Inappropriate clinical clothing includes camisoles, tank tops, t-shirts, anything denim, sweatshirts, belly shirts, low-riders, mini-skirts, anything transparent or see-through, and any stained, ripped, or torn clothing. The student’s clothing should always be clean and pressed. Shoes will be comfortable and quiet. Nails should be short. Jewelry should be minimal. The only appropriate piercings are two per ear. The student should attempt to conceal any tattoos. Cologne/perfume is not appropriate in clinic. Make-up should be minimal. Hair should be clean and neat. Women should keep hair pulled back from face. Men should keep hair above the collar and should be free of facial hair.

Appearance projects a professional image representing the student, the profession and the University. Students improperly attired can expect to receive a verbal warning from a clinical preceptor or faculty/staff member. A second infraction during the same rotation will result in a letter of concern and/or dismissal from the rotation until the student can appear in proper attire.

**Attendance**

The Thomas Jefferson University PA Program faculty believes that significant learning occurs in the classroom and that regular class attendance is vital to a student’s education. Therefore, attendance in the TJU PA Program is mandatory, which means that all students must attend all scheduled instructional periods and assigned clinical experiences. Failure to fulfill this requirement is considered in the evaluation of a student’s academic performance and professional attitude, and could result in a failing grade for a course in addition to a meeting with the Progress and Conduct Committee for possible dismissal from the program. Attendance is reflective of commitment, acquisition of knowledge, and professional behavior.

Absences of students from scheduled examinations and laboratory sessions will be excused only under extraordinary circumstances, i.e., death in the family, personal illness, etc. All such absences require notification of the PA Department Chair. Unexcused absences from classes or clinical rotations are not acceptable to the PA Program faculty. Please refer to individual course syllabi for specific policies regarding excused and unexcused absences. (Student must call the office at 215-503-0106 if they are not able to attend class.)
Absences of PA Program students due to illness of short duration (less than 3 days) will require notification of the following:

**Didactic Year:** PA Department Chair, the Director of Curriculum & Evaluation, and the appropriate course directors/instructors directly.

**Clinical Year:** PA Department Chair, the Director of Clinical Education, and Clinical Preceptor(s) directly.

An extended illness (more than 3 days) must be "cleared" through the TJU PA Program administration and will require notification of instructors and/or Clinical Preceptors. Any such absences may require specific make-up work as designated by the department and/or clinical preceptors and will require a medical statement from a medical provider. In the clinical year, absence of three days or more may require the rotation to be repeated and the student to appear before the PA Program Professional and Academic Review Committee (PARC).

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.

**Leave of Absence**

A leave of absence from the TJU Physician Assistant Program may be granted by the department chair for a specific period of time if deemed necessary for medical or personal reasons. Requests for leaves of absence must be made in writing to the department chair. Reasons for a leave of absence may include, but not limited to: family or personal medical leave, pregnancy, birth of a child, injury or disability. Such students will be permitted to resume course work upon satisfactory resolution of the problem necessitating the leave of absence.

**Funeral** – Individual arrangements are between the student and the PA Program. The details of making up missed work will be discussed between the course director and the department chair.

**Jury Duty** – Immediately upon receiving a notice for jury duty the student must provide the program with a copy of the notice. The department chair will provide you with a letter documenting your position and standing in the program for the court. Any work missed due to jury duty will be the responsibility of the student.

**Military** - If you are called to serve as a member of the U.S. Armed Forces and are a student in the program, you are eligible for re-admission following your term of service. The procedure is as follows:

1. You must show your orders to the PA Program as soon as you receive them.
2. You must show verification of satisfactory completion of your active duty service.

**Pregnancy** – Students who become pregnant while enrolled in the Physician Assistant Program are advised to notify the department chair as soon as possible. Because there is always some risk of exposure to infectious disease, it is important that the student take the necessary precautions to avoid
harm to the fetus. If a student chooses to remain a part of the program, she must provide a note from her health care practitioner indicating permission to continue in the curriculum. A pregnant student has several options:

- Continuing with the didactic and/or clinical phase of the curriculum provided a signed physician’s statement indicating physical ability to do so has been submitted to the department chair.
- Continuing didactic courses through the fall semester only followed by a leave of absence delaying the start of the spring semester. Students seeking this option will need to make special arrangements with the department chair for the completion of the spring courses during the following academic year.
- Continuing didactic courses through the summer semester followed by a leave of absence delaying start of the clinical phase of the curriculum. Students seeking this option will need to make special arrangements with the department chair.
- Withdrawing from the program entirely.

Regardless of which option the pregnant student selects, all requirements for the PA Program must be completed (within 4 years from the date of matriculation) before the university can award the Master of Science in Physician Assistant Studies degree.

Each student’s case is based on individual circumstances. The PA Department Chair will determine your status.

**Emergency Contact**

Should a student need to be reached in an emergency, the student should direct the person needing to contact him or her to telephone the Program Office at (215) 503-0106. In cases of emergency, the program staff will make every effort to locate a student to transmit requested emergency information during regular hours. During the clinical phase, students must give their preceptors and/or clinical site direct and current contact number(s) and get a direct number for both the preceptor and site.

[Contact information for the program faculty and staff](#) can be found at the beginning of this manual as well as on the program website.

**Emergency Preparedness**

Thomas Jefferson University has taken steps to support our campus community during times of heightened concern. The Department of Emergency Management has established an emergency plan that includes emergency procedures for all university buildings and occupants, as well as information that would be helpful in the event of an emergency. Students are encouraged to visit the [Emergency Preparedness site](#).
**JeffALERT Emergency Notification System**

With JeffALERT, the University can send simultaneous alerts in minutes through text messaging, voicemail and email to numerous devices such as cellular phones, landline phones, fax machines and PDAs. It is important that students keep their contact information current so that they can be properly notified during an emergency. For detailed information about the JeffALERT Emergency Notification System, please visit our [website](#).

**Inclement Weather**

During the Didactic Phase students will adhere to the Thomas Jefferson University Weather Emergency Policy. Clinical Phase students will follow the policies of the clinical rotation site regarding attendance during inclement weather. If weather conditions at the time of transition days are uncertain, the University will make every effort to arrive at a decision regarding delayed opening or closing due to inclement weather at the earliest possible time. Students, faculty, and staff will be notified of TJU and TJUH weather emergencies via the JeffALERT system. Every effort will be made to notify all radio and television stations by 5:30 a.m. A toll-free Jefferson hotline (1-800-858-8806) will provide a recorded message with weather-related information.

Students assigned to clinical rotations outside of the Philadelphia area are expected to follow the policies regarding weather-related closings and are responsible for exercising their own judgment concerning whether road conditions are safe enough for travel to the clinical site. The student is advised to begin by discussing the inclement weather policy for the assigned rotation site with the preceptor at the time of initial orientation. If the student decides against attending a clinical site because of inclement weather, the student must call both their clinical preceptor and Program’s Director of Clinical Education.

**Clinical Phase Student Travel, Transportation & Housing**

Students are responsible for all transportation while on rotations. It is the student’s responsibility to provide their housing during rotations. Student may be asked to relocate should a rotation site not be available in their geographically assigned area.

**Outside Employment**

The Thomas Jefferson University PA Program is an extremely intense and rigorous academic program. The program expects that your position here is your primary responsibility and that any outside activity must not interfere with your ability to accomplish your requirements as a PA student.

The Thomas Jefferson University PA Program discourages any employment during your first 15 months of the program (didactic phase) and you are not allowed to work during your clinical phase rotations.
Use of Students as Staff

The PA Program will not use students as a substitute for regular administrative staff.

Clinical rotations should be an educational experience for the physician assistant student. At no time during the clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where an individual is asked to perform in a role other than that of student or to substitute for a staff member, the student should contact the program immediately for guidance.

Academic Advisors

A faculty advisor is assigned to each student during the first year and will be your advisor throughout the program. You are expected to visit with your advisor at least once per semester, at the request of the faculty advisor, and as needed. Please do not hesitate to contact your advisor with any questions. The Program’s core faculty members function as our students’ academic advisors, but they are also available to assist you in finding the right individual (outside the program, if necessary) to assist you with any problem that could affect your academic progress.

Student Society

All students are members of the Thomas Jefferson University Physician Assistant Student Society (TJUPASS). The faculty encourages each student to become an active student member of both the American Academy of Physician Assistants (AAPA) and the Pennsylvania Society of Physician Assistants (PSPA). Membership dues for both the AAPA and PSPA are included in student fees.

Pi Alpha National Honor Society for Physician Assistants

Physician assistant students who have excelled academically and in research, publishing, community/professional service, or leadership activities are eligible for nomination by the program for membership. Academic excellence is defined as having a minimum cumulative grade point average (GPA) of 3.5 on a 4.0 scale at the time of nomination. This GPA is a minimal requirement and is to be based on the GPA earned during the professional phase of the program only. Demonstrated excellence in research, publishing, community/professional service, or leadership activities is to be weighted in addition to GPA. GPA alone is not an indication for induction. The total number of nominees elected shall not exceed fifteen percent of the total number in the class expected to graduate.

Community Involvement

As a member of the TJU PA Program, you are an ambassador for our program to the University, our clinical sites, our patients, and the public at large. The impression that the PA Program and you as individuals make will be determined by your actions and in turn will determine their interest and willingness to work with our program. Always be courteous and respectful and take pride in your work as you communicate with faculty, students, staff, preceptors, patients and the public at large.
The PA Program encourages and supports your participation in service activities that contribute to the community. Please work with your student society to involve your entire class in community-based projects. You are encouraged to work with fellow University students as well as fellow physician assistant students at other local PA programs.

Professional Conduct

The TJU PA Program upholds the Thomas Jefferson University Statement of Professional Conduct/Honor Code and the Guidelines for Ethical Conduct for the Physician Assistant Profession.

As a healthcare provider the professional relationship between the provider and the patient requires a dedication to responsibility and accountability to your patients and the community alike. As a student you will earn the trust of your patients and instill confidence in your ability to be a steward of the patient’s health according to state law. As a student you need to understand that it is an honor and a privilege to be a physician assistant. The TJU PA Program promotes learning, personal responsibility, self-discipline, respect for others and self in an atmosphere of mutual respect. As student physician assistants you are expected to adhere to professional decorum in all activities related to this program. As professionals, students are responsible for attendance, completion of all program documentation, preparedness, handling of program resources and equipment, participation, and ultimately their performance in the PA Program. The TJU PA Program provides you with a Professionalism Self-Assessment that you complete each semester during your didactic phase. During your clinical phase, your professionalism is evaluated by both your preceptors and the TJU PA Program. The faculty member who witnesses the unprofessional conduct will document it on the Student Encounter Form and submit it to the TJU Physician Assistant Program Professional & Academic Review Committee for evaluation and possible disciplinary action. Violations of professional conduct could result in the loss of an elective rotation, dismissal from the program, or any other action the committee deems appropriate.

Student Grievance Procedure

The PA Program follows the JSHP Student Grievance Procedures. For student grievances other than grades or dismissal due to unsafe clinical performance, students are encouraged to address the problem at the point closest to the issue. In schools and/or academic departments, the student is encouraged to attempt to resolve the dispute directly with the faculty or staff member. If dissatisfied with the outcome, the student may meet with the Program Director, then the Department Chair or School Dean, as appropriate, and then with the Associate Senior Vice President for Academic Affairs, who will attempt to mediate the situation. If the student is still dissatisfied with the outcome, he/she may meet with the Senior Vice President for Academic Affairs or his or her designee. The Senior Vice President is the final authority in hearing student grievances. All parties are encouraged to address the issue promptly in writing (within three [3]) class days whenever possible) so that resolution of the grievance should require no more than three weeks.

Records of the grievance are kept by the respective faculty and administrative personnel and do not become part of the student’s permanent record.

For more information, please see the JSHP Student Handbook.
Harassment Policies/Equal Opportunity/Retaliation

Harassment of any sort by students, faculty, or staff will not be tolerated. The PA Program follows the 
TJU Policies on Harassment located in the JSHP Student Handbook.

Individuals and Conduct Covered

These policies apply to all of Jefferson’s students, employees, faculty and applicants. All such 
individuals are both protected under and restricted by these policies.

Conduct prohibited by these policies is unacceptable in any academic, clinical or workplace setting 
or in any work-related setting outside the workplace, such as during off-site presentations or seminars, 
clinical rotations, class meetings, extra-curricular activities, or social activities related to TJU or with TJU 
students.

Policy on Equal Opportunity

Thomas Jefferson University is committed to providing equal educational and employment 
opportunities for all persons without regard to race, color, national or ethnic origin, marital status, 
religion, sex, sexual orientation, gender identity, age, disability or veteran’s status. The consideration of 
factors unrelated to a person’s ability, qualifications and performance is inconsistent with this policy. Any person having inquiries or complaints concerning Thomas Jefferson University’s compliance with 
Title VI, Title IX, the Age Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 
of the Rehabilitation Act is directed to contact their Student Affairs Dean or Human Resources – 
Employee Relations, who have been designated by Thomas Jefferson University to coordinate the 
institution’s efforts to comply with the these laws. Any person may also contact the Assistant Secretary 
for Civil Rights, U.S. Department of Education, Washington, D.C. 20202, or the Director, U.S. Department 
of Education, Office for Civil Rights, Region Three, Philadelphia, Pennsylvania, regarding the University’s 
compliance with the equal opportunity laws.

Policy Prohibiting Sexual Harassment

Sexual harassment is a form of sex discrimination, and will not be tolerated. The following behaviors 
are prohibited, whether conducted by a man or a woman:

• To threaten or insinuate, expressly or implicitly, that any student is required to submit to sexual 
  advances or to provide sexual favors in order to participate in a University program or activity
• To make any educational decision or take any action based on a student’s submission to or 
  refusal to submit to sexual advance.
• To engage in unwelcome sexually-oriented or otherwise hostile conduct which has the purpose 
  or effect of interfering unreasonably with another person’s work or academic performance or of 
  creating an intimidating, hostile, abusive or offensive environment. Such an environment can be 
  created by a University employee, another student, or even someone visiting the University, 
  such as a student or employee from another school.

Sexual harassment may include a range of subtle and overt behaviors and may involve individuals of 
the same or different sex. Depending on the circumstances, these behaviors may include, but are not 
limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal 
abuse of a sexual nature; commentary about an individual’s body, sexual prowess or sexual deficiencies; 
leering, catcalls or touching; insulting or obscene comments or gestures; display or circulation in the
workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

It is important to remember that these prohibitions apply not only to oral and written communications, but also to e-mail, voice mail and Internet communications and searches.

It is no defense to inappropriate behavior that there was no bad intent, that it was only a joke, or that it was not directed at any particular person.

Policy on Other Forms of Harassment

Harassment based on any other protected status is equally prohibited and will not be tolerated. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her age, race, color, religion, creed, sexual preference or orientation, marital status, national origin, ancestry, citizenship, military status, veteran status, handicap or disability or any other characteristic protected by law or that of his/her relatives, friends or associates.

Harassing conduct includes, but is not limited to: epithets, slurs or stereotyping; threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the academic, clinical or work environment of written or graphic material that denigrates or shows hostility or aversion toward an individual or group.

It is important to remember that these prohibitions apply not only to oral and written communications, but also to e-mail, voice mail and Internet communications and searches.

It is no defense to inappropriate behavior that there was no bad intent, that it was only a joke or that it was not directed at any particular person.

Retribution is Prohibited

Jefferson prohibits retribution against any individual who reports discrimination or harassment or participates in an investigation of such reports. Retribution against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action. This means that management will neither engage in nor tolerate retribution of any kind against an employee who makes a complaint, serves as a witness or otherwise participates in the investigatory process.

What to Do If You Feel You Have Been Subjected to Discrimination, Harassment or Retribution

In some situations, a person may not realize that his or her behavior is unwelcome and/or offensive to you. Therefore, you are encouraged to tell the offending party that his or her conduct is unwelcome and/or offensive and request that the conduct stop. If this informal approach proves ineffective, or if it is one with which a person feels uncomfortable, for whatever reason, please follow the procedure set forth below. No student, employee or faculty member is required to directly confront the individual who has made him or her uncomfortable.

If you believe that you may have been discriminated against, harassed by or retaliated in violation of this policy, you should report the alleged violation immediately to your School Dean, Student Affairs Dean, your Course or Clerkship Director, Human Resources, Employee Relations, or you can call the ComplyLine.
at (888) 5-COMPLY. Please speak with whichever person you feel the most comfortable, whatever your reasons. All complaints will be investigated promptly, and the existence and nature of your complaint will be disclosed only to the extent necessary to make a prompt and thorough investigation or as may be necessary to take appropriate corrective measures.

Sanctions for Violations of These Policies
Any student, employee, agent or non-employee who, after appropriate investigation, has been found to have unlawfully discriminated against, harassed or retaliated against another person, or to have engaged in inappropriate behavior inconsistent with this policy (even if not unlawful), will be subject to appropriate disciplinary and/or corrective action, up to and including termination of his or her relationship with Jefferson, or dismissal.

Respectful Interactions
Respectful interactions are required of all students. Respectful is being considerate, courteous, professional, and by maintaining confidentiality of patient information. While participating in any college-related activities (e.g., coursework, clinical experiences, volunteer work, etc.), it is expected that all students, faculty and staff affiliated with TJU PA Program will act in a manner that is guided by a respect for other students, staff, faculty, patients and healthcare practitioners who may have differences that include (but are not limited to) the following:

- Religious beliefs and practices
- Socioeconomic status
- Ethnicity/Language
- Racial background
- Gender
- Nontraditional medical beliefs and practices
- Sexual orientation
- Physical/emotional disabilities
- Intellectual capabilities

The TJU College PA Program will not tolerate incivility by any member of the University community. Examples of incivility include rude, sarcastic, obscene, disruptive or disrespectful behavior, threats, or damage to property. Students exhibiting uncivil behavior will be reported to the Progress and Conduct Committee for possible disciplinary action. In general, any behavior which significantly disrupts teaching, research, administrative, or student functions, may be brought before the TJU PA Program Professional & Academic Review Committee.

How to Resolve Problems

**Didactic Phase**

1. If it is a question or concern about a class, you should talk with the course instructor first.

2. If your course instructor cannot help you resolve the matter, you should then speak to the Director of Curriculum and Evaluation who will consider the problem and attempt to resolve the issue.

3. If the situation needs further review or you do not feel that the question/problem has been addressed, it will then be presented to the Chair/Director.
Clinical Phase

1. If it is a question or concern involves your clinical rotation, you should talk with the preceptor first.

2. If your preceptor cannot help you resolve the matter, you should then speak to the Director of Clinical Education who will consider the problem and attempt to resolve the issue and/or direct you to the faculty member assigned to that clinical rotation.

3. If the situation needs further review or you do not feel that the question/problem has been addressed, it will then be presented to the Chair/Director.

Do not allow small problems to turn into large problems, address those issues immediately so that the issue can be resolved quickly.

Student Evaluation

During both the didactic year and the clinical year, you will be evaluated by various mechanisms including, but not limited to, class participation, written examinations, practical examinations, oral examinations, and professional behavior. Final grades for each course are established by the individual course coordinator and will be outlined in the course syllabus you will receive at the onset of each course.

Medical Terminology Examination

During the first week of the Fall semester, students are required to successfully complete a written medical terminology examination. All students must pass the written exam with a score of 70% or higher in order to proceed in the program. Should a student receive a failing grade on the examination (below 70%), they will be permitted one retake to be completed within 4 weeks of receipt of notification of the failing grade. Should the student fail a second time, they will be dismissed from the program.

Comprehensive Examination & Summative Evaluation

At the end of the Didactic Phase students are required to successfully complete a written comprehensive exam. All students must pass the written comprehensive exam at the end of the didactic phase with a score of 70% or higher in order to proceed into the clinical phase of the program. At the end of the Clinical Phase students are required to successfully complete the Summative Evaluation that is composed of a written comprehensive examination, an OSCE, and a clinical skills practical exam. At the conclusion of the clinical phase, all students must pass the summative evaluation with a minimum grade of 70% or higher on each individual component in order to graduate from the program.

Should a student receive a failing grade on the written comprehensive exam (below 70%), they will be permitted one retake to be completed within 4 weeks of receipt of notification of the failing grade. A
second failure will result in dismissal from the program. Should a student receive a failing grade on the summative evaluation (below 70% on each component), the student will be permitted one retake on each component(s) in which a failing grade was received. Should the student fail a second time, they will be dismissed from the program.

PACKRAT Examination

The Physician Assistant Clinical Knowledge Rating Assessment Test (PACKRAT) is a web-based examination used by the Program to aid students in self-analysis of their clinical knowledge. The examination, based on the NCCPA blueprint, is given at the end of the didactic and clinical years and provides an assessment of individual student strengths and weaknesses. The PACKRAT Examination will not contribute to a student’s grade in the Physician Assistant Program and is for self-assessment purposes only.

Grading Criteria

At the close of an academic term, each instructor assigns a letter grade indicating the quality of a student’s work in the course.

The following is the grading system used in the School, including the quality points assigned for use in the calculation of the grade point average (GPA). Note that the minimal grades required for satisfactory performance in a given course and for progression in the program are determined by the academic policies governing the particular program. For example, in some programs the minimal passing course grade is a C or C-. Depending on the program, failure to achieve the minimal passing grade may result in dismissal or academic probation with the requirement of repeating the course.

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Numeric Value</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>98-100</td>
<td>4.0</td>
</tr>
<tr>
<td>A</td>
<td>93-97</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>90-92</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>87-89</td>
<td>3.3</td>
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<tr>
<td>B</td>
<td>83-86</td>
<td>3.0</td>
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<tr>
<td>B-</td>
<td>80-82</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>77-79</td>
<td>2.3</td>
</tr>
<tr>
<td>C</td>
<td>73-76</td>
<td>2.0</td>
</tr>
<tr>
<td>C-</td>
<td>70-72</td>
<td>1.7</td>
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<tr>
<td>D+</td>
<td>67-69</td>
<td>1.3</td>
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<td>1.0</td>
</tr>
<tr>
<td>D-</td>
<td>60-62</td>
<td>0.7</td>
</tr>
<tr>
<td>F</td>
<td>Below 60</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Course & Instructor Evaluations
The TJU PA Program requires that each student complete course and instructor evaluations. This is a responsibility which should be taken seriously. Constructive suggestions are beneficial and aid the faculty in designing course materials for your successful learning. It is unprofessional for a student to include disrespectful comments in his/her written course evaluation. These evaluations will be completed online. Course evaluations will be submitted at the conclusion of each course.

**Testing Policies**

The policy and procedures for test administration are:

1. Students are expected to take examinations at the time designated. Each student is responsible for arriving on time for all examinations.
2. All personal belongings including purses, bookbags, coats, coffee cups, hats, etc. must be placed in the front of the room prior to the start of the exam.
3. Students will not have any material other than a pencil or pen at their desk during the exam.
4. All beepers, cellular phones, and other electronic devices must be turned off during examinations.
5. Each student is responsible to properly mark the answers in the computer or on the answer sheet.
6. **Students arriving more than 20 minutes late to an exam will be admitted at the discretion of the course director.**
7. A student who arrives late to an exam will not be given additional time.
8. Students must not communicate with each other in any way.
9. At the end of the exam the student must return all exam materials before leaving the room.
10. Students may go to the rest room one at a time. No extra time will be allotted to complete the exam.
11. Students may not reenter the room after they have completed the exam.
12. Attendance at all examinations is mandatory.
13. In the event of an illness, the student must contact the PA Office, BEFORE the test (215-503-0106).
14. If a student missed an examination due to an excused illness or personal crisis, a make-up exam will be offered to the student on the first day back in classes.
15. Any questions or discrepancies regarding an exam should be addressed in writing, citing the discrepancy and listing references.
16. Review sessions are at the discretion of the course coordinator.

Any questions or discrepancies regarding an exam should be addressed in writing to the course director within 24 hours of the exam, citing the discrepancy and listing references.

Changes in test scores will be made at the discretion of the course director.
PA Program Professional & Academic Review Committee

This Committee has a membership of all full-time PA Program faculty members, the Director of Curriculum and Evaluation, the Director of Clinical Education, any available part-time faculty, and the PA Medical Director. The PA Program Chair presents the information to the Committee.

The duties of the Committee include:

1. To review cases of students who have received a failing grade(s) and submit recommendations regarding promotion, probation or dismissal as per the guidelines set forth in this manual and the JSHP Student Manual.

2. To review cases of students whose professional behavior and/or ethics have been questioned by the faculty, Department Chair, a preceptor, or a patient, and make recommendations.

3. The Committee may, at its discretion, meet with the student to discuss that student’s individual situation.

4. To review a student’s scholastic performance and personal suitability for a career in medicine and make appropriate recommendations pertaining to promotion, dismissal and graduation.

5. To identify students in academic distress and make recommendations to the course director and the Program (i.e. remediation).

Scholastic Performance

Students will follow the Academic Regulations for the Jefferson School of Health Professions (JSHP) in the JSHP Catalog and the Special Program Requirements for the Physician Assistant Program as listed below. In accordance with these regulations and requirements, a student enrolled in the PA Program must achieve a minimum grade point average of 3.00 to remain in academic good standing. Details regarding the numeric grading scale that corresponds to letter grades for each course will be specified in each course syllabus.

Academic Probation:

PA students whose cumulative grade point average (CGPA) falls below a 3.0 will be placed on academic probation. At the end of the probation period:

1. The Student achieves the minimum cumulative grade point average and is reinstated in good standing, or

2. The student fails to achieve the minimum grade point average at the end of the probationary period and is dismissed from the School for academic underachievement, or

3. In extraordinary cases, where the student has made significant progress toward achieving the minimum grade point average, the Department Chair may recommend granting one additional probationary semester. If, at the conclusion of the extended probationary semester, the cumulative grade point average is still below 3.00, the student is dismissed for academic underachievement. Actions related to the academic probation and dismissal must be reviewed by both the Committee
on Student Affairs and the Office of the Dean before action can be taken. The Committee on Student Affairs is comprised of faculty and student representatives from the School.

Any student dismissed from or required to withdraw from a school or a department because of academic underachievement, and subsequently readmitted to a school or department, must achieve a semester grade point average of 3.00 for the semester in which he or she was readmitted. If the student fails to do so, he or she will be dismissed. Furthermore, if such a student has a cumulative grade point average of less than the minimum stipulated at the end of the semester in which he or she was readmitted, he or she must raise the cumulative grade point average to the minimum by the end of the following semester or be dismissed. Any student who is readmitted with special student status may be exempted from the guidelines in this paragraph; that student will be held responsible for meeting the criteria of academic performance established by the Professional and Academic Review Committee of the PA Program and the Department Chair.

**Special Program Requirements**

1. Any student who fails an academic or clinical course (receives a grade of “D” or below) will be eligible for remediation. Failure to successfully complete course remediation will result in dismissal from the program. Failure of a second course or clinical rotation will result in immediate dismissal from the program.
2. Failure of a clinical rotation will require the student to repeat the specific rotation at the conclusion of the clinical year.
3. Students may only remediate one academic or clinical course during their course of study in the TJU PA program.
4. A student who has been dismissed from the program is eligible to apply for readmission. The Professional and Academic Review Committee (PARC) of the Department of Physician Assistant Studies will recommend to the Department Chair whether a student should be readmitted, and his/her level of re-entry. The Department Chair will make the final decision regarding readmission. The members of PARC are appointed by the Department Chair and consist of faculty members in the Department of Physician Assistant Studies. If the student is readmitted to the Department of Physician Assistant Studies, the student may be required to repeat specified courses. An academic course or clinical rotation may be repeated only once during a student’s tenure at Thomas Jefferson University and it must be repeated within the academic year immediately following readmission. If a repeated course is not successfully completed as defined by the Department Chair, or if the CGPA is not successfully improved by repeating the required course, the student will be dismissed from the Physician Assistant program.
5. Students will not be permitted to enter clinical rotations until all prerequisite academic courses are successfully completed and the student has a CGPA of 3.0. The dates of the clinical rotations are subject to the availability of placements.
6. Students who have been delayed in their progress through the physician assistant program due to any of the above circumstances must contact the Director of Clinical Education to arrange for a clinical rotation when the CGPA has been sufficiently raised. The clinical rotation time period may not fit the traditional or printed time slots. Flexibility is expected on the part of the student in arranging and completing the requisite clinical affiliations.

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7. Students are required to have a CGPA of 3.0 or higher in order to be eligible for graduation.
8. It is the expectation that each student will conduct himself or herself in a manner compatible with the Code of Conduct as outlined in the Jefferson School of Health Professions Student Handbook.
9. Students are required to complete the program course of study within 4 years of the date of matriculation.
10. School policies and procedures on academic regulation such as promotion, withdrawal, grade appeal protocol and criteria for graduation are described in detail in the Academic Regulations section of the Jefferson School of Health Professions Student Handbook.

Remediation Policy

The Thomas Jefferson University PA Program is academically intense and challenging. Most PA students will accomplish this highly integrated and compact curriculum maintaining a high degree of academic excellence. However, some students who may ultimately become quality PAs may not be suited to this intense curriculum given their individual skills and/or special situations. Thus, the Thomas Jefferson University PA Program has developed this “Remediation Policy” which will allow students to remediate only one course should a failing grade be achieved.

1. If a failing grade is received in an individual course (didactic or clinical), the student will be allowed to remediate that course within 3 weeks of notification of the failing grade as follows:
2. The method of remediation is to be determined by the course director and may take the form of a comprehensive examination, presentation, research paper, or any other form the course director deems appropriate.
3. The student will meet with the course director throughout those three weeks as needed by the student to review the material in need of remediation.
4. The student must obtain a minimum grade of 70% to successfully remediate the failed course. The highest grade the student may obtain in the failed course after successful remediation is a “C-”.
5. If the student does not pass remediation, the student will be allowed to re-enroll in the course the following year that the course is offered. Students cannot progress to any other courses within the PA curriculum until the failed course has been remediated. The student must audit all other courses during the semester that they repeat a failed course.
6. Unsuccessful remediation of the re-enrolled course will result in automatic dismissal from the PA Program.
7. The student will be responsible for the full cost of the repeated and audited courses.

This policy is in effect for both the didactic and clinical phase of the program. Graduation from the program may be extended depending on when the course is retaken. After successful remediation of the repeated course, any additional failing course and/or rotation will result in the automatic dismissal from the Thomas Jefferson University PA Program.

Questions regarding this policy should be addressed to the PA Program Chair.

Approved by University Council
1/29/13
Academic Dishonesty

Academic Integrity Policy
The Administration and Faculty of the School of Health Professions believe that academic integrity is one of the most important values and behaviors that should be practiced by students during their academic and clinical education. Integrity and honesty are especially valued in the healthcare professions because accurate diagnosis and treatment of patients are greatly dependent upon a health practitioner’s honest and capable assessment of symptoms and diagnostic tests. This assessment can only be rendered by the practitioner who has real knowledge obtained as a student who answered test questions independently, thereby identifying and correcting mistakes. The successful practitioner can communicate important diagnostic and therapeutic information in writing because as a student, such skills were developed and/or enhanced by completing writing assignments independently. The practitioner who was dishonest in his or her educational pursuits is at great risk for making diagnostic errors and such errors can mean that someone’s healthcare is mismanaged. Because we are committed to educating practitioners who provide the highest quality of healthcare, the School Administration and Faculty are equally committed to mandating and enforcing the practice of academic integrity by all students. The following policy on academic integrity defines dishonesty and describes the procedures for responding to charges of academic dishonesty in the School.

Forms of Academic Dishonesty

Plagiarism
As stated in the American Medical Association Manual of Style, in plagiarism, an author passes off as his or her own the ideas, language, data, graphics or even scientific protocols created by someone else, whether published or unpublished. When a student submits work for credit that includes the words, ideas or data of others, the source of that information must be acknowledged through complete, accurate, and specific references, and, if verbatim statements must be included, through quotation marks as well. By placing his or her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments.

Examples of Plagiarism include, but are not limited to:
1. Quoting another person’s actual words, complete sentences or paragraphs, or entire pieces of written work without acknowledgement of the source.
2. Using another person’s ideas, opinions or theories, even if they are completely paraphrased in one’s own words, without acknowledgement of the source.
3. Noting the original source of only a part of what is borrowed.
4. Borrowing facts, statistics or other illustrative materials that are not clearly common knowledge without acknowledgement of the source.
5. Copying another student’s essay test answers.
6. Copying or allowing another student to copy a computer file that contains another student’s assignment and submitting it, in part or in its entirety, as one’s own.
7. Working together on an assignment, sharing the computer files and programs involved and then submitting individual copies of the assignment as one’s own individual work. Students are urged to consult with individual faculty members if in doubt.

Fabrication
Fabrication is the use of invented information or the falsification of research or other findings with the intent to deceive. Examples include, but are not limited to:
1. Citation of information not taken from the source indicated. This may include the incorrect documentation of secondary sources materials.
2. Listing sources in a bibliography not directly used in the academic exercise.
3. Submission in a paper, thesis, lab report or other academic exercise of falsified, invented or fictitious data or evidence, or deliberate and knowing concealment distortion of the true nature, origin or function of such data or evidence.
4. Submitting as one’s own, any academic exercise (e.g., written work, printing, sculpture, etc.) prepared totally or in part by another.

**Cheating**

Cheating is an act or an attempted act of deception by which a student seeks to misrepresent that he or she has mastered information on an academic exercise that he or she has not mastered. Examples include but are not limited to:

1. Copying from another student’s test paper or allowing another student to copy from a test paper.
2. Using the course textbook or other material such as a notebook brought to a class meeting but not authorized for use during a test.
3. Collaborating during a test with any other person by receiving information without authority, or collaborating with other on projects where such collaboration is not expressly permitted.
4. Using or processing specifically prepared materials during a test, e.g., notes, formula lists, notes written on the student’s clothing, etc. that are not authorized.
5. Taking a test for someone else or permitting someone else to take a test for you.
6. Tapping pencils or other objects otherwise signaling in code.
7. Entering any office or opening a file to obtain a test or answer key.
8. Viewing test materials on a secretary’s or faculty member’s desk.
9. Passing quiz/test questions or answers from one student to another, even after the test is completed.
10. Copying a posted answer key without permission.
11. Discussing test questions or answers outside the examination room while the test is in process.

**Academic Misconduct**

Academic misconduct is the intentional violation of University Policies, by tampering with grades, or taking part in obtaining or distributing any part of an unadministered test. Examples included but not limited to:

1. Stealing, buying or otherwise obtaining all or part of an unadministered test.
2. Selling or giving away all or part of an unadministered test including answers to an unadministered test.
3. Bribing any other person to obtain an unadministered test including answers to and unadministered test.
4. Entering a building or office for the purpose of changing a grade in a grade book on a test or on other work for which a grade is given.
5. Changing, altering or being an accessory to the changing and/or altering of a grade in a grade book, on a test, in a computer, on a change of grade form or other official academic records of the University which relate to grades.
6. Entering a building or office for the purpose of obtaining an unadministered test.
7. Continuing to work on an examination or project after the specified allotted time has elapsed.
8. Signing into classes for others.

**Academic Dishonesty in Clinical Settings**

Academic dishonesty in the clinic is characterized by deliberate, deceitful intention to (1) obtain information from another source and claim as one’s own, (2) fabricate clinical data or information, or (3) misrepresent one’s own actions or the actions of another in order to avoid sanctions. Examples include, but not limited to:

1. Looking up a logbook, equivalent source or consulting professional for a diagnosis or treatment plan on an assigned unknown case without authorization from the clinical instructor.
2. Using a correlated histopathologic or clinical diagnosis in lieu of his or her own clinical or technical interpretation.
3. Reporting results without performance of a test or procedure.
4. Providing unauthorized information to other students on clinical assignments.
5. Changing answers on worksheets or patient records after they have been reviewed and/or turned in.
6. Misrepresentation of one’s own or another identity.
7. Feigning illness or emergency to avoid a clinical rotation or assignment.
8. Signing into rotation for another student when absent.
9. Communication of confidential information to a person involved in the patient’s care without authorization.
10. Misrepresenting any aspect of patient care or documentation.

**Sanction**

See *JSHP Student Manual*.

**Promotion, Dismissal & Graduation**

The ability of a physician assistant student to be promoted, to remain as a student in the TJU PA Program, and to graduate from the TJU Physician Assistant Program are the responsibilities of the PA faculty and student. The progress and promotion of each student throughout the curriculum requires continuous, satisfactory academic and professional behavior.

The PA faculty has established the PA Program Professional and Academic Review Committee to review a student's scholastic performance and personal suitability for a career in medicine and make appropriate recommendations pertaining to promotion, dismissal and graduation.

*JSHP policies and procedures on academic regulation such as promotion, withdrawal, grade appeal protocol and criteria for graduation are described in detail in the Academic Regulations section of the Jefferson School of Health Professions Student Handbook.*
Requirements for Graduation

The Master of Science in Physician Assistant Studies Degree is granted to all students who have been recommended by the PA Program Professional and Academic Review Committee. In addition to the requirements set forth in the JSHP Student Handbook, student shall have successfully:

1) completed the program course of study within 4 years of the date of matriculation,

2) completed the required curriculum of the PA Program with a minimum grade of “C-” in all courses,

3) attained a cumulative grade point average of 3.00 or higher, and

4) All students must pass the written comprehensive exam at the end of the didactic phase and the summative evaluation at the end of the clinical phase. Requirements for a passing grade are described above.

The successful completion of the above requirements demonstrates that the student has met the minimum requirements for graduation from the Thomas Jefferson University Physician Assistant Program and is a candidate suitable to sit for the Physician Assistant National Certification Examination. Promotion and graduation is based on both academic and professional growth and development.

Students who fail to meet all promotion criteria may either be dismissed from the Program, or be required to remediate any deficiencies at the discretion of the PA Program Professional and Academic Review Committee. The student must demonstrate acceptable levels of maturity, integrity, and other attitudes and behaviors expected of health professionals. The student must be free of any impediments to licensure or to performance as a Physician Assistant. Failure to meet these requirements will jeopardize continued enrollment in the program or graduation from the program.

Grade Appeals Protocol

See JSHP Student Manual.

NCCPA

National Commission on Certification of Physician Assistants is the credentialing organization for Physician Assistants. Students may access the web site for information about the certification process, licensing and credentialing, continuing medical education, etc. The TJU PA Program will discuss the process for taking the PANCE exam in your second year.
**Clinical Phase**

The Thomas Jefferson University Physician Assistant Program offers students a challenging course of study designed to prepare them for future roles as a Physician Assistant. The innovative curriculum leads to a Master of Science in Physician Assistant Studies (MSPAS) degree. The curriculum is used to provide each student with the knowledge, skills and attitudes essential to providing quality medical care, functioning as an effective member of the health care team, and serving in an advocacy role for persons seeking medical care.

The clinical phase (12 months) will be the most challenging, rewarding, and yes, at times frustrating segment on your journey to becoming a physician assistant. Each of your preceptors during your clinical rotations also has a copy of the goals and objectives of the clinical phase.

The opportunities for learning, enhancing your skills, and developing your identity as a physician assistant will *never* be greater than they will be during the clinical phase. The responsibilities to yourself, your preceptors, and your patients will be tremendous; you need to take advantage of every opportunity and live up to the responsibilities – ultimately you and your patients will be the major beneficiaries.

Temptations to choose the “easy road” during this time will be great, but allowing yourself to take this path will be a disservice to your preceptors, your patients, and especially to yourself. Discipline and challenge yourself to study to make the most of the opportunities afforded to you during this time – remember there is always something new to learn, even in the most mundane tasks and that each clinical encounter will be as successful as you make it.

During the clinical phase you are representing the physician assistant profession as well as the Thomas Jefferson University Physician Assistant Program. Many times you may be the first contact that a patient or other healthcare professional has had with the PA profession or Thomas Jefferson University, so make every attempt to be a “positive representative” for your profession and for the University.

The clinical rotations provide further instruction in anatomy, pathophysiology and clinical medicine, focusing on the areas traditionally defined by primary care, internal medicine, pediatrics, women’s health, emergency medicine, surgery, and behavioral medicine. Training experiences occur in ambulatory, emergency, in-hospital and long-term care settings. Physician assistant students learn to deliver healthcare services to diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions.

The faculty and staff of the Thomas Jefferson University Physician Assistant Program want to offer any help and guidance you may need during this time, remember we are only a phone call away. We wish you the best of luck and hope your clinical phase is both enjoyable and rewarding.
Clinical Curriculum

The clinical year involves an in-depth exposure to patients in a variety of clinical settings. It is during this phase of the student’s education that the student shapes and reinforces the skills described within the clinical role of the Physician Assistant. Completion of the student’s clinical rotations phase of the curriculum prepares the student to deliver quality illness prevention and disease management services in a wide variety of practice settings.

Students interview and examine patients, identify health care risks and problems, transmit patient information in verbal and written form to preceptors and other healthcare professionals, obtain specimens for diagnostic testing, participate in surgeries, monitor programs of evaluation and therapy, and discuss preventive healthcare behaviors with patients and families. The clinical year curriculum includes:

**Fall Semester (Clinical Year/Year 2)**
- Clinical Rotation 1 5.0 Credits
- Clinical Rotation 2 5.0 Credits
- Clinical Rotation 3 5.0 Credits
- Healthcare I 1.0 Credit
**Total 16 Credits**

**Spring Semester**
- Clinical Rotation 4 5.0 Credits
- Clinical Rotation 5 5.0 Credits
- Clinical Rotation 6 5.0 Credits
- Graduate Project I 0.5 Credit
**Total 15.5 Credits**

**Summer Semester**
- Clinical Rotation 7 5.0 Credits
- Clinical Rotation 8 5.0 Credits
- Graduate Project II 0.5 Credit
- Healthcare II 1.0 Credit
**Total 11.5 Credits**

**Total Credits** 43

*Core rotations vary from fall to summer semesters during the clinical year depending on preceptor availability.*
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

- 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 Clinical Coordinator (215-503-0106) 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. The Pennsylvania Scope of Practice for PAs is provided as an example (appendix 6).

**Student Responsibilities**

- The student will conduct themselves in a courteous, respectful, and professional manner at all times.
- 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 student is responsible for discussing with preceptor a mid-point evaluation for each rotation.
- The student will never see, treat and discharge a patient without having the preceptor see the patient.
- The student shall handle all confidential information in a professional and ethical manner and in accordance with all applicable federal and state, including HIPAA laws and regulations.
- The student shall be permitted to document in designated portions of the hospital patient’s permanent medical record, in accordance with hospital policy.
- It is the student’s responsibility to complete all required documentation for each clinical rotation as required by the hospital.
- If a drug/alcohol screen is required by the hospital (prior, during or after rotation), it is the student’s responsibility to have the proper testing done and to incur all expenses.
- The student may not make any contacts on their own without the consent of the clinical coordinator to set-up rotations. It is the responsibility of the program to assign clinical placements.
- If a student is removed from a rotation either by the Program or a request from a preceptor, the student must appear before the Thomas Jefferson University Physician Assistant Program Professional and Academic Review Committee. The student could be dismissed from the program or the graduation of the student could be delayed until other rotations can be found that are approved by the PA Program.
- Falsification of clinical rotation documents will result in dismissal from the PA Program.

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 (215-503-0106) AND their preceptor if they will be absent at any time during a rotation.
- Students are permitted 2 excused absences per rotation. More than 2 excused absences per
rotation may result in repeating that rotation or appearance before the PARC.

- 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.

**Rotation Site Assignments**

At the time students receive their supervised clinical rotation assignments, they will receive site profiles, including contact information. Two weeks prior to the rotation start date, students need to make contact with the site to arrange a meeting time and location as well as receive site-specific information (regarding parking, badges, etc.). The student is responsible for completing any paperwork required by hospitals, etc., or obtaining training as needed by said facilities. The Thomas Jefferson University PA Program assigns and approves all clinical rotations.

Students may identify and assist in the development of supervised clinical rotation sites. The Program will notify students of a deadline for all required paperwork of student-identified potential supervised clinical rotation sites. These sites require evaluation and approval by the Program prior to student assignment. The Program does not guarantee student-identified sites will be approved by the Program for student assignment.

Rotation assignments will be distributed in a timely manner throughout the rotation year so that students have appropriate time to plan travel and housing if needed. Students are responsible for all clinical year expenses including travel and housing costs.

**Site Visits/Student Visits**

At the discretion of the program’s clinical faculty, student visits maybe scheduled by a Thomas Jefferson University faculty/staff member or a regional coordinator appointed by the program, to meet with the student and/or the preceptor to discuss progression and other pertinent issues in and around the rotational experience.
Professional Behavior

Your professional conduct should be exemplary and professional at all times. Professionalism is one of the parameters your preceptor will be evaluating during your rotation. Please make an effort to establish friendly relationships with your preceptors and other healthcare professionals. Be mindful of your conduct at all times—you are constantly being observed by professionals and patients with regard to your professional and personal conduct.

If a student is removed from a rotation either by the Program or a request from a preceptor, the student must appear before the PA Program Professional and Academic Review Committee. The student could be dismissed from the program or the graduation of the student could be delayed until other rotations can be found that are approved by the PA Program.

Documentation & Prescriptive Activities

The student will legibly sign all notes and written documentation and/or identify him/herself dictating on a patient’s record as “PA-S” (physician assistant student) following their signature/name. All written records are to be neat, well organized and legible. The student is to maintain and respect patient confidentiality at all times. Information identifying the patient must be deleted prior to handing in required H&P’s, case studies and assignments.

As a student, you may NOT prescribe drugs or medications of any kind. State law requires a licensed clinician must sign all prescriptions. You may NOT sign a prescription for a physician. Should you have questions or need further clarification while on rotation, please contact the Department Chair or Director of Clinical Education.

Respect for Patients

The student will respect the wishes of the patient if they choose not to have the student participate in their care. The student will promptly advise the Program of any problems which seem to be distracting from the purpose of the rotation. The student will be familiar with rotation objectives. Students cannot change rotation sites or preceptors. This is only done by the Director of Clinical Education.

Clinical Rotation Performance

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. Through the course of your rotation you will be required complete these tools. These include, but are not limited to the Student Contact Form, Student
Schedule, Site Survival Forms, and Student Evaluation of Preceptors and Sites. **Final grades will not be released until all requested documents have been received. These documents are due by Transition Day and may be dropped off at the department or faxed to (215) 503-0315.**

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 clinical coordinator 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. (See Appendices 5&6)

- **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, you 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 your 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, you should be proficient in these competencies. The Program encourages you to approach your preceptor(s) about the opportunity to accomplish these competencies (whenever possible) during your rotation(s). (See Appendix 2).
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.

**Assigned Readings**

Each rotation has objectives, disease states/conditions, and procedures which require understanding for successful completion of the rotation, end of rotation exams and the Physician Assistant National Certification Exam (PANCE). Refer to [www.nccpa.net](http://www.nccpa.net). Your preceptor may assign additional readings for which you are also responsible. All of these readings enhance your understanding of the medical discipline in which you are participating.

**Preceptor Evaluation Process**

There are two evaluations that must be completed in the clinical rotation. Copies of the evaluations can be found in appendices 6 & 7.

The mid rotation evaluation is to provide the student with constructive feedback, so that any identified deficiencies can be improved upon before the end of the rotation. This evaluation is graded on a pass/fail basis; however, a failure in any professionalism category will result in failure of the rotation. This form should be given to the preceptor at the end of the second week, completed and reviewed by the end of the third week. Upon review of the mid-rotation evaluation the student and preceptor must sign the evaluation. *The student is responsible for turning in the evaluation to the PA Department admin office by 9:00 AM on the Monday of the fourth week.*

The final rotation evaluation should be submitted to the preceptor by the end of the fourth week, and should be completed and reviewed with you by your last day at the clinical site. A minimum score of 70% must be achieved on this evaluation to pass the rotation. Students receiving below 70% or failing any of the professionalism components of the evaluation will be receive a failing grade for the rotation and will have to repeat ALL components of the rotation.

*It is the responsibility of the student to return all paperwork to the PA Program. Failure to submit any paperwork may affect the student grade. Paperwork may be dropped off in person or faxed to the department at (215) 503-0315.*

**Patient Documentation Assignments**

*Each write-up must be completed and turned in to the PA program administration office by 5 pm on the Friday of the third week of each rotation.* *Students should make copies of their write-ups for their own files before sending them to the PA Program.* Assignments may be dropped off at the departmental administration office or faxed to the department at (215) 503-0315. The fax confirmation document should be kept for your records. It is the responsibility of the student to ensure that the department has received the documents.

Write-ups should be completed on the appropriate “TJU Patient Note” forms. These forms will be posted on Pulse. Photocopies of actual patient charts will not be accepted (due to compliance with
HIPAA laws). No identifying patient information should be included on the document. The patient should be designated by first and last initials, as well as the corresponding case number that the same patient was logged into the patient tracking software.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty advisor will contact the student and suggest strategies for improvement.

**Rotation Assignments**

See rotation-specific syllabi for assignments and grading criteria.

**Calculating the Final Rotation Grade**

<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>
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</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>
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<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>
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<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>
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<td>n/a</td>
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<td>10%</td>
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<td>n/a</td>
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<tr>
<td>Elective</td>
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<td>40%</td>
<td>P/F</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>P/F</td>
</tr>
</tbody>
</table>

**Transition Days**

At the end of every rotation, the clinical year students will return to campus for Transition Days. These will take place the last two days of the rotation unless otherwise specified by the clinical faculty and/or program director. End of rotation examinations, case presentations, practical examinations, and various lectures and workshops will take place on these days. **Attendance is mandatory.** While transition day activities may not last the entire two days, students should expect to be on campus from 8:00 AM to 8:00 PM on both days.
Rotation Examinations

At the end of every core rotation, the student will take a multiple choice examination, which is based upon the rotation objectives. A grade of 70% or higher must be obtained to pass the clinical rotation. After all of the examinations have been given, the faculty will review the examination statistics and adjust the exams as necessary.

Students are only permitted to review the end of rotation examinations if they have failed the examination. In that situation the student may make an appointment with one of the clinical faculty to review the examination. The purpose for this review is for mastery of the material, and challenges to test questions will not be entertained.

Failure to receive a grade of 70% or higher on the end of rotation examination will require the student to sit for an additional examination. If the student receives a 70% or higher on the make-up examination, and all other requirements for the rotation are met, the highest grade the student can receive is a “B”. Failure of the second examination will result in a failure of the course.

Practical Examinations

Practical Examinations will take place on Transition Days. They will consist either of a procedure (i.e., venipuncture, suturing, ECG interpretation), or a problem specific history and physical examination. Details will be included in the corresponding syllabi.

Survival Skills for the Clinical Year Physician Assistant Program

Planning & Self-Reflection

The student should review the instructional and outcome objectives for each rotation. When this step is complete, the student should identify the specific objectives to accomplish while assigned to each clinical service.

At the end of each rotational experience, the student should spend some time reflecting on expectations and how they compare with actual achievements over the five weeks. What personal and professional factors served to facilitate or impede the student’s learning experience? What would the student have done differently were the opportunity to repeat a particular rotation provided?

As the student gets ready to begin the clinical year, there are several axioms that have emerged over the years that should be kept in mind. Following each of the tenets presented below has proven to reduce error and oversight while maintaining focus on the processes of quality medical care.

Preceptor Communication

- Review your rotation objectives with your preceptor. Help your preceptor understand your educational background and experience, your strengths and weaknesses, and the areas in which you would like to focus.
- Ask questions. Clinical instructors like to teach inquisitive students.
• Practice your patient presentations: presentations tell the preceptor about your organizational skills, your ability to make decisions about the information you have elicited and the manner in which you approach a problem.
• Take advantage of all patient care opportunities: students minimize their educational experiences when they “skip” morning and evening rounds. Ask permission first and if given the go-ahead, consider doing rounds before your preceptor arrives.
• Create educational opportunities: if you have a free hour, do “heart sound rounds”, listen to the hearts of all of your patients trying to pick up the gallops, murmurs, arrhythmias, PMI’s and pulses.
• When patient volume is low, consider asking your preceptor if you can spend time with a specialist (radiology, gastroenterologist, pulmonologist, and anesthesiologist) who seems particularly interested in teaching for the day.
• Organize lists or charts of common drugs used in the rotation and include the rationale of using them compared to drugs listed as gold standards in textbooks.
• The difference between a successful student and one who struggles is the amount of quality reading done.
• Be a team player. Being a team player may involve doing “scut” work. When the opportunity arises, volunteer to start IV’s, get lab test results, help with patient transfers, and arrange for patient transportation.
• You will be exposed to many variations on how to perform physical examinations, including shortcuts, omissions and legitimately different approaches.

Patient Interaction

• Introducing oneself to patients and their families: Students should ask the patient how she/he would like to be addressed and be prepared to describe the role and responsibilities of the physician assistant succinctly.
• Keeping an open mind: Patients and families may bring different perspectives, values, and experiences to their health care. It is the student’s responsibility to cherish these values while providing the best care possible.
• Listening to the chief complaint: Patients will tell the provider much necessary information in most instances. Only then, should the provider begin the process of in-depth questioning and subsequent careful physical examination.
• Being genuine: The therapeutic relationship is built on open and caring interactions.
• Taking the time to explain: Patients appreciate providers who spend time with them, explain in clear and unambiguous language, and acknowledge their feelings about what is happening.

Medical Knowledge

• Knowing the patient case thoroughly: Students should know the illness history, pertinent physical findings, every lab result obtained or when it will be available, and the social and cultural situation of the patient.
• The time devoted to better understanding the social and cultural circumstances of the patient’s life will do much to help the student understand how better to manage the patient.
• Being prepared and ready to learn: Students should know how to draw blood, insert intravenous lines, give injections, and suture lacerations before the first day of the first rotation. They should be an expert at these procedures by the last day of the last rotation.

• Students should observe as many diagnostic procedures and studies as possible, look at the imaging studies and electrocardiograms, and check the electrolytes and complete blood counts. Talking to the experts about the results will increase the student’s understanding of the disease process.

• Students should review all medications being used and understand the therapeutic purpose of each.

• Knowing diagnostic study results and ordering tests with attention to cost, risks, and benefits: Tests should confirm what is hypothesized based on a thorough history and physical examination.

Professional Development

• Using time wisely: For example, if the student is waiting to present a patient case to the preceptor, completing the write up while waiting makes excellent use of time.

• Being reliable in all situations: The PA/physician has a far better view of what needs to be done and when than the student does.

• Being truthful in all situations: If the student indicates that she/he will do something, then she/he should DO IT! If the student did not do the rectal exam, indicate that it was “not done” rather than “deferred.” That would be falsifying medical records.

• Initiating care and consultation early. This uses the patient’s time and resources wisely.

• Being helpful to others: Students can pull notes on patients, check diagnostic study results, prepare for procedures, and assist in other ways while serving as a member of the care team.

A final rule deals specifically with in-hospital activities: Start the day with “work” rounds before official rounds begin, by saying “hello” to patients and asking about any problems or questions, charting any events that occurred during the night, obtaining the results of consultations and studying attending physician recommendations. This will prepare you for your presentations to the physician.

Sample Patient Case Write-Up

Written Record

• It is important to be logical and orderly when documenting a patient’s history and physical. Consistency is very important.

• As a student, it is often difficult to decide pertinent information from non-important information so it is best to document all data even if it seems unimportant.

• Remember, if it is not documented it was not done.

• Always use medical terminology when documenting, unless quoting a chief complaint, i.e. "dyspnea" instead of "can't catch breath".
Be objective. Personal comments and subjective statements have no place in a patient's chart.

- HPI needs to tell a story. Does it make sense? Does it flow? All events should be incorporated chronologically.
- Refer to the Medical History & Physical Examination Format Booklet for content and form.

Oral Case Presentations

- This is the main mode of interaction between a student and a preceptor. It is also a skill that develops with time and practice.
- Most case presentations should average between 3 to 7 minutes.
- Try not to use notes.
- This is a concise summary of the patient's most pertinent history and physical examination findings as well as test results. If you are discussing lab or ancillary test results, have all pertinent results with you for review.
- This should be arranged in the same format as a written note with emphasis on the HPI, assessment and plan.

Identifying Information/Chief Complaint (CC)

- Identify patient by age, race (if relevant), sex, and chief complaint.
  (i.e.; Mrs. Smith is a 43 year old female admitted through the ED last night with the c/c “a swollen left leg”)
- If the patient was not able to provide the history, it is appropriate to comment on this at this time.
  (i.e.; Mr. Jones is a 96 year old male admitted by Dr. Pill for confusion. The history was given by the patient’s daughter, Mary Lee who is power of attorney)

History of Present Illness (HPI)

- This is probably the most important part of the case presentation. It should summarize all important medical facts concerning the patient’s chief complaint. It should be complete but brief and state in chronological order the reason for the patient’s visit. Utilize old records if needed.
• Should start the HPI with a statement regarding the patient's basic background health in relation to the onset of problems.

(i.e.: Mrs. Smith was at her normal state of good health until she developed pain and swelling of her left leg 2 days ago or Mr. Jones has a 7 year history of confusion related to his elevated ammonia levels due to chronic liver failure).

• Any pertinent PMHx should be summarized here in as much detail as possible. Especially important in complicated conditions that have required various treatments.

(i.e.: cancer -surgery, chemo, radiation treatment, CAD -bypass, cauterization, and rehab)

• Following a description of the patient’s symptoms, a brief statement should be mentioned as to why the patient is seeking medical treatment at this time.

• Include the patient’s pertinent positive and negative symptoms. A good rule of thumb is that most of the questions asked in the ROS for the given organ system in question should be included in the HPI.

• Finally, discuss other medical conditions or risk factors that may be relevant to the patient’s HPI.

(i.e.: Mrs. Smith’s BMI is >30, she leads a sedentary lifestyle, smokes 2 ppd and was started on BCP’s 2 months ago). For pediatric patients, it is appropriate to mention the mother’s pregnancy (complications) and birth history, as well as development.

Past Medical History (PMHx)

• Only discuss the most pertinent past medical conditions in case presentations
• If illnesses or surgeries are not important don’t mention them with the exceptions of cancer, diabetes, heart disease, and hypertension. These can be mentioned even if not present.
• All medications should be discussed with dosages. Trade names are accepted but be ready to give the generic if asked.
• Allergies and reactions should be mentioned.
• Always mention if there is a chance a female may be pregnant.
• In pediatric patients it is important to mention immunization history.

Family History (FHx)

• Only mentioned if it has a direct bearing on the patient’s problem or if there is truly an inheritable disease.

Social History (SHx)

• Usually only alcohol, tobacco, and drug use is mentioned unless something else is pertinent (i.e. possible STD – sexual history).
Review of Systems (ROS)

- If something pertinent is revealed in the ROS that relates to the patient’s chief complaint, it should always be given in the HPI. Other "positives" should be presented in the case presentation only if the symptom needs medical attention currently. Refers to symptoms within the last 6 months.

Physical Exam (PE)

- 80-90% of the PE should be presented. Pertinent physical findings should be described in as much detail as possible.
- Always begin with a general description of the patient’s overall status.
- Include complete vital signs. Do not say "vital signs are normal".
- Present pertinent PE findings in a regionally organized manner.

Laboratory/Ancillary Tests

- Pertinent lab values/ancillary tests are presented at the end of the PE. Remember to have all results ready for review if asked.

Assessment

- Statement of patient’s main problem or diagnosis.
- List each problem, if multiple, starting with most severe. Some preceptors may want possible differential diagnosis here. (i.e. rule out or R/O)

Plan

- Difficult to establish this without experience but helpful to present in parts.
- May be listed in 3 parts
  1. Diagnostic tests - include future lab tests, ancillary tests, consults
  2. Therapeutic plans - treatment plan i.e.; medications, surgery, discharge, etc.
  3. Patient education - documentation that the medical team has communicated the condition and care plan with the patient and any family members. This should include any medical-legal documentation if needed (informed consent).

Progress Notes or SOAP Notes

The progress/SOAP note is the daily note in the hospital chart that updates the clinical progress of the patient. The note should summarize the patient’s condition and recent lab/ancillary test results and document the future care plan for the patient. SOAP notes can also be used in the outpatient setting for sick visits, etc. Note should begin with patient identifying information and chief complaint.
S: Subjective

- Inpatient progress note: How the patient feels today. Any complaints. Can be written in patient's own words "I feel better".
- Outpatient note: HPI

O: Objective

Pertinent physical exam findings that relate to the acute conditions. Include pertinent labs/ancillary test results/consults.

A: Assessment

- Statement of patient's main problems/diagnosis.
- List each problem, if multiple, starting with the most severe.
- May include differential diagnosis here.

P: Plan

List each problem, if multiple may be listed in 3 parts
1. Diagnostic tests - include future lab tests, ancillary testing, consults
2. Therapeutic plans - treatment plan i.e.; medications, surgery, discharge, etc.
3. Patient education - documentation that the medical team has communicated the condition and care plan with the patient and any family members. This should include any medical-legal documentation if needed (informed consent).

Example of inpatient progress note:
S: Abdominal pain "a little better". "I vomited 3 times last night"
O: Temp: 99.8°F; Pulse 90bpm; Resp 18 bpm; BP right arm 140/84; General: Alert and oriented. Resting comfortably; Heart: RRR no gallop, murmur, rubs; Lungs: CTA bilaterally; ABD: +BS all 4 quadrants, soft to palpation with tenderness RUQ and + Murphy sign; No rebound or guarding; Amylase 326; U/S report today (date) showed thick wall with sludge and stones
A: 1. Cholelithiasis
   2. Emesis secondary to # 1
P: 1. DX - HIDA scan today
   TX - surgical consult
      Ed - discussed possible need for cholecystectomy with patient. Discussed potential risks and complications with patient and her daughter, Mary Sprouse
   2. DX: Emesis secondary to cholelithiasis
      TX: Phenergan 12.5mg IV q8h prn nausea/vomiting
      Ed: Discussed side-effects of Phenergan and alternative medications if ineffective or unable to tolerate S/E (Date and Signature)
Prescription Writing

A student may not prescribe drugs or medications of any kind. State law requires all prescriptions must be signed by a physician. Students may not sign a prescription for a physician or fill out pre-signed scripts. Students may, however, fill out prescriptions to be reviewed by the preceptor and must keep in mind the following when doing so.

Always consider the patients age, co-morbid illnesses (i.e. renal disease), other medications (including over-the-counter medications), allergies, and cost of the medication.

Always write legibly. Print if you have to.

Include the date prescription is written with patient's name and address.

Components of a Prescription

Inscription

- Write out name of the drug, may be in trade or generic name, no abbreviations.
- Generic drug may be substituted automatically to reduce cost. If you do not want the generic drug dispensed write the trade name and "dispense as written" (or DAW), "no substitution", "brand necessary", or "brand medically necessary".
- Dosage of the medication written in metric units (grams, milliliters, etc.).
- Do not use the character “0” for zero, use “Ø” to avoid confusion.
- Always be careful when placing decimal point.
  - Never place decimal point first (i.e.: wrong .5 mg/correct Ø .5 mg)
  - Never use a trailing "Ø" (i.e.: wrong 1.Ø mg/correct 1 mg)
- Never use "U" for units, may be mistaken for a 0.

Subscription

- Quantity to be dispensed.
- Noted in either Arabic numerals (i.e.: #6Ø) and/or written out (i.e. sixty).
- For narcotics, it is required to use both (i.e.; #15 -sixteen)

Signature (sig)

- Directions for use or how the drug is to be taken.
- Also known as "label".
- Be complete and specific.
- Avoid "use as directed" patients will not remember.
- It is also helpful to put what the medication is for especially in elderly patients.
- Be sure to mark number of refills. (Date and Signature)

Rules for Dispensing Medications
• For an acute illness, only give enough medication for the single course of therapy.
• If the drug is a new prescription for the patient, dispense a small amount at first as to make sure the patient will tolerate the medication.
• If the drug is one the patient has been on and is tolerated well and will be used for long-term treatment, dispense large quantity (typically 3 month supply) which will be cheaper for the patient to fill.
• If you are worried about compliance with follow-up, only dispense enough to last patient until next visit.
• If patient is suspected of suicide intent follow your preceptor’s clinical site protocol.

Operating Room Etiquette

It is important to know some key points of etiquette associated with working in an operating room in order to effectively assist in the surgery and to maintain the sterile field. Before starting the surgical rotation, please review the following:

• Prior to scrubbing in on any surgery, first, introduce yourself to the Scrub Nurse and the OR Circulating Nurse. Notify them of all cases that you are assigned to during the rotation.
• Know what size sterile gloves you wear. If you don’t know, a general guideline is: size 6 = small, size 7 = medium and size 8 = large.
• Be ready to assist in moving or positioning the patient on the operating table or prepping the patient for surgery.
• Do not wear your beeper while in the surgical suite. If you are on-call, identify someone to receive your pages and relay the information to you.
• Take off all jewelry prior to surgery and store your valuables appropriately.
• Before scrubbing, safely secure your OR mask, cap and eyewear. Remember that once your sterile gloves are on you cannot touch your eyeglasses.
• Make sure you scrub thoroughly. As a general rule, never finish scrubbing before the attending surgeon(s).
• Stand out of the surgical sterile field until you are instructed on where to stand.
• Learn the names and identity of surgical instruments.
• Never reach for or pass instruments unless specifically told.
• In case of contamination of your own gown or gloves, announce that you are no longer sterile and then step out of the surgical field.
• Always follow instructions.

Admission Note

A.D.C. VAAN DIMLO

• Admit to (floor, room #, ICU, CCU) Dr. (attending/person legally responsible for the patient's care, also include resident's/intern's/covering physician's name)

• Diagnosis - list admitting diagnosis
- **Condition** - stable, critical, fair, poor, guarded
- **Vitals** - determine the frequency of vitals (q 4 hrs, q shift)
- **Activity** - bedrest, bathroom privileges, as tolerated
- **Allergies** - list any drug, food, environmental reactions or allergies
- **Nursing procedures** - bed positions, preps (enemas, shower), respiratory care (P&PD-percussion & postural drainage), dressing changes, wound care (wet-dry, Betadine), notify physician if (temp>102°F)
- **Diet** - NPO, clear liquids, ADA
- **Ins and outs** - refers to all tubes
  - Daily I&O what went in and what came out
  - IV fluids - type and rate
  - Drains - NG to low suction, Foley to gravity
- **Medications** - include medication, dose, frequency, special instructions i.e. take with food. Write legibly and DO NOT abbreviate.
- **Labs** - indicate studies and specify times desired this includes EKG, x-rays, consultations
- **Other** - list any other instructions here

**Discharge Summary**
- Date of admission
- Date of discharge
- Admitting diagnosis
- Discharge diagnosis
- Attending physician/service caring for patient
- Referring physician (address if available)
- Procedures
- Brief history, pertinent physical and lab data - summarize the most important points
- Hospital course - briefly summarize the evaluation, treatment, and progress of the patient during the hospitalization
- Condition at discharge - improved, unchanged
- Disposition - where was the patient discharged to? i.e., home, nursing home, if transferred to another facility try and give address and name of accepting physician
• Discharge medications - list medications, dosage, refills
• Discharge instructions/follow-up - diet, activity, restriction, appointment date
• Problem list - list active and past medical problems

Conversion Information

Converting Pounds to Kilograms

• Divide weight in pounds by 2.2 = kilograms
  i.e. 120 pounds / 2.2 = 54 kilograms

Pediatric Fluid Rate - Maintenance

Pediatric IV fluid replacement for children with normal serum sodium levels
• Bolus with 20cc/kg of normal saline (NS)
  o i.e. 20cc x 20kg = 400cc NS bolus
• Maintenance fluids calculated hourly or over 24 hour period by Holiday-Segar Formula
  o If child’s weight <28kg: use D51/4 NS
  o If child’s weight >28kg: use D51/2 NS

Hourly rate
  o For the 1st 10kg give
    ▪ 4cc/kg/hour; max 40cc
  o For the 2nd 10kg give
    ▪ 2cc/kg/hour + 40cc (max from above); max 60cc
  o For the remaining kg give
    ▪ 1cc/kg/hour + 60cc (max from above)

Examples
  o 7kg child
    ▪ 4cc x 7kg = 28cc/hour
  o 15kg child (15kg minus 1st 10kg = 5kg)
    ▪ 2cc x 5kg = 10cc + 40cc (max from 1st 10kg) = 50cc/hour
  o 45kg child (45kg minus 1st 20kg = 25kg)
    ▪ 1cc x 25kg = 25cc +60cc (max from 1st 20kg) = 85cc/hour

Amount needed over 24 hours
  o For the 1st 10kg give
    ▪ 100cc/kg/24 hours; max 1000cc
  o For the 2nd 10kg give
    ▪ 50cc/kg/24 hours + 1000cc (max from above); max 1500cc
  o For the remaining kg give
    ▪ 20cc/kg/24 hours + 1500cc (max from above)

Examples
  o 7kg child
    ▪ 100cc x 7kg = 700cc/24 hours; 29cc/hour
  o 15kg child (15kg minus 1st 10kg = 5kg)
    ▪ 50cc x 5kg = 250cc +1000cc (max from 1st 10kg)=1250cc/24 hours; 52cc/hour
Shortcuts for Documenting Labs

- Hgb
- WBC
- PLT
- HCT
- Sodium
- Chloride
- BUN
- Potassium
- Bicarbonate
- Creatinine
- Glucose

Appendices

Appendix 1 – 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 2 – Procedures (Performed; Performed/Observed; Recommended)

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<th>Perform and/or Observe</th>
<th>Recommended</th>
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<td>Pelvic Exam/Pap Smear</td>
<td>Audiometry Screening</td>
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<td>Rectal Exam</td>
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<td>Arthrocentesis/Intra-articular Injection</td>
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<td>Wound Care</td>
<td>Intubation Endotracheal</td>
<td>Assist in Vaginal Delivery</td>
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<td>Venous Catheterization</td>
<td>Lumbar Punctures</td>
<td>Assist in Cesarean Delivery</td>
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<tr>
<td>Insert/Remove Urinary Cath</td>
<td>Arterial Catheterization (Cardiac or Peripheral)</td>
<td>Auscultate Fetal Heart Sounds</td>
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<tr>
<td>Skin Biopsy/Lesion Removal/Cryotherapy/Punch Biopsy</td>
<td>Central Line/Swan Ganz/Picc Line</td>
<td>Colposcopy</td>
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<tr>
<td>Apply/Remove Cast/Splint</td>
<td>Endoscopy (EGD/Colon)</td>
<td>Fetal Monitoring</td>
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<tr>
<td>Administer Local Anesthesia</td>
<td>(Defibrillation/Cardioversion) CPR/ACLS</td>
<td>Nail Removal</td>
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<tr>
<td>Perform/Interpret EKG</td>
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<td>First Surgical Assist</td>
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<td>Injections</td>
<td>Insert/Remove NG Tube</td>
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<td>Venipuncture</td>
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<td>Intra-op</td>
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<td>Post-op</td>
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Stress Testing

Newborn Exam

Fluorescein Stain for Eye

Nebulizer Treatments
Appendix 3 – 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
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 4 – List of Required Equipment

1. Otoscope/Ophthalmoscope Kit
2. Stethoscope (cardiology series – minimum required)
3. Sphygmomanometer (BP Cuff)
4. Reflex hammer
5. Thermometer
6. Tuning forks (128 cps & 512 cps)
7. Penlight
8. Tape measure (centimeters and inches)
9. Clinical Jacket (minimum of 2)
10. Pocket Rosenbaum eye chart with ruler (inches and centimeters)
11. Disposable gloves for anatomy (vinyl – 2 boxes minimum)
## REQUIRED TEXTBOOKS AND RESOURCES 2014-2016
*(Subject to change—please refer to individual course syllabi)*

### DIDACTIC YEAR COURSES

#### Pre-Fall Semester 2014

**PAST 500 Advanced Human Anatomy**

**PAST 510 Patient Communication**

**PAST 520 Introduction to Professional Practice**

**PAST 521 Epidemiology and Evidence Based Medicine**

**PAST 522 Legal and Ethical Aspects of Medicine**

#### Fall Semester 2014

**PAST 511 Physical Diagnosis**

**PAST 530 Clinical Medicine I**

### PAST 540 Clinical Skills I

### PAST 550 Pharmacology and Clinical Therapeutics I

### PAST 560 Physiology and Pathophysiology I

### PAST 570 Behavioral Science
- Fadem, B. *Behavioral Science in Medicine*. 2nd ed. Philadelphia: Lippincott Williams & Wilkins; 2012

### Spring Semester 2015

### PAST 531 Clinical Medicine II

### PAST 541 Clinical Skills II
### PAST 551 Pharmacology and Clinical Therapeutics II


### PAST 561 Physiology and Pathophysiology


### PAST 585 Introduction to Health Care Quality and Safety


### Summer Semester 2015

#### PAST 532 Clinical Medicine III


#### PAST 542 Clinical Skills III


**PAST 552 Pharmacology and Clinical Therapeutics III**

**PAST 562 Physiology and Pathophysiology III**

**PAST 580 Medical Nutrition**

**PAST 590 Special Topics in Medicine**

**CLINICAL YEAR COURSES**

**Fall 2015**
- PAST 680 Healthcare I

**Spring 2016**
- PAST 681 Healthcare II
- PAST 690 Graduate Project I
  - [http://www.medlib.bu.edu/facts/faq2.cfm/content/citationsama.cfm](http://www.medlib.bu.edu/facts/faq2.cfm/content/citationsama.cfm)
### Spring 2016
#### PAST 691 Graduate Project II
- [http://www.medlib.bu.edu/facts/faq2.cfm/content/citationsama.cfm](http://www.medlib.bu.edu/facts/faq2.cfm/content/citationsama.cfm)

### CLINICAL ROTATIONS
#### PAST 601 Internal Medicine

#### PAST 610 Emergency Medicine

#### PAST 620 Women’s Health
- [http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm)
PAST 630 Behavioral Medicine

- Fadem, B. *Behavioral Science in Medicine*. 2nd ed. Philadelphia: Lippincott Williams & Wilkins; 2012
- Desk Reference to the Diagnostic Criteria from DSM-V

PAST 640 Surgery


PAST 650 Primary Care

- [http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm)

PAST 660 Pediatrics

- [http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html) (materials will be posted on Blackboard and are available for free download at the above URL)
- [http://newborns.stanford.edu/PhotoGallery/](http://newborns.stanford.edu/PhotoGallery/)
### PAST 670 Elective Rotation

- Variable, dependent on discipline chosen for elective

### REQUIRED I-PAD™ APPS

- Lexi-Complete by Lexicomp® (2 year subscription)
- Tarascon® Hospital Medicine Pocket Book
- Tarascon® Primary Care Pocket Book
- Tarascon® Emergency Medicine Pocket Book
- AHRQ ePSS
§ 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
§ 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

The provisions of this § 18.145 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).

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).

(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.


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).

Source


§ 18.163. [Reserved].

Source


§ 18.164. [Reserved].

Source


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.

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

§ 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

Exposure/Incident Report Form

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 contact person (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
Acknowledgement of Receipt of Student Handbook

My signature below acknowledges receipt of the Jefferson Physician Assistant Program Student Handbook. I understand that I am responsible for reading and abiding by the materials contained within the Jefferson PA Program Student Handbook, which contain important information needed during my student experiences at Thomas Jefferson University. I also understand that Thomas Jefferson University, Jefferson School of Health Professions, and Thomas Jefferson University Department of Physician Assistant Studies reserve the right to amend or eliminate any information described herein as circumstances may require without prior notice to persons who might thereby be affected. I understand that the provisions of this handbook are not and may not be regarded as contractual between the University, School, or Department/Program and its students or employees.

X

Student Signature