

ACADEMIC STANDARDS

Physician Assistant Program

updated January 2024



P H Y S I C I A N A S S I S T A N T P R O G R A M
O K L A H O M A C I T Y U N I V E R S I T Y

2501 N Blackwelder, Oklahoma City, OK 73106

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Students are expected to adhere to Oklahoma City University policies as well as those set forth by the Oklahoma City University PA Program Academic Standards. In some cases, PA Program Standards may exceed those of the university and take precedence.

Oklahoma City University General Policies:

1. Oklahoma City University Student Handbook: <https://www.okcu.edu/students/handbook>
2. Oklahoma City University Graduate Catalog: <https://www.okcu.edu/catalog/grad>
3. Student Conduct Code: <https://www.okcu.edu/students/conduct>

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Mission Statement of the Oklahoma City University Physician Assistant Program

To prepare physician assistants who are competent in the art and science of medicine so that they may improve lives in the communities they serve.

Goals of the Oklahoma City University Physician Assistant Program

1. To graduate PAs possessing a thorough understanding of disease mechanisms

The program provides a comprehensive curriculum of basic and clinical sciences delivered in a systems-based format. During the initial didactic phase, the transition from acquiring medical knowledge to putting it into practice is facilitated by frequent use of simulated patients and an early introduction to patients. Confirmation of knowledge is assessed through objective testing, performance on procedural skills, evaluations from early patient interactions and a summative examination process.

2. To graduate PAs proficient in the application of critical thought to medical decision making

More than simply memorizing facts, the art of medicine requires the practitioner to apply logic and reasoning to achieve healing. These principles are taught and practiced in the didactic curriculum in small group discussions, through interactions with simulated patients and through a commitment to the teachings of humanism in medicine. Confirmation that critical thought is developing appropriately is assessed by evaluations on objective written examinations, objective structured clinical examinations and by observations of preceptors in the clinical year.

3. To graduate PAs with an exemplary sense of community service through a team-based model of health care delivery

Graduate PAs are in a unique position to have a tremendous impact on the communities in which they live and work. Paramount is their ability to provide compassionate care to marginalized citizens with the breadth of care multiplied through a team-based approach. During their tenure with the PA program, students will participate in such collaborative environments in charitable clinics throughout Oklahoma City. Confirmation that students attain this goal will be accomplished through analysis of survey data from frequent experiences serving the health care needs of the uninsured and working poor alongside physician and PA role models.

4. To graduate PAs who are servant leaders in patient-centered practices

Servant leadership is an ancient philosophy based on putting the needs of others first and people develop and perform to the best of their abilities. This philosophy is consistent with patient-centered care, which strives to improve outcomes by strengthening the provider-patient relationship, by providing care in consultation with patients and by replacing the provider-centered system with one from the patient's viewpoint. Students will become familiar with this type of practice in the didactic phase and will gain hands-on experience working directly with PA program faculty who function as servant leaders in charitable clinics in the metro area. Indeed, servant leadership is a strategic initiative of the University and one embodied by the PA Program.

Confirmation that students attain this goal will be accomplished through analysis of survey data from frequent experiences in patient-centered care practices.

5. To graduate PAs committed to life-long learning

Our understanding of medical science increases each day. To keep up, practitioners must commit themselves to constant study throughout their careers. The discipline to maintain this effort begins with matriculation into the program. Students will learn the value of, and how to practice evidenced-based medicine. Being at ease with how to access and interpret the literature will provide the foundation for this way of life for the benefit of the graduate's future patients. Confirmation that students strive for this goal will be assessed by evaluation of their ability to access and discuss the medical literature during the didactic and clinical phases of the program.

PA Program Competencies

Competencies of the PA profession were established by the National Commission on Certification of Physician Assistants (NCCPA), Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), and the Physician Assistant Education Association (PAEA) to provide a foundation from which physician assistant organizations and individual physician assistants could provide accountability and assessment in clinical practice.

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.

The Oklahoma City University PA Program competencies are based on this model of the PA profession. The curriculum is designed to accomplish the following competencies. Students attain these competencies as they successfully progress through the curriculum meeting the program's learning objectives and outcomes as defined in course syllabi. The learning objectives and outcomes provide a foundation for meeting these program competencies and goals. Upon completion of this program, graduates should be able to do the following:

1. Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention across the lifespan.

- Apply core knowledge of established and evolving biomedical and clinical sciences to the practice of medicine
- Demonstrate critical problem-solving skills and analytical thinking in patient care
- Understand and apply the epidemiology, etiology, risk factors, physiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and treatments of common disease processes to the clinical scenario

- Recognize and perform the appropriate history and physical examination based on the patient presentation
- Formulate an appropriate diagnostic evaluation based on the patient's history and physical examination
- Synthesize a differential diagnosis from patient history, physical examination, and diagnostic data
- Evaluate the indications, contraindications, side effects, and adverse reactions of various diagnostic and treatment modalities for common medical and surgical conditions
- Identify and apply concepts of evidence-based medicine, disease prevention, screening modalities, and health promotion/maintenance to the practice of medicine

2. Interpersonal & Communication Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information.

- Use effective listening, verbal, non-verbal, and writing skills to elicit and record patient information and provide education and counseling in the practice of medicine
- Adapt communication style and messages to the context of the individual patient interaction
- Demonstrate accurate and appropriate documentation of the patient interaction for medical, legal, and financial purposes
- Work effectively with physicians and other health care professionals as a member or leader of an interdisciplinary health care team
- Effectively exchange information with patients, families, other health providers, and the healthcare system

3. Patient Care

Patient care includes patient and setting-specific assessment, evaluation, and management.

- Provide age-appropriate assessment and management of common health conditions across the lifespan
- Demonstrate respectful, compassionate, and appropriate patient centered care to patients with emergent, acute, and chronic medical conditions in the inpatient and outpatient settings
- Implement appropriate education and counseling for patients and their families
- Implement appropriate diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- Competently perform medical and surgical procedures essential to the practice setting
- Identify the appropriate site of care for presenting conditions, including emergent conditions and those requiring referral or admission

4. Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own.

- Understand the role of a physician assistant and adhere to its legal and regulatory requirements
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- Practice without impairment from substance abuse, cognitive deficiency, or mental illness
- Maintain intellectual honesty and appropriate academic and professional conduct
- Demonstrate respect, compassion, and integrity in interactions with healthcare providers, patients, and families
- Demonstrate accountability to patients, the program, society, and the profession
- Commitment to excellence, on-going learning, and professional development

5. 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.

- Assess, analyze, and modify one's own patient care practices
- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies
- Locate, appraise, and integrate evidence from scientific studies for the care of one's own patient practices
- Utilize information technology to access online medical information, manage patient information, and support patient care decisions

6. Systems-based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered.

- Demonstrate an awareness of and a responsiveness to the larger system of healthcare for provision of optimal patient care
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Partner with other health care professionals to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes

- Promote a safe environment for patient care and recognize and correct systems-based factors that negatively impact patient care
- Apply the concepts of population health to patient care

Technical Standards for Physician Assistant Program Admission

A candidate for the MPAS degree as a Physician Assistant shall have abilities and skills in the areas of observation, communication, motor function, conceptual and analytical thinking, and normative behavioral and social attributes. Technological accommodations can be made for some disabilities in certain of these areas, but the role of the Physician Assistant in the delivery of health care necessitates that he/she shall be able to perform in an independent manner.

1. Observation

The candidate shall be able to observe demonstrations in the basic sciences. A candidate shall be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the senses of vision and touch which are enhanced by the functional use of the sense of smell.

2. Communication

A candidate shall be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate shall be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. Candidates shall be able to communicate effectively and efficiently in oral and written form with members of the health care team.

3. Motor Function

Candidates shall have sufficient motor function to elicit information from patients by auscultation, percussion, palpation and other diagnostic maneuvers. A candidate shall be able to perform basic laboratory tests (urinalysis, phlebotomy, etc.), carry out procedures (intubation, pelvic exams, etc.), and read EKGs and x-rays. A candidate shall be able to execute motor movements required to provide general care and emergency treatment to patients. Examples of emergency treatment required of PAs are cardiopulmonary resuscitation, the administration of intravenous medications, the application of pressure to stop bleeding, the opening of obstructed airways, suturing wounds, and the performance of obstetrical and surgical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

4. Conceptual and Analytical Thought

These abilities include being able to perceive all manner of sensory stimuli, including verbal, written, visual, auditory, tactile, and olfactory. The candidate must be able to synthesize and integrate the aforementioned sensory inputs and apply them to patient care through objective and subjective examinations in a timely manner with stressful distractors consistent with the medical environment.

5. Behavioral and Social Attributes

A candidate shall possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates shall be able to tolerate physically taxing workloads and to function

effectively under stress. Candidates must have no spiritual, ethical, or constitutional objection to physical contact with any gender. Candidates will be required to perform full physical examinations on male and female patients to fulfill the requirements of clinical competence and graduation. Students will also be required to practice and perfect physical examination skills on each other (with the exception of examinations of the genitalia). Candidates shall be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties in the clinical problems of many patients. Because disease recognizes no holiday or day of the week, candidates must be willing to perform in the clinical setting as required by their designated preceptor. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the education process.

CURRICULUM DESIGN

Technical Procedures Taught in the Program

The rationale for each procedure as well as its technical explanation will be provided to all students during the didactic phase using task trainers and/or standardized patients. Program faculty will confirm all students are proficient in each task prior to advancing in the program. During the performance of supervised clinical practice experiences, preceptors will be encouraged to allow students to gain expertise in the procedures on patients when appropriate.

General

- Venipuncture
- Injections
- Finger stick blood sugar testing
- Certifications in BLS, ACLS, and PALS
- Aseptic technique
- Performing a complete history and physical examination
- Intravenous catheter placement
- Diabetic foot examination

Emergency Medicine

- Intubation
- Insertion of a laryngeal mask airway
- Insertion of a central venous catheter
- Insertion of a chest tube
- Insertion of an intraosseous needle
- Needle decompression of the chest
- Pericardiocentesis
- Cricothyrotomy
- Point-of-care ultrasonography
- Lumbar puncture
- Adult and pediatric airway management

Genitourinary

- Male and female urethral catheterization
- Prostate examination

Musculoskeletal

- Applying splints to extremities
- Applying casts to the extremities
- Intra-articular injections

Cardiopulmonary

- Interpreting electrocardiograms
- Interpreting pulmonary function test/spirometry
- Use of a nebulizer
- Use of spacer with metered dose inhaler
- Use of valved holding chamber with metered dose inhaler

EENT

- Indirect laryngoscopy
- Fluorescein examination of the eye
- Jet wash of the auditory canal

Dermatology

- Punch biopsy
- Cryotherapy
- Toenail removal
- Suturing
- Incision and drainage of abscess
- Loop drain placement
- Surgical knot tying (one- and two-hand technique)
- Surgical knot tying (instrument technique)

Women's Health

- Pelvic exam with speculum insertion
- Breast examination

The Didactic Phase

The didactic curriculum will be presented in an integrated systems-based format. Classes will be held, for the most part, Monday through Friday from 8:00 am - 5:00 pm. Some classes may require evening, early morning, or weekend sessions. Students are expected to attend all classes. Students should have no other commitments during these hours.

At the beginning of each course, students will receive a syllabus and course outline describing the purpose of the course, the format, and the objectives. Students will also receive instructional learning objectives for each course, which will guide the student in studying and will provide the basis for examinations. Faculty members will determine the method of teaching and evaluation for the courses they teach. Some evaluation methods will be traditional (e.g., multiple choice questions) and others will be less traditional (e.g., objective structured clinical examinations using standardized patients). Students are expected to meet the competencies determined by each instructor, in the manner required.

Academic Terms and Courses	Credit Hours
PA-1 Spring Semester	
PA 5118 Introduction to Human Form	8
PA 5361 Nutrition	1
PA 5123 HEENOT	3
PA 5322 Dermatology	2
PA 5132 Hematology-Genetics	2
PA-1 Summer Semester	
PA 5154 Cardiology	4
PA 5143 Pulmonology	3
PA 5213 Urinary System	3
PA 5334 Gastroenterology	4
PA 5243 Neurology	3
PA-1 Fall Semester	
PA 5252 Behavioral Health	2
PA 5313 Musculoskeletal System	3
PA 5234 Endocrinology	4
PA 5223 Women's Health	3
PA 5372 Pediatrics	2
PA 5161 Geriatrics	1
PA-2 Spring Semester	
PA 5342 Infectious Diseases	2
PA 5355 Acute Care (Emergency and Critical Care Medicine)	5
PA 5383 Capstone	3

The Clinical Phase

The clinical phase is comprised of supervised clinical practice experiences (SCPEs). Mandatory SCPEs include: internal medicine, pediatrics, women's health, behavioral health, family medicine, emergency medicine, and surgery. SCPEs are completed off campus in various clinical settings such as hospitals and private clinics. Students are not required to obtain clinical sites or preceptors. Students are required to report to the clinical sites assigned by the PA Program.

Some SCPEs will require students to work during weekends, holidays, overnight, or late into the evenings. Students will return to campus for "call back" days, which are held on the last day of each rotation. These day-long sessions may consist of end of rotation (EOR) examinations, medical practice operations course assessments, and other activities as required by the Program.

The clinical phase of the program curriculum is designed to provide the student with an interactive, problem-based learning opportunity. Students will acquire hands-on clinical experience through evaluation and management of both acute and chronic diseases under direct supervision by their preceptors.

Clinical phase students will receive a SCPE syllabus and course outline describing the purpose of the

course, the format, and the objectives. Students will also receive instructional learning objectives for each course which will guide the student in studying and will provide the basis for examinations.

During the clinical phase, students will also be required to complete five courses in topics related to medical practice operations. Topics include billing and coding, managing a medical practice, marketing to the community, finances of a medical practice, medico-legal issues, and contract negotiation. These courses are offered through in-person sessions with a new course being presented approximately every other SCPE during the clinical phase.

Academic Terms and Courses	Credit Hours
PA-2 Spring Semester	
PA 6034 Medicine/Elective	4
PA 6311 Reimbursement, Documentation, Billing and Coding	1
PA-2 Summer Semester	
PA 6014 Family Medicine	4
PA 6024 Internal Medicine	4
PA 6044 Surgery	4
PA 6054 Pediatrics	4
PA 6111 Operationalizing a Medical Practice	1
PA 6211 Accessing the Community	1
PA-2 Fall Semester	
PA 6064 Women's Health	4
PA 6074 Behavioral Health	4
PA 6084 Emergency Medicine	4
PA 6034 Medicine/Elective	4
PA 6121 Finances of a Medical Practice	1
PA-3 Spring Semester	
PA 6034 Medicine/Elective	4
PA 6034 Medicine/Elective	4
PA 6034 Medicine/Elective	4
PA 6094 Preceptorship and Summative Process	4
PA 6321 Contracts and Medical Law	1

Summary of Clinical Phase SCPE Requirements

- PA 6014 Family Medicine (4 weeks)
- PA 6024 Internal Medicine (4 weeks)
- PA 6034 Medicine/Elective (five separate 4 week SCPEs)
- PA 6044 Surgery (4 weeks)
- PA 6054 Pediatrics (4 weeks)
- PA 6064 Women's Health (4 weeks)
- PA 6074 Behavioral Health (4 weeks)
- PA 6084 Emergency Medicine (4 weeks)
- PA 6094 Preceptorship (4 weeks) and Summative Process (4 months prior to graduation)

Academic Calendar

Spring 2023	
January 2, 2024	Semester Begins Clinical Phase
January 8, 2024	Semester Begins Didactic Phase
January 15, 2024	Martin Luther King Day – No Classes [Didactic Phase Only]
March 18-22, 2024	Spring Break – No Classes [Didactic Phase Only]
March 25, 2024	Clinical Phase PA-2 Begins
May 3, 2024	Semester Ends [Didactic Phase Only]
Summer 2023	
April 23, 2024	Semester Begins Clinical Phase
May 6, 2024	Semester Begins Didactic Phase
May 27, 2024	Memorial Day – No Classes [Didactic Phase Only]
June 19, 2024	Juneteenth – No Classes [Didactic Phase Only]
July 3-5, 2024	Summer Break Didactic Phase – No Classes [PA-1 Only]
August 10-18, 2024	Summer Break Clinical Phase – No Classes [PA-2 Only]
August 23, 2024	Semester Ends [Didactic Phase Only]
Fall 2023	
August 19, 2024	Semester Begins Clinical Phase
August 26, 2024	Semester Begins Didactic Phase
September 2, 2024	Labor Day – No Classes [Didactic Phase Only]
September 30-October 2, 2024	Fall Break – No Classes [Didactic Phase Only]
November 27-29, 2024	Thanksgiving Break – No Classes
December 13, 2024	Semester Ends Didactic and Clinical Phase
December 16, 2023 - January 1, 2024	Winter Break – No Classes

*The above dates and times may vary, and students should confirm with faculty and the online calendar prior to arranging plans not associated with the PA program activities

PROGRAM POLICIES

Work Policy

The program strongly discourages any type of outside employment during the course of study in the program. Program responsibilities are not negotiable and will not be altered due to student work obligations.

Students who choose to volunteer or be paid employees during the course of their physician assistant

education cannot use their affiliation with the PA program or their role as a PA student in any aspect of that employment. Any activity undertaken by the student, independent of the program, is not covered by the liability insurance offered for clinical work associated with physician assistant education.

Email Communication Expectations

E-mail is the preferred mode of communication between the program faculty/staff and students. All students *must* use their Oklahoma City University e-mail account, and must check this account at least daily and on a frequent basis. Students are expected to respond to faculty/staff email **within 24 hours**. Email sent to faculty/staff after 5pm or on weekends should expect a response by the **next business day**. Students should include course director, advisor, and the Didactic Director on emails pertaining to tardiness or absences in a course. Additionally, students should empty mailboxes to allow for regular e-mail from program staff and faculty. Failure to check an e-mail account is not an allowable excuse for missing a program event or notification.

Dress Code

Students must dress professionally at all times. While students are not required to dress in business attire while in class, certain types of dress are not acceptable.

Unacceptable clothing includes:

- Clothing that is revealing such as beach wear, shorts, crop tops, or bathing suit tops should not be worn in class
- Clothing that exposes the mid-abdomen should not be worn in class

Business attire must be worn when visiting a clinic or interacting with standardized patients during the didactic phase including closed toe shoes, white jackets, and an Oklahoma City University photo identification displayed in a clearly visible location.

The dress code for the clinical phase is more restrictive and described in detail in the clinical phase section of these standards.

Student Identification

PA students will be identified in the clinical setting by their official Oklahoma City University ID badge which they must display on their person whenever engaged in direct patient contact. Students observed in a clinical setting without their badge will be immediately dismissed from the site. The absence will be addressed according to information provided in the Academic Standards.

Transportation

Throughout the entire curriculum, opportunities to participate in experiences in medical settings will require travel off campus. Transportation to hospitals, clinics, and other community settings is the student's responsibility. Clinical phase students are responsible for transportation to all clinical rotation sites and to the campus on call back days.

Health Insurance

All students accepted to Oklahoma City University are required to have current health care coverage. Proof of insurance must be submitted to the Registrar. Oklahoma City University provides access to a Student Health Insurance Plan which is to be renewed or declined via email at the beginning of each December while enrolled as a student. Annual proof of enrollment into a health insurance plan of choice is required.

Program Faculty and Student Health Care

No faculty members, including the Program Director and the Medical Director, are permitted to provide health care for Oklahoma City University PA Students. Provision of health care includes giving medical advice in this instance. Program faculty are, however, able to refer students for medical and mental health care, if needed.

Immunizations

*Currently, in order to comply with Oklahoma Senate Bill 658, the University does not mandate COVID-19 vaccination for students to attend Oklahoma City University PA Program. However, it is pertinent to inform individuals each of the healthcare systems and clinical rotation sites utilized by the OCU PA program require all students to be *fully vaccinated against COVID-19* to participate in clinical rotations and patient care at their facilities. As successful completion of clinical rotations and patient care are a required component of the OCU PA program and for graduation, students are expected to complete all vaccinations requirements for the healthcare systems and clinical rotation sites in sufficient time to allow for the appropriate credentialing for any patient care.

The University requires records of immunity to Hepatitis B and MMR (Measles, Mumps, and Rubella). In addition, Meningitis vaccination is required for students living in on-campus housing. Records for these must be submitted to and maintained by the OCU Health Clinic.

Students in the Physician Assistant Program are required to submit records of immunization directly to the Oklahoma City University PA Program and upload records to the Student Financial Services Upload System (SFS) under the BlueLink campus resources site using the following link webapps.okcu.edu/financialaid/FinancialAidDocUpload/Uploadform.aspx. In accordance with CDC guidelines for healthcare professionals, each student must prove immunity to:

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

PA students will be required to have patient contact in both the didactic and clinical phases. The program is responsible to verify that students have immunity to the above diseases. Records must be provided directly to the PA program staff and uploaded to the SFS Upload System.

The Oklahoma City University Health Clinic coordinates records of students at the University. Because the PA Program does not manage health records, students are expected to submit their records to the health clinic using the SFS System Upload webapps.okcu.edu/financialaid/FinancialAidDocUpload/Uploadform.aspx or fax them to 405-208-6016. Students unable to provide direct evidence of their immunization record can satisfy this requirement according to the procedures outlined in the following table.

Vaccines	Recommendations in brief for individuals
Hepatitis B	If you don't have documented evidence of a complete HepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should complete an approved 2- or 3-dose vaccination series (2-dose series: dose of Heplisav-B at 0 and 1 month. 3-dose series: 0, 1 month, and 6

	months). Get anti-HBs serologic tested 1–2 months after 2 nd dose of 2-dose series or 3 rd dose of 3-dose series.
<u>Flu (Influenza)</u>	Get 1 dose of influenza vaccine annually.

<u>MMR (Measles, Mumps, & Rubella)</u>	If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later). If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For health care workers born before 1957, see the <u>MMR ACIP vaccine recommendations</u> .
<u>Varicella (Chickenpox)</u>	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.
<u>Tdap (Tetanus, Diphtheria, Pertussis)</u>	Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get Td boosters every 10 years thereafter. Pregnant health care workers need to get a dose of Tdap during each pregnancy.
<u>Meningococcal</u>	Those who are routinely exposed to isolates of <i>N. meningitidis</i> should get one dose.

Reference: CDC Recommendations 2020 at website <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Bloodborne Pathogens (Universal Precautions)

Students must complete a training session for healthcare professionals in Bloodborne Pathogens during the didactic year. The complete policy regarding Bloodborne Pathogens is included as an addendum to these standards.

Patient Rights and Confidentiality

Medical ethics forbids violation of patient confidentiality. Students must be sensitive to this issue. All students must strictly adhere to each institution's policy governing patient rights and confidentiality and to all federal, state and local regulations. Students must not discuss any information regarding a patient in a manner or location that might reveal the identification of the patient to individuals not directly involved in that patient's care. For this reason, all students must complete HIPAA training and provide proof of completion during both the didactic and clinical phases of the PA program.

Student Teaching in Program Curriculum

Some students may be particularly knowledgeable in an area of medicine or possess advanced clinical skills because of prior health care related experience. Although such expertise is commendable, PA students are not permitted to participate in the teaching of the curriculum. A student may assist with technical procedures if they have specific advanced training in the task.

Attendance Policy

The Physician Assistant Program follows the university's attendance policy. See the Academic Regulations section of the graduate catalog. <http://www.okcu.edu/catalog/grad> (pg. 29). At times during the didactic year, there may be adjustments and changes to the calendar in response to unforeseen circumstances. The program will provide notice of any change as soon as it is known.

Students may **NOT** take vacation or personal days apart from the vacation days designated by the PA program didactic schedule. If this does occur, the student is subject to review by the Academic Advancement Committee and may receive disciplinary action including behavioral probation up to dismissal from the program. A student unable to attend class should confer **in advance** with the course director involved and the Didactic Director. “Failure to attend classes may result in the loss of credit, exclusion from examinations, or both”. Failure to report an absence or confer with course director may result in an **unexcused absence**. A student with **unexcused absences** may be referred to the Academic Advancement Committee for review and consideration for disciplinary action. **Excused absences** include personal illness, accidents, emergencies, or other extreme hardships. Documentation may be required by the program for any excused absence. Students are expected to arrive on time for didactic classes. If delayed, the course director should be notified as soon as possible. Unexcused absences and recurrent tardiness are considered unprofessional behavior by the PA program and subject for review by the Academic Advancement Committee, as outlined in the Professionalism section of these standards.

Social Media Policy

Social media includes user-generated content posted and shared on internet and other platforms. While new social media interfaces continue to emerge, for the sake of this document, this policy applies to any and all platforms of social media. Examples include, but are not limited to the following:

*YouTube
Facebook (Meta)
Instagram
LinkedIn
Twitter (X)
Pinterest*

*Reddit
Twitch
TikTok
Blogs
Google+
SnapChat*

Content posted on social media cannot be permanently deleted. Care should be taken by each person associated with the OCU PA Program to ensure the protection of the program, its patients, students, staff and faculty.

Inappropriate or unprofessional social media content related to the OCU PA Program, institution, fellow students, faculty, clinical patient experiences, or supervised clinical practice experiences (SCPEs) shall not be posted by any student, staff member, faculty member, or any other person affiliated with the OCU PA Program. Inappropriate and unprofessional content includes, but is not limited to profane, libelous, obscene, threatening, abusive, harassing, hateful, defamatory and/or embarrassing content, and any content related to patient care or a clinical facility. Inappropriate posts may lead to University disciplinary action, and/or criminal and/or civil penalties.

Students in the OCU PA Program shall not represent themselves as medical professionals or provide any medical advice through social media. Opinions posted by OCU PA Program students do not represent the views of Oklahoma City University.

Students in the OCU PA Program shall not post content that might compromise the confidentiality of fellow PA Program students, staff members, faculty members, patients, or any other person affiliated with the OCU PA Program. Students in the OCU PA Program shall follow all relevant state and federal laws, including HIPAA and other patient and student privacy laws.

OCU PA students shall not be “friends” or communicate with any OCU PA Program faculty or staff using social media.

Current OCU PA Program students shall not be “friends” or communicate using social media with patients they encounter through the course of their didactic or clinical training. Also, to maintain a professional student/instructor environment, currently enrolled students are should not be “friends” or communicate with guest lecturers, adjunct faculty, and clinical preceptors using social media.

The OCU PA Program has established a Professional Page for each incoming OCU PA Class which includes all students, staff, and faculty.

Student Advisement

All students are assigned a faculty advisor. Faculty advisors are available to discuss general, academic, and/or personal concerns with the student. It is the student's responsibility to seek advice from faculty. Advisors are also available to discuss PA Program Academic Standards. Because office hours may vary, it is best to email or call a faculty advisor and make an appointment. If there is an urgent situation, PA students may come to the program offices and meet with any available faculty member.

ACADEMIC POLICIES

Student Evaluation

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

Examination Policy

Examinations and courses must be completed according to the schedule provided by the Program. Examinations will not be moved or rescheduled unless rare and extreme situations exist. An extension of the scheduled time for an examination or course completion may be granted by the course director, with approval of the Didactic Director, or by the Academic Advancement Committee. Reasons for changing a scheduled assessment include, but are not limited to:

- The death of a family member
- Personal illness with required medical documentation
- Accident with appropriate documentation
- Rare and extreme circumstance deemed extenuating by the course director with approval from the Didactic Director or Program Director.

Students who arrive late to an examination will not be granted additional time to take the examination based on an assessment of the circumstances by the course director, Didactic Director, or Program Director. Failure to comply with this policy may result in a grade of zero (0) for that examination.

Comprehensive Evaluations

Students will complete three comprehensive examinations during their tenure in the PA program. The PACKRAT (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered at the end of the didactic phase and during the final spring semester of the clinical phase. This comprehensive examination is a requirement of the program. The result of the

PACKRAT examinations do not count toward a course grade. However, it is a requirement for graduation. In addition, it will provide students with a report of their areas of strength and areas for improvement. Since there is a statistical correlation between the performance scores on the PACKRAT and PANCE, this report may be utilized in formulating study plans for success on PANCE. Student results from the PACKRAT will also allow the program to compare performance against national scores.

The third examination will be the Practice PANCE exam given during the summative process. Again, this is a requirement of the program but not a graded component of the program. This evaluation tool also provides feedback to students on strengths and areas for improvement as they prepare for the PANCE.

The goal for these comprehensive examinations is to encourage students to continually address gaps in their knowledge and to reinforce information learned in the professional program.

The program uses information from these three examinations to evaluate the performance of the curriculum and its assessment methods, and this information also allows the program to compare its student performances with those of other physician assistant students nationally.

Summative Evaluation

A summative evaluation process will be employed during the final four months of the curriculum. It will include a comprehensive multiple-choice examination to assess knowledge and an objective structured clinical examination (OSCE) to assess performance of skills and behaviors. These include clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal skills, medical knowledge, and professional behaviors. The OSCE uses standardized patients presenting with common medical complaints. The multiple-choice examination uses the PAEA (Physician Assistant Education Association) End of Curriculum Examination (EOC). This examination is developed using the PANCE content blueprint.

The program will evaluate the performance of a student who is unsuccessful on any component of the summative evaluation and determine a plan for remediation approved by both the Clinical Director and Program Director. This remediation plan may require up to 4 weeks additional time in a clinical practice setting.

Progression from the Didactic to the Clinical Phase

To progress from the didactic phase to the clinical phase of the professional program, a student must:

1. Complete all didactic phase courses with a grade of C or better,
2. Achieve a cumulative score of at least 69.5% or 84.5% as specified in all designated concentrations at the specified intervals (see below), and
3. Complete the PACKRAT.

Graduation Requirements

To graduate, a student must:

1. Achieve a passing grade in all courses and clinical rotations of the curriculum,
2. Achieve a passing grade on the summative evaluation process,
3. Complete the PACKRAT, Practice PANCE examination, PANCE review course, and
4. Be granted permission to graduate by the Academic Advancement Committee within three months of the date of graduation.

Performance Requirements for the Didactic Phase

The didactic phase consists of 19 courses. Each course is composed of various concentrations of knowledge and skills (specifically, clinical anatomy, clinical medicine, clinical diagnostics, pathophysiology, pharmacology and pharmacotherapeutics, humanities and professionalism, physical diagnosis, and physiology). Students must also complete assignments and assessments in two concentrations, physical diagnosis and medical humanities and professionalism, that run across the entire didactic curriculum. Students must receive a grade of C or better in each course and an average score of at least 69.5% for each of the following concentrations at specified intervals:

- clinical anatomy – at the end of the didactic year
- clinical medicine – at the end of each independent semester (PA-1 spring, PA-1 summer, PA-1 fall, and at the end of the didactic courses in PA-2 spring)
- clinical diagnostics – at the end of the didactic year
- pathophysiology – at the end of the didactic year
- pharmacology and pharmacotherapeutics – at the end of the didactic year
- physiology – at the end of the didactic year

Students must also receive an average score of at least 84.5% for the following concentrations/activities at the completion of the didactic phase courses:

- medical humanities and professionalism
- physical diagnosis (as assessed by multiple choice questions, SPBLs, or PBLs)

Performance Requirements for the Clinical Phase

Performance requirements for students in the clinical phase of the professional curriculum are presented in detail in the Clinical Phase Handbook outlining all requirements and policies of the clinical phase of the professional program.

Maximum Time for Program Completion and Leave of Absence

A student must complete all requirements of the program within four calendar years.

A leave of absence may be granted for rare and extraordinary circumstances resulting from unexpected or emergency personal or family problems such as illness. Academic difficulty itself is not a sufficient reason to request a leave of absence. A leave of absence may be granted for up to one year but requires review and approval by the Program Director. Failure to re-enter the program after one year will result in automatic dismissal from the program. The request must be submitted in written format to the program director and outline all circumstances explaining the rationale for the request.

The program will define a schedule to make up missed work in either the didactic or clinical phases of the program. This schedule may range from defining times in a student's current didactic or clinical phase to submit missed assignments and take assessments as agreed to by the involved course coordinator(s), spending time completing incomplete didactic coursework at the end of the didactic phase or repeating the entire didactic phase of the curriculum. Leaves of absence in the clinical phase are addressed in greater detail in the section of the standards outlining all requirements and policies of the clinical phase of the professional program.

A leave of absence will affect a student's full-time status, financial aid package/loans, graduation date, and schedule to take PANCE. It is the student's responsibility to contact the financial aid office if a leave of absence is granted.

Academic Advancement Committee

Membership of the Academic Advancement Committee will consist of three faculty members from the PA

program and two faculty members from other health professional programs of the university. The Medical Director of the PA program serves as committee chair. The Academic Advancement Committee reviews student academic performances and charges of unprofessional behavior. Students may have the opportunity to explain or clarify issues under review. The Academic Advancement Committee will make decisions concerning the course of action needed to address identified problems, in agreement with established program policies. The Academic Advancement Committee makes recommendations (e.g., warnings, probation, suspension, dismissal, and other sanctions as may be deemed appropriate) to the PA Program Director for review and appropriate action.

Academic Appeals Committee

Membership of the Academic Appeals Committee consists of three faculty members from the PA program and two faculty members from other health professional programs of the university. The chair of the committee is a PA faculty member. The committee reviews student appeals of decisions regarding academic advancement and charges of unprofessional behavior. In the event that a committee member is disqualified from hearing a petition for review because of involvement in the case, intent, bias, prejudice, or any other reason, a temporary appointment shall be made by the PA Program Director.

Academic Advancement Policy for the Didactic Phase

1. The academic performances of all students in the didactic phase will be reviewed at the end of the PA-1 spring semester, PA-1 summer semester, PA-1 fall semester, and at the completion of the didactic courses in the PA-2 spring semester.
2. A student who does not achieve a passing score in a course or a concentration at the interval specified by the performance standards for the didactic phase will be placed on **probation** and required to remediate the subject matter for up to one month at the end of the didactic phase in the PA-2 spring semester.
3. Remediation of more than one program element (course or concentration) will require additional time in the program, additional cost to the student, and will impact the schedule for graduation, PANCE, and licensure. Generally, up to one month per remediation element or on a timeline approved by the faculty member(s) responsible for the remediation with agreement of both the Didactic Director and Program Director.
4. Students remediating a course will be enrolled in the course again, and the grade received will not replace the original failing grade for the course. Demonstration that the requisite knowledge has been obtained via follow-up testing qualifies the student for advancement.
5. Students remediating a concentration will be enrolled in a special remediation course and will receive a separate grade for this course. Demonstration that the requisite knowledge has been obtained via follow-up testing qualifies the student for advancement.
6. The Academic Advancement Committee may elect to lift the academic probationary status after the student demonstrates satisfactory performance in all areas of deficiency.
7. A student failing three didactic curricular components before the completion of the didactic year will be placed on **suspension** and not allowed to progress further in the didactic curriculum. Students on suspension will be required to restart the program and retake all courses of the didactic phase already completed.
8. Failure of three program components (specifically, three courses, three concentrations, or any

combination of three courses and concentrations) over the course of the entire didactic phase of the professional curriculum or failure to achieve satisfactory performance after remediation will result in a student restarting the program and remaining on probation.

9. A student may be given only one opportunity to restart the program.
10. Failure of any course and/or concentration at the interval(s) specified above after restarting the program will result in **dismissal**.
11. Failure of four program components (any combination of courses and/or concentrations) will result in **dismissal** from the program.

Academic Advancement Policy for the Clinical Phase of the Professional Curriculum

Advancement policies for students in the clinical phase of the professional curriculum are presented in detail in the Clinical Phase Handbook outlining all requirements and policies of the clinical phase of the professional program (pg. 43).

Professionalism in the PA Program

Students must adhere to standards of professional behavior at all times. These standards are part of the *Competencies for the Physician Assistant Profession* and the ethical foundation of medical practice and integrity in the physician assistant profession. Failure to demonstrate the professional behavior expected by the program as defined in these Academic Standards or the university as defined in the Oklahoma City University Student Code of Conduct (<https://www.okcu.edu/students/conduct/code/>) will be brought before the Academic Advancement Committee.

Behaviors that may be brought to the attention of the Academic Advancement Committee include but are not limited to:

1. Unexcused absences or excessive excused absences
2. Failure to comply with program rules and regulations regarding punctuality, preparedness, conduct, and any other behaviors that may disrupt the academic learning environment
3. Failure to complete assigned work
4. Failure to participate in class as defined by the course director
5. Failure to accept constructive criticism
6. Academic dishonesty which includes, but is not limited to, cheating on tests, examinations or other class/laboratory work, involvement in plagiarism (the appropriation of another's work and/or the unacknowledged incorporation of that work in one's own), collusion (the unauthorized collaboration with another person), misrepresentation of actions, and falsifying information
7. Failure to comply with program rules and regulations
8. Acts of dishonesty including, but not limited to, furnishing false information to any University official, faculty member, staff member, student, or office; forgery, alteration, or misuse of any University document, record, or instrument of identification
9. Disruption or obstruction of teaching, research, administration, disciplinary proceedings, or other University activities, including its public service functions, on- or off-campus
10. Threats to safety defined as conduct which threatens the health or safety of any person
11. Distractions defined as conduct which distracts from the academic environment
12. Threats and abuse including physical abuse, verbal abuse, threats, intimidation, harassment, or coercion

13. Theft and damage including attempted or actual theft of and/or damage to property of the University or property of a member of the University community or other personal or public property, on- or off- campus
14. Failure to satisfy University financial obligations
15. Failure to comply with the directions of University officials or law enforcement officers, or with Academic Advancement Committee or Academic Appeals Committee members or University officials acting in the performance of their duties, and/or failure to identify oneself to these persons when requested to do so
16. Unauthorized possession, duplication or use of keys to any University premises, or unauthorized entry to or use of University premises
17. Violation of any University policy, rule or regulation published in hard copy, available electronically on the University website, or officially communicated by the University
18. Violation of any federal, state or local law
19. Inappropriate activities with controlled or illicit substances. The University prohibits the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs; misuse or abuse of prescribed medication; and the possession, use, or being under the influence of illegal drugs, medical marijuana, and/or prescribed medications that cause impairment in the workplace, on its premises, or as a part of any University-sponsored activities
20. In addition to the above listed items, unprofessional behavior during the clinical phase of the professional program includes but are not limited to:
 - a. Failure to comply with program rules and regulations regarding attendance, punctuality, preparedness, conduct, performance in the classroom, or performance in the clinical setting
 - b. More than two unexcused absences during the clinical phase
 - c. Excessive excused absences defined as no more than 6 days during the clinical phase
 - d. Excessive tardiness defined as no more than 6 during the clinical phase
 - e. Unauthorized departure from the clinical setting and dereliction of duty as a clinical PA student
 - f. Failure to perform assigned tasks and responsibilities
 - g. Failure to follow protocol or the directions of the supervising preceptor or program faculty
 - h. Immature behavior
 - i. Unacceptable dress in the clinical setting
 - j. Academic or personal dishonesty (including but not limited to plagiarism or forgery)
 - k. Failure to accept constructive criticism
 - l. Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the physician assistant program
 - m. Violation of the Health Insurance Portability and Accountability Act (HIPAA)
 - n. Failure to identify oneself as a physician assistant student, specifically if a student is addressed as a doctor
 - o. Failure to report observed unethical conduct by other members of the health profession, including other students
 - p. Insensitivity to a patient's culture, age, gender, or abilities
 - q. Endangering the health and welfare of any patient
 - r. Failure to submit an incident report both to the program and the clinical site
 - s. Failure to log patient encounters as directed according to the established timeline
 - t. Failure to submit mid-evaluation documents according to the established timeline

Policies for Evaluating Unprofessional Behavior

Any person may file a written report concerning any student in the PA Program for conduct prohibited by the Academic Standard. The report shall be filed with the Chair of the Academic Advancement Committee of the PA Program.

Within ten (10) classroom days of receiving the written report, the Chair of the Academic Advancement Committee of the PA Program shall forward a copy of the written report to the PA Program Director and the Dean of the College of Health Professions.

In addition, within ten (10) classroom days of receiving the written report, the Chair of the Academic Advancement Committee of the PA Program shall also notify the accused student that a written report has been received and has been forwarded to the PA Program Director and the Dean of the College of Health Professions. However, a copy of the written report shall not be sent to the student.

If the PA Program Director determines that extraordinary circumstances exist after receiving the written report, the Program Director may suspend the student pending consideration of the situation.

After receiving the copy of the written report, the Academic Advancement Committee has thirty (30) classroom days to make an investigation of the matter and to define a behavioral remediation plan and penalties, if warranted. The Academic Advancement Committee may provide students the opportunity to provide information that may explain or clarify issues under review, depending on the nature of the accusation. The purpose of the meeting is communication and not legal action.

The Advancement Committee will present its recommendations in writing to the PA Program Director for consideration and implementation. The PA Program Director may accept or modify the recommendation and has the option of adding additional sanctions including community service or dismissal from the program. The PA Program Director must notify the student within ten (10) classroom days of the decision to impose additional sanctions.

Penalties for Unprofessional Behavior

The Academic Advancement Committee may recommend any of the following penalties to the PA Program Director for implementation.

1. The Academic Advancement Committee may issue a **warning** if it finds that a student has behaved unprofessionally.
2. A second violation or an initial violation deemed serious will result in **professional probation**. Professional probation is a status designated by the Academic Advancement Committee indicating that a student has demonstrated one or more of the unprofessional behaviors defined in these Academic Standards.
3. In addition to probation, a student may receive an additional penalty of **suspension** from participation in the program for a defined period of time depending on the nature of the unprofessional behavior. After the defined period of time and the completion of any recommended tasks or remediation activities, the Academic Advancement Committee will review the student's progress and may remove the professional suspension allowing for a return to program activities or the committee may consider further recommendations.
4. Once a student has been placed on professional probation, the student's behavior will be reviewed by the Academic Advancement Committee at the end of each semester or more immediately, if warranted, and the student may be removed from professional probation or remain on it for the duration of the program.

5. The Academic Advancement Committee may recommend **dismissal** of a student for, but not limited to:
 - a. a third episode of unprofessional behavior, even if other elements of training have been completed satisfactorily
 - b. a felony conviction
 - c. pleading no contest for behaviors that would prohibit the granting of a PA license
 - d. behaviors that jeopardize the welfare of patients
 - e. behaviors that are determined to be non-remediable
 - f. behaviors that are remediable but the student has been unable or unwilling to remediate them
 - g. inability to rectify probationary status within the time frame specified by the behavioral probation remediation plan
 - h. a student who is currently placed on both Academic and Professional Suspension
 - i. academic dishonesty which includes, but is not limited to, cheating on tests, examinations, or other assigned work, plagiarism, collusion, misrepresentation of actions, and falsifying information
 - j. inappropriate relationship and/or sexual relationship with a patient
 - k. inappropriate relationship and/or sexual relationship with a member of the program faculty/staff or member of the clinical staff at a SCPE in which they are currently a student or scheduled to utilize as a student

Grade Appeals

Students may appeal a grade using the “Grievance Procedure for Grade Appeal” outlined in the Graduate Catalog which may be found at: <https://www.okcu.edu/catalog/grad>

Appeals Process for Decisions about Academic Advancement or Professional Behavior

A student receiving a decision of **academic or behavioral probation, suspension or dismissal** by the Academic Advancement Committee and implemented by the PA Program Director may appeal the decision to the Academic Advancement Committee by providing a written statement outlining pertinent details to the chair of the Academic Advancement Committee within ten (10) classroom days of receiving the decision. The Academic Advancement Committee may provide students the opportunity to appear before the committee to provide information that may explain or clarify issues being appealed.

The Academic Advancement Committee may take any of the following actions:

1. uphold its original recommendations implemented by the PA Program Director
2. alter its recommendations to the PA Program Director

The Academic Advancement Committee will present its recommendations regarding the appeal in writing to the PA Program Director for consideration within ten (10) classroom days of considering a student’s appeal. The PA Program Director may accept or modify the recommendations of the Academic Advancement Committee and must notify the student within ten (10) classroom days of the results of the appeal.

The results of this process may be further appealed to the Chair of the Academic Appeals Committee by providing a written statement outlining pertinent details within ten (10) classroom days of receiving the decision of the appeal to the Academic Advancement Committee. This appeal shall be limited to a review of record of the Academic Advancement Committee and supporting documents for one or more of the following purposes:

1. To determine whether the activity of the Academic Advancement Committee was conducted fairly in light of the academic record or professional behavioral charges and information presented, and in conformity with prescribed procedures. Deviations from designated procedures shall not be a basis for sustaining an appeal unless significant prejudice results.
2. To determine whether the decision reached regarding the student was based on substantial information regarding academic performance or professional behavior to establish that violations of program policies and expectations occurred.
3. To determine whether the outcome(s) imposed were appropriate for the violation of the academic performance or behavioral standards which the student was found to have committed.
4. To consider new information sufficient to alter a decision or other relevant facts not brought out in the original meetings of the Academic Advancement Committee, because such information and/or facts were not known to the person appealing at the time of these original meetings.

The Academic Appeals Committee will determine whether the grounds for appeal have been asserted and whether further process is necessary to resolve the appeal. If there is no basis for an appeal review, then the original response and any outcomes will stand.

The Academic Appeals Committee may determine the following appeal outcomes:

1. Return the case back to the Academic Advancement Committee for reconsideration
2. Alter the decision and/or the outcome(s)
3. Uphold the decision and/or outcome(s).

The decision of the Academic Appeals Committee will be provided to the student in writing within fifteen (15) classroom days of receiving the appeal and is final.

If the student wishes to pursue the issue further, the student may present it to the Dean of the College of Health Professions. The decision of the Dean of the College of Health Professions is final. The decision may be referred to the Office of the Provost for procedural review only.

Academic Complaints

Students are encouraged to utilize Oklahoma City University's internal complaint policies through the Office of the Provost/Vice President for Academic Affairs prior to filing a complaint with any external entity.

Students may submit an official Academic Complaint at [Complaints - Oklahoma City University](#). Academic complaints submitted will be received by the Office of the Provost/Vice President for Academic Affairs, and will be investigated by that office for action or further resolution. Submitting an academic complaint via this form does not initiate a formal appeal process outlined by the PA program, the student handbook, or the current graduate catalog found at: <https://www.okcu.edu/catalog/grad>

To submit a complaint to the accreditation agency for PA professional programs, please visit <https://www.okcu.edu/academics/accreditation>

Academic Support Services

LEC (Learning Enhancement Center) is a free service available to Oklahoma City University students. More information can be found about this service in the Oklahoma City University Graduate Catalog at: <https://www.okcu.edu/catalog/grad>

Computer Policy

Laptops computers are required for the PA program. Oklahoma City University computer policy can be found online at: <https://www.okcu.edu/admin/hr/policies/general/computer-use-policy>

Registration and Withdrawal

Deadlines for registration and withdrawal can be found at <https://www.okcu.edu/catalog/grad>

Disability Accommodations (ADA/Section 504)

If you believe that you need reasonable accommodations for a documented physical, psychiatric, and/or learning disability or attention disorder, please make sure to register with Campus Disability Services by filling out the New Student Application at the following link: [OKCU Disability Information Form - DSV4-LionHead](#). The Senior Coordinator for Access and Academic Support is responsible for coordinating student disability-related accommodations and, if approved, will issue students a Letter of Accommodation. Reasonable accommodations may require early planning and are not provided retroactively, so please start this process as soon as possible. If you have general questions about reasonable accommodations, you may contact the Senior Coordinator for Access and Academic Support at disabilityservices@okcu.edu or at phone number 405-208-5895.

Sexual Harassment and Misconduct (Title IX)

The Nondiscrimination Policy prohibits a number of forms of sex discrimination, including sexual harassment, sexual misconduct, intimate partner violence, and stalking. This policy includes definitions and examples of these terms as well as the procedures for the investigation and resolution of Complaints. Many of these issues are also prohibited by Oklahoma criminal law and may be reported to campus or local police in addition to the University. When the University receives a report, the reporting party will be contacted by a Title IX administrator to discuss options for confidential support, interim measures to address safety/access concerns, and formal and informal procedures for resolving Complaints as appropriate. To make informed choices, it is important to be aware of mandatory reporting requirements for campus resources. Nearly all University employees, including faculty, are required to report known/suspected discrimination to the Compliance Coordinator within 24 hours. Confidential options including University Counseling and advocacy services can maintain privacy. They do not disclose information about reports to University officials without explicit permission. Please visit [Title IX Information - Oklahoma City University](#) for more information about confidential resources, reporting options, policies and procedures, and contact information for University Title IX administrators. For emergencies, please call campus police at (405) 208-5911 or local police at 911.

Civil Rights, Equity, and Access: Nondiscrimination Policy

The Nondiscrimination Policy prohibits discrimination in the University community, including students, faculty, staff, guests, and visitors. Acts of discrimination, including harassment based on a protected category, may limit, deprive, or deny educational/employment access, benefits, and opportunities. This policy prohibits discrimination based on race, ethnicity, national origin (including ancestry), religion, sex, gender identity, gender expression, sexual orientation, pregnancy, age, disability, domestic violence victim status, veteran or military status, and other protected categories under federal law. For a complete list of prohibited forms of discrimination, definitions, and examples, please visit [University Policies - Oklahoma City University](#) to access the Nondiscrimination Policy.

The University's Compliance Coordinator (Interim), Ms. Amy Ayres, oversees prevention and response programs addressing discrimination in our community. To make a report, ask questions, or learn more, please contact Ms. Ayres at (405) 208-6290 or aayres@okcu.edu.

Religious Accommodation

Oklahoma City University seeks to be supportive of religious observance among the members of our diverse campus community and to be as accommodating as possible. Students should discuss with their instructor at the beginning of the semester forms of religious observance (dress, fasting, specific prayer times) that may affect their full participation in the course. Students should also compare the class schedule to their own religious calendar to determine if there will be any class days in which the student expects to be absent due to the observance of a religious holiday. Students must notify the instructor, in writing, of the expected absence within the first two weeks of the semester. The instructor will then work with the student to develop a plan to reschedule any exams, assignments, or course activities for that day. The instructor, at his/her own discretion, will make reasonable accommodations wherever possible. Students should recognize, however, that there may be some course aspects that cannot be rescheduled or accommodated, and it will therefore rest upon the student to determine whether they wish to remain enrolled in the course or have their grade potentially affected.

Emergency Preparedness: Policies and Assembly and Shelter Locations

In the event an emergency on campus, the following link identifies relevant information, including where to assemble and locations of shelters: <https://www.okcu.edu/main/emergency>

University Counseling Center

The University provides short-term counseling and professional referrals for problems likely to confront students. The counselors provide individual or group therapies or may refer the students to other counselors in special areas and for continued services. Counseling is a confidential process designed to help individuals address concerns, come to a greater self-understanding, and learn effective personal and interpersonal coping strategies.

Each student enrolled at OCU is entitled to 4-6 personal counseling sessions per semester at no charge. Private spiritual counseling is also available to students through the Offices for University-Church Relations. To make an appointment, please call the University Counseling Office located in the northwest wing of Walker Hall (enter under the Blue Awning on the north side) or at (405) 208-7902. The website for these services is: <http://www.okcu.edu/campus/resources/counseling/>.

Academic Standards Acknowledgement Form

Didactic Phase of the Professional Program

The Physician Assistant Program Academic Standards outline school-wide and program-specific policies and regulations for students in the program. If there is any doubt about the meaning or intent of any of the policies or content about the didactic phase, it is a student's responsibility to initiate a discussion with the program director, didactic director, or his or her faculty advisor.

By signing this document, I acknowledge that I have read and understand the policies and content outlined within the Oklahoma City University Physician Assistant Program Academic Standards related to the didactic phase of the professional program and agree, without reluctance, to abide by them.

SIGNATURE:

NAME (Print):

DATE:

Clinical Phase Handbook- Class of 2025

The clinical phase is comprised of seven core supervised clinical practices experiences (SCPEs), five medicine/elective SCPEs, and one preceptorship SCPE. The core SCPEs include family medicine, internal medicine, surgery, behavioral health, women's health, emergency medicine, and pediatrics. The medicine/elective SCPEs allow additional experiences in any of the core SCPEs and in the sub-disciplines of medicine and surgery. The preceptorship SCPE can be completed out of state if the student chooses to do so.

Each SCPE has a designated syllabus that includes learning outcomes, learning objectives, and a medical condition topic list that students are responsible for learning during their clinical rotation.

Supervised Clinical Practice Experience (SCPE) Assignment Policy

Students are assigned to SCPE sites by the Program; students are not required to find their own SCPE sites or preceptors, with the exception of the final preceptorship SCPE. Decisions about SCPE assignments are complex, taking into account Program requirements for each student, availabilities of preceptors and practice sites, contractual relationships, and other considerations associated with management of a complex clinical education program.

While personal circumstances of individual students are often considered when making SCPE assignments, the Program may not always be able to take these into account. The primary focus of SCPE assignments is to give each student a well-rounded clinical experience, assuring graduation within the 28 months of the program. The Program will work to assure that students have as much notice as possible about the clinical phase schedule, allowing students adequate time to plan ahead and manage their personal affairs, especially in the case of assignments to SCPE sites outside the metropolitan area of Oklahoma City.

Clinical schedules may change due to circumstances beyond Program control, requiring student flexibility. For example, a preceptor may have an unforeseen hardship such as personal illness or family emergency, making it necessary for the Program to change a student assignment.

To meet all Program requirements of the clinical phase, students may be assigned SCPEs that will require travel. Students are responsible for arranging housing. The costs of lodging, meals, and transportation are a student responsibility.

Students are not allowed to be assigned to and evaluated by a healthcare practitioner with whom they have a familial relationship. A prior professional relationship (e.g., with a former employer) may be considered appropriate on a case-by-case basis.

Student-Initiated SCPE

Student-initiated SCPEs may be approved by the Program if the preceptor and site are agreeable to take a minimum of 3 additional students during the clinical year. Academic credit is granted only for sites and preceptors approved by the Program. A current list of approved preceptors is accessible by students on the eValue Student Tracking System.

Desire2Learn (D2L), Outlook Calendar, and eValue Student Tracking System

Students have access to a clinical phase site on D2L, a class Outlook Calendar, and the eValue Student Tracking System. These electronic resources contain examination and call back dates, important announcements, documents, and forms needed during the clinical phase. Each student is responsible for

checking these locations daily for important announcements and site updates. In addition, the Program will communicate significant announcements and information via emails to the class.

E-mail

E-mail is the preferred mode of communication between the program faculty/staff and students. All students *must* use their Oklahoma City University e-mail account and must check this account on a daily basis. In the Clinical Phase, students are expected to respond to **faculty and staff email within 24 hours**. Email sent to faculty or staff after 5pm or on weekends should expect a response the **next business day**. Students should include the Clinical Coordinator and the Clinical Director on any email pertaining to tardiness or absences from rotation/course. Additionally, students should empty mailboxes to allow for regular e-mail from program staff and faculty. Failure to check an e-mail account is not an allowable excuse for missing a program event or notification.

Communication using the personal phone number or text message of program faculty or staff is unacceptable unless considered to be an emergency.

Contacting the Preceptor and Site

The student is required to communicate with the designated **rotation contact a minimum of 30 days prior to the start date of the SCPE**. The student is required to communicate with the **credentialing contact 60-90 days prior to the start date of the SCPE**. The assigned preceptor, rotation contact, and site information for each SCPE can be found on eValue. Early contact allows time for proper coordination between the site and the student regarding documentation and training needed to function at the site. This documentation, which varies by site, may include blood borne pathogen and HIPAA training, latex allergy statement, immunization records, criminal background check, drug screen, record of academic standing, liability insurance verification, etc. Students may also be required to complete additional training (e.g., how to use the site's electronic medical record) prior to starting at the clinical rotation site. The standard requirements for some SCPE sites are located on the eValue Student Tracking System; however, each site must be contacted in order to verify that requirements have not changed, or that additional documentation is required. Failure to follow the above protocols for a SCPE is considered unprofessional behavior and will be reported to the Academic Advancement Committee for review and to determine disciplinary action.

Site Observation

At the discretion of the Program, a scheduled or unscheduled site observation may be conducted with a student and/or the clinical preceptor to discuss progression and other issues related to a student's clinical experience and performance. Observations from the site will not be used to determine a SCPE grade but may be used to guide the Program's planning of a student's clinical phase development.

Any of the following situations may prompt a site observation:

- A preceptor call expressing a concern about student performance
- A student call expressing a concern about a preceptor or site
- A student being placed on academic probation
- A recommendation from the Clinical Director for the review of a site or preceptor

Preparation for SCPEs

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

Identification of gaps in knowledge: The ability to identify areas of weakness and to find ways to address them is a lifelong process that begins in the clinical year. Before arriving at a clinical site for the first time,

review the learning outcomes and learning objectives in the pertinent SCPE syllabus. Some areas of weakness will be apparent before beginning the SCPE; others may present during the course of the SCPE. Early identification allows for timely remediation. Students should independently develop study guides that prepare them for each clinical rotation based on the PANCE content areas and areas of individual weaknesses.

Communication with Preceptor: Meet with the preceptor on the first day of each SCPE to review the syllabus content. Reviewing the SCPE syllabus with the preceptor facilitates planning on how best to utilize the weeks allotted for the SCPE.

Dedication: Students are required to be at the site at all times as designated by the preceptor. In some cases, this will require staying at the site during most of the month, staying late into the evening or overnight, arriving very early in the morning or working on weekends.

Transportation: Students are required to provide their own transportation to SCPE sites. Some of the SCPEs are in rural Oklahoma and require longer transit times to the SCPE site and back to campus for call back days. Dependable transportation is required.

Smart phones or electronic tablets: Owners of electronic tablets or smart phones should download pertinent information such as textbooks, PDR, EKG and radiology references. In addition to its use as a reference, these devices can be used to take notes, keep study lists or to log patients. It is worth noting that WiFi access may not be reliably available in some rural locations, so keeping some useful references available on electronic devices may be helpful. Please remember to adhere to HIPAA policy when using this technology. No identifiable patient information should be kept on smart phones or tablets.

Oral presentations: While on a SCPE, students are required to present patient cases to preceptors, fellow students, and other health care team members. Practice of the presentation beforehand will aid in the appearance of confidence and being well informed.

Early identification of problems: Students may experience personal problems during the clinical phase or interpersonal conflicts may arise at a clinical site. Your Clinical Director is available for advice and support. Call them as soon as a problem arises. Do not wait until the situation spirals out of control.

Effort and learning: The amount of learning is directly proportional to the effort extended on a SCPE. Reading about disease states and medical conditions encountered each day is essential. Students are expected to volunteer for presentations and to spend as much time as possible at the site. Take notes during the clinical day and then research areas for knowledge improvement after hours to enhance the learning experience.

First impressions count: Preceptors often form opinions of students early during the SCPE. Therefore, it is important to be punctual, maintain a professional appearance, and demonstrate initiative from the first day and throughout the SCPE. Learning day-to-day operations at the practice site (e.g., procedures to order lab tests, diagnostic studies, and consults) will assist in making a good first impression.

Interpersonal communication: For a successful clinical experience, students must interact with many health care team members. Self-awareness and regulation of voice tone, body language, and attitude is important to communicate respect and courtesy. Occasionally, students and preceptors and other health care team members experience difficulties that strain their professional and educational relationship. Students are expected to deal with such problems in a mature and professional manner. If the situation cannot be resolved after all reasonable attempts with the preceptor have been exhausted, then the Clinical Director should be consulted on ways to communicate to improve the relationship.

Additional learning opportunities: Seek out additional learning opportunities available on a SCPE. These may include lectures, conferences, or teaching rounds. Other members of the health care team such as social workers and nurses may provide additional insight into patient care.

Be assertive: Some sites will have other students rotating at the same time, either from other PA programs, NP programs, or from other interprofessional medical disciplines. All of these students will compete for the attention of preceptors, for the opportunity to perform procedures, or for the privilege to present cases on rounds. In these circumstances, be assertive to gain access to important learning opportunities.

Expect frustrations: The clinical phase can be frustrating. Remaining flexible will help in minimizing the negative aspects of a SCPE experience. It is also important to keep in mind that patients can be the source of frustration. Patients can be angry, fearful, seductive or duplicitous. A discussion with the preceptor may help determine if there are factors that can improve the provider-patient interaction.

Dress Requirements

Students must adhere to dress requirements for the clinical phase to decrease the potential for injury and because they represent the physician assistant profession, the PA program, and Oklahoma City University.

Both men and women should wear business attire while on SCPEs. Closed-toed shoes with socks or stockings, as well as a short white uniform jacket, must be worn by men and women at all times. Students should not wear insignia, buttons, or decals of a political nature while on SCPEs.

Unacceptable clothing includes:

- Low cut, revealing blouses or shirts
- Sandals or open-toed shoes
- Short skirts or yoga style pants/tights/leggings
- T-shirts, sweatshirts or sweatpants
- Any clothing made of denim
- Clothing that exposes the mid-abdomen
- Clothing that is soiled, in poor repair, or not well maintained

Students may wear scrubs only while in the operating room, emergency room, delivery room, or as allowed by preceptors (DO NOT REQUEST TO WEAR SCRUBS). Students may wear sneakers only while wearing scrubs as listed above. All students are required to follow the designated scrub policy at each facility.

Hair must be pulled back away from the face if it is longer than shoulder length. Fingernails must be less than $\frac{1}{4}$ " long. Nail polish cannot be worn during surgical procedures or deliveries. No artificial nails, wraps, multicolored or designer nail polish or nail paintings are permitted.

Fragrances are not to be worn during clinical SCPEs. Some patients and employees may be particularly sensitive to fragrances.

Only post earrings are permitted. All tattoos should be concealed. Body piercings that are visible should not be worn during SCPEs.

Identification

Students must display their Oklahoma City University photo identification in a visible location while on SCPEs. All students must identify themselves as a "physician assistant student" during all aspects of patient care. Other types of identification may be required by the rotation site.

When functioning as a health professional student in the Program, students may not use previously earned professional designations (e.g., RN, PhD, RD, EMT, etc.) when providing patient care, interacting with other healthcare providers at practice sites, documenting care provided, or corresponding with patients and other healthcare providers as a physician assistant student.

Health Insurance

Health insurance is mandatory for all students in the Program. Students must provide proof of medical insurance before beginning the clinical phase. Oklahoma City University provides access to a Student Health Insurance Plan. This Student Health Insurance Plan is to be renewed, or declined, when notified by student accounts via email at the beginning of December for annual re-enrollment into their plan of choice.

Patient Rights and Confidentiality

Medical ethics forbids violation of patient confidentiality. The student should be sensitive to this issue. All students must strictly adhere to each institution's policy governing patient rights and confidentiality and to all federal, state and local regulations. All students must complete HIPAA training and provide proof of completion during the didactic phase of training. HIPAA certification must be current for the clinical phase. Students must not discuss any information regarding a patient in a manner or location that might reveal the identification of the patient to individuals not directly involved in that patient's care – this includes posting patient information (including pictures/imaging) on social media venues (Twitter, Instagram, Facebook, etc.) or sending patient information (including pictures/imaging) via email or text messaging.

Patient charts, inclusive of progress notes or lab reports, must not be removed from the clinical site by the physician assistant student. If any assignments related to patient care are required from the clinical SCPE, all information that might identify the patient must be omitted to protect patient confidentiality.

If a HIPAA violation is committed, the student will be reported to the Academic Advancement Committee for review and to determine disciplinary action for unprofessional behavior.

Social Media Policy

It is strictly prohibited to take any patient information (e.g., pictures, imaging, etc.), even if the patient is not identified, from a clinical SCPE for the purpose of transmission on social media (e.g., Facebook, Twitter, Instagram, etc.). A student who violates this policy will be brought before the Academic Advancement Committee for review and may receive behavioral probation up to dismissal from the Program. Witnessing any violation of this policy should be immediately reported to the Program.

Similarly, private postings on social media about the PA Program, including faculty, lecturers, preceptors and site affiliations as well as fellow students, may be subject to disciplinary action by the Academic Advancement Committee up to and including dismissal. A wise student will behave as if all their postings are visible to the Program. Student behavior should represent and uphold the reputation of: a medical professional, the Program, and the Physician Assistant profession.

Cultural Diversity

During the clinical phase, students will work with patients of various cultural, racial, ethnic, and socio-economic backgrounds with which they may not be familiar. Providing care to diverse populations is a mission of this Program and student learning outcome of our program. The many opportunities to learn about others within the clinical phase are to be embraced as a significant part of professional growth and maturity.

Sexual Misconduct or Harassment

Sexual relations between a PA student and a patient are unethical, regardless of who initiated the relationship. Inappropriate and/or sexual relationship between a student and patient will result in review by the Academic Advancement Committee and dismissal from the program. Inappropriate and/or sexual relations between a PA student and clinical staff at a SCPE site are unacceptable and will result in review by Academic Advancement Committee and dismissal from the program.

Sexual harassment of a physician assistant student by a preceptor or other SCPE site employee is a serious matter and must be reported to the Program immediately. Students should not attempt to handle this problem alone, as sexual harassment involves issues of unequal power. Should a student feel he/she has been sexually harassed, assistance from the Program should be sought immediately for consultation and guidance about a proper course of action.

The OCU PA Program follows the OCU harassment policy. For more information about confidential resources, reporting options, policies and procedures, and contact information for University Title IX administrators, use the following link: <https://www.okcu.edu/admin/hr/titleix>. For emergencies, please call campus police at (405) 208-5911 or local police at 911.

Preceptor Review and Countersignature

On each SCPE, it is the student's responsibility to ensure that the preceptor sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increasing autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge.

The supervising preceptor must countersign any note written by the student that is part of the patient record.

The student is not authorized to initiate any orders for a patient without the consultation and signature or verbal order of the supervising preceptor. Students are not permitted to sign any prescriptions. Failure to adhere to these policies will be reported to the Academic Advancement Committee for review and to determine disciplinary action.

Clinical Phase Attendance Policy

Clinical year students are expected to follow the schedules set by their preceptors. Students should arrive at the practice site before their scheduled shift and remain there until excused. Students are expected to take call as designated by their preceptors. Students are expected to work weekends, holidays and overnight as defined by their preceptors. Students are not allowed to ask preceptors for time away from the clinical rotation unless **previously approved by the PA program**.

University holidays and closures because of weather do **NOT** pertain to students during the clinical phase. Students are expected to coordinate attendance at their practice sites with their preceptor when weather may result in unsafe travel conditions. If a preceptor tells a student to remain at home, the student must communicate this information to the Program via email to the Clinical Director and Clinical Coordinator.

Students may **NOT** take vacation or personal days apart from the vacation days designated by the clinical year schedule. If this does occur, the student will be reported to the Academic Advancement Committee for review and to determine disciplinary action.

Students are **NOT** allowed time away from clinical practice on a SCPE to study for an examination or to complete other assignments. If this does occur, the student will be reported to the Academic Advancement Committee for review and to determine disciplinary action.

Tardiness or Early Departures

Students are expected to arrive at the clinical site on time. If delayed, the student must immediately inform the preceptor by phone. For in-patient SCPEs, it is especially important to arrive early each day to see patients, complete progress notes, and present at rounds (if applicable).

Tardiness is defined as arriving at a clinical site any time past the time designated by the preceptor as the beginning of the shift. Arriving at a clinical site more than 2-hours past the time designated by the preceptor as the beginning of the shift is defined as an **Absence**. The student is required to inform the Clinical Director, via email, within 24 hours of a late arrival to a SCPE site. If the student fails to report the late arrival within the designated 24 hours the student will be reported to the Academic Advancement Committee for review and to determine disciplinary action.

A student who is physically present at a SCPE site, but away from the team, will be considered absent. It is not acceptable to go to a library to study or be away from the team unless permission is obtained from the preceptor and meets the expectation within Program policies.

Early departure is defined as leaving a clinical site prior to the time designated by the preceptor as the end of the shift. The student is required to inform the Clinical Director, via email, within 24 hours of an early departure from a SCPE site. If the student fails to report the early departure within the designated 24 hours the student will be reported to the Academic Advancement Committee for review and to determine disciplinary action.

Absence from Clinical Rotations

Students unable to report to an assigned clinical site for any reason are required to:

1. Contact the clinical **preceptor** prior to the time designated as the beginning of the shift
2. E-mail the **Clinical Director** by 9 AM or prior to the time designated as the beginning of the shift
3. If unable to reach the Preceptor or Clinical Director, e-mail the Clinical Coordinator by 9 AM or prior to the time designated as the beginning of the shift

It is unacceptable for students to:

1. Leave a message concerning an absence with the program staff, faculty, or fellow student
2. Communicate on behalf of another student regarding an absence

Failure to report an absence and obtain approval from the Clinical Director may result in an **unexcused absence**.

1. **Unexcused absences** will be reported to the Academic Advancement Committee for review and to determine disciplinary action. Reference for these actions can be found in the Academic Standards (pg. 26).
2. **Excused absences**. Students are allowed **2 excused absences per SCPE**, with a maximum of 6 per the clinical phase.
 - a. Excused absences include personal illness, accidents, family emergencies or other extreme hardships.
 - b. Clinical time missed as a result of an excused absence must be made up at the SCPE practice site and the scheduled will be determined by the preceptor.
 - c. If personal illness is the reason for absence from the rotation, the student must provide proper medical documentation to the clinical director within 48 hours of reporting the absence to the Program. The medical documentation, signed by the provider, must contain both the **dates seen** and **date of return to SCPE activities**. The student should not

provide personal health information regarding diagnosis or treatment. The medical documentation will be placed in the student's file.

- d. The preceptor and/or the Clinical Director reserve(s) the right to review each absence submitted and may deny excusing the absence if it is deemed unacceptable.
- e. If a student has **more than 2 excused absences on a SCPE**, the student may be assigned a grade of Incomplete until the missed clinical time is completed. The student will be called in by the Clinical Director to determine if the student needs to be reported to the Academic Advancement Committee.
- f. **Students having multiple SCPEs with more than 2 excused days on a SCPE**, will be will be reported to the Academic Advancement Committee for review and to determine disciplinary action. This may require additional time in the PA program, delay graduation, and incur additional cost of the program.

Leave of Absence Policy

Extreme and rare circumstances may result in a student being unable to complete a SCPE. The Program may choose to manage these situations by granting a leave of absence according to policy outlined in the Program's Academic Standards (pg. 22). Academic difficulty itself is not a sufficient reason to request a leave of absence.

e-Value Patient Encounter Logging

Many credentialing agencies (e.g., hospitals or health systems) require student patient tracking logs for verification of adequate training to perform duties, clinical skills, and responsibilities as a physician assistant; therefore, it is essential to log all procedures observed, participated in, or completed during a SCPE.

Patient logs will be evaluated on the following criteria:

1. The student is expected to log **all patient encounters**.
2. Completeness of information provided
3. Patient logging is not optional and must be completed for each SCPE. The designated time for submitting the required number of patient logs for each SCPE will be **5pm on the final day of the SCPE**.
4. Student logs will be monitored to ensure the student has completed the requirements for logging and submitting patient encounters by the designated time. If logging is incomplete or late the student **will be issued a warning** from the Clinical Director regarding unprofessional behavior. Any further occurrence of incomplete or late logging, the student will be reported to the Academic Advancement Committee for review and to determine disciplinary action.
5. Any information that is deliberately logged incorrectly will be considered as fraud and the student will be reported to the Academic Advancement Committee to determine disciplinary action.

Program Requirements for Patient Encounter Logs must include the following:

All patient encounters must be logged (range for patient encounters 60-180 per SCPE)

1. Interaction date of encounter
2. Supervising preceptor
3. Clinical site (Mercy, Integris, Norman Regional, etc.)
4. Rotation type (family medicine, emergency medicine, surgery, medical specialty)
5. Setting (emergency department, outpatient, surgery, hospice, in-patient, long-term care)

6. Patient Acuity (acute, chronic, emergent, preventative, and rehabilitation)
7. Appointment status (new, established, follow-up)
8. Demographics of patient (age, gender, and ethnicity)
9. Insurance status (private, Medicaid, Medicare, uninsured, other)
10. Patient encounter time (hours and minutes)
11. Level of student participation (observed, shared role = assisted, primary provide = performed)
12. Prescribed medication categories (analgesic, antibiotic, cardiovascular, dermatologic, etc.)
13. Type of decision-making (straight forward, low complexity, moderate complexity, high complexity)
14. Diagnostic work-up (lab, imaging, procedures, etc.)
15. Patient education and counseling (observed, performed, referred, n/a)
16. Interprofessional collaboration
17. Social issues addressed (abuse, grief, end of life, substance abuse, etc.)
18. Consulted with specialist (yes/no)
19. Specialty Consulted (behavioral health, emergency room, general surgery, etc.)
20. Diagnosis code (include all diagnoses assigned to the patient, and level participation)
21. Procedure and skills (assist in OR, biopsy, casting/splinting, joint injection, ultrasound, etc.)
22. Additional “selection options” have been added to e-Value for students to utilize (attendance at lectures/rounds, oral presentation (should this be mandatory given outcomes) of patient info, use of EBM or EMR, assigned readings or assignments by the preceptor, etc.). Please use these selections when applicable.

Preceptor Evaluation of Student Performance

The preceptor will evaluate the student in the five core competencies during the SCPE. Those core competencies include: medical knowledge, interpersonal and communication skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving. Only the preceptor may sign the preceptor evaluation forms. Forgery of a supervising preceptor's signature is considered academic dishonesty and will be reported to the Academic Advancement Committee. Two preceptor evaluations will be completed for each rotation and includes the mid-SCPE evaluation and the final SCPE evaluation. The evaluation forms must be completed by the same preceptor.

Mid-SCPE evaluation

The **mid-SCPE evaluation** should be completed by both the student and the preceptor at the mid-point of the SCPE. This evaluation is important for opening a dialogue between the student and preceptor for the purpose of identifying areas of strength and areas of opportunity for improvement.

It is the student's responsibility to ensure that the mid-SCPE evaluations are completed, signed, and submitted to eValue by the designated due dates. Submission due dates for the mid-SCPE evaluation can be found on the D2L site for the clinical phase. If a student encounters difficulty getting the mid-SCPE evaluation completed on time, then the student must notify the Clinical Coordinator and Clinical Director prior to the due date.

The student will print a paper copy of the required evaluation for the preceptor to complete. Then the student must upload the paper copy signed and dated (by the preceptor), and appropriately enter the evaluation data into eValue. The student is responsible for ensuring that the mid-SCPE evaluation data is entered correctly. The Program will verify that the student entered data matches the preceptor data from the paper copy. If mid-SCPE evaluation is incomplete or late the student's

behavior will be reported to the Academic Advancement Committee review and to determine disciplinary action.

A student who receives scores of “Needs Improvement” on more than 50% of the evaluation components for the mid-SCPE evaluation, will be required to meet with the Clinical Director to discuss a plan for improvement.

Final SCPE evaluation

The preceptor will complete the **final SCPE evaluation** during the final 2-3 days of the SCPE. The student may or may not be present for the completion of the final SCPE evaluation at the discretion of the preceptor. The eValue student tracking system will email the preceptor a link to access the final SCPE evaluation. If the final SCPE evaluation has not been submitted, the eValue system will send the preceptor a reminder email within 7-10 days of the end of the SCPE. The Clinical Director will attempt to contact the preceptor if the final SCPE evaluation is not completed within 4 weeks of the end of the SCPE.

A student is required to receive a passing score on the final SCPE evaluation with an overall average score of ≥ 3.0 (Average). If a student scores a 1.0 (poor) or 2.0 (below average) in any competency on the final SCPE evaluation form, the student will be required to meet with the Clinical Director to discuss a plan for improvement.

NOTE: A situation in which a student is removed from a SCPE prior to the completion of the SCPE at the request of the preceptor will be evaluated by the Clinical Director to determine a course of action and if a report to the Academic Advancement Committee is necessary.

Call Back Day Policy

All students are required to return to campus on call back days to take EOR examinations and to attend scheduled presentations and activities. Should an absence be unavoidable, the Clinical Director must be contacted prior to the date to discuss the nature and legitimacy of the absence. Unexcused absences or early unexcused departures from call back day will be reported to the Academic Advancement Committee for review and to determine disciplinary action. Specific dates for call back days are posted on D2L and on the student Outlook calendar.

End-of-Rotation (EOR) Examinations

A 120-question multiple-choice examination will be given on the call back day following the completion of a core SCPE. These online examinations are developed and administered by the Physician Assistant Education Association (PAEA). EOR examinations are used to assess the student's comprehensive knowledge in the areas of: emergency medicine, surgery, family medicine, internal medicine, behavioral health, pediatrics, and women's health. These examinations are peer-reviewed and based on the NCCPA Physician Assistant National Certifying Examination (PANCE) content blueprint, topic list, and task areas.

Students will receive a score and performance report for each examination from the PAEA. The Program will release scores to students once they are available from PAEA (this may take up to 24 hours or longer).

Preparation for End-of-Rotation Examinations

Students should independently develop study guides that prepare them for each SCPE based on the PANCE content blueprint, topic list, and task areas. The blueprint and current topic list for each EOR

Examination may be found using the following link: <https://paeaonline.org/assessment/end-of-rotation/content/>

End-of-Rotation Examination Absence Policy

Unexcused absences from a scheduled EOR examination may result in a grade of zero on the examination and a grade of No Credit for the SCPE. Students arriving late to an EOR examination will not be permitted to take the examination and may result in a grade of zero on the examination and a grade of No Credit for the SCPE. Should an absence be unavoidable, the Clinical Director must be contacted prior to the date to discuss the nature and legitimacy of the absence.

Method of Determining SCPE Grades

Students may be assigned a grade of Credit (CR), No Credit (NC), or Credit with Honors (CRH) for each SCPE. **NOTE:** Only core SCPEs with an EOR examination are eligible for a grade of Credit with Honors.

The Program will assign a **passing grade of Credit** to students who successfully complete each of the following components of the SCPE:

1. Mid-SCPE evaluation: completed and submitted according to established timelines
2. Final SCPE evaluation: an overall average score of ≥ 3.0 (Average). If a student scores a 1.0 (Poor) or 2.0 (Below Average) in any competency on the final SCPE evaluation form, the student will be required to meet with the Clinical Director to discuss a plan for improvement.
3. Patient encounter logs in the eValue Student Tracking System: must be completed and submitted according to established timelines and meet the program requirements
4. EOR examination score: must be \geq [EOR mean score] – [1.65 x standard deviation for the EOR]

The Program will assign a **failing grade of No Credit** to students who do not complete each of the components required to Pass a SCPE.

The Program will assign a **passing grade of Credit with Honors (CRH)** to students who successfully complete each of the following components of the SCPE:

1. Mid-SCPE evaluation: completed and submitted according to established timelines
2. Final SCPE evaluation: an overall average score of ≥ 4.0 (Above Average). If a student scores a 1.0 (Poor) or 2.0 (Below Average) in any competency on the final SCPE evaluation form, the student will not be eligible to receive a grade of Credit with Honors (CRH) for the SCPE.
3. Patient encounter logs in the eValue Student Tracking System: must be completed and submitted according to established timelines and meet the program requirements
4. EOR examination score: must be \geq [EOR mean score] – [1.0 x standard deviation for the EOR]

Reminder: Only core SCPEs with an EOR examination are eligible for a grade of Credit with Honors.

Successful completion of each SCPE with a grade of Credit (or Credit with Honors where applicable) is required to be eligible for graduation from the PA program. Students who are assigned a grade of **No Credit** will be reported to the Academic Advancement Committee and the situation managed according to the Academic Advancement Policy for the Clinical Phase (pg. 43).

Preceptorship and Summative Process Course

The course PA 6094 Preceptorship and Summative Process receives a letter grade similar to courses during the didactic phase. This grade is determined by performance on assessments of knowledge and

skills in the form of the PAEA End of Curriculum Summative Exam, the Summative OSCE (Observed Skills of Clinical Exam), Preceptorship SCPE, and participation in the PACKRAT examination, PANCE review course, Practice PANCE, and final faculty advisement session. A **grade of 69.5%** is required to pass the course.

Medical Practice Operation Courses

The MPO courses include: PA 6311 Reimbursement, Documentation, Billing and Coding; PA 6111 Operationalizing a Medical Practice; PA 6211 Accessing the Community; PA 6121 Finances of a Medical Practice; PA 6321 Contracts and Medical Law. Each of these courses will receive a letter grade similar to courses during the didactic phase. This grade is determined by written assignments and participation in all lectures and activities. A **grade of 69.5%** is required to pass each of these courses.

Student Evaluation of Preceptors and SCPEs

An evaluation of each SCPE preceptor and clinical site will be emailed by eValue at the end of each rotation. It is a student's professional responsibility to complete these surveys. Student feedback and comments are used by the program to assess clinical sites and preceptors for guidance of program efforts to maintain SCPE strengths and facilitate refinements where needed.

Academic Advancement Policy for the Clinical Phase

1. A student who receives a **failing grade of No Credit** on a SCPE will be reported to the Academic Advancement Committee, placed on **academic probation**, and required to remediate the SCPE. The course will ideally be remediated within 90 days of the course failure dependent on SCPE site availability.
2. A student who receives a failing grade in a course (MPO, SCPE, or Preceptorship and Summative Process) during the clinical phase will be reported to the Academic Advancement Committee, placed on **academic probation**, and required to remediate the course.
3. All students on **academic probation** will be routinely monitored by the Clinical Director and reviewed by the Academic Advancement Committee at the end of each semester or more immediately if warranted.
4. A student remediating an MPO, SCPE, or Preceptorship and Summative Process course will be enrolled in the course again. The grade received for the remediation will not replace the original failing grade for the course.
5. A student required to remediate any course (MPO, SCPE, or Preceptorship and Summative Process) during the clinical phase will require additional time in the program, additional cost to the student, and will impact the schedule for graduation, PANCE, and licensure.
6. A student who receives a failing grade in **two separate** courses during the clinical phase (regardless of successful remediation of a prior course) will be reported to the Academic Advancement Committee and placed on **academic suspension** for a minimum of 4 weeks. The suspension will halt the student's progression in the clinical curriculum. During this time of suspension, the Academic Advancement Committee may recommend the student complete tasks or activities to improve deficient areas of knowledge, behavior, or skills. After the defined period of time and successful completion of the required tasks or activities, the Academic Advancement Committee will review the student's progress and may remove the academic suspension allowing for a return to program activities and remediation of the failed course.

7. A student who receives a failing grade in **three separate** courses during the clinical phase will be reported to the Academic Advancement Committee and result in **dismissal** from the PA program.
8. A student who **fails to successfully remediate any course** (MPO, SCPE, or Preceptorship and Summative Process) during the clinical phase will be reported to the Academic Advancement Committee and result in **dismissal** from the PA program.
9. All students must successfully complete 7 core SCPEs, 5 medicine elective SCPEs, the Preceptorship and Summative Process, and 5 medical practice operation courses. To be eligible for graduation. Students must complete the professional program within four calendar years of the date of initial enrollment or they will be dismissed.

Professionalism in the Clinical Phase

Definitions of expected professional behavior, sanctions, and appeals processes are presented in detail on pages 24-26 of the Academic Standards.

Penalties for Unprofessional Behaviors in the Clinical Phase

1. The Academic Advancement Committee may issue a **professionalism warning** if it finds that a student has behaved unprofessionally as defined in the Academic Standards.
2. A second violation of unprofessional behavior or an initial violation involving one or more of the unprofessional behaviors defined in the Academic Standards will be reported to the Academic Advancement Committee for review and may result in **professional probation**. Once a student is placed on professional probation, they will remain on professional probation for the remainder of the PA program.
3. If a student on professional probation receives an additional violation of unprofessional behavior, they will be reported to the Academic Advancement Committee for review and the student may be placed on **professional suspension**. Their clinical progression will be halted until remediation of the unprofessional behavior has been successfully completed.
4. If remediation of the unprofessional behavior is unsuccessful, the student may be recommended for **dismissal** from the PA program.
5. If a student is placed on both Academic and Professional Suspension, the student may be recommended for **dismissal** from the PA program.

Academic Standards Acknowledgement Form

Clinical Phase of the Professional Program

The Physician Assistant Program Academic Standards outline school-wide and program-specific policies and regulations for students in the program. If there is any doubt about the meaning or intent of any of the policies or content about the clinical phase, it is a student's responsibility to initiate a discussion with the program director, clinical director, or his or her faculty advisor.

By signing this document, I acknowledge that I have read and understand the policies and content outlined within the Oklahoma City University Physician Assistant Program Academic Standards related to the clinical phase of the professional program and agree, without reluctance, to abide by them.

SIGNATURE:

NAME (Print):

DATE:

OSHA Bloodborne Pathogens Exposure Control Policy and Procedure

Introduction

The Occupational Safety and Health Administration (OSHA) has promulgated its occupational exposure to blood borne pathogens standard to promote the safety of workers who routinely work with and come in contact with materials which may contain infectious agents such as the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV).

Purpose

- Provide a safe and healthful learning environment for OCU PA Program students by eliminating or minimizing occupational exposure to blood or certain other body fluids.
- Provide guidelines for the management of occupational exposure to HIV (Human Immunodeficiency Virus), HBV (hepatitis B virus), and HCV (hepatitis C virus).
- Comply with the OSHA Blood borne Pathogens Standard, 1910.1030, and all subsequent updates to this standard.

Policy

This exposure plan covers all OCU PA Program students who have the potential for exposure to blood and other infectious materials while in either the didactic or the clinical (SCPEs) portion of the curriculum. It is the responsibility of the Clinical Director to assure that all OCU PA Program students understand and comply with the procedures contained herein. This plan will be reviewed and updated annually by the Clinical Director with recommendations forwarded to the PA Program Faculty for consideration and possible implementation. Components of the exposure plan include the following elements as required by the Occupational Safety and Health Administration (OSHA):

Part I of this plan will include:

1. Defining exposure determination
2. Infection control methods used to comply
3. Housekeeping and regulated waste practices
4. Communication/labeling of hazards to students
5. Training and education of students

OSHA Bloodborne Pathogens Exposure Control Plan, Part I

1. Defining Exposure Determination:

- An occupational exposure to bloodborne pathogens is defined by OSHA as "Reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood and other potentially infectious materials that may result from the performance of an employee's duties."
- A parenteral injury means piercing of the mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- Body fluids or substances linked to the transmission of HBV, HCV, and/or HIV include: blood, blood products, semen, vaginal secretions, pericardial fluid, amniotic fluid, synovial fluid, pleural fluid,

peritoneal fluid, concentrated HIV, HBV, and HCV, saliva in dental settings, and any bodily fluid which is visibly contaminated with blood.

1(a). Exposure Determination:

The OCU PA Program has determined that occupational exposure may occur when students perform the following tasks or procedures.

- Venipunctures and all vascular access punctures/procedures
- Capillary punctures
- Obtaining cultures
- Specimen collection
- Specimen handling/transporting
- Administration of parenteral medication
- Performing cleaning/maintenance of patient care equipment
- Performing endovaginal procedures
- Accessing port-a-caths
- Redressing venous lines, arterial lines
- Redressing wounds
- Maintaining chest tubes
- Inserting urethral catheters
- Performing endotracheal or oropharyngeal suctioning
- Controlling unruly/combative patients
- Emptying trash in patient rooms, nursing units and other patient care areas
- Cardiac Cath procedures/pacemaker insertions
- Administration of radionuclides by parenteral methods
- Assisting with surgical or diagnostic procedures performed by physician/physician assistant
- Servicing or maintaining patient care biomedical equipment
- Performing general physical assessments
- Cleaning and decontamination of equipment after procedures
- Assisting with endoscopic/bronchoscopic procedures
- Assisting with arterial/venous catheter placement
- Managing airways including oro- and naso-tracheal intubation and/or ventilation
- Transporting patients and equipment between areas of the hospital
- Handling soiled linen
- Assisting patients with nutrition and elimination
- Handling patients with complex drainage problems
- Performing emergency procedures in trauma, cardiac or respiratory arrest
- Performing radiologic exams
- Performing radiation therapy treatments
- Administering physical therapy procedures to patients
- Administering occupational therapy procedures to patients
- Performing diagnostic evaluations for speech language dysphagia

2. Infection Control Methods of Compliance:

- Since medical history and examination cannot reliably identify all patients infected with HIV, HBV, HCV or other blood borne pathogens, universal/standard precautions will be consistently used for all patients that students will come in contact with during the didactic or clinical curriculum.

- In accordance with universal/standard precautions, students will use barriers such as gloves, protective clothing, and eye protection to prevent occupational exposure to potentially infectious blood and body.
- Personnel protective equipment is to be centrally and conveniently located, and provided at no cost to the students.
- It is OCU PA Program policy that contaminated needles not be recapped. However, if recapping is absolutely necessary, a one handed technique is used as follows.
 - The cap is placed on a counter surface and the needle is slipped into the sheath without touching the sheath. Only when the needle is covered fully is it locked onto the hub with the second hand.
- Contaminated needles are not to be bent, cut, sheared, or removed by hand.
- Safe devices for sharps disposal are provided in the lab, at pre-clinical charitable care clinics, and SCPEs. Used or contaminated sharps are to be placed in approved, puncture resistant and leak proof containers, which are labeled with a universal biohazard sign.
- Contaminated reusable sharps are not to be stored or re-processed in any way in which a student risks percutaneous injury.
- Syringes (Where comparable sizes and products are available.) with a safety device that locks in place after the syringe is used to prevent accidental needle sticks are to be routinely used.
- Safety IV catheters with a shielding device that covers the sharp end after removal from the patient are to be routinely used. (Where comparable sizes and products are available.)
- A needleless IV system that eliminates the possibility of accidental needle sticks from contaminated IV lines is to be routinely used. (Where comparable sizes and products are available.)
- Safety lancets with a retractable needle are to be used whenever a procedure requiring a lancet is indicated. (Where comparable sizes and products are available.)
- Safety venipuncture needles are to be used for all routine phlebotomies. (Where comparable sizes and products are available.)

2(a). Hygienic Work Practices:

- Hand washing facilities, with soap and running water are provided at a reasonable distance from all work areas. In addition, alternatives to hand washing, such as alcohol foams, or hand cleansers are readily available.

2(b). Personal Protective Garb, Barriers, and Equipment:

- At no cost to students, appropriate barriers known as personal protective equipment (PPE) will be made available to students in the lab, at the pre-clinical charitable care experience, or while on SCPEs.
- PPE includes, but is not limited to gloves, gowns, laboratory coats, aprons, face masks, face shields, eye protectors, surgical garb, resuscitation bags, mouthpieces or other resuscitation devices.
- Side shields are required when prescription glasses are used for eye protection.

- If during the course of routine duties, a student's uniform or clothing not designated as PPE becomes contaminated with blood or other infectious material, the student will remove the contaminated clothing and don clinic/hospital provided scrubs as soon as feasible. Students are encouraged to bring an additional set of scrubs or clothing when on rotations in the event that a clothing change is indicated.
- Soiled personal clothing is to be placed in a plastic bag labeled with the universal biohazard label. Choice of laundering or proper disposal of the soiled clothing is left up to the student.
- Non-latex gloves are to be routinely used whenever clinically possible.
- Gloves will be worn during all vascular access procedures, during contact with mucous membranes, open skin lesions, and when contamination is likely from fomites or environmental surfaces.
- Gloves will be changed when they become damaged or contaminated.
- Hand washing while wearing gloves is not considered a hygienic practice.
- Mechanical Respiratory Resuscitation Devices (Ambu Bags or equivalent) are to be used preferentially to mouth-to-mouth resuscitation where supplies are available. (Where comparable products are available.)
- Students refusing to use PPE when necessary will be subject to disciplinary action.

3. Housekeeping and Regulated Waste Disposal:

- Disposal procedures conform to all applicable regulations of the United States, the State of Oklahoma, local authorities and hospital/clinical site.

4. Communication/Labeling of Hazards:

- The presence of an actual or potential biological hazard will be identified with a universal biohazard symbol or a tag depicting the universal biohazard symbol.
- These biohazard labels will be an integral part of or closely affixed to the container of contaminated materials.
- Biohazard labels are to be posted on refrigerators, freezers and other storage sites containing blood, body fluids or other regulated wastes.
- Individual blood or tissue specimens are to be placed in a leak proof biohazard specimen transport bag that contains the universal biohazard symbol prior to transport.

5. Training and Education of Students:

- The OCU PA Program will assure that all student with exposure to blood or other potentially infectious materials participate in a training and education program. The training will be provided at no cost to the students during the didactic and clinical year. A certificate of completion will be made available to students and will be provided to any clinical site requiring a copy.
- The OCU PA Program training will consist of a lecture series explaining all necessary components needed to comply with the OSHA Bloodborne Pathogens Exposure Control Policy/Procedure and In2Vate online blood borne pathogen exposure training (with certificate of completion). Students have been made aware that additional universal precautions/blood borne pathogen exposure

training may need to be completed in addition to the OCU PA Program universal precautions/blood borne pathogen training. Students are required to complete all universal precautions/blood borne pathogen exposure training that is clinical rotation site specific (SCPEs).

- The OCU PA Program and the student will maintain records of completion of training sessions for the didactic and clinical components of the program.
- Training records will include the date of the session, the contents of the session, the name of the qualified person conducting the session, and the names of the students attending the session.
- When an exposure occurs, a copy of all results of examinations, medical testing, and follow-up procedures, and medical evaluations will be maintained at the OCU PA Program and the OCU Health Clinic (when applicable). These records will be maintained for the duration of the student's time at the OCU PA Program and kept on file for 1 year after the student graduates from the program. After this interval the documents will be destroyed.
- Student medical records will be provided from the Campus Health Center (when applicable) within 10 working days upon request of the student or anyone having written consent by the student.

OSHA Bloodborne Pathogens Exposure Control Plan, Part II

Post Exposure Management Procedure

Should exposure (as outlined in the "Defining Exposure Determination" section) take place while the student is on a SCPE, the following steps must be followed.

*Variables that can determine the course of action: If the clinical rotation site has an exposure policy and procedure in place for students and if the source is known, can HIV, Hep B, Hep C status be obtained? If the source is positive for HIV, Hep B, or Hep C, the post-exposure prophylaxis plan of the site should be followed. Other variables include the immunization status of the student, location of the SCPE in relation to the OCU Health Clinic, resources available to the student when on a distant SCPE, ER availability, etc.

1. Wounds and skin sites that have been in contact with blood or body fluids are to be immediately washed with soap and water, mucus membranes are to be flushed with clean water/sterile saline.
2. The student will immediately report the incident to the clinical preceptor/supervisor/instructor.
3. The student will follow the implemented on site/departments reporting and exposure policy and procedure as directed. The student will be required to complete all necessary reporting and exposure documentation set forth by the clinical rotation (SCPE) site.
4. The student must contact the OCU PA Program Clinical Director or Clinical Coordinator within one hour of the incident.
5. The student is required to complete an incident form to be submitted to the Clinical Director or Clinical Coordinator within 24 hours of the incident. Health information of any kind concerning students, patients, or staff should not be included when filling out the incident form.
6. Following an exposure, the student must immediately seek care from a provider of their choice within the same day of exposure if during normal business hours. If the incident occurs after business hours, holidays, or on weekends, the student is to report to the nearest emergency room for immediate care. At that facility, the student should report to the clerical staff their exposure incidence and the need for urgent evaluation and receipt of medication if applicable. At the next available time, the student must report the exposure information to a provider of their choice for consideration regarding further evaluation of the exposure and follow-up.
7. If the clinical rotation site does not have an exposure policy and procedure in place, the student is to contact the Clinical Director or Clinical Coordinator immediately for further instruction.

8. If the student chooses to present to the OCU Health Clinic after exposure (and no actions were taken at a previous health care facility) the following steps will be implemented: evaluation of the exposure, baseline labs, counseling regarding treatment options if applicable, limited treatment if indicated and recommendations for follow-up will be provided.
9. Baseline blood labs that **should** be checked on the source and student include: Rapid HIV, HIV-1/HIV-2 antibody screen with reflex, Hep B surface antigen and Hep C virus antibody.
10. Given that the source is identified - If the source patient labs are all negative (the testing should be completed by the clinical rotation site in which the exposure occurred) then the student does not have to undergo further testing.
11. Given that the source is identified - If the source patient is Hep B positive and the student has had the Hep B series the following actions must be taken: 1) an antibody to hepatitis B surface antigen (anti-HBs) should be checked on the student and 2) the student should receive one dose of prophylaxis Hep B immediately.
12. Given that the source is identified – If the source patient is HIV positive, the student is to follow the CDC guideline on post-exposure prophylaxis found at:
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
13. Given that the source is identified – If the source patient is Hep C positive, the student is to follow the CDC guideline on post-exposure prophylaxis found at:
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
14. The cost of lab testing and treatment is the financial responsibility of the student and/or the student's insurance carrier. Post-exposure emergency treatment, whether provided in the OCU Health Clinic, emergency department or other health care setting is the financial responsibility of the student.



PATHOGEN EXPOSURE FORM

Bloodborne or Other

Name:		Date of Report:
Date of Exposure:	Time of Exposure: am/pm	
SCPE Location of Exposure:	Completed exposure form at SCPE location: (YES/NO)	
Brief Description of Exposure (Omit any patient specific information): 		
Protocol/Instruction Given upon notification of Program: 		
Signature:	Date:	
PHYSICIAN ASSISTANT PROGRAM STAFF ONLY:		
Reviewed by:	Date:	