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STUDENT HANDBOOK - UPDATE POLICY

This is the official student handbook for the Department of Physician Assistant Studies at The University of Texas Medical Branch at Galveston. It is located on the PA website, https://som.utmb.edu/physician-assistant/pas. This information is not intended to substitute or replace the official documents (bulletin, IHOP, etc.) of the university or the UT System.

MISSION STATEMENT

To develop and graduate academically and clinically exceptional physician assistants.

PROGRAM GOALS

Upon completion of the program, students are awarded a master’s degree, Master of Physician Assistant Studies (MPAS), and may sit for the national certifying examination to achieve licensure and certification. The UTMB Physician Assistant Studies (PAS) program strives to:

1. Maintain an applicant pool consisting of at least 24% first-generation college students. 
   The applicant pool for the cohort entering the UTMB PA program in 2018 was 20%.

2. Maintain a 95% or better three-year average graduation rate for students entering the UTMB PAS program. 
   As of 2018, the three-year average graduation rate for the UTMB PA program is 97%.

3. Maintain at least 50% of clinical rotation sites in low income zip codes (as defined by the Centers for Medicare and Medicaid Services). 
   As of 2018, over 59% of clinical rotations were in low income zip codes.

4. Maintain a five-year first time PANCE pass rate above the national average. 
   The five-year national mean first time taker average pass rate is 96%. 
   The five-year mean first time taker average pass rate for the UTMB PA Program is 99%.
P.A. STUDENT JOB DESCRIPTION: COMPETENCIES, ESSENTIAL FUNCTIONS & TECHNICAL STANDARDS

UTMB PROGRAM ESSENTIAL FUNCTIONS & TECHNICAL STANDARDS

This description defines the capabilities that are necessary for an individual to successfully complete the UTMB physician assistant curricula.

Observation and Sensation:
The PA student must possess sufficient visual, auditory, and tactile sensation to receive appropriate information in the classroom, laboratory, and other educational and clinical settings. Sensation must be satisfactory to receive verbal and nonverbal communications from patients and others, and to perform inspection, auscultation and palpation techniques during the physical examination.

Communication:
The PA student must be able to speak, hear, and observe patients, family members, and other clinicians. This includes expressive and receptive modes of verbal, nonverbal, and written communication. The student must have the ability to accurately assess receptive communication in order to make appropriate and timely responses. The student must be able to communicate attently, effectively, and sensitively in English to others.

Motor Functions:
Students must have sufficient strength and coordination to perform the activities required of a physician assistant. These include but are not limited to performing a physical examination utilizing diagnostic instruments and techniques in palpation and percussion. Students must have sufficient stamina to sit, stand, and move within classroom, laboratory, examination rooms, treatment rooms, and operating rooms for long periods of time. The student must have sufficient coordination to move about patient care environments, and sufficient dexterity to use common medical instruments.

Intellectual Capability:
Clinical problem solving and reasoning requires these intellectual abilities and encompass those to accurately measure, calculate, reason, analyze, integrate, learn, and retain information and make decisions in a timely manner. Students must be able to comprehend two and three-dimensional structures, and must be able to understand diagnostic testing and treatment regimens.

Behavioral and Social Proficiency:
Students must possess the ability to establish and maintain appropriate professional relationships. This includes the ability to prioritize competing demands, to function in stressful circumstances, to exercise good clinical judgment, to act ethically, to be compassionate, empathetic, responsible, and tolerant toward patients and others.
PERFORMANCE REQUIREMENTS
UTMB PHYSICIAN ASSISTANT STUDENT

The following outlines some examples of the demands and performance requirements required of the UTMB Physician Assistant student. (Examples included are not limited to training opportunities offered at the UTMB program.)

Typical Mental Demands
The UTMB Physician Assistant student must possess the ability to:
- Process, retain, comprehend, integrate, analyze, synthesize, and apply a large volume of data related to the art and science of medicine, including legal, ethical, and moral concepts
- Be present during long hours in the following settings: classrooms, laboratories, clinicals, and self-directed study situations and environments
- Respond appropriately and in a timely manner to constructive faculty feedback
- Effectively communicate in English through written and verbal communication skills
- Participate in educational activities that include tests, examinations, demonstrations, simulations, presentations, written communication skills, frequent and exacting evaluations
- Demonstrate the ability to gather patient data and report, perform the physical examination, conduct patient assessment and evaluation, formulate a treatment plan, and perform patient education

Typical Physical Demands
The UTMB Physician Assistant student must possess:
- Full range of body motion including assisting patient movement, manual and finger dexterity, and eye-hand coordination
- Normal visual and hearing acuity
- Physical capacity to stand and walk for extended hospital and clinic visits, and during frequent and prolonged patient and professional interactions
- Physical capacity to sit for long periods during classroom and laboratory experiences
- Capability to work in physically and mentally stressful situations with long and irregular hours and with exposures to communicable diseases and body fluids

Typical Working Conditions
The UTMB Physician Assistant student must be able to:
- Work in clinical and classroom environments with exposure to communicable diseases, toxic substances, ionizing radiation, medicinal preparations, hostile individuals, and other such conditions common to the medical and surgical environments
- Interact with a diverse patient population of all ages with a range of acute and chronic medical and surgical conditions

Student Performance Requirements
The UTMB Physician Assistant student will be required to perform in the following situations:
- Medical, surgical, pediatric, obstetric/gynecologic, and other primary care medicine settings (inpatient and out-patient) at both campus and off-campus locations
- Didactic and clinical education and training
- Invasive and non-invasive procedures
- Pre-, intra-, and post-operative activities
- Emergency care
The UTMB Physician Assistant Student will be required to:

- Demonstrate a professional ethical demeanor and understanding of medical ethics and medical-legal concepts
- Display an ability to perform for long hours (physical and mental stamina)
- Complete demanding didactic and clinical evaluations, examinations, etc.
- Perform at the level determined and required by the faculty
- Participate in community and/or professional service activities
- Complete other responsibilities and tasks as assigned or required
TASKS, FUNCTIONS, COMPETENCIES, AND TECHNICAL PROCEDURES FOR THE UTMB PHYSICIAN ASSISTANT TRAINING PROGRAM FOR THE UTMB PHYSICIAN ASSISTANT STUDENT

This is a summary of major tasks, skills, competencies, and technical procedures offered during the UTMB physician assistant training program. This listing includes major concepts and techniques but is not limited to all experiences and opportunities presented during matriculation at the UTMB physician assistant program.

Subjective Data Gathering and Utilization
The UTMB physician assistant graduate should be able to:

- Take a complete medical history
- Perform a comprehensive physical exam
- Order and interpret complete basic laboratory work (CBC, urinalysis, gram stain, etc.)
- Obtain a history, gather patient data, and perform a physical examination in a reasonable period of time
- Identify data from the history and physical examination which is relevant to the patient's illness
- Synthesize all abnormal data collected in the data base into a separate problem or a collection of problems
- Develop a list of problems and properly separate them into active and inactive groups in a reasonable period of time
- Refine problems to the maximum extent possible with consistent accuracy and state clearly the overall goal for each problem
- Develop accurate therapeutic plans for each problem that are relevant to the resolution of the patient's problems
- Write thorough progress notes that include subjective and objective information as well as an assessment and plan
- Write and record accurate progress notes within a reasonable period of time
- Possess a general knowledge of pathophysiology of common diseases and disposition of patients

Objective Data Collection
The UTMB physician assistant graduate should be able to perform, order, and interpret:

- Routine and special radiographs (chest, abdomen, skull, skeletal, and barium) studies
- Chemistry studies and fluid and electrolyte balance
- Hematology studies
- Culture results
- Electrocardiographic interpretations
- Abnormal laboratory/diagnostic data

Counseling and Patient Education
The UTMB physician assistant graduate should be able to:

- Provide counseling and patient education for problems and procedures, methods of treatment in a manner consistent with the understanding of the patient population and medical practice
- Assist individuals and families in identifying strengths to resolve their problems
- Inform individuals and families about available community resources
- Counsel parents and families on child rearing
- Counsel individuals and families about addictions and methods to cope with addictions
- Provide sex education
- Provide genetic counseling
- Provide proper information and assistance to terminally ill patients
- Counsel and assist patients who are suffering from stress, depressions or losses
- Provide information about common medical problems and explain laboratory, x-ray, and surgical procedures
- Provide information on preventative measures for communicable diseases
- Provide information on healthy lifestyles and interventionmodification for at-risk behaviors.
Student Tasks continued:

**Technical Skills**

The physician assistant graduate should be able to perform the following technical skills:

- Venipuncture
- Arterial punctures
- IV catheterization
- Urinary catheterization
- Nasogastric intubation
- Bronchial suctioning
- Aseptic techniques
- Wound care and closure of lacerations
- Immunizations (children and adult)
- IV medication administration
- Collection of various cultures (blood, sputum, urine) and performance of routine laboratory procedures (CBC, differential, urinalysis, gram stain)
- Vision screening
- Splint and cast applications
- KOH prep
- Explanation of procedures to patient, parent, and family
- Instruction about prescribed medication and other therapies
- Cardiopulmonary resuscitation (CPR)
- Advanced cardiac life support (ACLS)
- Emergency response to adverse reactions following administration of parenteral or any medication
- Mini-mental state examination
- Administration of local anesthesia
- Control of external hemorrhage
- Removal of superficial foreign bodies of the skin, ear and eye
- Feeding tube insertion
- Venous cutdown paracentesis (optional)
- Thoracentesis (optional)
- Glucose tolerance test (optional)
- Glucometer readings (optional)
- Proctosigmoidoscopy (optional)
- Tissue biopsy (optional)

**Other Skills: Assist in surgery**

- Identify and use appropriate surgical instruments
- Demonstrate appropriate operating room conduct
- Suture/Staple
- Dress wounds

**Other Skills: Management of emergency situations**

- Cardiac arrest
- Respiratory distress
- Burns
- Hemorrhage and hemagic shock
- Trauma
- Anaphylaxis
- Ingestion of toxic substances
- Myocardial infarction
- Acute abdomen
- Septic joint
- Urinary tract infection
- Wound infection
Student Tasks continued:

Other Skills: Critical evaluation
- Locate and retrieve medical literature
- Discuss practice implications
- Apply ethical decision-making skills
- Apply the Physician Assistant Ethical Code of Ethics
- Read medical literature on an ongoing basis
- Discuss current and controversial medical knowledge with colleagues and physicians
- Critically evaluate new medical knowledge

AMERICAN DISABILITY ACT OPPORTUNITIES

The University of Texas Medical Branch (UTMB) at Galveston complies with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students with disabilities. Under these laws, no otherwise qualified and competitive individual with a disability shall be denied access to our participation in services, programs, and activities of UTMB solely on the basis of the disability. UTMB is committed to equal opportunity for students with disabilities.

Once accepted into the Department of Physician Assistant Studies, any student who believes he or she requires an accommodation as the result of a disability is encouraged to contact the UTMB Institutional ADA Officer. For detailed information on establishing a disability and requesting accommodations, please visit the following website: https://www.utmb.edu/studentservices/services/students-with-disabilities

Upon successful completion of the UTMB physician assistant training program and under the supervision of a physician, the graduate will be able to:

- Utilize a systems approach to understand the rationale for the physical examination, integrating knowledge acquired in anatomy and physiology with the findings upon examination of the patient.
- Perform initial and follow-up evaluation of patients of various age groups in any setting, to elicit a detailed and accurate history, perform an appropriate physical examination, to order appropriate laboratory and special studies, and record and present pertinent data, including interpretive recommendations in a problem-solving manner meaningful to the physician.
- Perform or assist in the performance of laboratory, special and related studies relevant to patient need and practice capabilities e.g. blood studies, urinalysis, EKG.
- Perform appropriate therapeutic procedures for the evaluation and treatment of a patient's problem in a manner delineated by the supervising physician and that the physician assistant is competent to perform.
- Formulate treatment plans and communicate patient treatment in a manner consistent with the supervising physician's direction by standing orders, protocols, treatment regimens, or otherwise.
- Instruct and counsel patients regarding physical and mental health, including matters such as nutrition, illness, treatment, normal growth and development, health promotion, disease prevention, and lifestyle risk factors for the patient's age and sex with an awareness of and sensitivity to cultural diversity in the patient population.
- Perform the following functions in hospital setting: patient work-ups, patient rounds, recording patient progress notes, accurately and appropriately transcribing, transmitting or executing standing orders and other specific orders at the direction of the supervising physician, and compiling and recording detailed progress reports and narrative case summaries.
- Provide pre-operative evaluation and management, assist in surgery, and provide post-operative evaluation and management for inpatient and outpatient surgical problems and procedures.
- Deliver or assist in the delivery of services, including the review and monitoring of treatment and therapy plans, to patients requiring initial or continuing care in any setting approved by the supervising physician to include office, hospital, nursing home, extended care facilities, etc.
- Be a case manager and team leader, coordinating patient care, databases, records, and outcome measurements.
- Interact with community, regional, and state medical and social services and resources to facilitate and ensure patient care and continuity of care.
- Interact with the community at large by ongoing service to the community.
- Continue the educational process of life long learning to include continuing medical education, interpretation of the medical literature, adaptation of advancements to practice, and the application of research techniques and designs to interpret medical and patient data.
- Demonstrate an awareness and sensitivity to the cultural and ethical issues in today's practice of medicine, and possess sense of responsibility to medically underserved communities.
COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION
Position Paper approved by the four organizations for the PA profession: NCCPA, ARC-PA, PAEA, and AAPA
(Originally adopted 2005; revised 2012)

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.

This document was updated in 2012 and then approved in its current form by the same four organizations.

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.

PHYSICIAN ASSISTANT COMPETENCIES

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 & Communications 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 ARC-PA, NCCPA, and PAEA Adopted 2013 by AAPA*
UTMB PHYSICIAN ASSISTANT PROGRAM
ACCREDITATION

ACCREDITATION
The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA education programs within the territorial United States to ensure their compliance with those standards. The ARC-PA encourages excellence in PA education through its accreditation process, by establishing and maintaining minimum standards of quality for educational programs. It awards accreditation to programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education. Source: www.arc-pa.org. The program was last accredited in May 2017 and placed on probation. The next site visit is scheduled for March 2019.

At its July 2017 meeting, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) placed the University of Texas Medical Branch Physician Assistant program, sponsored by the University of Texas Medical Branch, on Accreditation-Probation status until its next review in June 2019.

Probation is a temporary status of accreditation conferred when a program does not meet the standards and when the capability of the program to provide an acceptable educational experience for its students is threatened.

Once placed on probation, programs that still fail to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having their accreditation withdrawn.

Specific questions regarding the Program and its plans should be directed to the Program Director and/or the appropriate institutional official(s).

The following are listings of competencies and standards that are used as the standards and competencies used by all physician assistant programs.
### ARC-PA Standards and Competencies

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.01</td>
<td>The curriculum must be consistent with the mission and goals of the program.</td>
</tr>
<tr>
<td>B1.02</td>
<td>The curriculum must include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.</td>
</tr>
<tr>
<td>B1.03</td>
<td>The curriculum must be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.</td>
</tr>
<tr>
<td>B1.04</td>
<td>The curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice.</td>
</tr>
<tr>
<td>B1.05</td>
<td>The curriculum must include instruction about intellectual honesty and appropriate academic and professional conduct.</td>
</tr>
<tr>
<td>B1.06</td>
<td>The curriculum must include instruction to prepare students to provide medical care to patients from diverse populations.</td>
</tr>
<tr>
<td>B1.07</td>
<td>The curriculum must include instruction related to the development of problem solving and medical decision-making skills.</td>
</tr>
<tr>
<td>B1.08</td>
<td>The curriculum must include instruction to prepare students to work collaboratively in interprofessional patient-centered teams.</td>
</tr>
<tr>
<td>B1.09</td>
<td>For each didactic and clinical course, the program must define and publish instructional objectives that guide student acquisition of required competencies.</td>
</tr>
<tr>
<td>B1.10</td>
<td>The program should orient instructional faculty to the specific learning outcomes it requires of students.</td>
</tr>
<tr>
<td>B1.11</td>
<td>The program must ensure educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is: a) conducted at geographically separate locations and/or provided by different pedagogical and instructional methods or techniques for some students.</td>
</tr>
<tr>
<td>B2.01</td>
<td>While programs may require specific course(s) as prerequisites to enrollment, those prerequisites must not substitute for more advanced applied content within the professional component of the program.</td>
</tr>
<tr>
<td>B2.02</td>
<td>The program curriculum must include instruction in the following areas of applied medical sciences and their application in clinical practice: anatomy, physiology, pathophysiology, pharmacology and pharmacotherapeutics, the genetic and molecular mechanisms of health and disease.</td>
</tr>
<tr>
<td>B2.03</td>
<td>The program curriculum must include instruction in clinical medicine covering all organ systems.</td>
</tr>
<tr>
<td>B2.04</td>
<td>The program curriculum must include instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals.</td>
</tr>
<tr>
<td>B2.05</td>
<td>The program curriculum must include instruction in patient evaluation, diagnosis and management.</td>
</tr>
<tr>
<td>B2.06</td>
<td>The program curriculum must include instruction in the provision of clinical medical care across the life span.</td>
</tr>
<tr>
<td>B2.07</td>
<td>The program curriculum must include instruction in technical skills and procedures based on current professional practice.</td>
</tr>
<tr>
<td>B2.08</td>
<td>The program curriculum must include instruction in the social and behavioral sciences as well as normal and abnormal development across the life span.</td>
</tr>
<tr>
<td>B2.09</td>
<td>The program curriculum must include instruction in basic counseling and patient education skills.</td>
</tr>
<tr>
<td>B2.10</td>
<td>The program curriculum must include instruction to prepare students to search, interpret, and evaluate the medical literature, including its application to individualized patient care.</td>
</tr>
<tr>
<td>B2.11</td>
<td>The program curriculum must include instruction in health care delivery systems and health policy.</td>
</tr>
<tr>
<td>B2.12</td>
<td>The program curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA.</td>
</tr>
<tr>
<td>B2.13</td>
<td>The program curriculum must include instruction in patient safety, quality improvement, prevention of medical errors and risk management.</td>
</tr>
<tr>
<td>B2.14</td>
<td>The program curriculum must include instruction about PA licensure, credentialing and laws and regulations regarding professional practice.</td>
</tr>
<tr>
<td>B2.15</td>
<td>The program curriculum must include instruction regarding reimbursement, documentation of care, coding and billing.</td>
</tr>
<tr>
<td>B2.16</td>
<td>The program curriculum must include instruction in the principles and practice of medical ethics.</td>
</tr>
<tr>
<td>B2.17</td>
<td>The program curriculum must include instruction in the PA profession, its historical development and current trends.</td>
</tr>
<tr>
<td>B3.01</td>
<td>PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students and other health profession students and graduates.</td>
</tr>
<tr>
<td>B3.02</td>
<td>Supervised clinical practice experiences must enable students to meet the program’s learning outcomes expected of students, to include preventative, emergent, acute, and chronic patient encounters.</td>
</tr>
<tr>
<td>B3.03</td>
<td>Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes expected of the students, for patients seeking...</td>
</tr>
</tbody>
</table>
medical care across the life span, to include, infants, children, adolescents, adults, and the elderly; women’s health (to include prenatal and gynecologic care); care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care and care for behavioral and mental health conditions.

### B3.04
Supervised clinical practice experiences must occur in the following settings: outpatient, emergency department, inpatient and operating room

### B3.05
Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.

### B3.06
Supervised clinical practice experiences should occur with: physicians who are specialty board certified in their area of instruction, PAs teamed with physicians who are specialty board certified in their area of instruction or other licensed health care providers experienced in their area of instruction.

### B3.07
Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines: family medicine, internal medicine, general surgery, pediatrics, ob/gyn and behavioral and mental health care.

### C3.01
The program must conduct frequent, objective and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components.

### C3.02
The program must document student demonstration of defined professional behaviors.

### C3.03
The program must monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

### C3.04
The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice.

### C3.05
The program must document equivalency of student evaluation methods and outcomes when instruction is: conducted at geographically separate locations and/or provided by different pedagogical and instructional methods or techniques for some students.
# MASTER OF PHYSICIAN ASSISTANT STUDIES

## DEGREE TRACK

### YEAR ONE: DIDACTIC

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>Semester Hrs</th>
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</thead>
<tbody>
<tr>
<td><strong>Semester: Summer (8 weeks Didactic)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHAS 5211 Introduction to Health Professions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHAS 5403 Patient Evaluation I</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PHAS 5212 Health Promotion and Preventive Medicine</td>
<td>2</td>
<td></td>
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<tr>
<td><strong>Total 8 credits</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Semester: Fall (15 Weeks Didactic)</strong></td>
<td></td>
<td></td>
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<tr>
<td>PHAS 5113 Cross Cultural Health</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PHAS 5311 Pathophysiologic Processes I</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHAS 5213 Behavioral Medicine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHAS 5208 Clinical Pharmacology I</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHAS 5407 Clinical Medicine I</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PHAS 5503 Human Anatomy</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total 17 credits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Semester: Spring (15 Weeks Didactic)</strong></td>
<td></td>
<td></td>
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<tr>
<td>PHAS 5309 Diagnostic Studies</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHAS 5205 Clinical Medicine III</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHAS 5312 Pathophysiologic Processes II</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHAS 5209 Clinical Pharmacology II</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHAS 5408 Clinical Medicine II</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PHAS 5404 Patient Evaluation II</td>
<td>4</td>
<td></td>
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<tr>
<td><strong>Total 18 credits</strong></td>
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</tr>
<tr>
<td><strong>Semester: Summer 2018 (6 Weeks Didactic)</strong></td>
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<td></td>
</tr>
<tr>
<td>PHAS 5214 Community Medicine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHAS 5215 Applied Research</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHAS 5313 Clinical Preparation</td>
<td>3</td>
<td></td>
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<tr>
<td><strong>Total 7 credits</strong></td>
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</tr>
</tbody>
</table>

### YEAR TWO: CLINICAL

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td><strong>Block D (48 Weeks Clinical)</strong></td>
<td></td>
</tr>
<tr>
<td>PHAS 6407 Medicine I</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6408 Medicine II</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6409 Medicine III</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6410 Primary Care I</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6411 Primary Care II</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6412 Primary Care III</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6420 Women and Children I</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6421 Women and Children II</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6422 Professional Development</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6425 Surgery/Emergency Medicine I</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6426 Surgery/Emergency Medicine II</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6427 Surgery/Emergency Medicine III</td>
<td>4</td>
</tr>
<tr>
<td>PHAS 6090 Elective Rotation (implemented summer 2019)</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total 52 credits</strong></td>
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</tr>
</tbody>
</table>

| **Semester: Summer II**                          |         |
| PHAS 6211 Investigative Studies                  | 2       |
| PHAS 6414 Professional Practice Issues           | 4       |
| **Year One: Didactic Year 2017-2018 Totals**     | 50      |
| **Year Two: Clinical Year 2018-2019 Totals**     | 58      |
| **Total 108 credits**                            |         |
PHAS 5090  Topics in PA Studies  2–4 credits
The student will be given the opportunity to demonstrate the ability to: 1) develop knowledge and skills in techniques and processes of patient management; or 2) develop advanced knowledge in the management of patients with special conditions. (Hours are arranged) Course may be repeated for credit when topic/content varies. Prerequisites: matriculation PA program.

PHAS 5099  Global Health  1 credit
The student will be given the opportunity to: 1) examine the critical global health issues, 2) describe the historical and cultural factors that influence health and development, 3) demonstrate awareness for the roles and responsibilities in health care teams in difference global health settings, 4) describe basic principles of public and population health, social determinants of health, and inequalities in health, and 5) explore the influence of major international and global organizations on the theory, policy, and practice of global health (15 semester hours).

PHAS 5113  Cross Cultural Health  1 credit
The student will be given the opportunity to: 1) understand the definitions of culture, race and ethnicity and their use in medical literature; 2) recognize health disparities and factors that contribute to their existence by race/ethnicity, gender, socioeconomic status, sexual orientation, and disability; 3) apply an understanding of the socio-cultural factors that may affect the patient encounter; 4) understand his/her personal cultural values and biases; and 5) understand the operation and effect of stereotyping on communication, decision-making, compliance and health outcomes. (5 lecture and 20 laboratory hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5205  Clinical Medicine III  2 credits
This four-week course is designed specifically to prepare the student for supervised clinical practice. The student will be given the opportunity to: 1) explore several course themes and content areas through a series of clinical cases involving complex problems that span multiple organ systems; 2) expand and apply knowledge and skills in medical ethics, biostatistics, and clinical medicine, and 3) advance interdisciplinary studies between medical and physician assistant students. (15 conference and 45 hours discussion/problem-solving laboratory per enrollment period) Prerequisites: PHAS 5203 Clinical Medicine I (PHAS 5407 Clinical Medicine I) and PHAS 5403 (Patient Evaluation I).

PHAS 5208  Clinical Pharmacology I  2 credits
The student will be given the opportunity to: 1) identify the classes of drugs used to treat diseases commonly encountered in primary care setting to coordinate with organ systems for the current semester; 2) identify classes of drugs commonly used to manage emergent conditions; 3) recognize the prototype and commonly used drugs in each class; 4) identify the basic pharmacodynamics properties of each class of drugs and the mechanism of action and important consequences of using each class of drugs; 5) recognize the signs and symptoms of common adverse effects and of possible toxic or life-threatening effects; 6) identify precautions or contraindications to the use of a drug; 7) identify significant drug-drug interactions; 8) recognize the importance of patient education in determining compliance, avoidance of potential problems, and success of therapy; 9) apply previously acquired statistical and critical thinking skills to evaluate literature data; 10) use resource materials for determining proper usage of chemotherapeutic agents; and 11) understand the role of the physician assistant in writing prescriptions. (30 lecture hours per enrollment period).
PHAS 5209  Clinical Pharmacology II  
Continuation of PHAS 5208, Clinical Pharmacology I. The student will be given the opportunity to: 1) identify the classes of drugs used to treat diseases commonly encountered in primary care setting to coordinate with organ systems for the current semester; 2) identify classes of drugs commonly used to manage emergent conditions; 3) recognize the prototype and commonly used drugs in each class; 4) identify the basic pharmacodynamics properties of each class of drugs and the mechanism of action and important consequences of using each class of drugs; 5) recognize the signs and symptoms of common adverse effects and of possible toxic or life-threatening effects; 6) identify precautions or contraindications to the use of a drug; 7) identify significant drug-drug interactions; 8) recognize the importance of patient education in determining compliance, avoidance of potential problems, and success of therapy; 9) apply previously acquired statistical and critical thinking skills to evaluate literature data; 10) use resource materials for determining proper usage of chemotherapeutic agents; and 11) understand the role of the physician assistant in writing prescriptions. (30 lecture hours per enrollment period).

PHAS 5211 Introduction to Health Professions  
The student will be given the opportunity to: 1) examine the role of the physician assistant in health care delivery and the scope of PA practice; 2) interpret health policy and law; 3) review the physician assistant profession and its history; 4) discuss the ethical dimensions in health care; and 5) recognize the PA role in interprofessional health care. The course will also emphasize the PA's role in health care delivery as a member of an interdisciplinary team. (30 lecture hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5212 Health Promotion and Preventive Medicine  
The student will be given the opportunity to: 1) examine issues concerning the practice of preventive medicine; 2) identify resources that provide preventive and community health services; 3) identify health promotion and disease prevention factors that can influence a PA to provide better patient outcomes; 4) discuss the importance of screening practices and identification of risk factors for disease prevention; and 5) discuss the role of motivational interviewing. (30 lecture hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5213 Behavioral Medicine  
The student will be given the opportunity to: 1) identify normal physical, social, and psychological processes and distinguish these from processes due to illness and injury; 2) clinically assess a patient's state of mental health and development; 3) explain the classification of common mental illnesses set forth in the Diagnostic and Statistical Manual of Mental Disorders; 4) recognize the importance of an appropriate and timely referral; 5) recognize the importance of other health care professionals in the management of patients with mental illness; and 6) accept the importance of family and community dynamics in the management of patients with mental illness. (30 lecture hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5214 Community Medicine  
The student will be given the opportunity to: 1) apply principles of preventive medicine and epidemiology in the primary care setting; 2) identify population specific issues regarding geriatric and pediatric patients; 3) recognize issues regarding underserved and indigent medical care; 4) identify resources in the community, state, and nation regarding financial assistance, patient education, and provider access; 5) determine the significance of cultural and ethnic factors in patient management; and 6) examine medical financing as it relates to third party billing. (22 lecture hours and 8 independent study hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5215  Applied Research  
The student will be given the opportunity to: 1) interpret and evaluate scientific studies in the health professions; 2) develop and construct a research proposal; 3) obtain the faculty, school, and institutional approvals necessary to conduct research; and 4) perform a literature review process. (30 lecture hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.
PHAS 5309 Diagnostic Studies 3 credits
The student will be given the opportunity to demonstrate the ability to: 1) determine the heart rate and rhythm on a 12-lead EKG; 2) determine the axis and measure the intervals; 3) identify benign arrhythmias; 4) identify the lethal arrhythmias and understand the effects of the drugs used to manage these arrhythmias; 5) recognize the various types, locations, and degrees of severity of acute myocardial infarctions; 6) recognize EKG manifestations of serum electrolyte disturbances; 7) interpret basic radiographic procedures including chest, abdominopelvic, and skeletal X-rays; and 8) recognize the importance of an appropriate and timely referral. (30 lecture and 15 laboratory hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5311 Pathophysiologic Processes I 3 credits
The student will be given the opportunity to: 1) examine the mechanisms of human disease and injury using body system approach; 2) integrate anatomic and physiologic principles with emphasis on epidemiology, etiology, pathophysiology, clinical manifestations, diagnosis, treatment, prevention, and prognosis; 3) evaluate clinical problems using basic problem-solving skills; 4) apply learned techniques and principles to develop diagnostic skills, and 5) acquire advanced knowledge relating to physiologic systems involved in disorders treated by primary care professionals. (45 lecture hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5312 Pathophysiologic Processes II 3 credits
Continuation of Pathophysiologic Processes I. The student will be given the opportunity to: 1) analyze the mechanisms of human disease and injury using a body system approach; 2) integrate anatomic and physiologic principles and develop an understanding of selected diseases with emphasis on epidemiology, etiology, pathophysiology, clinical manifestations, diagnosis, treatment, prevention, and prognosis; 3) use basic problem-solving skills to evaluate clinical problems; 4) apply learned techniques and principles to develop diagnostic skills; and 5) examine advanced knowledge relating to physiological systems involved in disorders treated by primary care professionals. (45 lecture hours per enrollment period). Prerequisite: PHAS 5311 Pathophysiologic Processes I.

PHAS 5313 Clinical Preparation 3 credits
This course is designed to prepare the student for supervised clinical practice. The student will be given the opportunity to: 1) identify the indications for performing specific clinical procedures; 2) perform the appropriate procedures; 3) counsel the patient regarding both procedures and management; 4) interpret data acquired from procedures in the primary care and relevant subspecialty areas; 5) successfully perform resuscitative procedures under simulated clinical conditions; 6) complete electronic medical record training and patient tracking training; 7) prepare for clinical practice through appropriate training on professionalism and expectations of the clinical year; and 8) update immunization records and other necessary credentialing requirements for the clinical year. (90 laboratory hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5403 Patient Evaluation I 4 credits
The student will be given the opportunity to: 1) communicate skillfully with patients using appropriate interviewing and patient education techniques; 2) administer a thorough medical history; 3) demonstrate proper use of instruments and techniques used in performing the physical examination; 4) correlate and apply information acquired in anatomy, physiology, and other courses with application and importance in the performance for physical examination and medical interviewing; 5) analyze abnormal physical examination and interview findings; 6) correlate essentials of historical data with physical examination findings; and 7) develop patient education methods, techniques, and locate available resources for patients (45 lecture hours and 60 laboratory hours per enrollment period). Prerequisites: matriculation in PAS Program or consent of instructor.

PHAS 5404 Patient Evaluation II 4 credits
The student will be given the opportunity to demonstrate the ability to: 1) elicit historical information from selected patients; 2) perform the appropriate physical examination of the patient; 3) develop an appropriate write-up for the patient that documents history and physical findings; 4) construct an assessment and management plan for the patient incorporating the history and physical findings; 5) utilize appropriate medical terminology, abbreviation, and nomenclature for documentation; 6) gain appreciation for the significance of the data gathered in formulating management plans for the care of the patient; 7) apply principles of evidence-based medicine; 8) present the information gathered clearly.
and concisely, either verbally and/or in writing to the supervising faculty member (s); and 9) identify patient safety issues and the role of risk management in patient care. (30 lecture hours and 60 laboratory hours per enrollment period). **Prerequisite:** PHAS 5403 Patient Evaluation I.

**PHAS 5407 Clinical Medicine I**  
4 credits  
The course is designed specifically to prepare the student for supervised clinical practice. The student will be given the opportunity to: 1) recognize and interpret clinical signs and symptoms of disease; 2) differentiate between abnormal and normal physiologic processes; 3) interpret results obtained by analysis of body tissues and fluids; 4) interpret basic diagnostic procedures and radiographic procedures; 5) utilize clinical data to develop non-pharmacologic management plans; 6) utilize clinical data to develop basic pharmacologic management plans; and 7) apply principles of evidence-based medicine. (60 lecture hours per enrollment period). **Prerequisites:** matriculation in PAS Program or consent of instructor.

**PHAS 5408 Clinical Medicine II**  
4 credits  
Continuation of Clinical Medicine I. This course is designed specifically to prepare the student for supervised clinical practice. The student will be given the opportunity to demonstrate the ability to: 1) recognize and understand clinical signs and symptoms of diseases; 2) interpret results obtained by analysis of body tissues and fluids; 3) interpret basic radiographic procedures; and 4) utilize clinical data in the management of medical problems. (45 lecture hours per enrollment period). **Prerequisites:** PHAS 5407, Clinical Medicine I, and PHAS 5304 Patient Evaluation I.

**PHAS 5503 Human Anatomy**  
5 credits  
Students will be given the opportunity to acquire advanced knowledge of the anatomical structures of the human body, including but not limited to the head and neck, thorax, abdomen, pelvis, and extremities, and developing knowledge essential to be able to: 1) understand how anatomy relates to function; 2) identify anatomic structures in a surgical setting; 3) distinguish normal from abnormal structures; 4) demonstrate respect for the human body; 5) appreciate the complexity of the human body; and 6) interpret research related to anatomy. Laboratory includes study of a prosected cadaver. (46 lecture and 45 laboratory hours per enrollment period). **Prerequisites:** Matriculation in Physician Assistant Studies program.

**PHAS 6090 Elective Rotation**  
4 credits  
The student will be given the opportunity to demonstrate the ability to manage more complex patient care problems in the particular discipline chosen. (Hours are arranged). Course may be repeated for credit when topic/content varies. (4-week rotation). **Prerequisites:** matriculation in MPAS-II curriculum.

**PHAS 6211 Investigative Studies**  
2 credits  
The student will be given the opportunity to: 1) critically read, interpret, and analyze the results of a research study; 2) prepare a final written manuscript; and 3) search publishing opportunities for his/her manuscripts. (30 lecture hours per enrollment period). **Prerequisites:** matriculation in MPAS-II curriculum.

**PHAS 6407 Medicine I**  
4 credits  
The student will be given the opportunity to demonstrate the ability to: 1) elicit, organize, and record data both for a comprehensive and problem-oriented patient evaluation; 2) order or recommend appropriate laboratory, radiologic, and other diagnostic studies; 3) interpret physical exam and diagnostic data; 4) formulate management plans for the patient problems; 5) follow patients’ progress by reviewing their records and periodically reevaluating their condition; 6) assist the physician in appropriate procedures; 7) counsel and educate the patient about health maintenance issues; 8) understand and institute necessary emergency medical care, when indicated; 9) apply previously acquired knowledge in the management of patients; 10) apply principles of evidence-based medicine; 11) apply data gathering techniques and participate in designing and/or collecting data in clinical trials; and 12) make written and oral presentations of selected patient conditions. (4-week rotation) **Prerequisites:** matriculation in MPAS-II curriculum.
PHAS 6408 Medicine II 4 credits
The student will be given the opportunity to demonstrate the ability to: 1) elicit, organize, and record data both for a comprehensive and problem-oriented patient evaluation; 2) order or recommend appropriate laboratory, radiologic, and other diagnostic studies; 3) interpret physical exam and diagnostic data; 4) formulate management plans for the patient problems; 5) follow the patients’ progress by reviewing their records and periodically reevaluating their condition; 6) assist the physician in appropriate procedures; 7) counsel and educate the patient about health maintenance issues; 8) understand and institute necessary emergency medical care, when indicated; 9) apply previously acquired knowledge in the management of patients; 10) apply principles of evidence-based medicine; 11) apply data-gathering techniques and participate in designing and/or collecting data in clinical trials; and 12) make written and oral presentations of selected patient conditions. (4-week rotation) Prerequisites: matriculation in MPAS–II curriculum.

PHAS 6409 Medicine III 4 credits
The student will be given the opportunity to: 1) organize and record data both for a comprehensive and problem-oriented patient evaluation; 2) order or recommend appropriate laboratory, radiologic, and other diagnostic studies; 3) interpret physical exam and diagnostic data; 4) formulate management plans for the patient problems; 5) review patient records and periodically reevaluate their condition in order to follow their progress; 6) assist the physician in appropriate procedures; 7) counsel and educate the patient about health maintenance issues; 8) evaluate and institute necessary emergency medical care, when indicated; 9) apply previously acquired knowledge in the management of patients; 10) apply principles of evidence-based medicine; and 11) make written and oral presentations of selected patient conditions. (4-week rotation). Prerequisites: matriculation in MPAS–II curriculum.

PHAS 6410 Primary Care I 4 credits
This course is designed to emphasize student training in primary care disciplines. The student will be given the opportunity to: 1) examine how to manage complex problems in the primary care area; 2) discuss knowledge acquired during this and other clinical rotations and how it will benefit the primary care setting; and 3) discuss how this knowledge benefits the physician and patient in the primary care setting. (4-week rotation). Prerequisites: matriculation in MPAS–II curriculum.

PHAS 6411 Primary Care II 4 credits
This course is designed to emphasize student training in primary care disciplines. The student will be given the opportunity to: 1) examine how to manage complex problems in the primary care area; 2) discuss knowledge acquired during this and other clinical rotations and how it will benefit the primary care setting; and 3) discuss how this knowledge benefits the physician and patient in the primary care setting. (4-week rotation). Prerequisites: matriculation in MPAS–II curriculum.

PHAS 6412 Primary Care III 4 credits
This course is designed to emphasize student training in primary care disciplines. The student will be given the opportunity to: 1) examine how to manage complex problems in the primary care area; 2) discuss knowledge acquired during this and other clinical rotations and how it will benefit the primary care setting; and 3) discuss how this knowledge benefits the physician and patient in the primary care setting. (4-week rotation). Prerequisites: matriculation in MPAS–II curriculum.

PHAS 6414 Professional Practice Issues 4 credits
The student will be given the opportunity to demonstrate the ability to: 1) exhibit their clinical skills and review didactic knowledge learning throughout the curriculum; 2) prepare for successful completion of the national certification examination through lectures, assignments, and self-learning; 3) recognize the importance of national certification, state licensure maintenance, and continuing medical education requirements; and 4) prepare for employment. (60 lecture hours per enrollment period) Prerequisites: matriculation in MPAS–II curriculum.

PHAS 6420 Women and Children I 4 credits
The student will be given the opportunity to: 1) examine how to manage conditions affecting women and children including opportunities in obstetrics, gynecology, and pediatrics; 2) perform histories, physical examinations, and patient counseling/education, where applicable; 3) assist the provider in appropriate procedures; 4) counsel and educate the patient and caregivers about health maintenance issues; 5) evaluate and institute necessary emergency medical care, when indicated; 6) apply previously acquired knowledge in the management of patients; 7) apply principles of evidence-based medicine; and 8) make written and oral presentations of selected patient conditions. (4-week rotation). Prerequisites: matriculation in MPAS–II curriculum.
PHAS 6421 Women and Children II 4 credits
The student will be given the opportunity to: 1) examine how to manage conditions affecting women and children including opportunities in obstetrics, gynecology, and pediatrics; 2) perform histories, physical examinations, and patient counseling/education, where applicable; 3) assist the provider in appropriate procedures; 4) counsel and educate the patient and caregivers about health maintenance issues; 5) evaluate and institute necessary emergency medical care, when indicated; 6) apply previously acquired knowledge in the management of patients; 7) apply principles of evidence-based medicine; and 8) make written and oral presentations of selected patient conditions. (4-week rotation). Prerequisites: matriculation in MPAS-II curriculum.

PHAS 6422 Professional Development 4 credits
This course is designed to prepare PA students for their futures as health care providers. The student will be given the opportunity to: 1) examine the importance of communication and interprofessional teamwork in the clinical and administrative environment; 2) identify certification and licensure requirements for graduation and beyond; 3) identify the PA role in the promotion and dissemination of research; 4) develop skills to foster the concept of lifelong learning; and 5) develop study materials for the national board examination. (4-week rotation). Prerequisites: matriculation in MPAS-II curriculum.

PHAS 6425 Surgery/Emergency Medicine I 4 credits
The student will be given the opportunity to: 1) prepare and present patient records and a problem list in an organized fashion appropriate for the emergency and surgical services; 2) understand the indications, contraindications, possible complications, and limitations in the management of emergent and surgical conditions; 3) understand the indications and limitation of various diagnostic procedures; 4) assist effectively with necessary procedures in the emergency setting and pre- and post-operative periods; 5) assist in all particulars delegated by the supervising practitioner; 6) apply previously acquired problem-solving skills in the management of patients; 7) apply principles of evidence-based medicine; and 8) make written and oral presentations on selected patient conditions. (4-week rotation) Prerequisites: matriculation in MPAS-II curriculum.

PHAS 6426 Surgery/Emergency Medicine II 4 credits
The student will be given the opportunity to: 1) prepare and present patient records and a problem list in an organized fashion appropriate for the emergency and surgical services; 2) understand the indications, contraindications, possible complications, and limitations in the management of emergent and surgical conditions; 3) understand the indications and limitation of various diagnostic procedures; 4) assist effectively with necessary procedures in the emergency setting and pre- and post-operative periods; 5) assist in all particulars delegated by the supervising practitioner; 6) apply previously acquired problem-solving skills in the management of patients; 7) apply principles of evidence-based medicine; and 8) make written and oral presentations on selected patient conditions. (4-week rotation) Prerequisites: matriculation in MPAS-II curriculum.

PHAS 6427 Surgery/Emergency Medicine III 4 credits
The student will be given the opportunity to: 1) prepare and present patient records and a problem list in an organized fashion appropriate for the emergency and surgical services; 2) understand the indications, contraindications, possible complications, and limitations in the management of emergent and surgical conditions; 3) understand the indications and limitation of various diagnostic procedures; 4) assist effectively with necessary procedures in the emergency setting and pre- and post-operative periods; 5) assist in all particulars delegated by the supervising practitioner; 6) apply previously acquired problem-solving skills in the management of patients; 7) apply principles of evidence-based medicine; and 8) make written and oral presentations on selected patient conditions. (4-week rotation) Prerequisites: matriculation in MPAS-II curriculum.
MATRICULATION

STUDENT ID NUMBER

Student ID Number. UTMB assigns identification number when a student applies to the university. This number is 10-digit, and will be used throughout matriculation. When a student accepts a position in the program, a non-disclosure form is generated and user identification and temporary password sent to the student by email so the student may access MyStar, financial aid, blackboard, etc.

STUDENT HEALTH AND STUDENT COUNSELING

Student Health and Student Counseling provides primary care and counseling for enrolled students, with an emphasis on wellness and prevention, stressing each student’s personal responsibility for health. Student Health and Student Counseling Telephone Number is (409) 747-9508 or https://www.utmb.edu/studenthealth/

After Hours Care. After hours, weekends, and holidays you may call the Healthcare Hotline at 1-800-917-8906. Telephone triage is provided by the Hotline and physician backup consultation is available. For emergencies, please go to the nearest emergency room. Students are responsible for all charges related to emergency care.

Immunizations. Visit the Student Health office website and click on “New Student UTMB” tab for more information on required immunizations and insurance policies.

Immunizations can be submitted by mail (301 University Boulevard, Galveston, Texas 77555-1369, fax (409) 747-9330 or email to stdwappt@utmb.edu. Please make sure your full name and student ID is on all documents sent to Student Health.

The immunization requirements comply with the State of Texas Higher Education Mandatory Immunization requirements and the recommendations of the Texas Department of State Health and the CDC. You must meet all identified requirements. Students may not matriculate and/or participate in direct patient care until all immunization requirements are completed according to published timelines. For example, TB skin test (PPD) must be within six months of enrollment; bacterial meningitis vaccine or booster dose must be within five years of the first day of class of the semester you enter and no later than ten days before the first day of classes in that same semester.

Faculty, the program director, and the medical director cannot provide health care to students in the program, except in an emergency situation.

STUDENT BADGE

Student Badge. The UTMB student ID badge must be worn at all times unless otherwise instructed. This badge clearly identifies them as a PA student.

FACULTY COACHES

Students are assigned to teams with a faculty member who serves as the student's coach and liaison to the program and UTMB during his/her matriculation in the program. The purposes of the faculty coached learning teams are to:

- provide a professional role model for the student
- serve as a resource for both academic and personal concerns and advise students on self-directed learning
- chart the student's progress through the program, providing help and guidance
- assist the student in defining personal career goals
TEAM MEETINGS

Faculty Coached Learning Teams meet weekly. During the team meetings the students review clinical cases, practice procedures, or discuss issues important to the students.

COACH’S HOUR

This weekly meeting is scheduled for students to meet with the department chair and faculty. The sessions are used to inform students about special departmental events, schedules, announcements, etc. In addition, the event serves as a forum for students to provide feedback to the program about the curriculum, testing, and other department issues as well as to accomplish various administrative tasks. During the clinical year, Coach's Hour is scheduled as an end of block activity.

TEXTBOOKS AND EQUIPMENT

Prices on equipment, textbooks, supplies, fees, and tuition are approximate and subject to change without notice.

Textbooks. Each semester the names of the required and recommended textbooks for each course is noted in the course syllabi (post on Blackboard and distributed first day of class).

Equipment and Instruments. Each student will be required to have the following basic set of equipment and supplies, in addition to bringing protective apparel to classes and rotation assignments, e.g., eyewear, aprons, gloves, masks, etc. At the beginning of the program students will have the opportunity to purchase the equipment listed below at a significant discount. The UTMB Campus Store is another resource for purchasing items. If you decide to purchase "used" items used from other students, remember to secure warranties with original purchase receipts.

Sample List of Equipment (recommended list will be given upon enrollment and matriculation):

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welch Allyn Diagnostic Set</td>
<td>Pocket Pen Light</td>
</tr>
<tr>
<td>Otoscope insufflator bulb</td>
<td>Pocket Eye Chart</td>
</tr>
<tr>
<td>Stethoscope (recommend Littman Cardiology III)</td>
<td>Percussion Hammer</td>
</tr>
<tr>
<td>Tuning Forks – 512 cps and 128 cps weighted</td>
<td>Bag (optional)</td>
</tr>
<tr>
<td>Sphygmomanometer</td>
<td>Safety Glasses</td>
</tr>
<tr>
<td>Tongue Depressors</td>
<td>Disposable Speculums for Otoscope</td>
</tr>
</tbody>
</table>

Other:
- White Coat with UTMB identification
- Smart Phone with Data Package*
- Laptop Computer*

*Refer to information/link in handbook under Email, Modem Pool, and Academic Resources.

MEDICAL TERMINOLOGY

The program has found that students progress more rapidly during the first several semesters if they have a fair understanding of medical terminology. The program recommends the textbook, Medical Terminology: A Systems Approach by Gylys and Wedding (latest edition). We have ordered copies of the self-instructional guide for you through the UTMB Campus Store. Examinations will be administered over this material soon after the first semester begins.
COMMUNICATIONS

Online Policies. For more information on university policies and standard operating procedures, please refer to the UTMB website. https://www.utmb.edu/policies_and_procedures/Home/TOC/17

Electronic Mail. Prior to enrollment, your UTMB account and Blackboard access will be established. Faculty and staff in the program utilize UTMB email and Blackboard frequently to get messages about changes/cancellations on classes, upcoming events, etc. to the students. Each student is responsible on checking and responding to and/or appropriately addressing UTMB email and Blackboard announcements, at a minimum, daily.

STUDENT PARKING

Student parking permits are available from UTMB Parking Facilities.

OFFICES, FACILITIES, AND SERVICES

Campus Map. Campus map is located at https://www.utmbhealth.com/locations/maps.

Moody Medical Library. The library is available to all students at UTMB. Moody Medical Library's holdings include over 250,000 volumes of books, journals and audio-visual titles. All traditional library services are offered and searches are facilitated by use of computerized databases, (e.g. Medline, Medlar, etc). The library also houses the Truman G. Blocker History of Medicine Collections. Because the library is such an important tool in allied health education, we encourage you to become familiar with the library and its services early in your matriculation. Web site: https://www.utmb.edu/ar/libraryinfo.asp.

Department Library. The department maintains a limited library for student and faculty use. It is located in the PA Program Faculty Office Suite. Library books are either donated or bought through departmental funds.

Lee Hage Jamail Student Center. The Student Center at the University of Texas Medical Branch in Galveston is located between the Ashbel Smith Building (Old Red) and Graves Building.

UTMB Campus Store. The store is located on the first floor of the Moody Medical Library. The store offers medical books, medical instruments, and supplies for purchase. You may also order online medical books, general books, movies and music through their website.

UTMB Dormitories and Apartments. All students should arrange for living accommodations immediately upon acceptance to the university. On-campus housing is generally available to single students. For more information, call UTMB Dormitories and Apartments at (409) 772-1898.

Physician Assistant Studies Offices and Training Laboratory. Program faculty and staff offices are located on the seventh floor of the University Health Clinics Building, Building 56. Laboratory space for the program is located at 1003 Market. Classrooms are equipped with the latest audio-visual equipment, and the PA labs have equipment to facilitate videoconferencing.

UTMB Testing Center. The UTMB Testing Center is located in Research Building 6 next to John Sealy Hospital. The facility contains a 160-seat auditorium for lectures, as well as 300 computer work stations and 12 individual testing rooms for students who need special accommodations.
EMAIL, CAMPUS MODEM POOL, ACADEMIC RESOURCES

Laptop Computers. The department requires students to have laptop computers for classroom activities. There is no required unit or system, but recommendations are listed on the UTMB website under hardware. Because the computers will be used in testing situations, students should have backup batteries, and should make sure laptop will be available for entire period as needed.

Smartphones with Data Packages. The department requires students to have smartphones (iPhone, Android, etc.) with data packages. Use of the smartphone will allow students to use one device for communication, data retrievals, interactive responses in classrooms, and capability to take advantage of the many new applications and technology aids available for smartphones. The program is aware there are certain clinical areas that do not permit communication devices; however, for the most part, most facilities and classrooms allow and have connectivity for smart phones. The smartphone will also allow the UTMB Physician Assistant student to more conveniently check UTMB email and Blackboard announcements daily.

Blackboard Access to Blackboard courses is determined by class enrollment. A general page is located at [http://www.utmb.edu/studentinfo/howdoI/usewebct.htm](http://www.utmb.edu/studentinfo/howdoI/usewebct.htm). Your course instructors will inform you of necessary information for accessing your WEB based course materials.

How to Get Assistance The Help Desk is available 24 hours a day/seven days a week.
Campus Extension 25200 or Galveston (409) 772-5200

COURSE EVALUATION

At various times throughout the training program, students will be asked to complete confidential evaluation forms on instructors, courses, and clinical training sites. This allows the student the opportunity to give feedback and input regarding his/her education process. This also provides the department with valuable information to assess and evaluate its needs and the training program.

Department Course Evaluations and Evaluation of Faculty Effectiveness. Near the end of each semester or rotation block, students will given the opportunity to evaluate the performance and effectiveness of course instructors as well as course-oriented, curriculum development issues. This activity is conducted online. Notice will be emailed to you by the evaluation service with information on availability of evaluations and completion deadlines. Completion of the course evaluation is a mandatory requirement. Failure to complete an evaluation will count as an unexcused absence for that course. Once the evaluation period is closed, it cannot be reopened.

Clinical Site Evaluations. Clinical site and preceptor evaluations, not to be confused with instructor or course evaluations, are found through the patient contact logging system. Students may access them online.
TRAINING AND CERTIFICATION

Clinical Systems. Clinical systems training (EPIC) is provided during the curriculum. This will allow the student capability to access clinical applications online. If problems occur with your password or the system, please call online help at 25200. If they recommend intervention by the department, please obtain a contact name.

Compliance Training. Students are required to complete annual online training for general compliance, sexual harassment, information protection, standard precautions, isolation precautions, HIPPA, etc. Access will be through student ID numbers. Failure to complete training may result in a hold on future registration.

BLS and ACLS Certifications. The department requires copies of both your BLS and ACLS cards (front and back). It is your responsibility to take the BLS and ACLS courses, and provide paper copies of the certification card to the department. BLS, however, is required for matriculation in the department. It is your responsibility to keep your card for proof of certification during and after schooling. Failure to abide by the requirements for BLS and ACLS certification may result in disciplinary action, delayed rotations, delayed graduation, or dismissal from the program. When taking the ACLS course, the BLS course must be retaken to synchronize certification dates for both your BLS and ACLS.

Basic Life Support (BLS)
BLS is a requirement for all PA students. You are responsible for maintaining your active BLS certification throughout the entirety of the program length. This must be obtained from an American Heart Association (AHA) sponsored organization.

Advanced Cardiac Life Support (ACLS)
ACLS is a requirement for all clinical year PA students. You are responsible for obtaining ACLS prior to annual published deadline. ACLS certification is required for matriculation on clinical rotations.

TECHNICAL SUPPORT AND RESOURCES

Tegrity Lecture Capture System and Blackboard Systems. The program has several easy to use, online systems to help students succeed in coursework.

- The Tegrity Lecture Capture System is an online system that records (audio) all classroom sessions. The recordings do not replace actual classroom attendance and participation, but are a helpful tool in augmenting notes and in reviewing material.
- The program also utilizes Blackboard, a web-based course management system, to post course syllabi, schedules, handouts, and grades. Both are accessible to students through the UTMB website, and both compliment classroom instruction.

Students will need access to the internet through a high-speed network provider as well as Acrobat reader, real player, MS word, MS excel and MS PowerPoint.

Fax Machine. Fax services are available for student use on campus in the Lee Hage Jamail Center (next to Old Red) in Campus Life. Because of costs incurred with faxes, the department, Office of Academic and Student Affairs, the school, and/or university cannot offer this service to students.

Telephones and Telephone Messages. Telephones, in the office area, are not for student use, and there is no provision for the department to take calls or messages for students. The department does not give information on student addresses, telephone numbers, etc., and, UTMB email should be checked frequently.

Research Expenses/Photocopying. Expenses for research projects, presentations, and photocopying are the financial responsibility of the student (or the research group). Copies can be made in the Lee Hage Jamail Student Center and the Moody Medical Library.
WORK POLICY

The following applies to students contemplating employment or holding jobs while in the PA program.

The PA program is a very intense curriculum that demands a great deal of time. It is important that students remain well balanced by allowing enough time for social activities, recreation and rest. Students are advised to forego employment while in the program and take advantage of financial aid opportunities or other loans or funding.

Students in the Department of Physician Assistant Studies do not perform clerical, instructional, or administrative work for the program during the didactic or clinical years. This does not include administrative or clerical work they may perform in conjunction with research projects, enrollment in the work-study program, or as teaching assistants/tutors. During the second year of the program, rotation schedules, testing, and breaks do not follow the university schedule, and would make it even more difficult to maintain employment. Students may be assigned to sites that are distant and/or have irregular schedules including evenings, night call, and weekends.

It is not permissible for students to be paid by their preceptor for the tasks they perform while on clinical rotations. While on clinical rotation, students may not provide services within the clinical supervisor’s practice apart from those rendered for their educational value and as part of the clinical instruction experience. Students may receive a training stipend, or other training grant funds available at the discretion of the program.

LETTERS OF REFERENCE AND CREDENTIALING REQUESTS

Each faculty member has his or her own preference about how they handle reference requests. Most prefer an email or personal request in writing with enough lead time (at least two weeks), and instructions such date and format of the letter. When making a request, students should be mindful of tone and wording of request, include the full name of the scholarship and its overall purpose and guidelines, summary of pertinent comments from clinical preceptor evaluations, and an updated student profile or resume. Students should realize that there is just not enough time for faculty to respond to requests for every student and his/her recommendation letter(s) needs; therefore, consider others who could also write your letters (your coach, an instructor or mentor, clinical preceptor, etc.).

Credentialing forms are generally required for hospital employment. Students must make a formal request to faculty before providing a faculty name and contact information. Forms submitted to faculty without prior approval will not be completed. Faculty are not expected to completed forms after one-year post-graduation date.
CRIMINAL BACKGROUND CHECK AND DRUG TESTING POLICIES

Prior to matriculation, students offered a seat in the UTMB Physician Assistant Program must complete a criminal background check and drug screen. Thereafter, students may be required by the UTMB Galveston PA program and/or clinical sites to undergo repeat drug screening and criminal background checks, including but not limited to, prior to beginning clinical rotations. Students are responsible for all expenses related to meeting drug screening, student health requirements and background documentation.

Students who at any point in the program delay or decline to participate in a requested alcohol and/or drug screen will have that action considered equivalent to taking and failing a drug/alcohol screen with subsequent consequences. Applicants accepted into the UTMB Galveston PA Program who answered "no" to questions relating to criminal background in their CASPA application and found to have a subsequent positive criminal background check are likely to be dismissed from the program on the basis of misrepresentation. In the event of a reported incident, a determination about the applicant's/student's continued progress in the academic program will be made by UTMB Galveston in accordance with university procedures.

The applicant offer is contingent on the receipt of a clear background check and a clear drug screen. Failure to provide a clear background check and a clear drug screen may result in rescinding of the offer of admissions. Applicants who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding eligibility may be forwarded to appropriate credentialing boards. Clinical rotation sites may not permit participation in the clinical experience precluding satisfactory completion of the program. This should be considered seriously by the candidate prior to application and matriculation. Applicants are advised that results of criminal background checks and other required background screening will be released to third parties involved in their clinical education. Criminal offenses incurring after the student matriculates may result in the student's dismissal from the program; if this occurs, tuition and fees will not be refunded.
ATTENDANCE

The UTMB Physician Assistant Program is fast-paced and therefore students must take advantage of every available learning opportunity. Faculty members expect students to attend classes and rotations, and to use good judgment when taking an absence. The following guidelines have been established to ensure fair and equitable provisions for student absences. Any time a student is absent from a class or rotation for any reason, for any length of time, they must notify the respective didactic or clinical course director before the course start time or clinic time. Absences that are not reported will be considered unexcused, and notification, after the absence, is unacceptable, unless in the case of an emergency. Any absence that is not reported will be grounds for significant penalties including dismissal from the program.

DIDACTIC STUDENTS

Excused absences are defined as time missed due to:

- **Personal illness.** A student may receive an excused absence for illness for up to three (3) days per course, per semester. If not consecutive days, a written excuse is required for each absence. To qualify as an excused absence, a health care provider’s note from the same day as the absence is required. The note must be provided to all course coordinators of missed courses and the student’s coach. After three (3) excused absences, additional absences will be considered unexcused.

- **Serious Illness or Death in the immediate family.** Leave for these purposes will be granted for up to three (3) days. Immediate family is defined as student’s spouse, the student or spouse's children, stepchildren, parents, brothers, sisters, grandparents, and grandchildren. The student may be required to provide appropriate documentation. Leave for other family members/friends will be considered an unexcused absence.

- **Approved religious holidays.** A student who is absent from class for the observance of a religious holy day will be required to take a missed examination or complete a missed assignment the first class/work day after the holy day absence. A student must request permission for time off due to religious holidays at least one month prior to the occurrence. The student may be penalized if s/he fails to give prior notice of the planned absence or if the student does not satisfactorily complete the assignment or examination by the expected make-up date. This policy applies to all students in the training program.

- **Approved personal appointments.** Personal appointments will be handled on a case by case basis by the course coordinator. Request for permission of an excused absence should be submitted to the course coordinator two weeks prior to appointment, when possible. If approved, the student will be required to bring a return to work (medical appointments) or receipts (other appointments) concerning attendance at the appointment during class times. Students are asked to use discretion when making personal appointments, and when possible, arrange them at times other than scheduled class times.

- Natural disaster and weather emergencies

- Post graduate training interviews

Regardless of the reason for the absence, a student will be required to take a missed examination or complete a missed assignment the first class/work day upon return.

Unexcused Absences

The penalty for an unexcused absence is deducted from the attendance portion of the course evaluation component which is 5% of the overall course grade. The deduction is calculated by the course director as follows: 20% - first occurrence, 40% - second occurrence, and 40% - third occurrence. If additional time is needed because of prolonged illness or other circumstances, it is recommended that the student apply for a leave of absence (personal or medical).
CLINICAL STUDENTS

Excused Absences
Clinical year students are expected to keep the same schedule as the primary clinical preceptor/supervisor (MD/DO, PA, or NP). The student is expected to limit absences from their clinical rotations to only those that are absolutely necessary. Absences should be limited to no more than a maximum of three total absences during any block. Written requests should be sent to the respective rotation clinical coordinator for approval of planned absences prior to the expected work time. If an emergent situation, contact the respective rotation clinical coordinator and the preceptor. Failure to contact, or contact after the work day begins, will be considered unexcused. Exceptions may be made in the case of a true emergency. Students may be required to make up time for excused absences that cause them to fall below the required minimum number of clinical hours for the rotation. During “call-back” days, only emergency situations will be considered for an excused absence. All requests will be considered by the respective rotation clinical coordinator on a case-by-case basis. Regardless of the reason for the absence, a student will be required to take a missed examination or complete a missed assignment the first class/work day upon return.

Excused absences are defined as time missed due to:

- **Personal illness.** A student may receive an excused absence for an acute illness for up to three (3) days per 3-month block. If not consecutive days, a written excuse is required for each absence. To qualify as an excused absence, a health care provider’s note (not the preceptor or a family member) is required for all personal illnesses. The excuse must be written on provider/clinic letterhead and include the date, provider’s typed name, credentials, and signature. The note must be provided to the rotation course instructor. After three (3) excused absences, additional absences will be considered unexcused.

- **Serious Illness or Death in the immediate family.** Leave for these purposes will be granted for up to three (3) days. Immediate family is defined as student’s spouse, the student or spouse’s children, stepchildren, parents, brothers, sisters, grandparents, and grandchildren. The student may be required to provide appropriate documentation. Leave for other family members/friends will be considered an unexcused absence.

- **Approved religious holidays.** A student who is absent from classes for the observance of a religious holy day will be required to take a missed examination or complete a missed assignment the first class/work day after the holy day absence. A student must request permission for time off due to religious holidays at least two weeks prior to the occurrence. The student may be penalized if s/he fails to give prior notice of the planned absence or if the student does not satisfactorily complete the assignment or examination by the expected make-up date. This policy applies to all students in the training program.

- **Approved personal appointments.** Personal appointments should only be requested if there is no other optional time to schedule the appointment during scheduled breaks or travel days. These will be handled on a case by case basis by the respective rotation clinical coordinator. Request for permission for an excused absence that does not fall under any of the above excused absence policies should be submitted to the respective rotation clinical coordinator at least two weeks prior to the appointment, when possible. If approved, the student will be required to bring a return to work (medical appointments) or receipts (other appointments) concerning attendance at the appointments during class times. Students are asked to use discretion when making personal appointments, and when possible, arrange them at times other than scheduled clinical times.

- **Approved professional meetings.** Attendance at ONE professional meeting (AAPA, TAPA, TGCPAA, etc.) during the clinical year will be allowed if pre-approved by the Program Director. Requests must be submitted in writing to the Director of Clinical Education. If approved, the student will be required to bring a copy of the program agenda, registration receipt and name badge issued at the conference.

- **Natural disaster and weather emergencies**

- **Post graduate training or employment interviews.** See “Approved personal appointments” above.
Unexcused Absences
The penalty for an unexcused absence is deducted from the attendance portion of the course evaluation component which is 5% of the overall course grade. The deduction will be calculated by the course coordinator as follows: 20% - first occurrence, 40% - second occurrence, and 40% - third occurrence.

Additionally, due to the critical importance of learning opportunities during a rotation, clinical students with unexcused absences are required to make-up time at a 2:1 time period ratio at a location to be determined by the respective rotation clinical coordinator. The student will receive an “Incomplete” grade until the make-up days have been completed. If a rotation reschedule is required, it may be necessary for the student to be rescheduled in the next clinical year period, and could result in a late graduation. Make-up time cannot be scheduled during regularly scheduled clinical rotation time. If additional time is needed because of prolonged illness or other circumstances, it is recommended that the student apply for a leave of absence (personal or medical).

SPECIAL ATTENDANCE AT MEETINGS
Clinical year students are allowed one day excused absence per clinical year to attend and participate in a professional meeting. Students must inform the PA Director of Clinical Education and their faculty coach/advisor prior to attendance. Students must provide proof of attendance at the conference, e.g., conference badge. Didactic students may not attend conferences during the week while classes are scheduled and in session.

CLASS PARTICIPATION
Faculty of the Department of Physician Assistant Studies expect students to participate in all class sessions and activities. Prompt attendance and participation will count as a minimum of 5% of the overall course grade. Instructors may utilize sign-in sheets, and students will lose points for that day if they arrive to class late. See details above for tardy penalties.

ACADEMIC CALENDAR AND HOLIDAYS
Holidays are listed on the physician assistant academic calendar found on the program's web page. During the clinical year, students are expected to keep the same schedule as their primary clinical preceptor. If the preceptor is working on a UTMB holiday, the student is expected to work also. However, if a clinic/preceptor is out for a holiday that is also a UTMB holiday, the student will have that as a holiday. Only UTMB holidays are allowed. No other dates are allowed for a clinical student to be absent from a rotation.
PARTICIPATION - ROTATION (MONTHLY AND END OF ROTATION) ACTIVITIES

Participation in clinical year (MPAS-II) testing, seminars, orientations and presentations is mandatory. Final exams, competency testing, round table discussions, enrichment learning activities, rotation orientations, and other administrative tasks are planned during end of rotation blocks. It is the student's responsibility to check email messages for exact dates, times, and locations. If a student’s clinical assignment is away from campus, please use the following travel policy to return to campus for events:

- Less than 75 miles – no extra time
- 75-200 miles – one half day
- More than 200 miles – one full day

VACATION TIME – CLINICAL ROTATIONS

A student cannot be given “vacation” or “time off” while on a clinical rotation, and a clinical site cannot allow the student to take time off outside the time that is usual for the practice. The student is expected to work at least 36 hours each week, and the student’s schedule should match the preceptor’s. If a preceptor cannot supervise or must be away from the site, the student should contact the respective rotation clinical coordinator immediately (by telephone or email). There are no guaranteed days off during the clinical year. Students do not accrue time, e.g., “vacation”, and should not abuse the privilege of “excused absences”.

Maximum Clinical Hours. The UTMB Physician Assistant Program is fast-paced, and therefore, students must take advantage of every available learning opportunity. Depending upon the clinical rotation (viz., surgery), this may be even more time consuming than normal. Faculty expect students to attend rotations, but there are reasonable limits to provide adequate rest for students. Students should not spend more than 80 hours weekly on average on a clinical site. Occasionally, especially on a rotation/clerkship specialty in which a student ultimately wants to be employed, the student will request to volunteer for more than 80 hours weekly on average. This request must be made in writing to the respective rotation clinical coordinator for approval.
EMERGENCIES, SAFETY AND SECURITY

OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BLOOD-TINGED BODY FLUIDS – NEEDLE STICKS

Students who experience an occupational exposure to blood or body fluids while in their role as a student should be released immediately to report to or call Student Health (409) 747-9508 during regular hours. After hours, on weekends, and on holidays, please call the Access Center at 1-800-917-8906 for instructions. Students with off-campus exposures should follow guidelines as outlined in the UTMB policy at the following address:


While every effort is made to provide the most current policy within the Student Handbook, please consult the link for periodic updates that may supersede the Student Handbook.

WEATHER, EMERGENCY OR DISASTER-RELATED ABSENCES

When there is weather, emergency, or disaster-related alerts, students should frequently check announcements that are distributed by email or on monitors in public areas around UTMB. If the campus is closed and/or evacuated, the student should leave immediately, and are expected to return to campus when UTMB announces reopening. Off-campus students should follow the weather/disaster policy of the assigned facility or site. If the facility is closed and/or evacuated, the student should leave and return when the site or facility re-opens. It is the off-campus student’s responsibility to notify the program when he/she leaves as well as when he/she returns.

- Information will be available via the web at http://www.utmb.edu/alert. Should the webserver go down, a second server is in place as a backup and will be available via UTMB’s normal URL: http://intranet.utmb.edu/iutmb.

- Monitor local television and radio stations in Houston or assigned clinical rotation area.

SAFETY AND SECURITY

Safety and security information is covered extensively during New Student Orientation.

Personal Safety Guidelines. It is the policy of the UTMB Physician Assistant Program to follow the safety guidelines as determined by the UTMB Policy, at a minimum. Additionally, except when carried by law enforcement, weapons of any kind are inappropriate in a health care setting of any kind, and this includes health care educational programs. Weapons are explicitly prohibited from being carried by students, faculty and staff while on campus or clinical rotation sites. This includes firearms, knives of any size, chemical sprays (i.e., MACE), or anything else that would be identified as a weapon. Patients, in their care environment, and students, faculty and staff, in their study and work environment, must feel safe. Anything overt or hidden that would be construed as making a reasonable individual uncomfortable or less than safe is explicitly prohibited.

The UTMB Police Department is a multi-functional service agency dedicated to the protection of the university community through local, state, and federal laws. Crime prevention and campus safety are shared responsibilities that require the cooperation and involvement of students and employees alongside the full-time officers. Officers patrol the entire campus on foot, and in marked/unmarked UTMB Police vehicles. The UTMB Police Department is located in the Rebecca Sealy Building, and operates on a 365 day, 24-hour basis. A 24-hour emergency number is (409) 772-1111.

In an emergency offsite, students should call 911. If a non-emergency, yet in need of police related services, students are directed to contact local law enforcement.
STATEMENT OF PRINCIPLES FOR UTMB TEACHER AND LEARNER CONDUCT

The University of Texas Medical Branch is committed to fostering an environment that promotes academic and professional success in learners and teachers at all levels and in all settings. The achievement of such success is dependent on an environment free of behaviors which can undermine the important missions of our institution. An atmosphere of integrity, transparency, mutual respect, collegiality, fairness, and trust is essential. Although both teachers and learners bear significant responsibility in creating and maintaining this atmosphere, teachers also bear particular responsibility with respect to their evaluative roles relative to student work and with respect to modeling appropriate professional behaviors. Teachers must be ever mindful of this responsibility in their interactions with their colleagues, their patients, and those whose education has been entrusted to them. These principles extend to learners enrolled as students in each of the schools and postdoctoral trainees in medicine and the biomedical sciences.

SEXUAL MISCONDUCT AND SEXUAL HARASSMENT

The University of Texas Medical Branch (UTMB) is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act) which requires institutions to provide mechanisms for reporting specific crimes that occur on or near college campuses. Sexual misconduct is a form of sex discrimination and will not be tolerated. For purposes of this policy, the term “sexual misconduct” includes sexual harassment, sexual violence, sexual assault, stalking, domestic violence, and dating violence. Individuals who engage in sexual misconduct and other inappropriate sexual conduct will be subject to disciplinary action.

UTMB will take prompt disciplinary action against any individuals or organizations within its control that violate this policy. UTMB encourages any student, faculty, staff, or visitor to promptly report violations of this policy to an individual identified in Section IV.

For more information on UTMB policies, please go to the following links:

https://www.utmb.edu/act/recognizing-acts-of-sexual-misconduct

To report an incident, contact the UTMB Title IX Office at (409) 772-2112; email Title.IX@utmb.edu, or in person 2.320 Rebecca Sealy Building. There is also a compliance hotline (anonymous options available) at (800) 898-7679 or https://www.reportlineweb.com/UTMB.
# EMERGENCY PREPAREDNESS PLAN

## UTMB PHYSICIAN ASSISTANT STUDIES

### GENERAL PLANNING

<table>
<thead>
<tr>
<th>Off-campus Rooms</th>
<th>Chair (or designee) will contact local community colleges and/or churches annually to make preliminary contact and arrangements for room needs in case of an emergency and need to relocate classes from campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off-campus Clinical Sites</td>
<td>Director of Clinical Education will contact preceptors annually to arrange additional clinical sites to be used in case of an emergency for reassignment of students</td>
</tr>
<tr>
<td>Audio-Visual</td>
<td>Director of Didactic Education will order necessary equipment upgrades to assure facility records PAS class sessions (on- and off-campus) through the Tegrity Lecture Capture System</td>
</tr>
<tr>
<td>Supplies</td>
<td>PAS Staff will order adequate bags, tape, etc. for emergency packing</td>
</tr>
<tr>
<td>Emergency Preparedness Discussion</td>
<td>The program chair and faculty will meet with didactic &amp; clinical students annually to discuss emergency preparedness. Some reminders include: leave when evacuation order is given for the appropriate area (this will also pertain to students at off-campus sites), take books, equipment, valuables &amp; computers when evacuating to avoid unnecessary loss and damage; keep gas tank full during hurricane season; get money from ATM before evacuating since power failure may result in cash only transactions; check email often. Other items to consider: students should have their own personal emergency plan that includes emergency supplies and food, where to go in case of an evacuation; who will know whereabouts, where they could relocate temporarily after an emergency, if necessary. In case of a pandemic, individuals should have adequate food, water, OTC medications, and N-95 disposable masks for a 10-day to two week period and respect any CDC or health alert directives that ask persons to stay home to prevent further spread of the disease. Although tropical weather seems to be the most common emergency in our area, discussions should include other types of emergency preparedness for winter weather, floods, etc.</td>
</tr>
<tr>
<td>Class/Seminar Recording &amp; Blackboard</td>
<td>Faculty will record classes and seminars on Tegrity Lecture Capture System and students may access online; course handouts and power point presentations will be posted to Blackboard</td>
</tr>
<tr>
<td>Resource Information on Emergency Preparedness and Follow-up Plans</td>
<td>Resource: PA Handbook (posted online); UTMB Policies and Procedures and websites; television and radio stations; internet</td>
</tr>
<tr>
<td>Contact Information Update</td>
<td>Department will update contact information on faculty, staff, students annually and post on the L drive.</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>Employees will annually sign and submit the university emergency preparedness acknowledgement.</td>
</tr>
</tbody>
</table>

### BEFORE THE EMERGENCY

| Office Preparation | Should evacuation be required, each faculty and staff will be responsible for securing their office areas, bagging computer equipment, unplugging all electrical items, moving any items they wish to secure to an inside area as well as fulfilling any other instructions or requirements announced by the university. Consideration should be given to removing from the building any items deemed valuable and/or cannot be replaced. Pull down blinds before leaving. Do not tape windows. If faculty or staff are out of the office at the time of evacuation, he/she should contact someone in the department and give them instructions as to what needs to be done in their area. |
| Contact List | Student, faculty, and staff contact information will be available on the L drive. |
| Computer Back-up | Program faculty and staff should routinely back up data and information on desktop/laptop computers to flash or external hard drives and take backups with them when university closes for emergency. |
| Department Refrigerators | All items in the department refrigerator will be discarded prior to leaving for the emergency/disaster. |

### DURING THE EMERGENCY PERIOD

| Email Contact | If evacuation occurred, as soon as possible after the emergency, the Chair (or designee) will contact all students, faculty, and staff by email, and initiate roll call requesting whereabouts and updated contact information |
| Conferencing | Chair (or designee) will conference with faculty and staff on per needs basis as information becomes available |
| Emergency Meeting | As soon as feasible, program will hold emergency meeting with students and families to go over plans, e.g., when classes should resume, housing, etc. If the emergency is related to a pandemic event, an appropriate means of communication will be determined (conference call, video streaming, etc.). |
| Return to Work/Classes | UTMB will have guidelines published online after the emergency/disaster, and all employees and students should check these sites often for information and instructions. When the return to work or class message is received, all are expected to return at that time. |
| Restoring Offices | If the emergency could have physical impact on the building, as soon as faculty and staff arrive back on campus, they will be responsible for reassembling equipment and moving back into their offices. Any damage in their office area should be immediately reported to the department administrative staff. |
Resource List | The program will compile a local resource list to help with immediate needs. This list may include where to go for food, medical care, clothing, immunizations, medical care, charging stations, water, prescriptions, financial and insurance claim assistance, counselors, etc. Many items are available free at locations in the emergency area for several weeks after the event. Local paper (online) is excellent resource of where to go and what is available.

Clinical Students | Clinical students should stay in contact with the Director of Clinical Education and their preceptor via email. If a student assignment is in a non-evacuation or non-quarantine area, students will continue attending clinicals uninterrupted. If the clinical assignment is in the disaster/emergency area, the Director of Clinical Curricula will make re-assignments as soon as possible. If the student misses more than three days because of the disaster/emergency, the Director of Clinical Curricula along with the Chair will make the decision about makeup (how, when, where)

Didactic Students | The Director of Didactic Education will assist faculty in posting power point presentations and class recordings (current or previous) online for student use and will assist faculty in obtaining and directing students to previous year’s recorded lectures to provide a somewhat uninterrupted course of study for students

Donations – Needs | Program will appoint a 2-person committee to work closely on needs and donations as soon as possible after the event to prevent unnecessary donations and duplications

Financial Needs Assessment | Committee will adjust financial needs assessment form and distribute to students to gather information on student financial needs. Also, committee will consider any needs to replace educational items and equipment damaged or lost in their needs report
PROFESSIONALISM

GUIDELINES FOR ETHICAL CONDUCT FOR THE PHYSICIAN ASSISTANT PROFESSION

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 of 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 receive appropriate care. PAs should be sensitive to the beliefs and expectations of the patient, but are not expected to ignore their own personal values, scientific or ethical standards, or the law.

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, 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 an established patient to another qualified provider. PAs are obligated to care for patients in emergency situations and to responsibly transfer established patients if they cannot care for them.

The PA and Diversity
The physician assistant should respect the culture, values, beliefs and expectations of the patient.

Discrimination
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, 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 fee and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors. In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on Confidentiality). When the person giving consent is a patient’s surrogate, a family member, or other legally authorized representative, the PA should take responsible 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. Modern technologies such as 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’s legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, and 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. 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, PAs 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 knowledgeable about the benefits and risks of genetic tests. Testing should be undertaken only after the patient’s 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 understand 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, the PA fulfills their ethical obligation to ensure the patient access to all legal options.

End of Life
Physician assistants have an obligation to optimize care and maximize quality of life for patients at the end of life. PAs are encouraged to facilitate open discussion with patients and their family members concerning end of life treatment choices. 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. PAs should be aware of the medical, legal, social, and ethical issues in end of life decision-making. Advance directives, living wills, and organ donation should be discussed during routine patient visits.
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-American Society of Internal Medicine, “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
A patient’s request for alternative therapy may create conflict between the physician assistant and the patient. Though physician assistants are under no obligation to provide an alternative therapy, they do have a responsibility to be sensitive to the patient’s needs and beliefs and to help the patient understand their medical condition. The PA should gain an understanding of the alternative therapy being considered or being used, the expected outcome, and whether the treatment would clearly be harmful to the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it and advise other treatment.

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.

Managed Care
The focus of managed care organizations on cost containment and resource allocation can present particular ethical challenges to clinicians. When practicing in managed care systems, physician assistants should always act in the best interests of their patients and as an advocate when necessary. PAs should actively resist managed care 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 a particular managed care organization. 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.

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.
PROFESSIONAL DEVELOPMENT AND BEHAVIOR
UTMB PHYSICIAN ASSISTANT PROGRAM

Professional behaviors and attitudes, including effective communication and interpersonal skills, ethical decision-making, respect for diversity and values of others, and a fundamental respect for human dignity, are viewed as essential for competent and effective practice within the health care professions. These characteristics will be considered by the faculty in determination of course grades and a student’s eligibility for graduation. Any student whose behavior in class or at a required clinical assignment or other program related and sanctioned activities is found to be deficient in one or more of these areas may be subject to academic review on the recommendation of faculty.

Professionalism Development - Physician Assistant Studies

Each semester the student will be provided feedback on professional development. Small group leaders will provide ratings and comments on your professional behavior in the classroom, laboratory, and/or clinical areas. Upon entering the program, you, your coach, and the chair will enter into a contractual agreement that provides for evaluation of your professional development and behavior on a semester basis. (Reference to ARC-PA Standards are noted in parentheses). Major areas of professionalism:

- Exhibits timeliness and punctuality (B1.05)
- Notifies faculty if circumstances prevent attendance and satisfactorily makes up missed assignments (B1.05)
- Assumes responsibility for own action (B1.05)
- Demonstrates the ability to problem solve by logically evaluating facts (B1.07)
- Demonstrates the ability to be flexible with unexpected situations (B1.05)
- Demonstrates functional level of confidence and self-assurance (B1.05)
- Demonstrates the ability to be a cooperative and contributing member of the class and profession (B1.08)
- Recognizes and handles personal and professional frustrations in a non-disruptive and constructive manner (B1.05, B2.04)
- Demonstrates the ability to modify behavior in response to feedback (B1.05, B2.04)
- Demonstrates the ability to give and receive constructive feedback (B1.05, B2.04)
- Demonstrates confidentiality of medical information (B1.05, B2.16)
- Assumes academic responsibility that includes an awareness and knowledge of department, university, and institutional policies, documents, course expectations, student tasks, and deadlines. (B1.05)
- Demonstrates understanding legal, ethical, and regulatory requirements of the PA role (B2.14)
- Demonstrates respect, compassion, and integrity (B1.05, B2.16)
- Commits to ongoing professional development and lifelong learning (B2.14)
- Demonstrates appropriate use of cell phones, electronic devices, and social media (B1.05)
PROFESSIONAL DRESS AND ETIQUETTE

The Department of Physician Assistant Studies requires students to dress and conduct themselves in an appropriate and professional manner at all times throughout their enrollment.

Faculty may deny a student from attending class or patient care areas if his/her appearance and behavior does not meet professional standards. Make-up time will be required for any time missed. Some clinical sites have special requirements, and these should be discussed with the clinical preceptor. It is always a good idea to check with the rotation coordinator and clinical preceptor about proper attire before the rotation begins. Many of the standards below are common in hospital and clinic departments on and off campus.

**Dress Code**

**Scented Products.** Students should not wear excessive perfume, cologne, aftershave or powder. Some clinical settings ask that persons refrain from use of scented products on site because of other’s sensitivity and allergies to fragrances.

**Personal Hygiene.** Students should have good daily hygiene that includes clean teeth, hair, clothes, and body, including use of deodorant. Clothing should be clean, pressed, and in good condition.

**Fingernails.** Fingernails should be kept clean and trimmed, and not exceed ¼ inch past the end of the finger. Artificial nails/wraps or acrylic overlays are not permitted. Polish may be worn if neat and not chipped. Multicolored nail polish and designer paintings/decals are inappropriate.

**Tattoos.** Tattoos and body markings must be concealed.

**Jewelry.** Acceptable jewelry includes: one ring per hand (no large, dangling or sharp rings), watch with second hand, no more than two earrings per ear (studs not to exceed one inch in diameter and small hoops not to exceed 1 inch in diameter), and no more than two chains or necklaces (must not dangle and must be worn inside clothing). Unacceptable jewelry includes: bracelets, long necklaces, pins other than for identification, dangling earrings, and large rings. Studs or rings in any visible body piercing other than the ears are not allowed.

**Other.** Extremely brief or revealing clothing is not permitted, and proper undergarments should be worn. Pants should be worn at the natural waistline, and undergarments should not show. Shirts, tops, blouses, and dresses should have sleeves. The length of skirts, dresses, etc. must not be shorter than three inches above the top of the knee. Clothing should not be tight fitting. All shirts, tops, and blouses must either overlap the bottom garment or be tucked inside the bottom garment.

**Clinical Appearance.** The clinical student should wear the lab coat with the identification. Appropriate dress is dress, skirt and blouse, pants and blouse for women, and pants, shirt, and tie for men. Blue jeans are not to be worn in patient care areas nor hospital scrubs worn outside the hospital. Hair longer than shoulder length (male and female) must be pulled back and contained in a suitable manner. Hair should be clean and always arranged so as not to interfere with patient care activities. Shoes must clean and in good condition. Heels should be no higher than two inches. Open toed shoes, sandals, or shoes that will slip off the feet and pose a safety problem are not acceptable in any setting. Students should purchase and bring protective apparel to rotation assignments, e.g., eye wear, etc.

**Identification**

The UTMB physician assistant student should wear an appropriate lab jacket (short length) with the UTMB patch sewn ½ inch over the left breast pocket. The white coat should be clean and pressed. UTMB physician assistant students are provided with an official UTMB badge that displays their photograph and identifies them by name and as a student which clearly identifies them from other health care professionals. During the didactic phase of the curriculum, the student must wear their badge to all classes and activities. During the clinical year, students must wear their white coat and badge at all times while providing patient care except in areas requiring sterile attire.
Professional Etiquette

Electronic Devices. Electronic devices such as computers, cell phones, PDA’s, tablets, etc. in the classroom environment should be used for note taking or instructor approved activities only. Web surfing, instant messaging, texting, etc. are not allowed.

Cell Phones. Cell phone should either be switched off or kept in the silent mode during class sessions and clinical rotations. Text messaging, taking calls or using headphones/earbuds during class or clinic is not allowed. The student is required to provide the department with a reliable contact number (cell phone) at all times.

Breaks. Students should take advantage of formal breaks offered during lengthy classes. Only in rare instances, should it be necessary for a student to leave and return to the classroom.

Punctuality. Students should be on time to class and stay the entire session. If the student is going to be late or needs to leave early, arrangements should be made with the instructor prior to class. See absentee section for more information.

Visitors. The program has a no guest policy. This is in keeping with the UTMB policy that states that students who are not enrolled in the course may not audit or attend classes.

Conversations. If students have questions, they should ask them at appropriate times, and should avoid talking and participating in other conversations during classes.

Classroom Etiquette

• Disruptive behavior will not be tolerated. You may be penalized for these behaviors as deemed necessary by the instructor(s).
• Posting of Powerpoint slides before, and/or after a lecture is not required. If available, the instructor may post to Blackboard; however, if changes are made to an advanced posting, it is your responsibility to incorporate those updates as necessary.
• Real-time lecture recording (e.g., Tegrity) is not a requirement; lecturers are asked in advance if they are willing to record their presentation.
• Breaks are not required for a 2-hour lecture unless you have an approved ADA accommodation. Only if you have an emergency, should you leave class. Notify the instructor after class if you have such an emergency.
• The end period of a lecture is ten minutes to the hour to allow transitioning between classes and classrooms. Please remain seated and quiet until that time. You may respectfully alert a faculty member if the end-point is surpassed; however, faculty are responsible for alerting a guest lecturer.
VALUES AND PRINCIPLES

Academic Integrity. Academic dishonesty includes, but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, and any act designed to give unfair advantage to a student or the attempt to commit such an act. Procedures to be followed in the event of alleged academic dishonesty are described in the Rules and Regulations of the Board of Regents of The University of Texas System.

University Statement On Equality, Tolerance And Affirmative Action
Please indicate by the end of the second week of the course if you will need accommodations under the Americans with Disabilities Act (Public Law 101-336). If the need for ADA accommodations should arise, you will need to make your request known to the UTMB Institutional ADA Officer.

POLICIES AND PROCEDURES
University policies and procedures: http://intranet.utmb.edu/Policies_And_Procedures/Home/TOC
Student policies and procedures: https://www.utmb.edu/policies_and_procedures/Home/TOC/17

UTMB STUDENT HONOR PLEDGE
The following pledge was created and endorsed by UTMB students. These expectations are part of the professional academic evaluation of students in all courses and serve as a capstone to the UTMB Honor Policy (conduct and discipline policy) and other codes and statement of principles of the UTMB schools.

On my honor, as a member of the UTMB community,
I pledge to act with integrity, compassion and respect
in all my academic and professional endeavors.

UTMB PHYSICIAN ASSISTANT OATH
UTMB Physician Assistant Professional Oath (adopted May 2000)

I pledge to perform the following duties with honesty and dedication:

- I will hold as my primary responsibility the health, safety, welfare and dignity of all human beings.
- I will uphold the tenets of patient autonomy, beneficence, nonmaleficence and justice.
- I will recognize and promote the value of diversity.
- I will treat equally all persons who seek my care.
- I will hold in confidence the information share in the course of practicing medicine.
- I will assess my personal capabilities and limitations, striving always to improve my medical practice.
- I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.
- I will work with other members of the health care team to provide compassionate and effective care of patients.
- I will use my knowledge and experience to contribute to an improved community.
- I will respect my professional relationship with the physician.
- I will share and expand knowledge within the profession.

These duties are pledged with sincerity and upon my honor.
GUIDELINES FOR APPROPRIATE USE OF THE INTERNET, ELECTRONIC NETWORKING AND OTHER MEDIA

These guidelines apply to all pre and postgraduate trainees registered at The University of Texas Medical Branch, including medical students, residents in training, postdoctoral fellows, graduate students, clinical and research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video-sites.

The capacity to record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions and practices. Significant educational benefits can be derived from this technology but trainees need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for postgraduate trainees and the profession in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression. The University of Texas Medical Branch is committed to maintaining respect for the core values of freedom of speech and academic freedom. Trainees are reminded that they must meet multiple obligations in their capacity as students, residents, fellows and as members of the medical profession and as employees of hospitals and other institutions. These obligations extend to the use of the Internet at any time—whether in a private or public forum.

Postgraduate trainees and students are also subject to all HIPAA rules and regulations.

General Guidelines for Responsible Internet Use:
These Guidelines are based on several foundational principles as follows:

- Privacy and confidentiality are important to the development of trust between health care provider and patient,
- Respect for colleagues and co-workers is an integral part of maintaining an inter-professional environment,
- The tone and content of electronic conversations should remain professional.
- Individuals must be responsible for the content they contribute to blogs.
- Published/posted material on the Web must be regarded as permanent
- All involved in health care have an obligation to maintain the privacy and security of patient records under Health Insurance Portability and Accountability Act (HIPAA)
- Any time an individual identifies himself or herself as being affiliated with UTMB, he or she should make it clear that the views expressed do not necessarily represent the views of UTMB and may not be used for advertising or product endorsement purposes

Posting Information About Patients
Never post personal health information about an individual patient. The Institutional Handbook of Operating Procedures (IHOP) Policy 6.2.0 General Policy on the Use and Disclosure of Protected Health Information (PHI) defines PHI as individually identifiable health information transmitted or maintained in any form or medium, including oral, written and electronic. Individually identifiable health information relates to an individual’s health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual. Demographic information on patients is also considered PHI. These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Trainees must ensure that anonymous descriptions do not contain information that will enable any person, including people who have access to other sources of information about a patient, to identify the individuals described.
Guidelines for Appropriate Use of Internet...continued

Exceptions that would be considered appropriate use of the Internet:

1. Within secure internal hospital networks if expressly approved by the hospital or institution. Please refer to the specific internal policies of your hospital or institution.
2. Within specific secure course-based environments that have been set up by The University of Texas Medical Branch and that are password-protected or have otherwise been made secure.
3. Even within these course-based environments, participants should
   a. Adopt practices to make individuals “anonymous”;
   b. Ensure there are no patient identifiers associated with presentation materials; and
   c. Use objective rather than subjective language to describe patient behavior. For these purposes, all events involving an individual patient should be described as objectively as possible, i.e., describe a hostile person by simply stating the facts, such as what the person said or did and surrounding circumstances or response of staff, without using derogatory or judgmental language.
4. Entirely fictionalized accounts that are so labeled.

Posting Information About Colleagues and Co-Workers
Respect for the privacy rights of colleagues and co-workers is important in an interprofessional working environment. If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission—preferably in writing. Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behavior. Such comments may also breach the University’s codes of behavior regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Nondiscrimination Policy.

Professional Communication with Colleagues and Co-Workers
Respect for colleagues and co-workers is important in an interprofessional working environment. Addressing colleagues and co-workers in a manner that is insulting, abusive, or demeaning is unprofessional behavior. Such communication may also breach the University’s codes of behavior regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Nondiscrimination Policy.

Posting Information Concerning Hospitals or Other Institutions
Comply with the current hospital or institutional polices with respect to the conditions of use of technology and of any proprietary information such as logos or mastheads.

Postgraduate trainees must not represent or imply that they are expressing the opinion of the organization. Be aware of the need for a hospital, other institution and the University to maintain the public trust. Consult with the appropriate resources such as the Public Affairs Department of the hospital, Postgraduate Medical Education Office, or institution who can provide advice in reference to material posted on the Web that might identify the institution. Include a disclaimer that the views expressed do not necessarily represent those of UTMB. Adhere to compliance policies, including those pertaining to disclosure of copyrighted or proprietary information.

Offering Medical Advice
Do not misrepresent your qualifications. Postgraduate trainees are reminded that their institutional permit only allows the practice of medicine in UTMB approved rotations. Medical advice outside of this limitation is not protected by our malpractice plan.

Penalties for inappropriate use of the Internet

The penalties for inappropriate use of the Internet could include:

- Remediation, suspension, failure to promote, or dismissal
- Discipline for breach of hospital or institutional policy
- Prosecution or a lawsuit for damages for HIPAA violation
- A finding or professional misconduct by the Texas Medical Board
- Civil liability, including but not limited to defamation, intentional infliction of emotional distress, and copyright infringement
SCHOLASTIC INFORMATION

GRADING SCALE

Didactic: The Physician Assistant Program uses the following grading scale during the didactic year. The final course grade will be recorded as “A”, “B”, “C”, or “F”. The final course/rotation grade will be recorded as “A”, “B”, “C”, or “F”.

A+ = 100  B+ = 89  C+ = 79  F = 69 or below
A  = 95   B  = 85   C  = 75
A- = 90   B- = 80   C- = 70

Clinical: The Physician Assistant Program uses the following grading scale during the clinical year. The final course grade will be recorded as “A”, “B” or “F”. The final course/rotation grade will be recorded as “A”, “B” or “F”.

A+ = 100  B+ = 89  F = 79 or below
A  = 95   B  = 85
A- = 90   B- = 80

GRADES

Students may view course grades through the Blackboard site or Mystar (Enrollment Services). See Didactic and Clinical Remediation Flow Charts at the end of this section.

ROUNDING POLICY

Final course averages are determined by percentages involving decimals, and will be rounded up to the next whole number when equal to .5 or greater. Interim exam grades will not be rounded.

DEPARTMENT TEST TAKING POLICIES

All courses utilize computerized testing. Course instructors will notify students of the location. UTMB Testing Center rules apply.

Lecture exams consist of multiple-choice questions with an allotted time of 1 minute per question, unless otherwise stated by the faculty instructor.

During all exams, cell phones are to be turned off (not on vibrate) and placed inside of your personal belongings. All personal belongings including watches must be placed in the testing center lockers and not accessible during the exam.

Students with ADA accommodations, deemed by the UTMB Institutional ADA Officer, must notify each course instructor at least two weeks prior to an exam to ensure accommodations can be made.
GRADE CHANGE AND APPEAL PROCESS

PROCEDURES FOR REVIEWING CLINICAL YEAR GRADES

All files are confidential. A student may request a change in his/her clinical grade including grades assigned by the clinical preceptors. The request must be in writing. The student must notify the respective rotation clinical coordinator of such request no later than ten days after the date the original grade is posted. Grade appeals may be made to the Departmental Chair if the coordinator and student are unable to resolve the matter. The appeals process follows those outlined above for MPAS degree seeking students in the School of Medicine.
MPAS ACADEMIC PERFORMANCE STANDARDS

Please refer to the School of Medicine Bulletin for information on academic policies for MPAS degree seeking students such as withdrawal policy, academic performance standards, good standing, probation, and dismissals. It is noted that grades of “B” or better may be required in specific courses, and students should refer to course syllabi for details.

Good Standing
- Maintain a GPA of 3.0 during each semester or term
- Earn either a “B” (or better) or “P” (satisfactory grade) in all clinical courses; and
- Have a cumulative GPA of 3.0 or higher (required for graduation)

Academic Probation
- Earn a C- placed on probation entire next semester
- Must make B or better in all of the “next semester” courses
- Must attain cumulative GPA of 3.0 or better
- Complete any special assignments

Subject to Dismissal
- Earns an F – at any time regardless of prior grades
- While on probation, earns a second C or fails to achieve 3.0 GPA
- Earn 2 Cs in the curricula

FAILURE TO PROGRESS IN GOOD STANDING
REQUIREMENT FOR SUCCESSFUL COMPLETION OF EACH SEMESTER

- Students must successfully complete all courses with a grade of “C” (≥ 70%) or better.
- Students must satisfactorily complete all physical examination and patient presentation competency examinations, with a grade of “B” (≥ 80%) or better.
- Students must maintain an overall grade point average of 3.0 or better.
- Students must comply with the rules, regulations, and policies of UTMB and the Physician Assistant Studies program.
- Students must comply with the Guidelines for Ethical Conduct for the Physician Assistant Profession established by the American Academy of Physician Assistants (AAPA).
- Students must maintain a professional demeanor as a physician assistant student evidenced by attendance, active participation in all classes, lectures, seminars and clinical experiences as designated by the UTMB PA program.
- Students must continue to meet all published technical standards.
- Students must maintain current health and immunization standards as required by the Program.

REQUIREMENT FOR SUCCESSFUL COMPLETION OF THE PRE-CLINICAL PHASE

- Students must demonstrate skills necessary for supervised clinical practice as determined by the UTMB PA Program.
- Students must complete the PACKRAT exam during the pre-clinical phase of the program.
- Students must successfully complete BLS and ACLS certification.
- Students must successfully pass a background investigation and drug testing.
- Students must complete HIPAA and blood borne pathogen training.
- Students must provide documentation of health and malpractice insurance.

REQUIREMENT FOR SUCCESSFUL COMPLETION OF THE CLINICAL PHASE

- Students must complete the PACKRAT exam at or near end of the clinical phase of the program.
- Student must satisfactorily complete all clinical rotations, including the end of rotation evaluations with passing grades and submit all required documentation to UTMB PA Program.
- Students must achieve passing grades on end of rotation examinations and OSCEs during the clinical phase.
- Student must demonstrate required skills necessary for clinical practice and professional behaviors as determined by the UTMB PA program.

GRADUATION REQUIREMENTS

- Satisfactorily complete all courses in the program with a grade of 70% or better.
- Earn a minimum of 108 graduate semester credit hours.
- Earn a minimum GPA of 3.0
- Satisfactorily complete all clinical rotations.
- Successfully complete all components of the end-of-program summative evaluation.
- Comply with Guidelines for Ethical Conduct for the Physician Assistant Profession established by the American Academy of Physician Assistants (AAPA).
- Students must continue to meet all published technical standards.
- Receive a satisfactory summative evaluation by meeting all academic and professional standards.

REQUIRED CLINICAL LEARNING OUTCOMES
Upon completion of the supervised clinical practice experiences, physician assistant students must demonstrate the following clinical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue developing these skills. Students are required to log performance of these skills during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to every learning outcome on all rotations. The individual course syllabi denote which clinical rotations students will most likely have the greatest opportunities to demonstrate each specific learning outcome. However, students are expected to proactively pursue any opportunity to demonstrate the learning outcomes during the course of the clinical year. The student must complete a minimum of two of each of the listed learning outcomes at or above his/her current level of training in order to successfully complete the clinical phase and progress to graduation from the program.

**General Competency Areas: Patient Care (PC)**

The student will:

PC 1- Demonstrate an awareness of health promotion and disease prevention by providing appropriate counseling, patient and family education, related to preventable diseases, communicable diseases, immunization schedules and healthy lifestyles.

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PC 2- Obtain, record, and present an accurate medical history for patients with presenting conditions, including acute cases.

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PC 3- Obtain, record, and present an accurate medical history for patients with presenting conditions, including emergent cases and those requiring referral or admission.

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PC 4- Obtain, record, and present an accurate medical history for patients with presenting conditions, including chronic cases.

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PC 5- Conduct a triadic interview to obtain, record, and present an accurate medical history for infant and child patients.

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PC 6- Obtain, record, and present an accurate medical history for adolescent patients.

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PC 7- Obtain, record, and present an accurate medical history for adult patients.
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PC 8- Obtain, record, and present an accurate medical history for elderly patients.

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PC 9- Obtain, record, and present an accurate medical history for patients seeking women’s health (including prenatal and gynecologic care).

At or above expected level | Preceptor | Date  
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PC 10- Obtain, record, and present an accurate medical history for pre-operative surgical patients.

At or above expected level | Preceptor | Date  
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PC 11- Obtain, record, and present an accurate medical history for patients with behavioral and mental health conditions.

At or above expected level | Preceptor | Date  
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PC 12- Perform, record, and present an appropriate physical examination including organ system specific examinations as indicated by patient presentation for patients with presenting conditions, including acute cases.

At or above expected level | Preceptor | Date  
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PC 13- Perform, record, and present a thorough physical examination including organ system specific examinations as indicated by patient presentation for patients with presenting conditions, including emergent cases and those requiring referral or admission.

At or above expected level | Preceptor | Date  
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PC 14- Perform, record, and present an appropriate physical examination including organ system specific examinations as indicated by patient presentation for patients with presenting conditions, including chronic cases.

At or above expected level | Preceptor | Date  
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PC 15- Perform, record, and present an appropriate physical examination including organ system specific examinations as indicated by patient presentation for infant and child patients.
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PC 16- Perform, record, and present an appropriate physical examination including organ system specific examinations as indicated by patient presentation for adolescent patients.

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PC 17- Perform, record, and present an appropriate physical examination including organ system specific examinations as indicated by patient presentation for adult patients.

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PC 18- Perform, record, and present an appropriate physical examination including organ system specific examinations as indicated by patient presentation for elderly patients.

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PC 19- Perform, record, and present an appropriate physical examination including organ system specific examinations as indicated by patient presentation for patients seeking women's health (including prenatal and gynecologic care).

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PC 20- Perform, record, and present a thorough physical examination including organ system specific examinations as indicated by patient presentation for pre-operative surgical patients.

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PC 21- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for patients with presenting conditions, including acute cases.

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PC 22- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for patients with presenting conditions, including emergent cases and those requiring referral or admission.

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PC 23- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for patients with presenting conditions, including chronic cases.
PC 24- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for infant and child patients.

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PC 25- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for adolescent patients.

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PC 26- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for adult patients.

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PC 27- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for elderly patients.

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PC 28- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for patients seeking women’s health (including prenatal and gynecologic care).

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PC 29- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for patients with behavioral and mental health conditions.

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PC 30- Evaluate a patient and formulate a problem list or differential diagnosis based upon historical information, physical examinations and laboratory and diagnostic studies for pre-operative surgical patients.

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PC 31- Develop an appropriate management plan for presenting conditions, including emergent cases and those requiring referral or admission.

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PC 32- Develop an appropriate plan of care for presenting conditions, including acute cases and those requiring referral or admission.

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PC 33- Develop an appropriate management plan for presenting conditions, including chronic disease cases and those requiring referral or admission.

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PC 34- Develop an appropriate management plan for infant and child patients.

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PC 35- Develop an appropriate management plan for adolescent patients.

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PC 36- Develop an appropriate management plan for adult patients.

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PC 37- Develop an appropriate management plan for elderly patients.

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PC 38- Develop an appropriate management plan for patients seeking women’s health (including prenatal and gynecologic care).

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PC 39- Develop an appropriate management plan for patients with behavioral and mental health conditions.

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PC 40- Develop an appropriate management plan for a pre-operative surgical patient.

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PC 41 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for emergent cases and those requiring referral or admission.

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PC 42 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for acute cases and those requiring referral or admission.

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PC 43 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for chronic conditions.

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PC 44 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for infant and child patients.

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PC 45 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for adolescent patients.

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PC 46 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for adult patients.

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PC 47 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for elderly patients.

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PC 48 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for patients seeking women’s health (including prenatal and gynecologic care).

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PC 49 - Select the appropriate initial and subsequent lab and diagnostic studies and interpret the results for pre-operative and post-operative surgical patients.

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PC 50 - Participate in the intraoperative care of a patient.

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**EARLY CONCERN NOTES**

The program utilizes early concern notes for documenting deficiencies and concerns relevant to PA student performance as follows:

- Each infraction is reviewed by PA Program Progress and Promotions Committee. The committee will then decide if the offense warrants an Early Concern Note.

- 1st Early Concern Note: Meet with the designated Associate Dean

- 2nd Early Concern Note: Meet with School of Medicine oversight committee

- 3rd Early Concern Note: Subject to academic action including a professional remediation program and/or dismissal

**LEAVE OF ABSENCE**

Students desiring to take a leave of absence should contact the following persons:

**PA Program Director:** Following a meeting with the Program Director (or designated representative) the student may be referred to one of the following offices:

**Personal Leave of Absence:** Office of the Associate Dean of Student Affairs
1.210 Ashbel Smith Building (Old Red)
(409) 772-1442

**Medical Leave of Absence:** Lela Lockett-Ware, Institutional ADA Officer
2.118 Jamail Student Center
(409) 747-4818
lockett@utmb.edu
REMEDIATION POLICY

General Considerations
The remediation process is designed to identify and assist students who may experience academic difficulty in achieving the identified competencies in a course. To encourage lifelong learning principles throughout the program, the student is expected to self-identify any knowledge deficits and notify the instructor/course director. Faculty will provide appropriate resources to promote the successful achievement of minimal competencies.

Methods of Identification and Evaluation
The academic and clinical phases of the program have distinct policies and procedures related to remediation.

DIDACTIC YEAR
Any student scoring below 80% on an exam will notify their faculty coach. The goal of this policy is to help the student identify and master the material and not necessarily improve the score of a failed exam.

Students are assessed on the program’s established competencies, professionalism, and performance on an ongoing basis. The faculty may identify the at-risk student at any time through review of exam grades, coaching sessions, faculty meetings, and/or any other observable behavior. Identified students will be referred to their Faculty Coach for assessment of root causes for remediation. Referrals to campus assistance programs may be instituted as necessary. Clear expectations will be defined and documented including actions and consequences for successful or unsuccessful remediation. Depending on the action needed, a timeline will be initiated for review of student progress.

Remediation Plan Development and Implementation
The Director of Didactic Education, Course Director and the Faculty Coach may collaborate to design an appropriate tool to assess progress. Evidence of compliance with the remediation plan and mastery of knowledge deficit will be discussed with program faculty and documented. Students may engage in a maximum of two remediation plans per semester.

A remediation plan will be instituted by the Course Director and may include but is not limited to:
1. Reading assignments
2. Written completion of selected course learning objectives with reference citations
3. Written response to selected exam items per course director with reference citations
4. Case-based or problem-based learning exercises focused on area(s) of weakness
5. Written self-reflection exercise
6. Individual tutoring focusing on skills-related deficiencies
7. Simulation training
8. Written completion of instructional objectives developed to target specific deficiencies identified during a review of a failed exam.
9. On-line learning modules per course director or faculty coach
10. Test-taking strategies session(s) lead by faculty

Consequences of Academic Deficiencies
a. Identified by faculty as “at-risk” (student scoring 1 or 2 standard deviations below class average in any course).
b. Required to remediate the deficiency.
d. Referred to the Academic Progress Committee for dismissal (student earns an F at any time regardless of prior grades; or while on probation earns a second C or fails to achieve 3.0 GPA; or earns 2 Cs in the curricula.) See Academic Probation Policy in Academic Performance Standards in the Student Handbook.
e. Student may be required to relinquish any student leadership or committee responsibilities and will be discouraged from participating in any extracurricular activities.
f. If a student fails the summative OSCE, he/she will have one (1) opportunity to retake the examination as scheduled by the faculty. Failure of the second summative OSCE will be referred to the Academic Progress Committee for disposition and progression in the program.
DIDACTIC YEAR REMEDIATION

**Student Deficiency Identified**

- **Referred to Faculty Coach**
  - Referral to Campus assistance programs, if needed
  - Clear Expectations Defined and Documented

**Remediation Plan Developed** - through collaboration with Director of Didactic Education and Course Director.
**Remediation Plan Implemented** by Course Director and timeline to assess progress established.
**Evidence of Compliance** with remediation plan will be documented

**Remediation Successful?**

- **NO** - Consequences per policy
- **YES** - no further action
CLINICAL YEAR

Preceptor Evaluation
Any student that scores below 70% on the preceptor evaluation for any rotation will fail the rotation and is subject to consequences as listed below.

End-of-Rotation Assignment (Week 8)
Any student that scores below 70% on the week 8 assignment for any block (Cognitive Assessment), will meet with the DCE and/or their faculty coach to review their performance. The student may be assigned remediation in any of the following forms:

- Reading assignments
- Written completion of selected course learning objectives with reference citations
- Case-based or problem-based learning exercises focused on area(s) of weakness
- CME Coursework
- Written self-reflection exercise
- Individual tutoring focusing on skills-related deficiencies
- Simulation training
- On-line learning modules per DCE or faculty coach
- Additional supervised clinical practice experience

End-of-Rotation (EOR) Exams (Week 12)
Student performance is analyzed for the PAEA End of Rotation™ Exams based on the national average score and scores that are 1 and 2 standard deviations below the national average are identified for remediation.

Students scoring 1 standard deviation below the national average on any of these exams will meet with the DCE and their faculty coach to review the content area feedback from the exam and devise a customized remediation strategy. Students scoring ≥ 2 standard deviations below the national average are additionally be required to repeat the EOR exam.

Consequences of Clinical Deficiencies
There are three (3) major components to the evaluation of students during the clinical phase: (1) End-of-rotation examinations, (2) clinical preceptor evaluations, and (3) Week 8 assignment (Cognitive Assessment). Students must achieve a grade of 70 or better on any of the major components and achieve a minimum overall grade of 80 for the clinical course to successfully complete a rotation. Final determination of the clinical rotation grade is made by the DCE and rotation coordinator, taking all clinical rotation components into consideration. Failure to successfully complete a clinical rotation results in the following consequences:

a. Failure on an End-of-Rotation Exam greater than or equal to 2 standard deviations below national average but achieve an overall course grade of 80 or better. Students are assigned remediation per the remediation policy and are required to retake the exam within 20 business days. The purpose of retaking the EOR exam is for remediation only and thus the highest score possible for a repeat EOR exam is 75. If a student fails the repeat exam, the student will sit for an oral examination based on content from their individual PAEA EOR Exam Performance report. Students have the opportunity to retake a maximum of two (2) failed EOR exams during the clinical year.

b. Failure to achieve a score of 70 on the Week 8 Assignment but achieve an overall course grade of 80 or higher. Students are assigned remediation per the remediation policy and are required to successfully complete the remediation and demonstrate satisfactory mastery of the failed content. Failure to complete the remediation will result in an Early Concern Note based on the deficiency identified.

Failure to achieve an overall score of 80 or better on a clinical course. A score of “F” is assigned for the final rotation grade. The student is considered for dismissal by the Academic Progress Committee. If the students is selected for retention and remediation, they will be required to repeat the rotation as arranged by the DCE. If the student also failed the EOR exam for that rotation, they will also be required to repeat the EOR exam at the completion of the repeat rotation. Failure to satisfactorily complete the repeat rotation and/or exam will result in consideration for dismissal by the Academic Progress Committee. Students only have the opportunity to remediate one (1) failed rotation.
Remediation assigned as follows; EOR exam raw score
▪ below 1 STD from national average—Meet with faculty coach to review exam content area report
▪ below ≥ 2 STD from national average—same as above plus repeat EOR exam

Did Student pass repeat EOR exam? (Maximum two failed EOR exams during clinical year)

Student will sit for oral examination based on content from their PAEA EOR Exam Performance report

Student receives a grade of “F” for the rotation and is subject to dismissal
DECELERATION POLICY

UTMB’s PA Program curriculum is designed to be delivered on a full-time basis to students in each cohort. If a deceleration request is approved, the student will join the next enrolled cohort. There is no option to complete the curriculum on a part-time basis.

WITHDRAWAL POLICY

A student may withdraw from the program at any time and for any reason. The withdrawal must be completed no later than the close of business on Friday of the week during which 80% of the coursework has been completed. The student must withdraw from all courses. A student cannot withdraw from individual courses and incomplete grades will not be allowed. The symbol "W" will be assigned as a grade to indicate a withdrawal. Student requests for withdrawal will not be accepted after the above deadline for withdrawing from a course. If a student withdraws from the program they must competitively reapply for admission.
CLINICAL (MPAS-II) YEAR

CLINICAL SCHEDULES

The clinical rotation schedule has been planned with special consideration and concentration on the needs of the students, faculty, and clinical sites. The program adheres to its schedule after publication annually in the spring semester; however, it is subject to change. Students selected for the physician assistant program at The University of Texas Medical Branch at Galveston must complete all didactic and clinical rotations at program affiliated sites. No out of state or out of country rotations will be allowed, and no exceptions will be made. When possible, students are assigned, for at least four weeks, in a medically underserved practice/facility to broaden opportunities and experiences. During clinicals, students must plan for the expense of rotations away from campus (e.g., living expenses, transportation, etc.). Students are not required to provide or solicit clinical sites.

CLINICAL YEAR (MPAS-II) TESTING AND ORIENTATION

Clinical year (MPAS-II) testing, seminar, and orientation sessions are one or two days in length and scheduled at the end of each rotation. Final exams, competency testing, round table discussions, enrichment learning activities, and other administrative tasks are planned for these periods. It is the student's responsibility to check with the department for exact dates, times, and locations as well as participate in all activities. All students, regardless of assignments or test schedules, must attend these mandatory sessions to take care of administrative and testing matters. While every attempt is made to adhere to the published schedule, occasionally end-of-rotations must be rescheduled. Therefore, all students should be prepared to be on campus in Galveston until 5pm on “call-back” days. All travel arrangements should be made accordingly and failure to do so may result in the student being required to cancel or reschedule at their own expense.

COMPETENCY TESTING AND ePACKRAT

MPAS-I and MPAS-II students are required to sit for the ePACKRAT, a review examination for the NCCPA certification examination. The program pays for the first testing prior to matriculation in the clinical year; however, the student is required to pay for the exam administered in last semester of the curriculum. Cost which includes results and analysis is ~$40. Periodically during the clinical year, students are administered competency examinations (physical examinations, OSCE’s, end-of-rotation exams, etc.). This enables the student to gain a better understanding of his/her knowledge base and areas for study for the upcoming certification exam. These examinations also help the program identify deficiencies and/or weak areas so that remediation may be offered.

PATIENT CONTACT TRACKING SYSTEM

To insure students are offered essential and necessary kinds of experiences during the training program and to consistently monitor student clinical contacts, the department leases a computerized tracking system. The system monitors and tracks student contacts in MPAS-II clinical activities. The log reports on patient's age, gender, ethnicity; clinical site, diagnosis, and student encounter level. The system is not only beneficial to faculty in enhancing student educational activities, but provides students with multiple reports comparing rotations and profiling patient contact while a student for learning and employment purposes. In order to successfully “pass” clinical components, the log must be completed and submitted by the last day of the clinical assignment. Students are required to purchase a seat in the patient contact tracking system. Purchase occurs during the first year, and is a one-time fee of $75 (subject to change).

LATE POLICY

Failure to turn in rotation assignments (CAT, case studies, etc.) on the due date stated in the rotation syllabus will result in a 10% deduction in grade for being late, followed by a 10% per day penalty thereafter. A final grade for the rotation will not be posted to the blackboard site until each component above is submitted in its entirety.
CRITERIA FOR ROTATIONS

- All aspects of the student's program performance will be considered with faculty decisions concerning rotations, including, but not limited to grades and professional and ethical conduct.

- All didactic courses must be successfully completed prior to rotations, e.g., no "I", "NR", "R" notations.

- The student must be ACLS-certified prior to going to clinical rotation sites, and have completed all necessary compliance training, health and security screenings. Many sites require proof of completion of training, e.g., HIPPA, ACLS, etc. and verification or completion of background checks, urine drug screens, immunization records, etc. Students must keep all required information up-to-date in Typhon throughout their clinical year.

- The student must pass all rotations without problems and with a grade of "B" or better and maintain a "B" level of performance while on rotations. Problems with clinical performance, professionalism, or ethical behaviors may, depending on their severity, result in dismissal.

SUMMARY OF ROTATION GUIDELINES

These guidelines help insure proper practice activities for MPAS-II students, define expectations of MPAS-II students for supervised clinical practice and demeanor, and allow for a pragmatic approach to clinical education and training that provides an optimum opportunity for learning. The points listed below are considered "major" points and are not inclusive or exclusive to requirements listed elsewhere. Long hours and hard work are not considered problems.

Daily Schedule

- At the beginning of each clinical assignment (month), the student must post his/her schedule into blackboard per the course syllabus. Failure to do so within the first week of the rotation will result in a penalty from the attendance/participation component. On some rotations, these schedules are subject to change. When this occurs, the schedule must be updated as soon as possible. If the reschedule causes the student to fall below the required minimum of 36 clinical hours per week, the student must contact the respective rotation clinical coordinator immediately.

- Students are expected to keep the same schedule as the primary clinical supervisor (MD/DO or PA or NP).

- The student schedule is determined by the clinical preceptor's (supervisor's) schedule. Vacation for students is not allowed. If a supervisor is away from the practice for more than a half-day, the student must contact the respective rotation clinical coordinator immediately. If the student is found to be off-site when the student is expected to be onsite by the coordinator or other faculty, it may result in disciplinary action. The student may be given an incomplete or failing grade for not meeting the requirements of the rotation.

Site Notification

- The student is required to contact each clinical site at least two weeks prior to beginning the rotation, or as otherwise outlined in Typhon for the clinical site. Some sites such as Correctional Manage Care or MD Anderson Cancer Center require more advance notice. The student is also required to contact the hospital or long-term care facility at least two weeks prior to beginning the rotation. For any site, it is the student's responsibility to inquire about needed documentation and information for security clearance, credentialing, or additional security background checks or urine drug screens. The student will be required to complete these in a timely manner, as requested by the facility or program, and will be responsible for the cost. Consequences for failure to notify each clinical site within a timely manner may result in a delayed program completion or graduation.
Supervised Clinical Practice continued

- For assignments utilizing AHEC housing, the student should notify the appropriate AHEC representative at least three weeks prior to the beginning of the rotation about housing needs. AHEC housing is on a first-come, first-serve basis. Students should act responsibly, be respectful of the property, and keep premises in clean order whether the housing is provided by AHEC, the preceptor, or community member.

Student Role
Students cannot be utilized to replace clinicians or clerical staff at clinical assignments.

Evaluation

- The clinical competency sheets should be used as a platform for formative feedback throughout the rotation. Students should seek feedback from their preceptor and be counseled on their performance, at least, at the mid-point of the rotation, if not more often.

- Evaluations should be honest and as accurate as possible. If an unsatisfactory grade is deserved, then it should be given with documentation.

- Students can be required to complete didactic exercises (case studies, case reports, research papers, written topic reports, literature searches, etc.) as part of supervised clinical practice rotations.

Professionalism

- Students represent the UTMB Physician Assistant Program, the School of Medicine, The University of Texas Medical Branch and the physician assistant profession.

- Students are expected to conduct themselves in a professional manner. Problems with demeanor and professionalism are as serious as poor clinical performance and should be brought to the attention of the respective rotation clinical coordinator as soon as possible.

- If there are problems between students and clinical supervisors, they should be handled as quickly as possible and/or brought to the attention of the respective rotation clinical coordinator as soon as possible.

- Students are responsible for checking UTMB email messages and Blackboard announcements daily (minimum).

- No assignments will be made for rotations that involve direct contact and evaluation by members of the respective student's family (by kinship, adoption, or marriage). Students may not supply their own clinical sites or preceptors for program rotations. See the program policy regarding clinical rotation scheduling and sites.

- Emergencies, special requests, and special issues are considered on an individual basis. Decisions made do not set a precedent for subsequent decisions.
ROTATION EVALUATIONS AND REMEDIAL ASSIGNMENTS

Evaluation components are defined in each syllabus under that section and/or noted on the summary grade sheet. If the student is unclear about the evaluation or grading mechanisms, it is his/her responsibility to seek clarification from the respective clinical coordinator. If the rotation is not successfully passed, the student will be required to retake the rotation, and be subject to academic dismissal. Students must maintain a 3.0 grade point average during the clinical year. Rotation grades are reported to the registrar after the completion of the rotation, and academic deficiencies are brought to the departmental and Academic Progress Committee for action on a semester basis during the clinical year.

Failure of the Clinical Rotation Final Examination
Students must achieve a score of no greater than 1 standard deviation (SD) below the national average or higher on the end of rotation (EOR) exam to pass. Should a student fail to achieve a passing score on the EOR exam, the respective rotation clinical coordinator will assign remediation activities and the student will be allowed one opportunity per exam to repeat the exam for a maximum score of “75”. The repeat examination must be retaken within 20 working days of the failure. Failure of the repeat EOR exam (score ≥ SD below the national average) will result in the need to pass an oral examination of their medical knowledge based on individual PAEA EOR Exam Performance report. Additionally, all other academic and clinical requirement listed in the respective rotation and general section syllabi for the clinical year must be met in order for the student to successfully pass the course and proceed in the curriculum.

Failure of the Clinical Rotation
A student will fail the rotation if: (1) an average of less than “70” is earned on the preceptor evaluation or the Week 8 Cognitive Assessment (case-based, OSCE’S, presentations, etc.), (2) the overall rotation average (grade) is less than “80” (“B”), or (3) a pass/fail component is not successfully passed. A student who fails the rotation will receive a grade of “F” for the rotation, and be subject to academic dismissal from the program. Should the Academic Progress Committee decide not to dismiss, the student will be placed on academic probation, required to repeat the course, and expected to successfully complete all remediation activities assigned by the respective rotation clinical coordinator. Due to scheduling constraints and registration in the clinical year period, course retakes may be scheduled at the end of the clinical year, and graduation may be delayed.
CERTIFICATION

To attain the PA-C designation, a candidate must be a graduate of an accredited PA training program and successfully pass the Physician Assistant National Certifying Exam (PANCE). PANCE is a multiple-choice test that assesses basic medical and surgical knowledge. For the most up-to-date information on certification and recertification and exam/application windows, check the website (http://www.nccpa.net). There is a 7-day eligibility requirement after graduation before actual exam date.

TEXAS LICENSURE

Texas is a regulatory state with responsibility for governance of physician assistants coming under the Texas State Board of Physician Assistant Examiners as provided for by the Medical Practice Act. The Board issues rules and regulations regarding the practice of physician assistants and according to the rules, maintains physician applications for supervision of physician assistants. Please refer to the following web sites, www.tmb.state.tx.us for more information. Conviction of a felony offense may result in ineligibility to receive licensure in Texas. Each case is considered on an individual basis by the state licensing agency.