



SCHOOL OF  
COMMUNITY  
MEDICINE®

PHYSICIAN ASSISTANT PROGRAM

**OU COLLEGE OF MEDICINE**

**CLINICAL EDUCATION HANDBOOK**

**Class of 2026**

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## **Vision Statement**

The OU School of Community Medicine, Tulsa, Physician Assistant Program will be nationally respected and recognized as an innovative leader in Physician Assistant education. Our faculty will continue to be leaders in our profession, as well as in the role of educators, clinicians, and committee participants. This will be accomplished by the continued acquisition of knowledge and utilization of effective teaching methods. Our faculty will educate a diverse student body who will provide compassionate and comprehensive medical care with a community focus.

The program will continue to seek out applicants and foster in our students' attributes that will enhance their role as effective health care professionals. Essential core attributes include integrity, compassion, respect, moral principles, community service, and an aspiration for lifelong learning.

Our students, graduates, and faculty will serve in key leadership positions on a local, state, and national level, to steer the future of the physician assistant profession, while striving to continue personal and professional development.

Physicians and health care delivery teams will seek our graduates. Through these partnerships, comprehensive patient care will be accessible for all Oklahomans, including vulnerable populations.

## **Mission Statement**

The mission of the Physician Assistant Program at the University of Oklahoma School of Community Medicine, Tulsa, is to train physician assistants to provide quality health care to the citizens of Oklahoma with an emphasis on serving diverse and underserved communities.

## **The Physician Assistant Role**

Physician assistants are health care professionals licensed to practice medicine with physician supervision. Within the physician/physician assistant relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of the physician assistant includes primary and specialty care in medicine and surgical practice settings. Physician assistant practice is centered on patient care and may include educational research and administrative activity. As part of their comprehensive responsibilities, physician assistants conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, write medical orders and medical prescriptions.

The role of the physician assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and professional manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes.

The specific tasks performed by an individual physician assistant cannot be delineated precisely because of the variations in practice requirements mandated by geographic, political, economic, and social factors. At a minimum, however, physician assistants are educated in those areas of basic medical science and clinical disciplines and specific problem solving.

The physician assistant practice is characterized by clinical knowledge and skills in areas traditionally defined by family medicine, internal medicine, pediatrics, obstetrics, gynecology, surgery, emergency medicine, and psychiatry/behavioral medicine.

**School of Community Medicine OU-Tulsa  
Physician Assistant Program  
Class of 2024 Student Clinical Rotations Handbook**

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## Section 1

## Program Goals, Objectives and Professionalism

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### **Program Goals**

The goals of the program are:

- 1. Provide graduates with the medical knowledge, clinical reasoning and skills necessary for entry-level practice as a PA.**

Rationale: The OU SCM PA Program has a responsibility to provide an exceptional education to our students to equip them to be highly competent clinical providers. Students are assessed in the last four months of the program with the PAEA End of Curriculum (EOC) exam and complete the Physician Assistant National Certification Examination (PANCE) following graduation to obtain certification.

- 2. Foster a supportive learning environment that contributes to successful completion of an academically rigorous PA training program.**

Rationale: The OU SCM PA Program recognizes the challenges of completing an academically rigorous curriculum. The program faculty are dedicated to supporting students in achieving the necessary acquisition of medical knowledge, clinical skills, and professional behaviors to successfully complete the program. Additionally, the program recognizes the importance of providing holistic support to address academic, professional, and personal challenges.

- 3. Provide clinical experiences that promote a culture of serving diverse and underserved patient populations.**

Rationale: The vision of the School of Community Medicine is to train a new generation of practitioners with the skills and desire to improve the health status of all Oklahomans. The OU SCM PA Program contributes to this vision by incorporating focused curriculum on population health, social determinants of health, and health disparities in order to prepare graduates to address the unique needs of our most vulnerable populations.

- 4. Encourage students to commit to providing medical care to communities within Oklahoma following graduation.**

Rationale: Oklahoma consistently ranks among the nation's states with the poorest health outcomes, including on measures for the delivery of high-quality, accessible, and equitable health care. Additionally, Oklahoma is facing a significant shortage in health care providers. The OU SCM PA Program is committed to addressing these challenges.

## Competencies of the Physician Assistant Graduate

The curriculum is designed to accomplish the following competencies. Students attain these competencies as they progress through the curriculum. Upon completion of this program, the graduate should be able to do the following:

### Educational Competencies of the PA Program

The University of Oklahoma School of Community Medicine

The following competencies guide the planning, delivery, and evaluation of the School of Community Medicine PA Program. Students are expected to demonstrate competency in each of these areas prior to graduation.

1. Medical Knowledge	2. Patient Care	3. Communication	4. Professionalism	5. Practice-Based Learning	6. Systems-Based Practice
Students will demonstrate knowledge of the...	Students will be able to...	Students will be able to...	Students will be able to...	Students will be able to...	Students will be able to...
<ul style="list-style-type: none"> <li>a. Basic scientific principles fundamental to the practice of medicine</li> <li>b. Normal structure and function of organ systems</li> <li>c. Pathogenesis and manifestations of clinical disorders</li> <li>d. Utility, mechanisms of action, and adverse effects of commonly used drugs</li> <li>e. Physical, cognitive, emotional, social, and behavioral aspects of human development</li> </ul>	<ul style="list-style-type: none"> <li>a. Elicit a medical history and perform a physical examination</li> <li>b. Interpret common diagnostic and screening tests</li> <li>c. Create, prioritize, and justify a differential diagnosis</li> <li>d. Evaluate and manage common clinical conditions</li> <li>e. Perform general procedures of a physician assistant</li> <li>f. Apply principles of health promotion and disease prevention to patient care</li> <li>g. Describe and address common societal problems adversely affecting health in Oklahoma</li> <li>h. Provide general care to diverse patient populations</li> </ul>	<ul style="list-style-type: none"> <li>a. Use effective listening, observational, and communication techniques with patients and families</li> <li>b. Deliver clear and accurate oral presentations using standard formats tailored to the needs of the listener</li> <li>c. Provide accurate and context-specific documentation of clinical encounters in written and electronic formats</li> </ul>	<ul style="list-style-type: none"> <li>a. Demonstrate altruism, honesty, compassion, and responsiveness to patient needs</li> <li>b. Demonstrate integrity, respect, reliability, and accountability in professional endeavors</li> <li>c. Demonstrate commitment to ethical principles by respecting patient autonomy and seeking the patient's best interest</li> <li>d. Demonstrate cultural sensitivity, recognize personal and systemic healthcare biases, identify demographic influences on health care quality and outcomes, and suggest strategies to reduce health disparities</li> </ul>	<ul style="list-style-type: none"> <li>a. Use biostatistics and the scientific method, describe principles of clinical and translational research, appraise scientific studies, and engage in evidence-based clinical practice</li> <li>b. Identify and address personal strengths and weaknesses, respond appropriately to feedback, and seek help and advice when needed</li> <li>c. Engage in self-directed learning as a foundation of life-long learning</li> </ul>	<ul style="list-style-type: none"> <li>a. Integrate the unique and complementary abilities of other healthcare professionals and collaborate as a member of an interprofessional team</li> <li>b. Explain the principles of health systems science and contribute to a culture that promotes patient safety</li> <li>Community Medicine</li> <li>c. Describe and apply the fundamental principles of community medicine</li> </ul>





## School of Community Medicine Track Objectives Under PA Competency 6C

EPO 6C: Students will be able to describe and apply the fundamental principles of community medicine

SCM A: Describe the characteristics of community	SCM B: Identify the principal determinants of health	SCM C: Assess the health status, needs, and resources of a community	SCM D: Use community engagement to promote population health	SCM E: Use principles of evidence-based practice to promote population health	SCM F: Apply principles of quality improvement to promote population health	SCM G: Apply principles of population health to daily practice
<ol style="list-style-type: none"> <li>1. Define community</li> <li>2. Discuss the role of community in health</li> <li>3. Define a meaningful population for health improvement purposes</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe population-level determinants of health</li> <li>2. Discuss how these factors influence health status and health care delivery</li> </ol>	<ol style="list-style-type: none"> <li>1. Evaluate available statistics to identify health problems or areas of concerns</li> <li>2. Identify existing community-based assets and resources to improve population health</li> </ol>	<ol style="list-style-type: none"> <li>1. Refer individual patients to resources that can assist in meeting their health needs</li> <li>2. Participate in community engagement to understand community needs</li> </ol>	<ol style="list-style-type: none"> <li>1. Analyze the literature applicable to problems identified among patients and populations</li> <li>2. Apply the scientific literature to patient care taking into account patient values, resources, and preferences</li> </ol>	<ol style="list-style-type: none"> <li>1. Utilize patient data and a quality improvement model to improve the health of a patient population</li> <li>2. Describe the role of evaluation in program improvement and advocacy</li> <li>3. Describe how quality improvement principles can be applied to improving team functioning</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe how social determinants of health impact an individual's health</li> <li>2. Describe how inter-professional collaborations can help meet individual patients' needs and affect population health</li> <li>3. Apply knowledge of social determinants of health in treatment planning and delivery</li> </ol>

### **Program Professionalism**

It is the responsibility of each PA student to see that their participation in all aspects of the academic process and clinical training is so conducted that there can be no question concerning their integrity or professionalism. Students are expected to conduct themselves in a professionally ethical fashion and to maintain high standards of conduct so that the integrity of the PA profession, the Program and the University may be preserved.

## **Section 2**

## **Clinical Education Goals and Guidelines**

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### **Clinical Education Goals**

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of clinical practice. To this end, the goals of the clinical year include:

1. Apply didactic medical knowledge and skills to supervised clinical practice
2. Advance clinical reasoning and problem-solving skills
3. Expand and strengthen the medical fund of knowledge
4. Perfect the art of history taking and physical examination skills
5. Refine oral presentation and written documentation skills
6. Broaden understanding of the PA role in health systems and healthcare delivery
7. Apply principles of diversity and inclusion to patient-centered care
8. Develop interpersonal skills and professionalism necessary to function as part of a medical team
9. Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
10. Prepare for the Physician Assistant National Certifying Exam

### **Clinical Education Guidelines**

Outlined below are the guidelines that the University of Oklahoma-Tulsa PA students are expected to follow and accomplish during their clinical year. This list will guide preceptors in recognizing problem areas that may necessitate supplementary training during the students' evolution.

#### **The Medical Interview:**

While conducting a medical interview, students will be expected to:

1. Introduce self as a Physician Assistant Student.
2. Maintain a professional attitude/relationship with the patient.
3. Ask appropriate questions to elicit pertinent medical/psychosocial history.
4. Use non-verbal communication skills appropriately with the understanding of cultural diversity.
5. Use common language to aid in patient comprehension.
6. Articulate present cases and demonstrate a clear understanding of the medical problem.

#### **Writing Skills:**

When preparing written patient documents, students will be expected to:

1. Write clear, concise, and focused SOAP notes.
2. Write or dictate clear and comprehensive history and physical examinations.
3. Write orders that demonstrate appropriate treatment rationales.
4. Write or dictate clear and concise discharge summaries.
5. Write clear and appropriate prescriptions.
6. Demonstrate proper charting and documentation on all medical records
7. Demonstrate compliance with quality assurance indicators on all documentation and medical records.



**Physical Exam Skills:**

While conducting physical examinations, student will be expected to:

1. Perform a skilled, comprehensive physical exam.
2. Perform a skilled, focused physical exam for major health conditions.
3. Recognize pertinent normal and abnormal physical findings.
4. Demonstrate utilization of proper techniques during an exam.

**Critical Thinking:**

When asked to analyze patient data or evaluate a mock patient scenario, students will be expected to:

1. Formulate a comprehensive differential diagnosis.
2. Develop and implement a diagnostic and management plan that includes contingencies for referral.
3. Demonstrate the appropriate selection of diagnostic modalities based on the validity, usefulness, reliability, risk/benefit and cost effectiveness of each.

**Knowledge Base:**

To demonstrate knowledge, students will be expected to demonstrate:

1. An understanding of the anatomical basis of disease.
2. An understanding of the pathophysiology of disease.
3. An understanding of disease etiology and process.
4. Appropriate selection and utilization of lab and other diagnostic tests.
5. Appropriate selection of pharmacotherapeutic agents and treatment rationales.

**Patient Education:**

When providing patient education, students will be expected to:

1. Demonstrate an appropriate use of informed consent.
2. Effectively educate patients about health problems, disease prognosis and the risks/benefits of a diagnostic/therapeutic regimen.
3. Counsel patients on health promotion and disease prevention.
4. Elicit the patient's understanding of what he/she is asked to do.

**Professional Development:**

Student is expected to demonstrate behaviors consistent with professional development in the following areas:

1. Working effectively as a member of the health care delivery team as evaluated by preceptor and co-workers.
2. Being open, non-judgmental and empathetic with patients as evaluated by preceptor and patients.
3. Appreciation for the utilization of specialist and community-based resources through appropriate referrals when indicated.
4. Respecting patient autonomy and self-determination by documenting patient concerns and decisions on patient records.
5. Appreciation of the importance of continuity of care by counseling patients to establish a primary care provider when indicated.
6. Maintaining patient confidentiality.

## Section 3

## Clinical Education Curriculum

### Clinical Education Curriculum

#### Description of Rotations

Rotations are designed to expose the PA student to patient care in a variety of settings. The student is directly involved in the evaluation and management of patients to the extent that the clinical preceptor or supervisor is comfortable with the level of knowledge and skills of the PA student. Typically, the student spends a minimum of 40 hours per week in the clinical setting in patient care activities and medical education presentations. The organization of the clinical experience is outlined below.

The initial 12 months of clinical rotations, Phase 2 of the PA program, will be completed as part of the Longitudinal Integrated Clerkship (LIC) alongside third-year medical students. LIC clerkships occur simultaneously over the initial 12 months weaving clinical experiences among the various disciplines. While each LIC clerkship experience is delivered over a year, the total number of weeks in each discipline is outlined below.

Following the Longitudinal Integrated Clerkship, PA students will complete Phase 3, the last 4.5 months of the clinical phase, in traditional block rotations.

Clinical Curriculum – Phase 2 (LIC)	Clinical Curriculum – Phase 3 (Block)
<ul style="list-style-type: none"><li>• Internal Medicine Clerkship (8 weeks)</li><li>• Surgery Clerkship (8 weeks)</li><li>• Pediatrics Clerkship (6 weeks)</li><li>• Psychiatry Clerkship (6 weeks)</li><li>• Obstetrics/Gynecology Clerkship (6 weeks)</li><li>• Family Medicine Clerkship (4 weeks)</li><li>• Neurology Clerkship (4 weeks)</li></ul>	<ul style="list-style-type: none"><li>• Emergency Medicine Rotation* (4 weeks)</li><li>• Primary Care Rotation* (4 weeks)</li><li>• Underserved Rotation* (4 weeks)</li><li>• Elective Rotation (4 weeks)</li><li>• Community Impact** (2 weeks)</li><li>• Program Selective** (2 weeks)</li><li>• Preceptorship (4 weeks)</li></ul>

\*One of these three rotations will take place during Phase 2 (LIC) and will be completed in two 2-week blocks for a total of 4 weeks. The remaining two rotations will be completed in Phase 3 (Block)

\*\*Either Community Impact or the Program Selective will be completed during Phase 2 (LIC). The remaining rotation will be completed in Phase 3 (Block)

**All rotation schedules are subject to change per preceptor request and/or changes in availability of preceptor and/or site.**

Development of sites and the assignment of students to clinical rotations are the sole responsibility and authority of the Program. Students are **required** to attend their designated site assignment.

Student requests for new clinical sites for their elective or preceptorship must be submitted by email to the Director of Clinical Education and Student Program Manager. All requests will be considered on an individual basis.

## Section 4

## Clinical Education Preceptor and Site Eligibility

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### **Preceptor Eligibility**

Physicians, board-certified in their area of instruction, NCCPA certified and licensed PAs, and other licensed health care providers qualified in their area of instruction are eligible to become preceptors for clinical education. Each preceptor will make a commitment to review and comply with the preceptor's responsibilities. The practice should expose the student to a varied range of experiences.

### **Site Eligibility for Clinical Education**

The following information will be kept on file in the PA program for each clinical site:

1. OUHSC affiliation agreement
2. Verification of licensure of preceptors
3. Verification of board-certifications
4. Clinical site assessment

### **Clinical Site Evaluations**

There will be site evaluations on all clinical sites at the development of new sites and on a periodic basis not to exceed a two-year period thereafter. Site evaluations may be performed by the Director of Clinical Education, core faculty or designated PA educators. The site evaluations may be conducted by an onsite visit or by telecommunications. Sites will be monitored to ensure an appropriate learning environment and adequate safety measures. It is the intention of the program to provide students with clinical practice experiences that enable the student to acquire the competencies needed for clinical PA practice.

### **Program Responsibilities**

**OUHSC Affiliation Agreement:** A signed agreement must be in place between institutions for the clinical site to assume training responsibilities for PA students. Specific acknowledgement must be in place in the agreement regarding physician assistant students.

**Professional Liability Insurance:** The Program ensures that all students have current Professional Liability Insurance from a reliable vendor. Proof of malpractice medical insurance coverage is furnished to the clinical site upon request.

**Immunization Record:** A record of compliance with the OUHSC/OU-Tulsa Infectious Disease Policy for vaccination/immunization requirements for healthcare personnel is maintained in Complio and provided to the clinical site upon request.

**Background Check:** The Program ensures that all students have completed a background check prior to the start of clinical rotations and on an annual basis. A copy of the background screen is furnished to the clinical site upon request. Records are maintained in Complio system.

**Drug Screen:** The Tulsa PA Program includes testing prior to the beginning of each academic year. See the policy for Drug Screening for Students Attending a Clinical Rotation Setting. The OU Tulsa PA Program requires repeat drug screening for a “negative dilute” result. Students will not be allowed to continue with clinical rotations if the requirements for the drug screen have not been met. Records are maintained in Complio system. This policy is available at: [OUHSC Drug Screening Policy](#)

**Preceptor Responsibilities**

The preceptor is an integral part of the teaching program, serving as a role model for the student. Through guidance and teaching, they help students improve skills in history-taking, physical examination, effective communication, physical diagnosis, accurate and succinct documentation, reporting, problem assessment, and plan development, including coordination of care. Additionally, by providing feedback, preceptors are a vital resource as students develop and progress.

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

- Orient, assess each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism and to ensure high-quality patient care.
- Delegate increasing levels of responsibility based on a student's experience and expertise.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
  - Direct supervision, observation, and teaching in the clinical setting
  - Immediate evaluation of presentations (including both oral and written)
  - Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness or accomplishing the above goals or diminish the overall experience.
- **Student absences due to illness or any other reason should be reported to the PA Program Student Manager as soon as possible. [Katherine-Norris@ouhsc.edu](mailto:Katherine-Norris@ouhsc.edu)**

## **The Preceptor–Student Relationship**

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter) should likewise be carefully considered until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. See [Guidelines for Teacher-Learner Relationship](#)

## **Orientation and Communicating Student Expectations**

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

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services.

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

Expectations can include:

1. Hours
2. Interactions with office and professional staff
3. General attendance
4. Overnight/weekend and call schedules
5. Participation during rounds and conferences
6. Expectations for clinical care, patient interaction, and procedures
7. Oral presentations
8. Written documentation
9. Assignments

## **Student Schedule**

The preceptor is responsible for determining the student's schedule. Students are expected to adhere to the preceptor schedule with the exception of Student Academy, Physician Assistant Longitudinal Clinic, Bedlam Retreat and University breaks and holidays. The expectation is to work at the clinical site a minimum of 40 hours per week. Students' educational and clinical responsibilities will not exceed 80 hours per week with one day in seven free, averaged over a four-week period. There will be a ten-hour time period provided between all daily duty periods and after in-house call. Students are expected to work nights, weekends, and on-call as required by the preceptor.

## **Supervision of the PA Student**

An assigned qualified practitioner must be on the premises and available at all times while the student is performing patient care tasks. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to a qualified preceptor who will serve as the student's preceptor for any given time interval. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be valuable. The preceptor should be aware of the student's assigned activities at all times. During clinical experiences, PA students must not be used to substitute for clinical or administrative staff. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor. The Clinical Supervision of PA Students Policy can be found at: [https://www.ou.edu/tulsa/community\\_medicine/scm-pa-program/policies-and-procedures](https://www.ou.edu/tulsa/community_medicine/scm-pa-program/policies-and-procedures)

## **Informed Patient Consent Regarding Student Involvement in Patient Care**

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

## **Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

## **Medicare Policy**

Medicare reimbursement specifies the extent of student participation in regard to documentation.

### E/M Documentation Provided by Students:

Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history which are not separately billable but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service that meets the requirements in this section for teaching physician billing. Students may document services in the medical record; however, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed and may verify any student documentation of them in the medical record rather than re-documenting this work.

## **Prescription Writing**

Students may transmit prescribing information for the preceptor, but the physician must sign/send all prescriptions. More specifically, the student's name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor must log into the system under their own password and personally sign and send the electronic prescription. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

## **Evaluations**

Preceptors are encouraged to familiarize themselves with the program's syllabi and evaluation tool prior to the beginning of the rotation. The preceptor's end of rotation evaluation of the student is especially important and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the students, focusing on strengths and opportunities for growth. Preceptor documentation of performance, including specific comments, is strongly encouraged. Considerations such as the timing of the rotation (first versus last rotation), improvement over the course of the rotation, and student receipt of feedback throughout the rotation should be noted when completing evaluations.

Preceptors should consider facilitating brief end-of-rotation discussions privately with colleagues and staff to gain additional insight into the student's professionalism and competency, as health care team members' comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

- A mid-rotation assessment is recommended to provide formative feedback to assist the student in developing clinical skills and professionalism over the course of the rotation. The mid-rotation assessment will not be utilized for grade determination. In addition, daily or weekly check-ins are recommended and can provide avenues to address any student questions as well as encourage dialogue between the student and preceptor.
- The preceptor will also be responsible for completing an evaluation of student competence and performance at the completion of the rotation. This final evaluation will be used in the determination of the student's grade for the course. The evaluation form will be emailed from the



LEO evaluation system and should be submitted by the preceptor within a week of rotation completion.

- The preceptor may be asked to provide additional feedback on student performance to the program at any point during the rotation.

Please contact the student program manager for specific questions regarding the completion of the student evaluation.

### **Student Clinical Performance and Professionalism Concerns**

Preceptors are preparing students to become competent, professional clinicians, which requires skills that extend well beyond medical knowledge. Minor concerns over student clinical performance or professionalism should be addressed directly with the student. More significant or persistent problems should be addressed with the PA Program. It is particularly important for preceptors to discuss concerns regarding professionalism directly with the student as well as with the Director of Clinical Education or Program Director. The mid-rotation assessment can be a useful tool to address these concerns, allowing the student time to remediate the professional or performance challenges.

### **Student Absences**

Attendance and punctuality is a vital component of professionalism during clinical education. Per OU School of Community Medicine policy:

- **Students may not take vacation time during their clinical year.**
- We ask that preceptors report any student absence from the rotation to the PA Student Program Manager ([Katherine-Norris@ouhsc.edu](mailto:Katherine-Norris@ouhsc.edu)) and the Director of Clinical Education ([Jeremy-Paysnoe@ouhsc.edu](mailto:Jeremy-Paysnoe@ouhsc.edu)).
- In addition, it is the student's responsibility to report any absences, whether due to illness or any other unforeseen circumstances, to the preceptor, PA Program Student Coordinator and Director of Clinical Education as soon as they occur.

### **Liability Insurance**

Each PA student is fully covered for liability insurance by the PA program/university for any clinical site with a fully executed and valid affiliation agreement. Students completing a formal elective rotation with a preceptor or clinical site that might become an employer must maintain a "student" role in the clinic and should not assume an employee's responsibilities until after completing the PA program and successful certification and licensure. This includes appropriate routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This relationship is vital in preserving the professional liability coverage provided by the PA program/university and is critical to protect both the student and the employer if a patient seeks legal action. Even more concerning is the occasional opportunity or suggestion from a potential employer that a student participate in patient care activities outside of the formal rotation assignment before PA program completion. While these opportunities may be appealing and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different healthcare-related capacity at any time during their PA education, that individual is not permitted to assume the

role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

## **Preceptor Development Resources**

PAEA’s Committee on Clinical Education created a set of one-pagers for preceptors to help streamline and enhance this essential experience:

- Incorporating Students into Patient Care/Workflow
- The One-Minute Preceptor
- Ask-Tell-Ask Feedback Model
- SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
- Introducing/Orienting a PA Student to Your Practice
- Tailoring Clinical Teaching to an Individual Student

The one-pagers are available on the PAEA website: <https://paeaonline.org/how-we-can-help/faculty#clinical>. They combine some of the committee's own resources with the best precepting practices outlined in the literature.

Additional resources for preceptors can be found in the Preceptor Channel within the PAEA Digital Learning Hub: <https://paea.edcast.com/channel/preceptor-development> Ask your clinical coordinator to download and share these resources if you do not have access.

<sup>1</sup> National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.

<sup>1</sup> Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education*. 5th edition. <http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf>.

## **Expected Progression of PA student**

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

## Section 6 Clinical Education Guidelines for Student Competencies

# GUIDELINES FOR STUDENT COMPETENCIES IN CLINICAL EDUCATION

Time Line Competencies	By Core I Fall Semester I	By Core II Spring Semester	By Core III Summer Semester	By Core IV Fall Semester II
Oral Case Presentations	Moderate Preceptor help/Prompt	Moderate-Minimal Preceptor help/prompt	Minimal Preceptor help	Fluent /concise presentations
Patient Contact Time	<45min/patient	30-40 min/patient	20-30min/patient	15-20min/patient
History and Physical Examinations	Moderate help from preceptor	Moderate-minimal help from preceptor	Minimal help from preceptor	No help from preceptor except to verify abnormal findings and/or special tests/maneuvers
Ability to develop differential diagnosis	1-2 Ddx	2-4 Ddx	4-5 Ddx	5-6 Ddx or more
Diagnostic Test Interpretation	Moderate Preceptor help/instruction. Guidance on when to order	Moderate Preceptor instruction, should understand what and when to order	Minimal preceptor help	Should understand components of test and when to order
Treatment Plan/Management	Much assistance from preceptor	Moderate assistance from preceptor	Minimal assistance from preceptor	Minimal-no assistance from preceptor

## Section 7 Clinical Education Student Guidelines and Responsibilities

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### **Professional Conduct**

OUHSC has a policy titled Student Professional Behavior in an Academic Program. This Policy and its related procedures, which may be found in 4.20 and Appendix C of the OUHSC Faculty Handbook ([OUHSC Faculty Handbook](#)), as well as in the Academic Policies and Procedures Handbook of the PA Program, shall govern academic and professional behavior at the OUHSC. The policy and procedures identify student responsibilities and rights in conjunction with standards of fairness, privacy, and due process. They are derived, in part, from the standards of conduct adopted by national organizations that accredit OUHSC programs or license or certify OUHSC learners and the standards of ethical and professional behavior adopted by national and local professional organizations. Since training in ethical and professional behavior is integral to the education of OUHSC students, violations of this Policy will be considered as academic issues. Failure to meet ethical and professional behavior standards will result in action up to dismissal and may jeopardize advancement and graduation.

An important characteristic of responsible providers, and specifically physician assistants, is the demonstration of professional behavior. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones. Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served. Under pressure of fatigue, professional stress or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate.

The student should be thoughtful and professional when interacting with patients and their families.

- Students should address preceptors with professional titles unless specifically told otherwise.
- Students must introduce themselves as physician assistant students.
- Students must wear their OU identifying nametags when in a clinical setting at all times.
- Students will be able to explain what a PA is concisely and confidently to patients and staff.
- Students will not engage in any activity that may be construed as being unethical, immoral or inconsistent with the practice of medicine.

It is the expectation for students to maintain professionalism at all times. Failure to do so will result in disciplinary action, which may include, but not limited to the following recommendations by the Student Progress Committee:

- Lowering of the course grade
- Professionalism warning with a specific remediation plan as determined by the SPC, noted in the student's academic file within the PA Program
- Filing of a Professional Concerns Report (PCR) with the Associate Dean of Student Affairs
- Academic probation, which is noted on the student's official transcript
- Failure of the clinical course, also resulting in academic probation. Repeating the course will be required, which may delay the student completion date, potentially incurring additional tuition and fee expenses.
- Suspension from clinical rotations or the program
- Recommendation to the Dean for dismissal from the program

## **Professional Attire**

Students are expected to maintain professional appearance and demeanor at all times during both real and simulated patient encounters. High standards for professional dress and personal grooming contribute to the positive professional image a student presents to patients and their families. Adhering to these standards demonstrates respect for both the patient and the profession, and promotes trust, comfort, and confidence during the provision of patient care.

Students are expected to adhere to the following professional dress code standards:

1. Students must wear College of Medicine or Physician Assistant ID badges at all times, visibly, above the waist, with the additional ID backing identifying them as a STUDENT.
2. White coats will be required attire in all clinical environments unless instructed otherwise by a course or clerkship director, a department faculty member, or community preceptor. White coats when worn should be clean, pressed and neat in appearance.
3. All clothing should be clean, neat in appearance and in good repair, and should allow for adequate movement during patient care.
4. Pants, slacks, khakis, skirts, or dresses are appropriate. Legs should be covered to the knee.
5. Collared shirts (with or without ties), professional tops or blouses should be worn.
6. The wearing of a tie may be required in specific clinical environments. If this standard is expected, you will be notified by your course or clerkship director at orientation, or by your clinical preceptor at community sites.
7. Scrubs when required should be neat and clean in appearance. Scrubs may not be permitted in specific clinical settings. You will be notified by your course or clerkship director, or community preceptor of expectations in regard to the wearing of scrubs at clinical sites.
8. Shoes must be safe, clean, in good repair, closed-toed, and appropriate for the clinical setting.
9. Hair and facial hair should be kept clean, well-groomed and controlled so as not to make contact with patients during physical examinations or interfere with patient care or the use of PPE.
10. Moderation in jewelry is recommended. Visible piercings should be professional in appearance.
11. Headwear is allowed if worn for religious, cultural or clinical reasons.
12. Natural nails are to be kept neatly cut and should not extend past the tip of the finger. Artificial nail enhancements are not allowed due to hand hygiene concerns.
13. Avoid cologne, perfumes or strong scents due to possible reactions.
14. Visibility of tattoos should be kept to a minimum.

**Students are expected to adhere to the additional guidelines of the healthcare setting to which they may be assigned, and to those of individual courses and clerkships that are specific to their specialty.**

If you report for clinical duty in dress deemed inappropriate by the faculty or department/clinic director, you may be instructed to return home to make necessary changes. Examples of unacceptable clothing include:

1. Clothing that reveals too much skin, including when you bend, stretch, or lean over. Examples include garments that are sheer, tight, low cut, or low-riding.
2. Blue jeans, shorts, t-shirts, and clothing intended to be athletic wear.
3. Items of clothing designed to be worn as undergarments.
4. Soiled, torn or frayed garments.
5. Open-toed shoes. These are a safety hazard in clinical environments.

## **Criticism of Colleagues**

Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts avoided, and each person should recognize and facilitate the contributions of others to the community. The physician assistant student will deal with professional, staff, and peer members of the health team in a cooperative and considerate manner.

## **Student Mistreatment**

The University of Oklahoma will not tolerate mistreatment of students by preceptors which includes but is not limited to:

- Belittlement
- Humiliation/offensive remarks
- Physical harm
- Personal services
- Denied opportunities for training/rewards
- Exchange of sexual favors
- Sexual advances
- Race/gender discrimination

## **PA Student Mistreatment Policy**

This policy defines the policy and procedure for reporting student mistreatment. It applies to OU students and visiting students.

The definition of mistreatment may be found in the Guidelines for the Teacher-Learner Relationship Policy.

**NOTE:** Issues related to Sexual Harassment/Assault (Appendix H), Consensual Sexual Relations (Appendix I), or related to Racial or Ethnic Harassment (Appendix J) are specifically addressed in the Health Sciences Center Faculty Handbook and are to be reported to the University Office of Equal Opportunity, Room 113 of the Service Center Building, 405-271-2110. They are not explicitly incorporated into this policy.

## **Education**

Disseminate the document: [Guidelines for the Teacher-Learner Relationship...](#)

- a. to students
- b. to faculty members
- c. to residents
- d. to preceptors
- e. to course directors

Disseminate the expectation that Course Directors will inform students of their right to report perceived mistreatment as a part of the orientation of students to their rotations. Course Directors will be encouraged to actively and regularly solicit feedback from students on the nature of the educational environment they experience.

Disseminate to all students, Course Directors, and Department Chairs the reporting and evaluation processes which are available to students if mistreatment is perceived.

### **Evaluation and Reporting of Perceived Mistreatment**

Several options exist for reporting, evaluating, and resolving issues of perceived PA student mistreatment. The affected student, or a witness to student mistreatment, may select from among the following processes:

- As “adult learners” PA students are encouraged to address perceived breaches of the principles of the ideal teacher-learner relationship directly to involved parties. Utilization of this option does not require that any documentation be maintained, or other steps taken if satisfactory resolution is achieved.
- A student who perceives that the principles of the ideal teacher-learner relationship have been breached may choose to report the alleged incident(s) to the Course Director for the involved course, clerkship, or rotation. The student may also elect to contact the PA Program Director or the Associate Dean for Academic Services.

Course Directors shall provide the student an impartial hearing, and gather information from others as necessary, while maintaining the confidentiality of the involved parties consistent with information gathering. Appropriate protection of the accused must be preserved. If the issue is resolved to the satisfaction of the student, the respondent, and the Course Director, the issue will be considered closed.

The Course Director shall submit a report to the PA Program Director, which summarizes the essence of the complaint, its evaluation, and the nature of its resolution. Identity of the principals may remain anonymous. A record will be maintained by the PA Student Progress Committee and reviewed to detect repetitive incidents or trends toward which additional educational or corrective efforts should be directed.

- The affected student may report perceived breaches of the ideal teacher-learner relationship directly to the **PA Program Director or Associate Dean for Academic Services in Tulsa.**

Information will be gathered initially from the affected student, and others will be consulted as necessary. Records of all such contacts will be maintained by the PA Student Progress Committee and used to determine the need for additional preventive educational efforts.

- Allegations of mistreatment may be made and investigated without fear of retaliation. Retaliation is governed by the Retaliation Statement in the University of Oklahoma Non-Discrimination Policy which strictly prohibits retaliation associated with any form of adverse action against a person because of his or her filing of a complaint of discrimination or harassment and/or participating or assisting in any manner with an investigation or resolution of a complaint of discrimination or harassment. Adverse action includes, but is not limited to, making threats, intimidation, reprisals or any other adverse action relating to employment, academic, health care, or institutional benefits.

### **Absenteeism**

OU Physician Assistant students are aspiring to a profession in which full participation in the learning environment is an essential component of lifelong learning and aligns with accreditation and licensing standards. Professional development dictates that, as physician assistants in training, students are expected to make PA school their highest priority. Attendance and participation are expected in all educational activities and are required for all sessions specified by the PA Program.



The PA Program policy is that students are required to punctually attend and participate fully in all program-sponsored courses and events. PA Course Directors will intermittently monitor and assess attendance. Attendance is a demonstration of professionalism and is a criterion used for recommendation for promotion to the clinical year and graduation. It is required that students observe the following policy: An absence is any instance when a student is not present at an activity. Students should not assume they are allowed any absences at their discretion or for their personal convenience. All requests for excused absences must be made in writing to the appropriate individuals as specified below. All anticipated absences must be requested in advance. A limited number of reasons will justify excused absences. These include, but are not limited to:

1. An illness, personal emergency or family tragedy
2. Presentation or representation in a leadership capacity at regional or national professional meetings
3. Access to health services and counseling. Students may be excused to attend necessary health care and counseling appointments. Students are strongly encouraged to make all such appointments during non-required activities if possible

Other reasons for an excused absence will be considered on a case-by-case basis.

Any request by a student for either an anticipated or unanticipated absence during the clinical phase must (in advance when anticipated and as soon as possible when unanticipated) be submitted through [Hippocrates](#). Documentation of the communication with the Clerkship Director/Preceptor must be uploaded as part of the submission in [Hippocrates](#). For an unexpected absence, the student should notify the Clerkship Director/Preceptor as soon as possible to allow for timely adjustments to the clinical schedule.

#### **Anticipated Absence Requests:**

*Clerkships:* Email the Clerkship Director first, copying (cc) the Director of Clinical Education and Program Director. Upload the approval as part of the [Hippocrates](#) submission.

*Community Rotations:* Email the Director of Clinical Education and Program Director initially for approval. Upload the approval as part of the [Hippocrates](#) submission. Notify the preceptor of the approved absence.

#### **Consequences of Absences:**

*Clinical (Clerkships):* Absences of three days or less in a clerkship are a matter between the student and the Clerkship Director. In all cases, the student is responsible for the material missed while absent. At the discretion of the Clerkship Director, the student may be required to provide documentation of the reason for the absence and may be required to complete supplementary assignments to make up for missed activities, but the Clerkship Director is not required to provide repeat or make-up opportunities for missed assignments. All absences are reviewed as part of the Student Progress Committee.

Absences in any clerkship that exceed three days (in total throughout the LIC year) requires consultation with the PA Program Director. Further consultation may include the Associate Dean of Student Affairs. The Program Director will determine the course of action, which may include withdrawal from the course, remediation of the course, or deferral to the Clerkship Director who will then follow procedures



developed by that particular clerkship. At the discretion of the Clerkship Director, flex time may be used to compensate for an excused absence. For extended absences, see “Extended Absences in the Longitudinal Integrated Clerkship” below.

*Clinical (Community Rotation):* All absences will be reviewed by the Student Progress Committee to determine the appropriate remediation or action.

Student absences that are considered potentially excessive will result in an automatic review by the Tulsa Physician Assistant Student Progress Committee.

**An unexcused absence or failure to report an absence as described above is considered unprofessional behavior and may be dealt with under the appropriate OUHSC policy regarding student professional behavior. A review of professionalism for each student, including absences and tardies, will be completed by the Student Progress Committee following each semester in the program.**

#### **Extended Absences in the Longitudinal Integrated Clerkships (LIC)**

- A student must complete the Clinical Transitions course at the beginning of the clinical curriculum. Any student who does not complete the course will delay until the next entry point of the LIC, subject to the discretion of the Student Progress Committee.
- Extended absences should be limited to extraordinary personal/family problems or illness. Students who require extended absences for reasons that may require accommodation should reach out to the OU-Tulsa Student Accommodations Services. Academic difficulty in itself is not a sufficient reason for an extended absence. Absent an approved accommodation or extraordinary circumstance, lengthy absences usually are not approved because of the adverse effects on a student's educational development and potential failure to meet the technical standards of the LIC.
- Any absence beyond 6 weeks may require the student to withdraw from current courses and restart the LIC at the next entry point.
- All extended absences require review and approval by the PA Program Director. All requests must be submitted in writing to the Program Director.

#### **Special Circumstances: Examinations and Clinical Skills Performance**

Due to the difficulty of rescheduling examinations and clinical skills evaluations, including OSCEs, permission to be excused must be obtained in writing in advance from the Program Director and is limited to reasons of health, personal emergency or presentations at national professional meeting. Although requests will be considered on an individual basis, employment interviews, family events, or personal travel are not considered reasons for missing an examination.

Faculty may not impose a point limitation or grade penalty on examinations for which a student has obtained an excused absence. However, faculty may administer an alternative examination. Any rescheduled examination will be given on a date and time determined by the Course Director.

A student with an unapproved absence from any examination will not receive credit for the examination.

### **Other Important Notes regarding Absences:**

1. Absences due to illness or any other unforeseen event should be reported no later than 9am each day of absence.
2. Students must notify their preceptor/site coordinator as soon as possible if their arrival or departure from the clinical site is expected to vary from the assigned schedule.
3. If the preceptor has schedule changes such as vacation or personal time off that result in any significant changes in clinical hours, then the student must notify the PA Student Program Manager immediately. However, if the preceptor assigns the student to another preceptor in that absence, it is not necessary to contact the PA program.
4. The national holidays recognized during the rotation year can be found in Section 9 of this handbook. Time off for the Holiday begins at 8AM the morning of the holiday. Students may be assigned shifts, call, or other clinical duties until 8AM the morning of the scheduled holiday.
5. Students must be in good academic/professional standing and have approval from the Program Director or Director of Clinical Education to represent the program and/or utilize class funding for conferences such as the OAPA and AAPA annual conferences.
6. Students will not be excused from rotations for the purpose of attending non-PA program supported medical education.
7. **Abandonment of a Rotation** is defined as the student's absence from a rotation without notifying or gaining expressed permission of the Director of Clinical Education or Program Director. The student will be referred to the PA Student Progress Committee, which will make recommendations.

The Program has an important obligation to maintain a positive rapport with clerkship sites, preceptors, visiting physicians and other health care professionals who make an essential contribution to the curriculum of the Program. These relationships are vital to the ongoing success and development of the Program and the support of the clinical rotation experiences. The Program will not allow individuals to jeopardize these relationships by displaying unprofessional and discourteous behaviors. Prompt attendance to a clinical clerkship and all related Program activities is a minimum demonstration of this commitment. Attendance and preparation for all seminars, small group discussions, lectures, and any other activities designated by the Program faculty are expected.

### **Student Responsibilities**

1. Health Insurance - All students are responsible for securing health insurance and must show proof of adequate insurance **prior** to each semester through the Academic Health Portal. Academic Health Plans (AHP) manages the University of Oklahoma sponsored student health insurance plan provided by Blue Cross and Blue Shield PPO of Oklahoma. Further information can be found on the OU-Tulsa Student Affairs website: [Academic Health Plans](#)
2. Immunizations - All immunizations must be up to date **before** entering and during clinical rotations. Students are required to sign a "Student Consent and Release of Education Records" form which allows the Student Program Coordinator to provide each rotation site confirmation of the student's compliance with the required immunizations. Immunization documentation is required to be uploaded to Complio.
3. Communication with Preceptor - At least seven **(7) business days prior to each rotation**, the student is responsible for contacting their upcoming site and preceptor to establish the correct time to arrive, location, etc.

4. Health Status - Any significant change in the students' health status which causes concern for the health, safety, and well-being of the student, patients and staff should be reported to the Student Program Coordinator and Director of Clinical Education.
5. Policies and Procedures - Each rotation site will include an orientation to that site, their policies and procedures, and expectations. Students must adhere to all policies of each institution/facility and the established OSHA regulations. Familiarization is expected with the policies regarding student privileges, parking, patient confidentiality, isolation techniques, and code procedures.
6. Meals and Housing - Students are responsible for their housing, meals, and travel expenses unless otherwise provided by the site.
7. Travel - Students may be required to attend a rotation within a sixty (60) mile radius of the OU Schusterman campus. Students may choose to obtain personal housing arrangements for requested rotations that exceed the sixty (60) mile radius; however, the program does not provide financial assistance or housing.
8. Contact Information - Always provide the preceptor and site coordinator with a phone number with which you can consistently be reached. Please follow all site recommendations for cell phone usage while at that clinical site.
9. E-mail - E-mail is the primary method of communication used by the PA Program and OU clinical rotations to communicate with students. Students are required to **check their University of Oklahoma e-mail daily**.
10. Accountability - Always inform your preceptor of your whereabouts, i.e., in radiology, attending in-service, in the library, at lunch. Inform the preceptor at the beginning of the rotation of any expected absence due to program responsibilities, such as PAL Clinic, Student Academy or PA program activities.

### **HIPAA**

Students are responsible for completing HIPAA training annually through the OUHSC OnPoint system. Notification will be emailed to the student to complete the training. Documentation of completion will be done through Complio. The Program will provide documentation to each rotation site upon request. Any breach of patient confidentiality will result in the student being brought before the Student Progress Committee. In addition, violation of patient confidentiality may result in civil or criminal action against the student.

### **Background Checks**

A background check is required annually to progress in the program.

All incoming and current students must undergo a criminal background check annually according to OU Board of Regents' Policy. The policy can be found in the OUHSC Faculty Handbook Appendix C.4. The Physician Assistant Program (Tulsa) will notify students of the deadline to complete the required background check through Complio. Failure to complete these requirements could impact admission to or retention in the program.

### **Drug Screen**

In accordance with OUHSC policy, students must purchase and complete a drug screen prior to the beginning of clinical rotations and annually thereafter. Students who fail to adhere to the drug testing deadline will be suspended from all Program activities until one has been completed. The OU Tulsa PA

Program requires repeat drug screening for a “negative dilute” result. See the policy for Drug Screening for Students Attending a Clinical Rotation Setting at [OUHSC Student Handbook](#).

Students with chemical dependency will be referred to the Oklahoma Health Professionals Program (OHPP) as detailed in the Program for PA Students with Chemical Dependence Problems Policy.

### **Required Supplies**

1. Uniforms - All students must wear the student white coat, clean and pressed. The photo ID badge must be clearly visible at all times and clearly identify one as a PHYSICIAN ASSISTANT STUDENT from the University of Oklahoma-Tulsa. University identification badges are required at all times you are at your rotation site. This must be worn in addition to any facility identification that the site may require.
2. Diagnostic/Medical Equipment –Students should have their stethoscope on each clinical site.
3. Recommended Textbooks - Listed on each rotation syllabus

### **OU-Tulsa Student Pathogen Exposure**

If an OUHSC student experiences an exposure, the student should follow established protocol. If the exposure takes place Monday through Friday between 8:30 a.m. and 4:30 p.m., the student should report to OU-Tulsa Student Health within one hour of the incident to see a student health provider. Student Health information can be found on their website: <https://ou.edu/tulsastudentaffairs/health>

Any needle stick, cut, exposure to damaged skin, splash into eyes, nose, or mouth, or any other incident that exposes you to contaminated material will be treated as an exposure incident. Contaminated material is any blood, tissue, or other body fluids that are potentially infectious.

1. Immediately and thoroughly wash the needle stick wound with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, sterile eye wash, or saline irrigating solution.
2. Report incident immediately to supervisor, preceptor, or clinical instructor. If injury sustained at an OU Clinic, immediately notify the clinic manager.
3. In addition, if the injury is sustained at an outside hospital/clinic, immediately contact the Employee Health Services at that facility. If the injury occurs after hours, on weekends, or holidays, contact the facility’s Nurse Supervisor through the operator.
4. Employee Health Services, clinic manager, or nurse supervisor will facilitate acquiring the source’s blood labs: Rapid HIV, HIV-1/HIV-2 antibody screen with reflex, Hepatitis B surface antigen, and Hepatitis C antibody.
5. Student is to immediately contact OU-Tulsa Student Health by phone 918-660-3102 and arrive to the clinic within 1-2 hours of exposure if during clinic business hours. If incident occurs after business hours, holidays, times when Student Health is closed or on weekends, the student is to report to the nearest emergency room. 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. The following weekday, the student must arrive at Student Health to report the incident and receive further evaluation and follow up.
6. Evaluation of the exposure, baseline labs, counseling regarding treatment options if applicable, limited treatment if indicated and recommendations for follow up will be provided at the Student Health Clinic. 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 Student Health Clinic or an Emergency Department, are the financial responsibility of the student. The office visit in Student Health is the only portion of the provided services covered by the Student Health fee.

**All HSC-based students are *required* by the University to have personal health insurance.**

Needlestick coverage is already an incorporated benefit in the Health Science Center insurance policy with AHP. For the non-AHP insured student, AHP offers a supplemental needlestick insurance policy: Needlestick and Body Fluid Exposure policy.

### **HSSP and Advanced Clinical Seminar**

In addition to completion of all scheduled clinical rotations during the clinical phase, students are expected to successfully meet the requirements of HSSP and the Advanced Clinical Seminar courses. Refer to individual syllabi for details.

HSSP and Advanced Clinical Seminar: Includes monthly attendance at Student Academy, Bedlam L (PAL), attendance at assigned Bedlam evening clinics, Bedlam Retreats, and attendance at PA Program Senior Seminar lectures prior to graduation.

### **Bedlam Evening Clinic**

Bedlam-E clinic provides a clinical experience to address the medical care needs in an uninsured population. This clinic also serves as a referral source for longitudinal care when the patient requires routine management.

Each student must attend all assigned Bedlam evening clinics during the course of the clinical phase. A schedule is provided to the students for assigned dates based on current clinical rotation schedule. It is necessary to opt-out if your schedule has a conflict with the assigned date. The assigned number of Bedlam sessions will vary based on the capacity of the Bedlam clinic.

### **Bedlam L (PAL) Clinic Component**

PA students attend the PAL student clinic at OU Family Medicine on assigned Tuesday afternoons. Attendance is mandatory. Students are assigned to a team that provides care to patients under the guidance of a PA faculty member. Each student assumes responsibility for individual patients within their team patient panel.

Students on a rotation more than 60 miles from OU Schusterman campus will be excused from PAL clinic. It is the responsibility of the student to notify their PAL attending and Bedlam clinic manager ([Janelle-Whitt@ouhsc.edu](mailto:Janelle-Whitt@ouhsc.edu)) of all rotation dates they will be absent from PAL due to the rotation exceeding the mileage parameter.

### **Student Evaluation of Rotations/Clerkship**

Students must complete an End of Rotation evaluation of both the clinical rotation/clerkship and their preceptor(s) using [LEO](#). End of Rotation evaluations must be completed **by the end** of the rotation/clerkship.

The evaluations are used to help maintain strengths and refine areas needing improvement. Thoughtful and constructive evaluations are appreciated.

### **Patient Logs**

Students are required to log all patients evaluated on clinical rotations, clerkships, and Bedlam clinics. These must be entered into the LEO PET (Patient Encounter Tracking) logging system within three (3) days of the encounter. **Students who fail to maintain current logging may not be allowed to sit for the End of Rotation or Shelf Examinations. Delinquent logging will result in referral to the Student Progress Committee and may result in suspension from clinical rotations until logging expectations have been met.**

NOTE: For OU clerkships, the clerkship director should be listed as the preceptor; for Bedlam evening clinic, the preceptor will be Dr. Whitt; and for PAL the preceptor will be your PAL attending.

By the end of the clinical year students should have on average logged 620 patient visits. Below are the minimum number of patients seen on each rotation:

Internal Medicine: 80	Primary Care: 40
Surgery: 80	Underserved: 40
Pediatrics: 60	Program Selective: 20
OB/GYN: 60	Neurology: 20
Psychiatry: 60	Elective: 20
Family Medicine: 40	PAL/Bedlam: 40
Emergency Medicine: 40	Preceptorship: 20

## Section 8 Clinical Education Evaluations and Rotation Grading

### Student Evaluations

To assess the student's progress throughout the clinical year, the Director of Clinical Education or PA clinical faculty will meet with the student on at least two separate occasions. The evaluation will address both professional behavior and clinical evaluations. Student clinical visits may be conducted at the discretion of the program.

### **Rotation Grading**

Each preceptor is responsible for completing an end of rotation evaluation form and assigning a grade that reflects the student's performance during the rotation. An evaluation request will automatically be sent to preceptor through the Leo system at the end of rotation. This grade may reflect case presentations, clinical evaluations, patient write-ups, examinations and other academic instruction at the discretion of the preceptor. The final rotation grade will consist of the assigned preceptor evaluation grade as well as other graded components as described in each individual syllabus. **A final grade below 70% is a failing grade and will result in referral to the SPC for a remediation plan including repeating the clinical rotation.** Should the student not agree with the preceptor's evaluation/grade and wish to appeal, it is then the student's responsibility to initiate the appeals process which is outlined in the OUHSC Academic Appeals Policy.

There will be an examination to prove competency of each core rotation. When a student is on a School of Community Medicine clerkship in Internal Medicine, Family Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry, Neurology, and Surgery, the examinations will be given by the departments as part of their evaluation. The PA program will administer the examination for Emergency Medicine (PAEA Emergency Medicine) and Primary Care (PAEA Family Medicine) and Underserved (PAEA Internal Medicine). Exams will not be given for Community Impact, Elective, Preceptorship, and Program Selective rotations.

Clerkship Courses/Exams		Non-Clerkship Courses/Exams	
Internal Medicine	NBME IM Shelf	Emergency Medicine	PAEA EM EOR
Surgery	NBME Surgery Shelf	Primary Care	PAEA FM EOR
Pediatrics	NBME Pediatrics Shelf	Underserved	PAEA IM EOR
Psychiatry	NBME Psychiatry Shelf	Elective	No Exam
Obstetrics/Gynecology	NBME Ob/Gyn Shelf	Community Impact	No Exam
Family Medicine	NBME FM Shelf	Program Selective	No Exam
Neurology	Neurology Exam	Preceptorship	No Exam

**Refer to individual rotation syllabi for details regarding examination content and grade determination.**

### **Summative Evaluation**

Each student will be evaluated during the final four months of the program to ensure program competencies have been met for entrance into clinical practice. Areas of evaluation include clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal skills, medical knowledge, and professional behaviors.



A summative evaluation will be given during the final fall semester. It will include a multiple-choice written examination that mirrors the organ system distribution of the Physician Assistant National Certifying Examination (PANCE). The summative examination also includes a clinical skills portion that tests various skills commonly required of practicing clinicians. It may include a combination of a problem-oriented physical examination, laboratory test evaluation, prescriptive skills, imaging interpretation, and ECG readings.

If a passing score is not obtained on the examination, as detailed in the course syllabus, the student will be brought before the Student Progress Committee for a plan of action, which may include remediation or advisement for academic progression. The student will not be allowed to progress in the program until formal recommendation from the Student Progress Committee is made.

### **Academic Standards and Progression**

The Student Progress Committee oversees the academic and professional progression of each student matriculated into the PA Program. The following standards are required of students for progression and retention in the PA Program.

1. Successful completion (grade C or higher) of all courses in the didactic and clinical phases, to include remediation of any course as directed by the SPC.
2. Cumulative GPA of 3.0 or higher after each didactic term. This minimum GPA must be achieved at the completion of the didactic phase to advance to the clinical phase of the training. A GPA lower than a 3.0 will require completion of a variable hour Special Studies course to reach the minimum GPA. Course content will be selected from the SPC based on individual performance in courses. Academic probation will be noted on the transcript if a Special Studies course is required. The Special Studies course may be utilized again following the clinical phase in order to meet the minimum GPA.
3. Compliance with all University, College of Medicine, and PA Program policies, including adherence to professionalism expectations.

The Academic Standards and Progression Policy can be found in its entirety on the Policy and Procedures page of the program website: [https://www.ou.edu/tulsa/community\\_medicine/scm-pa-program/policies-and-procedures](https://www.ou.edu/tulsa/community_medicine/scm-pa-program/policies-and-procedures).

### **Remediation Policy**

Remediation is the opportunity to correct unsatisfactory performance, progress, and/or professional conduct. The Student Progress Committee (SPC) may offer a remediation plan to further assess/evaluate a student and to support the student in meeting the program's learning outcomes.

**Course Performance:** In order to receive a passing grade in any clinical course, it is necessary for a student to demonstrate competency by meeting the minimum required examination score as noted in each clinical course syllabus. In addition, it is necessary to achieve a grade of C or above in each clinical course, regardless of a passing examination score, in order to successfully complete the course.

**Examination Remediation:** Failure to achieve a passing score on a clinical examination (PAEA EOR or NBME) will result in a requirement to remediate the exam. Remediation examinations are to prove competency in the subject matter and are not factored into the final course grade. If a student fails to meet the remediation standard, the student will be referred to the SPC to determine the appropriate course of action.



**SPC Action:** An unsatisfactory score in a course (below 70%) or a failing score on a remediation examination will be evaluated by the SPC. Based on a thorough evaluation of the overall academic and professional performance of the student, the SPC will recommend one of the following:

1. Administering a grade of I (Incomplete) on the transcript and completion of a remediation plan determined by the SPC; may include remediation of second failed NBME exam with the applicable PAEA EOR examination.
2. Clinical Course: Administering a failing grade of D or F on the transcript followed by academic probation; requires repeating the clinical rotation. Refer to the Deceleration Policy for determination of clinical delay or clinical deceleration.
3. Recommendation for dismissal from the PA program. Failure of more than one clinical course may result in recommendation for dismissal. Recommendation is made to the Dean of the School of Community Medicine.

### **Remediation Considerations**

Students are expected to perform at a high level in this intensive professional program. The SPC reserves the right to require an individualized remediation program for students who do not meet academic or professional expectations.

A remediation program may consist of but is not necessarily limited to:

- The requirement to retake a failed examination (failure is defined as a grade of “D” or “F” on an exam).
- Completion of a prescribed remediation program with emphasis on any deficient area.
- Referral to the Student Success Program or to services for further evaluation, e.g., outside counseling for evaluation of learning methods or deficiencies.
- Deceleration: Rematriculating with the next cohort at the beginning of the didactic phase. Retaking courses is not limited to failed courses.
- The requirement to retake a failed clinical exam in order to receive a passing course grade.
- The requirement to retake a failed clinical course.
- Pursuit of self-directed learning and/or tutoring at the expense of the student.

The curriculum is designed to be completed on a full-time basis over 30 months. Deceleration is a mechanism for allowing a student to complete the curriculum through required repetition of the didactic phase of the curriculum or delayed completion of the clinical phase. The maximum time to complete the program is 48 months from matriculation. Deceleration may be considered when a recommendation is made by the Student Progress Committee (SPC), or a student submits a request to decelerate.

### **Deceleration Policy**

Deceleration is defined by the ARC-PA as “the loss of a student from the cohort, who remains matriculated in the physician assistant program.” The OU SCM PA program does not decelerate students who fail to meet the program’s professionalism policies.

Deceleration may occur either through SPC recommendation or a student request.

#### **SPC Recommendation**

- The SPC may recommend deceleration to the PA program director when a student fails to progress as required in the Academic Standards and Progression Policy. An offer of deceleration is not guaranteed when a student fails to meet academic standards.
- The program director determines the final decision for deceleration.

#### **Student Request**

- A student may submit a written request to the PA program director to request deceleration. Reasons for deceleration may include, but are not limited to, personal, family, or health concerns that will impact the ability of the student to successfully progress through the curriculum.
- The program director determines the final decision for deceleration.

The maximum entering class size is approved by the ARC-PA. Any increase above the ARC-PA approved maximum entering class size for any reason (including a decelerated student) requires program notification to the ARC-PA using the Exceeding Approved Class Size required report.

### **SPC Interventions**

The SPC may determine it appropriate to recommend a student to repeat specific components of the program curriculum or an entire phase of the program curriculum for reasons that may include, but not limited to, the student's taking of a leave of absence and/or failure of didactic or clinical course(s). The SPC will develop an individualized education plan, which may also include a re-entry plan, to support the student's success that details specific requirements to be met by the student in order for them to advance. Consideration will include the course(s) most affected by the leave of absence and/or failures. This SPC interventions are defined as follows:

*Didactic Deceleration:* Defined as a failure to satisfactorily complete didactic phase requirements prior to cohort advancement resulting in SPC recommendation for repetition of the entire didactic phase of the curriculum. Deceleration will require the student to rematriculate with the next cohort and successfully and satisfactorily complete didactic phase requirements to advance in the program.

*Clinical Delay:* Defined as a delay in completion of the clinical phase by four months or less, this is typically a result of an approved brief leave of absence and/or from retaking one or more failed clinical rotation(s). Delay will require the student to successfully complete the individualized education plan set by the SPC. Although the graduation date of the student may be delayed, the student will maintain matriculation with their original cohort for ARC-PA reporting requirements.

*Clinical Deceleration:* Defined as a delay in completion of the clinical phase by greater than four months, this is typically a result of an approved extended leave of absence and/or failed clinical rotation(s). Deceleration will require the student to successfully complete the individualized education plan set by the SPC. The SPC reserves the right to require the student to repeat the entire clinical phase. Although the graduation date may differ, the student will be considered a part of the next cohort for ARC-PA reporting requirements.

Deceleration interventions that require the student to join a new cohort will require them to comply with any revisions in curriculum requirements and policies of their new cohort. Decelerated students who return to the program and subsequently fail a course, fail to maintain academic progression, and/or fail to meet all technical standards will be recommended for dismissal from the program. Decelerated students who fail a course will not be offered course remediation.

### **Re-entry Remediation Plan**

The option for deceleration will include a re-entry remediation plan determined by the SPC as part of the individualized education plan. Re-entry plans will define the student's responsibilities while decelerated. Plans may include, but are not limited to, a written examination, a practical examination, and/or completing a learning contract while on leave. Additionally, the student must provide a monthly update to the SPC on the progress of the re-entry plan.

The student must notify the program director in writing within seven (7) calendar days whether the terms of deceleration are accepted. If the student does not accept the option of deceleration, procedures for withdrawal or a recommendation for dismissal will be initiated.

Failure to meet the terms of the re-entry plan may result in withdrawal of deceleration and a notification of recommendation for dismissal from the program.

**Finances**

Deceleration results in delayed graduation and additional financial burdens to the student. Students are fully responsible for any additional tuition and fees and for any impact to financial aid eligibility.

Students are advised to discuss these issues with the university financial aid office prior to making any decisions regarding requesting deceleration and/or returning to the program if granted the option of deceleration.

## Section 9 Clinical Education Breaks and Holidays

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Students on clinical rotations and preceptorships will be excused from their clinical sites for the following breaks and holidays:

- Independence Day Holiday (July 4<sup>th</sup>, 2025)
- Labor Day Holiday (Sept. 1<sup>st</sup>, 2025)
- Fall Break\* (Oct. 10<sup>th</sup>, 2025)
- Thanksgiving Break\*\* (Nov. 26<sup>th</sup> – 30<sup>th</sup>, 2025)
- Winter Break (Dec. 20<sup>th</sup>, 2025 – Jan. 4<sup>th</sup>, 2026)
- Martin L. King Holiday (Jan. 19<sup>th</sup>, 2026)
- Memorial Day Holiday (May 25<sup>th</sup>, 2026)
- Juneteenth Holiday (June 19<sup>th</sup>, 2026)
- Summer Break (June 19<sup>th</sup> – July 5<sup>th</sup>, 2026)

\*Fall Break is only Friday. Students may be required to work on Saturday or Sunday.

\*\*Begins at 8:00 a.m. on the Wednesday prior to Thanksgiving Day.

Students may be excused for other religious holidays; however, an absence requires submission and approval by the PA program.

Inability to work either Saturdays or Sundays for religious reasons MUST be discussed and approved by the Director of Clinical Education and the Program Director at least eight weeks prior to beginning the clinical phase.

**Rotation Syllabus****LEARNING OBJECTIVES/GOALS FOR EACH ROTATION**

1. Students are responsible for all items in the rotation syllabus. The syllabus is constructed to be applicable to specific OU clerkships or any rotation site of non-clerkship rotations.
2. Test items for the end of rotation examinations will come from the syllabus objectives, not your individual experiences.
3. The format of the end of rotation examination will be multiple choice and clinical problem-solving cases.
4. The preceptor is not responsible to either provide all the teaching for the learning objectives or find the patients with the diseases/disorders listed.
5. Reading and study time are not scheduled into the daily clinical hours nor is it the responsibility of the preceptor to provide “off time” to do so. Time management is critical, especially after clinical hours. You must schedule time to read and study.
6. This is the beginning of establishing your commitment of lifelong learning as a physician assistant.

## **Guidelines for the Teacher-Learner Relationship**

This policy outlines: i) the expected standards of conduct for both students (including University of Oklahoma School of Community Medicine PA Program students) and those individuals with whom students interact during the PA program, and ii) the professionalism attributes and associated behaviors expected of students.

This policy defines the following:

- The principles of a positive learning environment
- The expected standards of conduct (i.e., responsibilities) of teachers
- The expected standards of conduct (i.e., responsibilities) of learners, including the expected professionalism attributes and behaviors
- The definition of student mistreatment

### **Background**

The School of Community Medicine is committed to fostering an environment that promotes academic and professional success in learners and teachers at all levels. The achievement of such success is dependent on an environment free of behaviors that can undermine the important mission of our institution.

The SCM holds in high regard the time-honored personal virtues of altruism, accountability, excellence, duty, service, honor, integrity, and respect for others and believes that these principles apply equally to students, PAs, resident physicians, other health care providers, faculty (including full-time, part-time, and volunteer faculty), and staff who participate with our educational programs.

The diversity represented by the many participants in the learning process requires the School of Community Medicine to reaffirm, on a periodic and regular basis, the expectations of faculty, students, residents, and staff. This policy serves to establish goals for the teacher-learner relationship as well as to provide examples of behaviors that can impair optimum learning. A separate policy establishes procedures for evaluation and/or intervention when difficulties have been perceived.

### **Principles of a Positive Learning Environment**

The School of Community Medicine holds that a positive learning environment:

- is supportive, respectful, and collegial
- inspires students to learn and give their best
- encourages the development of professional behaviors among both students and faculty
- emphasizes the importance of medical education among its stakeholders
- provides effective instruction and fair assessment activities
- provides an avenue for students to voice concerns

- provides support for students that are experiencing difficulty
- is a comfortable place for people of all genders, ethnicities, and sexual orientations to learn
- protects students against mistreatment, coercion, and other unacceptable behaviors

## **Responsibilities of Teachers and Learners**

Behavior that embodies the ideal teacher-learner relationship fosters mutual respect among the participants, minimizes the likelihood of mistreatment, and optimizes the educational experience.

In the context of medical education, the term instructor or teacher is used broadly to include peers, PAs, medical students, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses and ancillary support staff, as well as others from whom students can and do learn.

## **Responsibilities of Teachers**

**Teachers must be mindful of their role and responsibility during their interactions with their colleagues, patients, and those whose education has been entrusted to them. Students learn professional behavior primarily by observing the actions of their teachers as role models. Teachers are expected to model the below behaviors with students.**

Teachers are expected to...

- treat students fairly, respectfully, and without bias related to age, race, ethnicity, gender, sexual orientation, disability, religion, or national origin.
- comply with all applicable college, campus and University policies and procedures related to unlawful discrimination, harassment (including all forms of sexual harassment) and misconduct.
- avoid asking or expecting students to perform personal errands or tasks.
- Refrain from any act of retaliation against a student who has reported an incident of mistreatment.
- Avoid behaviors that violate professional boundaries (e.g., engaging in a romantic or business relationship while in the teacher/student role).
- Be prepared and on time.
- Provide up-to-date information.
- Provide explicit learning and behavioral expectations early in the contact period.
- Provide timely, focused, accurate, and constructive feedback regularly.
- Be cognizant of their own behavior as representatives of the University and as role models for the profession.
- Display honesty, integrity, and compassion.
- Use professional language and avoid the use of derogatory language.
- Distinguish between insightful (Socratic) questioning, which stimulates learning or self-discovery, and overly aggressive questioning which may be perceived as hurtful, humiliating, degrading, or punitive.
- Respect other specialties and health professions.
- Resolve conflicts in ways that respect the dignity of all involved.

- Provide thoughtful and timely evaluation as required by courses or the College.
- Solicit feedback from learners regarding students' perceptions of the nature of the educational experience and personal interaction.

### **Responsibilities of Learners**

As future members of the PA profession, students must recognize that their responsibility to patients, healthcare professionals, and society requires that they acquire and maintain behaviors that are compatible with the medical profession's standards of conduct.

The expected student behaviors listed below are organized by professionalism attributes that were approved by the Medical Education Committee. These professionalism attributes are addressed throughout the curriculum. Students are expected to exhibit the below behaviors.

<b>Professionalism Attribute</b>	<b>Behaviors</b>
	Students are expected to. . .
Honesty and integrity	<ul style="list-style-type: none"> <li>• Demonstrate honesty and integrity in all interactions with others*</li> <li>• Perform and submit assignments, exams, research and clinical activities, etc., in an honest, professional, and ethical manner</li> <li>• Adhere to legal and professional standards of conduct, including those established through college, campus and university policies, procedures and guidelines</li> </ul>
Care and compassion	<ul style="list-style-type: none"> <li>• Display empathy and compassion towards others*</li> </ul>
Courtesy and respect for others	<ul style="list-style-type: none"> <li>• Display courteous, considerate, and respectful behaviors in all interactions with others*</li> <li>• Avoid inappropriate, repetitive, disrespectful or unprofessional demands on teachers, fellow students and administrative and other healthcare staff</li> </ul>
Cultural sensitivity and humility	<ul style="list-style-type: none"> <li>• Demonstrate cultural sensitivity and responsiveness to others*</li> <li>• Recognize the privileges and responsibilities which derive from their opportunities to interact in clinical settings and the need to place patient welfare above their own</li> </ul>
Accountability and responsibility	<ul style="list-style-type: none"> <li>• Complete tasks in a timely manner and in accordance with the teacher expectations</li> <li>• Recognize that not all learning stems from formal structured curricular activities</li> </ul>



	<ul style="list-style-type: none"> <li>• Provide teachers and the College with constructive feedback which can be used to improve the educational experience</li> </ul>
Punctuality	<ul style="list-style-type: none"> <li>• Arrive prepared and on-time</li> </ul>
Professional appearance	<ul style="list-style-type: none"> <li>• Demonstrate respect for others and uphold the standards of the profession by maintaining a professional appearance when in the company of real and simulated patients</li> </ul>
Attentiveness and participation	<ul style="list-style-type: none"> <li>• Be active, engaged, enthusiastic, curious learners who enhance the learning environment</li> </ul>
Accuracy in representation of clinical findings	<ul style="list-style-type: none"> <li>• Accurately represent all clinical findings</li> </ul>
Commitment to self-improvement and accepting feedback	<ul style="list-style-type: none"> <li>• Accept and learn from constructive criticism</li> <li>• Recognize personal limitations, solicit feedback and engage in self-improvement</li> </ul>
Admission of mistakes or errors	<ul style="list-style-type: none"> <li>• Accept responsibility for mistakes or omissions and disclose errors to appropriate supervisors</li> </ul>
Privacy and confidentiality	<ul style="list-style-type: none"> <li>• Recognize and respect patients' rights of privacy</li> </ul>
Recognition of patient autonomy	<ul style="list-style-type: none"> <li>• Demonstrate a commitment to patient autonomy by understanding the patient's preference and delivering patient-centered care</li> </ul>
Recognition of conflicts of interest	<ul style="list-style-type: none"> <li>• Understand the nature of conflicts of interest and how they pertain to the practice of medicine</li> </ul>
Maintenance of a "fitness for duty"	<ul style="list-style-type: none"> <li>• Accept their responsibility for developing resilience in an atmosphere that can be inherently uncomfortable and challenging</li> <li>• Maintain awareness of and take steps to manage stress levels</li> <li>• Maintain a level of personal physical and mental health that is required to successfully complete all medical school requirements for graduation</li> <li>• Exercise appropriate judgment in seeking evaluation and assistance for their own injury, illness, impairment, and mental/emotional health</li> </ul>

\*Others include faculty, peers, staff, and patients.

### **Behaviors That Impair Education and Erode the Ideal Teacher-Learner Relationship:**

Student Mistreatment - For purposes of this policy and the PA Student Mistreatment Policy, student mistreatment is defined as perceived behavior that reasonably may be expected to cause counterproductive emotional or physical distress on the part of the student that erodes the ideal teacher-learner relationship. Examples include, but are not limited to, the following:

- Any behavior that is not consistent with the expected teacher behaviors listed above.
- Any form of unlawful discrimination, harassment (including all forms of sexual harassment) or misconduct.\*
- Criticism which serves to belittle, humiliate, or excessively embarrass.
- Intellectual bullying (aka “pimping”), which is perceived as malicious.
- Intentional neglect or selective exclusion from educationally valuable activities.
- Implied or explicit requests for a student to perform personal services that benefit the teacher or supervisor but have no significant intrinsic educational value.
- Repetitive performance of clinical procedures (commonly referred to as “scut”) beyond what is necessary for personal educational enrichment or demonstration of proficiency.
- Real, threatened, or implied physical contact which serves to intimidate, threaten, or injure.
- Disregard for patient or student safety by requiring a student to perform a procedure or engage in patient care without adequate supervision.