UAB SCHOOL OF HEALTH PROFESSIONS

Knowledge that will change your world

Clinical and Diagnostic Sciences Physician Assistant Studies Program 2018-2019

STUDENT HANDBOOK

UAB School of Health Professions

Department of Clinical and Diagnostic Sciences

Physician Assistant Studies Program

2018-2019 Academic Handbook

Gilford MD — 08.15.18

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Interim Program Director — Date

8-15-18

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8/16/18

Harold P. Jones, PhD
Dean, School of Health Professions — Date

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INTRODUCTION

DEAN'S WELCOME MESSAGE

Welcome to the University of Alabama at Birmingham School of Health Professions (SHP), one of the nation's leaders in the health care industry.

We are home to one of the largest health professions schools in the nation with more than 25 programs at the baccalaureate, master's, and doctoral levels with over 2,000 undergraduate and graduate students enrolled. The School of Health Professions is part of UAB's thriving academic health center. As one of our students, you will have the opportunity to work side-by-side with world-renowned researchers and faculty, utilize advanced technologies and experience cutting-edge approaches to clinical treatment.

We understand that healthcare needs are constantly changing. That is why we continue to add innovative programs such as Biotechnology, Genetic Counseling, our one-of-a-kind Low Vision Rehabilitation graduate certificate, Healthcare Quality and Safety, Ph.D. in Rehabilitation Science, and a Master's in Biomedical and Health Sciences, which can be completed within eleven months. Our newest programs are Healthcare Simulation and Clinical Pathologist Assistant, and we have many other well-established curriculums.

Our degrees and programs are fully accredited by their respective professional organizations. This means you will be eligible for licensure, national certification or registration, and enjoy being in high demand within the job market. Our first-time student exam pass rate on credentialing exams is an astounding 98 percent.

All of our programs with rankings preside among the nation's top 25 of the *U.S. News and World Report*. We continue to be rated at the top of the list in research funding from the National Institutes of Health, and SHP is the only school in the country to house both an NIH-funded Nutrition and Obesity Research Center and an NIH Diabetes Research and Training Center.

Graduating from SHP means you will have acquired an esteemed degree, enjoy choosing among a host of job options in healthcare, an industry that continues to grow rapidly, and be well-prepared to make a difference in your field.

Our alumni give advice to current students that is worth repeating: 'be a sponge, learn your craft, be a better professional for your patients, be open minded to future possibilities, and remember to have a healthy work/ life balance'. I look forward to seeing you grow in your respective field and watching you become the professional we know you can be.

Harold P. Jones, PhD
Dean, UAB School of Health Professions

Overview of the School of Health Professions

A leader in federally funded research, the UAB School of Health Professions (SHP), is the largest academic institution of its type in the United States and currently boasts nationally ranked programs. What began in the 1950's as a collection of courses in various para-professional disciplines has grown into an internationally recognized center of academic excellence.

The SHP initially took shape in 1969 as UAB gained autonomy within the University of Alabama System. Originally christened the School of Community and Allied Health Resources (SCAHR), the school incorporated the School of Health Services Administration and the Division of Allied Health Sciences from the College of General Studies with parts of the Department of Public Health and Epidemiology from the medical school. An innovative facility designed to meet the growing needs of the health care industry, the SCAHR was divided into four academic divisions that functioned like regular academic departments: Health Services Administration, Public Health and Environment, Allied Health Sciences, and the Regional Technical Institute for Health Occupations.

Throughout the 1970's and 80's the school's offerings were amended to reflect the changing health care industry. As a result of the changes, SCAHR became the School of Public and Allied Health (SPAH). Next it became the School of Community and Allied Health (SCAH) and later the School of Health Related Professions (SHRP). During this time, the school added several new areas of study including the consistently nationally ranked program in Nutrition Sciences.

Dr. Harold Jones became the school's dean in 2001. Through his visionary leadership and guidance, the school is experiencing unparalleled success. Up until that time, the SHRP's programs were housed in various locations throughout the UAB campus. However, in the spring of 2002, many of the classrooms, laboratories and faculty offices moved to the newly completed School of Health Professions Building (SHPB). This was the first building dedicated to housing health related programs since their original grouping more than 30 years prior.

Today, the school is the School of Health Professions, and is comprised of more than 25 programs – at the baccalaureate, master's and doctoral levels – across five academic departments: Clinical and Diagnostic Sciences, Health Services Administration, Nutrition Sciences, Occupational Therapy, and Physical Therapy. The school is housed in three buildings, the Susan Mott Webb Nutrition Sciences Building, the Learning Resource Center Building, and the School of Health Professions Building (SHPB). With more than 2,200 faculty, staff, and students, SHP is one of six schools comprising the world-renowned UAB Academic Health Center. Students have access to vast academic resources, state-of-the-art facilities, and progressive research.

SHP is proud of many accomplishments including:

- U.S. News & World Report ranks SHP programs in the nation's top 25
- Research funding is over $14 million and growing
- The school is at the top of the list in research funding from the National Institutes of Health for schools of its type and has been either first or second in funding received since 1969

OFFICE FOR STUDENT RECRUITMENT, ENGAGEMENT AND SUCCESS (OSRES)

The SHP Office for Student Recruitment, Engagement and Success (OSRES) supports UAB's mission and values with a focus on achievement, collaboration and diversity. It furthers the School of Health Professions' mission to be a leader shaping the future of healthcare by recruiting the best and brightest to SHP; developing students to impact the campus and communities; and graduating tomorrow's healthcare leaders. Guided by these commitments, the OSRES provides support to all students through a number of programs including the following:

- Academic Coaching
- Tutoring and Supplemental Instruction
- Campus Resource Referral
- Management of school-wide Scholarships in SHP

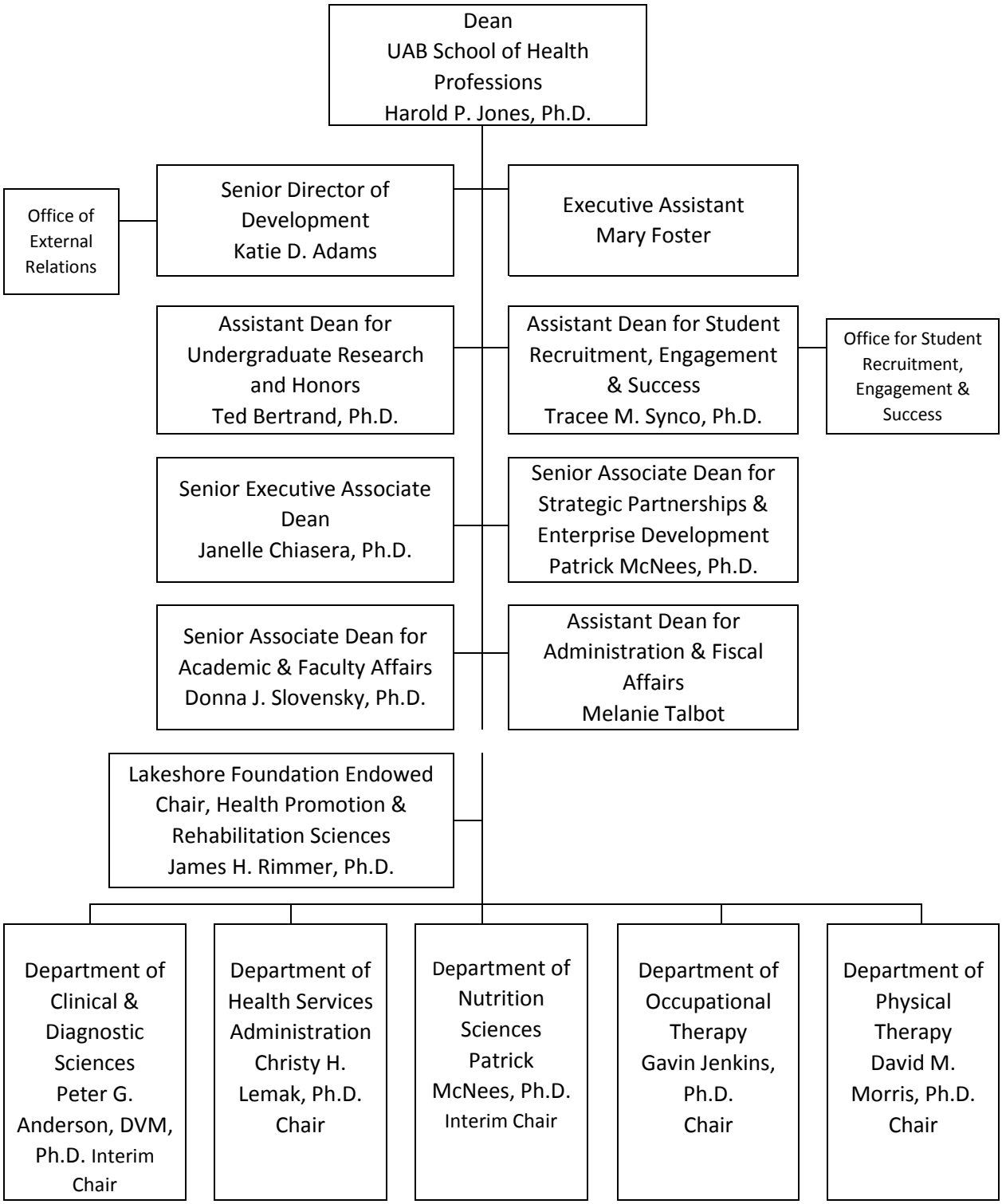
The OSRES also coordinates the School of Health Professions Student Affairs Committee (SAC.) SAC is responsible for student activities, services, programs, organizations, policies and procedures consistent with the university's non-academic conduct policies. Subcommittees of SAC include the following:

- Homecoming
- Orientation
- Student Activities
- Non Academic Misconduct/ Breaches in Professional Behaviors

Additionally, the OSRES team recognizes that with classes and labs, internships, and studying, students have particularly demanding schedules. In response, we bring resources to you and serve as liaison between SHP and university departments across student services.
The team at OSRES is here to support students. We have an open-door policy and encourage students to connect. Students should feel free to drop-by, no appointment needed; call, email or schedule a meeting. We are here to help students in the School of Health Professions make the most of their UAB experience.

OSRES - Location: SHPB 230 Telephone: 205-934-4195 or 205-934-4194 Email: shp@uab.edu

SCHOOL OF HEALTH PROFESSIONS ORGANIZATIONAL CHART - 2018-2019



SECTION 1 – SCHOOL AND UNIVERSITY INFORMATION

ACADEMIC CALENDAR

All dates related to registration, payments of tuition and fees drop/add dates, other administrative requirements, and official school holidays are recorded on the UAB Academic Calendar available at www.uab.edu/academiccalendar.

ACADEMIC HONOR CODE (UAB)

The University of Alabama at Birmingham expects all members of its academic community to function according to the highest ethical and professional standards. Students, faculty, and the administration of the institution must be involved to ensure this quality of academic conduct. Academic misconduct undermines the purpose of education. Such behavior is a serious violation of the trust that must exist among faculty and students for a university to nurture intellectual growth and development. Academic misconduct can generally be defined as all acts of dishonesty in an academic or related matter.
Academic dishonesty includes, but is not limited to, the following categories of behavior:
ABETTING is helping another student commit an act of academic dishonesty. Allowing someone to copy your quiz answers or use your work as their own are examples of abetting.
CHEATING is the unauthorized use or attempted use of unauthorized materials, information, study aids, the work of others, or computer-related information.
PLAGIARISM means claiming as your own the ideas, words, data, computer programs, creative compositions, artwork, etc., done by someone else. Examples include improper citation of referenced works, the use of commercially available scholarly papers, failure to cite sources, or copying another person's ideas.
FABRICATION means presenting falsified data, citations, or quotations as genuine.
MISREPRESENTATION is falsification, alteration, or the misstatement of the contents of documents, academic work, or other materials related to academic matters, including work substantially done for one class as work done for another without receiving prior approval from the instructor.
Violations of the UAB Academic Honor Code are punishable by a range of penalties, from receiving a failing grade on an assignment, to an F in the course, to dismissal. Any course grade of F for academic misconduct supersedes any other grade or notation for that class. Withdrawal from a course while a possible violation of the Academic Honor Code is under review will not preclude the assignment of a course grade that appropriately reflects the student's performance prior to withdrawal if the violation is substantiated.

For more information go to: www.uab.edu/students/one-stop/policies/academic-honor-code

ASKIT

AskIT is the technology help desk for faculty, staff, and students. They provide free support via telephone, email, or in-person. You will be asked to supply your BlazerID when you request assistance.
Phone: (205) 996-5555 Email: askit@uab.edu Website: https://uabprod.service-now.com/ess_portal/home.do

ATTENDANCE

Class attendance is expected in all SHP programs. Specific class, laboratory or clinical site attendance requirements may be more stringent than university guidelines. Refer to the program requirements in this handbook and in course syllabi for policies. The UAB policy for undergraduates follows.

The University of Alabama at Birmingham recognizes that the academic success of individual students is related to their class attendance and participation. Each course instructor is responsible for establishing policies concerning class attendance and make-up opportunities. Any such policies, including points for attendance and/or participation, penalties for absences, limits on excused absences, total allowable absences, etc., must be specified in the course syllabus provided to students at the beginning of the course term. Such policies are subject to departmental oversight and may not, by their specific prescriptions, negate or circumvent the accommodations provided below for excused absences.

The University regards certain absences as excused and in those instances requires that instructors provide an accommodation for the student who misses assignments, presentations, examinations, or other academic work of a substantive nature by virtue of these excused absences. Examples include the following:

Absences due to jury or military duty provided that official documentation has been provided to the instructor in a timely manner in advance.

Absences of students registered with Disabilities Services for disabilities eligible for "a reasonable number of disability-related absences" provided students give their instructors notice of a disability-related absence in advance or as soon as possible.

Absences due to participation in university-sponsored activities when the student is representing the university in an official capacity and as a critical participant, provided that the procedures below have been followed:

Before the end of the add/drop period, students must provide their instructor a schedule of anticipated excused absences in or with a letter explaining the nature of the expected absences from the director of the unit or department sponsoring the activity.

If a change in the schedule occurs, students are responsible for providing their instructors with advance written notification from the sponsoring unit or department.

Absences due to other extenuating circumstances that instructors deem excused. Such classification is at the discretion of the instructor and is predicated upon consistent treatment of all students. In these instances, instructors must devise a system for reasonable accommodation including, for example, policies allowing for dropped exams/quizzes, make-up exams, rescheduling of student classroom presentations or early or later submission of written assignments.

AWARDS AND HONOR SOCIETIES

All students in the School of Health Professions are eligible for consideration for following awards or society memberships.

- Alfred W. Sangster Award for Outstanding International Student – This award is presented annually to an international student in recognition of his or her academic and non-academic achievements.
- Alpha Eta Society – The UAB Chapter of this Society recognizes students registered in the final term of a baccalaureate or graduate health professions program. Inductees must have a cumulative grade point average of 3.0 (4.0 = A), and be in the upper 10% of their program. Nominations are made by program directors in spring and summer terms.

- Cecile Clardy Satterfield Award for Humanism in Health Care – This award is made annually to recognize one outstanding student for humanitarianism, professionalism, and commitment to health care. Nominations are coordinated by program directors, but may also be made by faculty, students, patients, or preceptors.
- Charles Brooks Award for Creativity – This award is made annually in recognition of creative accomplishments such as written publications or artistic contributions which complemented the student's academic activities. Nominations are made by program directors.
- Dean's Leadership and Service Award – Presented to a maximum of three outstanding SHP students annually, this award recognizes leadership to the School, UAB, and the community. Nominations are made by program directors or faculty.
- Phi Kappa Phi – This is the oldest, and most selective, all-discipline honor society in the nation. Membership is by invitation to the top 7.5% of junior students and the top 10% of seniors and graduate students. Nominations are made by program directors.

Please refer to the program section of this handbook for awards and honors available to students in individual programs.

Background Check

SHP students are required by policy, to undergo a background check using the school's approved vendor, CastleBranch www.castlebranch.com, at the time of program admission, and again, prior to placement in a clinical rotation. Instructions for requesting the background check and appropriate consent forms are provided to students by their programs. Please refer to the policy section of this handbook for the policy statement.

BlazerID / BlazerNET / Email

BLAZERID: All students receive a unique identifier, the BlazerID, established at: www.uab.edu/blazerid. Your BlazerID is required for accessing BlazerNET and other campus resources. To activate one's BlazerID, select "Activate Accounts."

BlazerNET is the official portal of the UAB information network and is accessible from any Internet-accessible computer, on- or off-campus.Access BlazerNET from UAB home page www.uab.edu then choose UAB Quicklinks.

Email: uab.edu Monitor your email regularly. Your UAB email is the official communication medium for courses, news, information and announcements. UAB student email is provided through Microsoft Office 365, a cloud based system. Students have 50 GB of email space and 25 GB of free file 1 TB storage.

Blazer Express

The UAB Blazer Express Transit System provides transportation throughout the UAB campus. With a valid UAB ID badge, students can enjoy fare-free bus transportation. All buses are ADA-accessible and can seat approximately 35 riders. For an updated schedule, route maps, and hours of operation please go to www.uab.edu/blazerexpress/.

BOOKSTORE

There is one bookstore located on the UAB campus, offering a wide variety of products and services to students, including online purchasing and shipping. The bookstore stocks UAB memorabilia and college wear in addition to all required textbooks and course material.

UAB BARNES AND NOBLE BOOKSTORE

Location: 1400 University Blvd, 35233
Hours: M – F 9:00 a.m. – 5:00 pm.; Sat 7:00 a.m. – 6:30 p.m.; Sun --Closed
Telephone: (205) 996-2665 Website: http://uab.bncollege.com

CAMPUS ONECARD

The UAB OneCard is the official university identification card. It is used for personal identification, for entry to campus events and the recreation center, for library checkout, and other UAB services. It also serves as a declining balance card for the UAB meal plans and for Blazer Bucks accounts. Additional information is available at www.uab.edu/onecard.

CAMPUS MAP

UAB's campus map can be found at the following: www.uab.edu/map/

CANVAS LEARNING MANAGEMENT SYSTEM

The Canvas Learning Management System is the platform used for managing instructional materials online. Canvas course sites are accessed through BlazerNET or at www.uab.edu/elearning/canvas. Students should monitor their course sites routinely for communication from faculty and manage course assignments.

COUNSELING SERVICES

The Counseling and Wellness Center offers no cost, confidential counseling for UAB students related to physical, emotional, social, intellectual, or spiritual concerns. The Center is located in Student Health and Wellness Center at 1714 9th Ave. South. For more information, call 205-934-5816 or www.uab.edu/studenthealth/counseling

STUDENT ADVOCACY, RIGHTS AND CONDUCT (SARC)

Student Advocacy, Rights and Conduct (SARC) is responsible for upholding the integrity and purpose of the university through the fair and consistent application of policies and procedures to students' behavior to ensure a community that respects the dignity and right of all persons to reach their highest potential. SARC delivers programs and services in order to promote student safety and success, the pursuit of knowledge, respect for self and others, global citizenship, personal accountability and integrity, and ethical development. The UAB student conduct code may be accessed online: http://www.uab.edu/students/sarc/services/student-conduct-code

DISABILITY SUPPORT SERVICES (DSS)

"DSS provides an accessible university experience through collaboration with UAB partners. These partnerships create a campus where individuals with disabilities have equal access to programs, activities, and opportunities by identifying and removing barriers, providing individualized services, and facilitating accommodations."

"DSS serves as the university-appointed office charged with providing institution-wide advisement, consultation, and training on disability-related topics which include legal and regulatory compliance, universal design, and disability scholarship."

To apply for accommodations contact DSS. ***Note:*** *You must have your Blazer ID and password.*

Telephone: (205) 934-4205 or (205) 934-4248 (TDD) Fax: (205) 934-8170
Email: dss@uab.edu Website: www.uab.edu/students/disability/

DRUG SCREENING

By policy, SHP students are required to undergo a routine drug screen using the school's approved vendor, CastleBranch www.castlebranch.com, at the time of program admission and again prior to placement in a clinical rotation. Instructions for requesting the drug screen and appropriate consent forms will be provided to students by their programs. Please refer to the policy section of this handbook for the school and university policy statements. The Office for Student Recruitment, Engagement and Success (OSRES) manages the procedures and compliance for the school. If you have questions, contact them at (205) 934-4194 or shp@uab.edu or visit room 230 in the School of Health Professions Building. For more information visit: http://www.uab.edu/shp/home/about-shp/student-services

EMERGENCIES

Report suspicious or threatening activity to the UAB Police Department immediately. Law officers are available 24 hours, seven days a week. Also, more than 300 emergency blue light telephones connected directly to the police dispatch are located throughout campus.

UAB Police: Dial 911 *from a campus phone* or call: 934-3535; 934-HELP (4357); or 934-4434

Emergencies affecting campus are communicated via the following:

Weather & Emergency Hotline: (205) 934-2165 • University home web page: www.uab.edu

- Webpage: www.uab.edu/emergency
- Announcements on BlazerNET
- Twitter@UABALERT: www.twitter.com/uabalert
- facebook.com/UABALERT
- Cell phone messages and SMS text – register for B-ALERT notices via www.uab.edu/balert

DIVERSITY, EQUITY AND INCLUSION (DEI)

The mission of DEI is to "… champion equity and inclusion and, in particular, to advocate for inclusive excellence and equity so that UAB students, faculty, staff, community partners and friends can flourish and excel." Inspired by "… what we value, what we learn from research and what we teach and share with the world." DEI's goal is "… to inspire our people to take a courageous step to inspire equity and inclusive excellence throughout our state, nation and world, every day." Dr. Paulette Patterson Dilworth is the Vice President responsible for the activities of this office. Information: http://www.uab.edu/dei/

FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974 provides protection for all educational records related to students enrolled in an educational program. Information about your rights and protection of your records is available at the following sites: https://sa.uab.edu/enrollmentservices/ferpa/; If you have questions or concerns about FERPA issues, you may email FERPA@uab.edu, or contact the SHP Office for Student Recruitment, Engagement and Success.

Financial Aid

Located at 1700 University Blvd., Lister Hill Library, Room G20. Hours of Operation are from 8:00 am to 5:00 pm Monday thru Friday. Phone: (205) 934-8223; Fax: (205) 975-6168. Additional information can be located on the website www.uab.edu/students/paying-for-UAB.

Food Services

Dining facilities available on campus, closest to the SHP buildings include:

- Commons on the Green – located on the Campus Green, south of 9th Avenue and the Campus Recreation Center
- Einstein's Bagels – located at the plaza entrance to the Learning Resource Center. Hours vary per semester.

Vending machines are located in the basement of the Learning Resource Center and on the 6th floor of the Webb Building. Additional information about meal plans and campus dining facilities is available at www.uab.edu/dining.

Graduate School

The UAB Graduate School offers doctoral programs, post-master's specialist programs, and master's level programs. Graduate programs in SHP are coordinated through the Graduate School and students must adhere to the Graduate School policies and procedures. Graduate School information for current students is available at www.uab.edu/graduate/.

Graduation

All students must complete an application for degree six months prior to graduating. For more information and important deadlines please go to www.uab.edu/commencement/degree-applications. SHP holds a special commencement ceremony for graduates in the professional masters programs in the spring and fall semesters. The SHP ceremonies are scheduled on the Friday afternoon prior to the university commencement ceremonies being held the next morning on Saturday. The University holds commencement every semester. Check the commencement website for the most current information: http://www.uab.edu/commencement/

Student Health and Wellness

The University provides prevention, counseling, and treatment services to students through the UAB Student Health and Wellness located at 1714 9th Avenue South. The clinic is open from 8:00 a.m. – 5:00

p.m. Monday – Friday, but is closed between noon and 1:00 p.m. daily. Detailed information about services and operating practices is located on the SHS website at www.uab.edu/studenthealth. Appointments may be scheduled by calling 205-934-3581.

MEDICAL CLEARANCE

SHP students are required to receive medical clearance at the time of program admission. UAB Student Health and Wellness utilizes a secure web-based process for the storage of required documents accessed through BlazerNET. More information is available at the Student Health and Wellness website: www.uab.edu/students/health/medical-clearance/immunizations.

HIPAA TRAINING

The Health Insurance Portability and Accountability Act includes significant requirements for protecting individual privacy of health information. All students in the School of Health Professions must complete an online tutorial and be tested on HIPAA regulations at the time of program admission. A BlazerID is required to access the training site, located at www.uab.edu/learningsystem. Compliance with the training requirement is monitored monthly. Students who have not completed the training are reported to the Office for Student Recruitment, Engagement, and Success for follow-up with the appropriate program director.

INSTITUTIONAL REVIEW BOARD FOR HUMAN USE (IRB)

Student researchers must comply with all requirements for protection of human subjects. Detailed information is available on the IRB website www.uab.edu/irb

INTELLECTUAL PROPERTY

Intellectual property refers to an asset that originated conceptually, such as literary and artistic works, inventions, or other creative works. These assets should be protected and used only as the creator intends. Training materials defining inventor status, patent criteria, and other intellectual property issues is available at www.uab.edu/research/administration/offices/OSP/Pages/Training.aspx.

LACTATION CENTERS

Through the work of the UAB Commission on the Status of Women, the University has provided several lactation centers for students, faculty, and staff across the campus. Locations of the centers are available at www.uab.edu/women/resources/campus-lactation-centers.

LIBRARIES AND LEARNING RESOURCE CENTER

UAB's libraries house excellent collections of books, periodicals, microforms, and other media. have online remote access to catalogs and online collections. Computers are available for student use during regular hours of operation.

Learning Resource Center (LRC)

The School of Health Professions Learning Resource Center (LRC) provides a unique set of enterprise solutions that promote an exciting, intriguing and innovative learning environment. It

provides a state-of-the-art media studio; audio/visual support; and information technology management of public, classroom and testing labs. Web: http://www.uab.edu/lrc/

Located: 1714 9th Avenue S. Phone: (205) 934-5146 Email: shplrc@uab.edu
Hours: Monday – Thursday 7:00 am – 8 pm; Friday 7 am – 5:30 pm; closed weekends

Lister Hill Library of the Health Sciences

This is the largest biomedical library in Alabama, and one of the largest in the south. Located across the crosswalk from the School, the LHL has extension libraries in University Hospital and The Kirklin Clinic. Dedicated librarians hold "office hours" in the Learning Resource Center weekly.
Location: 1700 University Boulevard Phone: (205) 934-2230
Website: www.uab.edu/lister/

Mervyn H. Sterne Library

A collection of more than one million items supporting teaching and research in the arts and humanities, business, education, engineering, natural sciences and mathematics, and social and behavioral sciences.

Location: 913 13th Street South Website: www.mhsl.uab.edu
Phone: (205) 934-6364 (Reference) (205) 934-4338 (User Services)

ONESTOP STUDENT SERVICES

If you have questions or need assistance with an academic or administrative process, the UAB OneStop is where to go! Advisers will help you solve your problem or do the legwork for you if another UAB resource is needed. OneStop is located in the Hill Student Center 1400 University Blvd. You may contact the OneStop office by phone or email at (205) 934-4300; 855-UAB-1STP; (855) 822-1787. onestop@uab.edu. Additional information is available at www.uab.edu/onestop.

PARKING

Student vehicles must be registered with UAB Parking and Transportation Services, located at 608 8th Street South. The office is open Monday – Friday from 7:30 a.m. – 5:00 p.m. Parking is allocated on a first-come, first-served basis. Parking fees are established by location, payable by semester or year, and are billed to the student's account. Additional information is available at www.uab.edu/parking.

PATIENT CARE PARTNERSHIP

Students in health professions programs learn general information about the health care industry as well as knowledge and skills specific to their chosen profession. The American Hospital Association (AHA) (www.aha.org) is an excellent resource for industry information. One role fulfilled by the AHA is that of patient advocate. The Patient Care Partnership brochure (link below) outlines rights and responsibilities of patients during hospital stays.
www.aha.org/aha/issues/Communicating-With-Patients/pt-care-partnership.html.

Plagiarism and TurnitIn

Plagiarism is academic misconduct that will result in a grade of zero and may result in dismissal from the School of Health Professions and UAB (see Grievance Procedures for Violations of Academic Standards). All papers submitted for grading in any SHP program may be reviewed using the online plagiarism monitoring software. Please note that all documents submitted to *Turnitin.com* are added to their database of papers that is used to screen future assignments for plagiarism.

Recreation Center

The campus Recreation Center, located at 1501 University Blvd, Birmingham, AL 35294, is open to faculty, staff, students, and their families. A valid student identification card or membership card is required for access. Facilities include basketball courts, racquetball courts, weight rooms, swimming pools, exercise rooms, and indoor track. Check the website for information about hours and services at www.uab.edu/campusrecreation.

Scholarships: Blazer Scholarship Management and Resource Tool (B-SMART)

The OSRES manages the School of Health Professions' scholarship offerings and will send reminders to students when applications are open. Visit B Smart and start an application to automatically be considered for scholarship opportunities in SHP.

OSRES manages the following:

National Alumni Society Dean's Scholarship – Funding from the UAB National Alumni Society for two scholarships per year, one to a graduate student and one to an undergraduate student.

Ethel M. and Jessie D. Smith Endowed Nursing and Allied Health Scholarship – Funding for students enrolled in SHP programs with GPA 3.0 or above and unmet financial need. Student must be a resident of the state of Alabama at the time of enrollment.

Carol E. Medders Endowed Scholarship – Funding for students enrolled in a graduate program in the School of Health Professions. Awards are based on academic achievement and unmet financial need.

Lettie Pate Whitehead Foundation Scholarship – Funding for female students from selected states (AL, FL, GA, LA, MS, NC, SC, TN) enrolled in SHP programs. Award amounts are variable and are based on unmet financial need.

Matthew F. McNulty Jr. Health Services Emergency Loan – Students enrolled in any SHP program may apply for this low interest loan to address emergencies. Loan amounts are variable based on need.

SHP Dean's Scholarship – Funding to recruit or retain outstanding students. Awards are based on academic achievement, and unmet financial need.

Sandra Dunning Huechtker Endowed Memorial Award – Funding for students enrolled in SHP program with GPA 3.0 or above and unmet financial need.

You must visit B-SMART http://www.uab.edu/students/paying-for-college/ to apply.
Many programs in SHP also have scholarships available to currently enrolled students. Please see the program section of this handbook for that information.

Social Media

Social media can serve as useful communication tools. However, health professions students should use the forums judiciously. The School's official sites are the following:

- Twitter: https://twitter.com/uab_shp
- Facebook: www.facebook.com/UABSHP
- YouTube: www.youtube.com/uabshp
- Vimeo: http://vimeo.com/uabshp
- LinkedIn: www.linkedin.com/groups?gid=3596638
- Website: www.uab.edu/shp

The School's Academic Affairs Committee published the following guidelines:

The Academic Affairs Committee proposes the following for social networking vehicles. Online communities like provide opportunities to share and explore interests that enrich the higher education learning experience. However, use them with discretion. UAB social media users are expected to act with honesty, integrity, and respect for others.

Professional Use - Only UAB employees authorized by their departments may use social networking Web sites to conduct University business. The authorized employee/position will serve as the point of contact for the web site. In keeping with University policy[1], the authorized employee may post on a social network profile: the University's name, school, department, and/or unit information, a University email address or University telephone number for contact purposes, or post official department information, resources, calendars, and events. The employee should use care that any personal opinions or opposition to the University either by direct statement or perception not be published.

General Use - The following guidelines are strongly suggested:

1. Use networking sites legally and appropriately. Consider your personal obligation as a citizen of the university. Use proper conduct in your posts regarding the university and your colleagues/fellow students.
2. Consider the use of a student, staff or faculty member to monitor any departmental social pages. All parties need to understand the guidelines presented.
3. Remember, you cannot ensure who does and does not have access to your information. Any text or photo placed online is available to anyone in the world – even if you limit access to your site.
4. Information that you post online may continue to stay on the World Wide Web even after you erase or delete that information from your profiles or blog. Do not post anything that could reflect negatively on you, your family, your friends, and the university.
5. Do not post any confidential or sensitive information online.
6. By agreeing to the terms of use, online communities have your permission to republish your content worldwide and share information with advertisers, third parties, law enforcement, and others.
7. You are legally responsible for your posts on the social networking sites. Be discreet, respectful, and as accurate/factual as you can be in any comments or content you posted online.
8. Potential employers, admissions officers, and scholarship committees often search social networking sites to screen candidates. Your profile will be a part of how others know you.

Tuition and Fees

Tuition and fees for the University are published annually under the "Current Students" tab of the UAB website. They may be paid through BlazerNET. There are two tuition rates: Alabama resident (in-state) and Non-resident (out-of-state). Currently, non-resident students who register for online course sections pay resident tuition. Non-resident tuition is charged for on-site courses such as: clinical practicums, independent study courses, and project courses.

SHP programs have specific fees attached to programs, courses or laboratories. These fees are addressed in the program section of this handbook. Current standard tuition and fees for the School are posted at www.uab.edu/shp/home/admissions-tuition/tuition.

Payment deadlines for each semester are published on the official academic calendar and on the UAB website at www.uab.edu/whentopay/. Please note that failure to meet payment deadlines can result in being administratively withdrawn from courses.

WEATHER

Severe weather situations that may affect the safety of students, faculty, and staff are communicated through the same channels as other emergencies. Severe weather precautions are published at www.uab.edu/emergency/preparedness. Other information sources include:

• Webpage: www.uab.edu/emergency	• B-ALERT system: www.uab.edu/balert
• Hotline: (205)- 934-2165	• WBHM Radio (90.3 FM)

WITHDRAWAL FROM COURSE / PROGRAM

Withdrawal from a course or from your program is an official process and should be discussed with your academic advisor and / or program director. Most programs in the School are full-time and the curricula specifically sequenced. Withdrawal from a course may risk your wait time to register for the class again. You might have to wait for a full year before resuming enrollment in the program. Withdrawals are made through the UAB registration system via the Student Resources tab in BlazerNET. Notice of program withdrawal should be given in writing to the program director. Please refer to the handbook for additional information.

Check the Academic Calendar for deadlines: https://www.uab.edu/students/academics/academic-calendar

SECTION 2 – SHP AND UAB POLICIES

SCHOOL OF HEALTH PROFESSIONS POLICIES

BACKGROUND CHECK AND DRUG SCREEN

www.uab.edu/shp/home/images/PDF/SHP_Background_and_Drug_Screen_Policy05_2012.pdf

GRIEVANCE PROCEDURES FOR VIOLATIONS OF ACADEMIC STANDARDS

www.uab.edu/shp/home/images/PDF/grievance_procedures.pdf

IMPAIRMENT AND SUBSTANCE ABUSE

www.uab.edu/shp/home/images/PDF/shp%20substance%20abuse%20policy.pdf

PLAGIARISM

www.uab.edu/shp/home/images/PDF/Plagiarism_Policy.pdf

Please note that all papers submitted for grading in any SHP program may be reviewed using the online plagiarism monitoring software, Turnitin.com. All documents submitted to Turnitin.com are added to their database of papers used to screen future assignments for plagiarism.

UAB POLICIES

CLASSROOM BEHAVIORS

ATTENDANCE / ABSENCE (UNDERGRADUATE)

http://catalog.uab.edu/undergraduate/progresstowardadegree/#enrollmenttext

HEALTH

AIDS AND HIV INFECTION

www.uab.edu/policies/content/Pages/UAB-HS-POL-0000252.aspx

BODY FLUID EXPOSURE

www.uab.edu/humanresources/home/employeehealth/reportingexposures

IMMUNIZATIONS

www.uab.edu/policies/content/Pages/UAB-AD-POL-0000086.aspx

SUBSTANCE USE/ABUSE

ALCOHOLIC BEVERAGES, USE AND CONSUMPTION

www.uab.edu/policies/content/Pages/UAB-AD-POL-0000071.aspx

DRUG FREE CAMPUS (GENERAL POLICY)

www.uab.edu/policies/content/Pages/UAB--POL-0000046.aspx

Drug-free Campus Policy for Students (Attachments)
Attachment A -www.uab.edu/policies/content/Pages/UAB--GDL-0000632.aspx
Attachment B - www.uab.edu/policies/content/Pages/UAB--GDL-0000626.aspx
Attachment B.1 - www.uab.edu/policies/content/Pages/UAB-AD-GDL-0000627.aspx
Attachment C - www.uab.edu/policies/content/Pages/UAB--GDL-0000628.aspx

NONSMOKING
www.uab.edu/policies/content/Pages/UAB-HS-POL-0000110.aspx

TECHNOLOGY GUIDELINES
COMPUTER AND NETWORK RESOURCES (ACCEPTABLE USE)
www.uab.edu/policies/content/Pages/UAB-IT-POL-0000004.aspx

COMPUTER SOFTWARE COPYING AND USE
www.uab.edu/policies/content/Pages/UAB-IT-POL-0000028.aspx

INCLUSIVENESS
EQUAL OPPORTUNITY AND DISCRIMINATORY HARASSMENT
www.uab.edu/policies/content/Pages/UAB-BT-POL-0000052.aspx

RESEARCH AND SCHOLARLY ACTIVITIES
ETHICAL STANDARDS IN RESEARCH AND OTHER SCHOLARLY ACTIVITIES
www.uab.edu/policies/content/Pages/UAB-RA-POL-0000263.aspx

PATENT (INTELLECTUAL PROPERTY)
www.uab.edu/policies/content/Pages/UAB-RA-POL-0000115.aspx

FIREARMS, AMMUNITION, AND OTHER DANGEROUS WEAPONS
www.uab.edu/policies/content/Pages/UAB-HR-POL-0000257.aspx

Note: Additional university policies may be located by searching the UAB Policies and Procedures Library available online at www.uab.edu/policies/Pages/default.aspx.

SECTION 3 – DEPARTMENTAL POLICIES

DEPARTMENT OF CLINICAL AND DIAGNOSTIC SCIENCES (CDS)

Welcome

The Department of Clinical and Diagnostic Sciences is comprised of academic programs essential to today's healthcare system. Our programs provide training for future health care professionals in a variety of disciplines ranging from the diagnosis of illness and disease, the administration of advanced treatment therapies, and the performance of vital roles in surgical suites and in outpatient and inpatient healthcare settings. Graduates of our programs are well poised for a wide variety of job opportunities due to the outstanding education received at UAB.

About the Department

Comprised of multiple academic programs, the Department of Clinical & Diagnostic Sciences provides training for tomorrow's health care professionals from physician assistants and genetic counselors to nuclear medicine technologists. Students receive hands-on training from renowned faculty while using the tools to prepare them for a career in health care.

CDS Professional Development Program

Professional success after graduation requires many skills beyond the discipline specific technical skills that each student will master during their program. The CDS Professional Development Program is designed to provide students with a strong foundation in a variety of non-technical skills such as interpersonal communication and team based care. The program also provides practical instruction in areas such as professional networking and interviewing to enable students to be successful job candidates upon graduation. Each student will be provided with detailed information about the Professional Development Program activities and assignments.

Accreditation Information

The accrediting agencies for programs offered by the Department include:

Program	Accreditation
Physician Assistant Studies (PAS)	Accreditation Review Committee for Physician Assistant, Inc. (ARC-PA) http://www.arc-pa.org/
Nuclear Medicine Technology (NMT)	Joint Review Committee for Nuclear Medicine Technology (JRCNMT) http://jrcnmt.org/
Clinical Laboratory Sciences (CLS)	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) http://www.naacls.org/
Genetic Counseling (GC)	Accreditation Council for Genetic Counseling (ACGC) http://www.gceducation.org

ACADEMIC PROGRESS

Academic Progress Review is implemented to promote, assist, and maintain student performance. The main purpose is to provide feedback to students regarding their performance and to identify areas of strength and/or weakness in performance or behavior.

Generally speaking, program faculty, and/or the program director, may academically counsel students on a semester-by-semester basis to assess progress in the curriculum and to provide students counseling regarding deficiencies as needed. These meetings may be documented and the student may be required to sign the documentation of the academic progress sessions with associated notes placed in the student's file.

In cases regarding deficiencies, suggestions and/or action plans may be developed in conjunction with the student so as to provide a plan for reversing the deficiencies by a specified timeframe. Such suggestions and/or action plans will be documented and signed (by both faculty and the student) and will be placed in the student's file. If a student does not comply with the suggestions and/or action plan and/or does not meet the deadlines as specified, the student may be dismissed from the program.

ATTENDANCE AND EXCUSED ABSENCES

CDS Attendance Policy

Attendance is mandatory for all classes, lectures, labs, program-related seminars, clinical practice, internships, etc.

Absences are either excused or unexcused and both require timely notification to the course instructor. Students who are absent during clinical practice or an internship must notify both the program clinical practice coordinator/internship coordinator and the clinical practice instructor/clinical internship instructor as soon as possible. Time missed during clinical practice or the internship must be made up and this may result in a delay in graduation.

Below is a list of excused absences recognized by the Department of Clinical and Diagnostic Sciences and UAB:

- Absences due to jury or military duty, provided that official documentation has been provided to the instructor in a timely manner in advance.
- Absences of students registered with Disabilities Services for disabilities eligible for "a reasonable number of disability-related absences," provided students give their instructors notice of a disability related absence in advance or as soon as possible.
- Absences due to participation in university-sponsored activities when the student is representing the university in an official capacity and as a critical participant, provided that the procedures below have been followed:
    - Before the end of the add/drop period, students must provide their instructor a schedule of anticipated excused absences in or with a letter explaining the nature of the expected absences from the director of the unit or department sponsoring the activity.

    - If a change in the absence schedule occurs, students are responsible for providing their instructors with advance notification from the sponsoring unit or department.
- Absences due to other extenuating circumstances that instructors deem excused. Such classification is at the discretion of the instructor and is predicated upon consistent treatment of all students.
- Absences due to religious observations provided that students give faculty written notice prior to the drop/add deadline of the term.

In instances resulting in unavoidable absence(s), a student is expected to inform the program office and the associated course instructor in advance of the planned absence. For unforeseen events (car accident or breakdown, injury), the student is expected to notify the program and course instructor at the earliest possible time.

Make-up of missed class information or assignments is the student's responsibility. Make-up of class activities and projects is at the discretion of the course faculty – refer to individual course syllabi for more detailed attendance policies pertaining to the course.

*NOTE: The program cannot guarantee that all work missed for an excused absence can be made up. Some activities (including laboratories) due to their complex, time intensive, and/or cost intensive nature will not be able to be made up. Similarly, when students arrive to laboratories late they risk missing important information/directions that may adversely affect their grade. Instructors are not obligated to repeat directions for students when they are tardy.

Attendance Infractions

For each unexcused absence, there will be a 1% overall grade reduction for that course or lab per absence. Two tardies will equal one unexcused absence. A tardy is considered being more than 10 minutes late to class. Faculty may choose to include attendance and timeliness in grading criteria and may implement a more restrictive attendance policy. The attendance policy for each course will be described in all course syllabi. The Department of Clinical and Diagnostic Sciences also reserves the right to institute an attendance policy for official program/department activities.

Consensual Romantic Relationships

http://www.uab.edu/policies/content/Pages/UAB-HR-POL-0000254.aspx

Data Protection and Security

http://www.uab.edu/policies/content/Pages/UAB-IT-POL-0000038.aspx

Dress Code

Guidelines for professional attire require consideration for patients, visitors, and coworkers, as well as personal safety. Therefore, CDS students are expected to promote a professional image by following these guidelines.

Clothing:

- Clothing should be clean, neat, in good repair, and appropriate for the profession.
- Casual or athletic wear, such as sweat suits or warm-up pants, are not acceptable.
- Shorts are not acceptable.
- Skirt length shall be no shorter than two inches above the top of the knee and may not be tight fitting.
- Undergarments shall be worn and shall not be visible, even when in stretching or bending positions.
- Shoes shall be appropriate for the work environment and compliant with professional attire. Flip flops are not appropriate.
- Caps or head coverings are not acceptable unless they are for religious purposes or are part of a uniform.
- Sunshades (or hand-tinted, non-prescription glasses) shall not be worn unless they are required for medical purposes.
- Identification badges shall be worn at all times.

Grooming:

Piercings

- Facial and/or body adornments are not permitted other than in the ear lobe.
- No more than two pairs of earrings may be worn. Earrings will be no longer than one inch in diameter or length.

Hair

- Hair should be clean and neat.
- Hair may not be dyed unnatural colors and/or have patterns.
- Hair ornaments should be moderate and in good taste.
- Hair should be well-groomed, closely trimmed beards, sideburns, and mustaches are allowed.

Daily Hygiene

- Daily hygiene must include clean teeth, hair, clothes, and body, including use of deodorant.

In addition to these basic guidelines, students are expected to follow any additional provisions of a facilities dress code while in clinical practice.

Dress Code Infractions:

Failure to comply with the above dress code requirements will result in removal from program activities until requirements are met. Students will be counted as absent (unexcused) and will receive a grade of zero for any missed work during that time with no opportunity to make-up the missed work.

****Note- The above Dress Code is a minimum standard set forth by the Department of Clinical and Diagnostic Sciences. Each program and/or course within CDS has the liberty to set forth and enforce a stricter dress code. Similarly, clinics also have their own dress codes that must be followed precisely.***

Food and Drink in the Classroom

Food or drinks in laboratories is prohibited. Food and drink in classrooms is allowed at the discretion of faculty.

Grading Policy

In each CDS course, the instructor will announce the grading criteria and publish it in the course syllabus. The following policy relating to the "I" (incomplete) grade or deferred credit supplements the School of Health Professions' policy.

Incomplete & Deferred Credit Policy

The awarding of an "I" (incomplete) grade is not done lightly. An "I" will be given only when an emergency or unexpected event prohibits the student from meeting course objectives in a timely manner. A student receiving a grade of "I" (incomplete) must arrange with the instructor to complete the course requirements as soon as possible, and in order to progress within the program the student must arrange to complete the requirements prior to the final day of registration for the next term. A grade of "I" not changed by the instructor by the beginning of the next regular term will automatically convert to an "F."

Infection Control

Because students are working with patients having low immunities, the clinical supervisor reserves the right to send any student to UAB Student Health Services if the need arises. The clinical supervisor will call UAB Student Health and Wellness and request that the student be sent off duty if he/she has an infection of any kind. The student must then acquire a doctor's written permission to return to clinical education. Students are required to adhere to the policy of the clinical affiliate for working with patients with local infections or infectious diseases. Students are required to inquire about this policy at the beginning of rotation through a clinical affiliate.

Liability Insurance

Liability insurance is provided by the University for all students registered for clinical education courses. The coverage protects students in any assigned clinical site to which they are assigned as a student.

Non-Academic Student Conduct

http://www.uab.edu/2015compliancecertification/IMAGES/SOURCE1F03.PDF?id=415eda97-a4fc-e311-b111-86539cf2d30e

Non-Resident Tuition Policy

http://www.uab.edu/shp/cds/images/PDF/Policies/shpnon-residenttuitionpolicy.pdf

PREGNANCY POLICY

All students are encouraged to inform the program director immediately in writing once pregnancy has been confirmed. If students choose not to inform the program of their pregnancy, the program will not consider them pregnant and cannot exercise options that could protect the fetus.

For students who voluntarily disclose pregnancy the program director will discuss factors to be considered in cases of pregnancy with the student based on acceptable professional guidelines.

A student is offered three alternatives after the consultation with the program director. These are:

1. Immediate withdrawal in good standing from the program. Readmission to the program after the pregnancy will be in accordance with the Readmit Policy.
2. Continuation in the program after being given specific instruction regarding safety practices, safety monitoring, and specific clinical and laboratory assignments.
3. Continuation in the program with additional safety monitoring but without modification of assignments.

The student must be able to progress in her educational experiences, both clinical and academic. If the student cannot, she will be strongly advised to withdraw as in alternative number one.
If there are any questions regarding any aspect of the above statements, please call the Program Director.

SECTION 4 – PROGRAM INFORMATION

PROGRAM OVERVIEW

Physician Assistants (PAs) are valuable members of a multidisciplinary healthcare team. The profession was established in 1965 to help physicians provide healthcare services to underserved and rural populations. While the profession remains committed to its historical mission, PAs are now employed in almost all healthcare settings.

PAs are healthcare professionals licensed to practice medicine under the supervision of a physician. Individual state laws define the scope of practice and prescribing authority of physician assistants. In general, most states authorize PAs to prescribe controlled and non-controlled substances and perform any task delegated to them by a supervising physician. To be eligible for licensure, PAs must graduate from an Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA), accredited physician assistant program, and pass the Physician Assistant National Certification Examination (PANCE).

The physician assistant, functioning under the supervision of the physician, is expected to perform appropriately delegated tasks autonomously. Yet, the physician assistant will always remain under the guidance and counsel of a physician.

Accreditation:
The program is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA).

Degree Conferred:
The University of Alabama at Birmingham awards the Master of Science in Physician Assistant Studies (MSPAS) degree.

Professional Certification:
Graduates are eligible to apply for the certification examination sponsored by the National Commission on Certification of Physician Assistants.

Length of Study:
27 months

Term of Enrollment:
Fall semester

Physician Assistant Program Mission: The mission of The University of Alabama at Birmingham Physician Assistant Studies Program is to attract and train culturally diverse individuals with the knowledge, skills, and judgment needed to provide competent and compassionate healthcare to all.

The University of Alabama at Birmingham (UAB) is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, religion, national origin, sex, age, sexual orientation, disability or veteran status.

ORGANIZATION OF THE PROGRAM

The Accreditation Review Committee on Education for the Physician Assistant (ARC-PA) accredits the Physician Assistant Program as an entry-level physician assistant educational program. It is a Masters of Science in Physician Assistant Studies Program within the UAB Graduate School. The program is housed within the Department of Clinical and Diagnostic Sciences (CDS), School of Health Professions (SHP), at The University of Alabama at Birmingham.

School of Health Professions
Dean: Harold P. Jones, PhD

Department of Clinical and Diagnostic Sciences
Interim Chair: Peter G. Anderson, DVM, PhD

Physician Assistant Studies Program
Interim Program Director: M. Tosi Gilford, MD, PA-C
Medical Director: Donald Reiff, MD
Associate Medical Director: John Baddley, MD, MSPH

PROGRAM FACULTY

M. Tosi Gilford, MD, PA-C
Interim Program Director and Assistant Professor

Department of Clinical & Diagnostic Sciences
1716 9th Avenue South, SHPB 482
Birmingham, AL 35294
(205) 934-6941
tgilford@uab.edu

Dr. Tosi Gilford joined the faculty of UAB Physician Assistant Studies Program in March of 2015. She is a Family Practice physician who is originally from Los Angeles, CA. She completed her undergraduate studies at California State University Dominguez Hills in Carson, CA; receiving a BS in Public Administration with a Health Services concentration. She received a second BS degree in Health Sciences, as well as a Physician Assistant Certificate from Charles R. Drew University of Medicine & Science Physician Assistant Program in Los Angeles, CA. After graduating from PA school, she moved to Birmingham, AL, where she practiced for one year as an Internal Medicine PA-C at Princeton Baptist Medical Center. She then went on to further her education and received a Doctorate of Medicine from Windsor University School of Medicine, and completed her Family Medicine residency at The University of Alabama at Birmingham - Selma Family Medicine Program. Prior to joining us at UAB, she practiced as a medical consultant for the state of Alabama at Disability Determination Services. Dr. Gilford participates in various community service projects surrounding the Birmingham area to help encourage and assist children and families living in underserved communities. To support this endeavor, she recently started practicing clinically at the Alabama Regional Medical Services (ARMS) in Ensley, AL, where she provides healthcare to underserved and homeless patients in the community.

Donald Reiff, MD
Medical Director and Professor

Department of Clinical & Diagnostic Sciences
Kracke Building, KB 110
(205) 975-3030
dreiff@uab.edu

Dr. Reiff is a graduate of Georgetown University School of Medicine in Washington, DC. He completed his residency in General surgery at The University of Alabama at Birmingham in 2003, and currently serves as the Associate Medical Director of the Trauma/Burn Intensive Care Unit at UAB University Hospital. He is a Professor in the Department of Surgery at UAB.

John Baddley, MD, MSPH
Associate Medical Director and Associate Professor

Department of Clinical & Diagnostic Sciences
Tinsley Harrison, THT 229
(205) 934-5191
jbaddley@uab.edu

Dr. Baddley attended medical school at Louisiana State University School of Medicine. He did his residency in Internal Medicine at the LSU Medical Center and a fellowship in Infectious Diseases at UAB. He also completed a Master's of Science in Public Health with a focus in epidemiology at UAB. Dr. Baddley is a Professor of Medicine and Infectious Diseases in the Division of Infectious Diseases at The University of Alabama at Birmingham. He is also Chief of Infectious Diseases at Birmingham VA Medical Center. Dr. Baddley's research interests include the epidemiology, diagnosis and treatment of fungal infections, transplant infectious diseases, and hospital infection control. Dr. Baddley serves as a clinical preceptor and is the Associate Medical Director for the UAB PA Program.

William "Bill" R. Drace, MAEd, PA-C
Director of Admissions and Assistant Professor

Department of Clinical & Diagnostic Sciences
1716 9th Avenue South, SHPB 484
Birmingham, AL 35294
(205) 934-3781
bdrace@uab.edu

Mr. Drace, Assistant Professor, joined the faculty in October of 2003. He graduated from UAB's Surgical Physician Assistant program in 1978. He completed a Master's degree in Education from the University of Phoenix. Mr. Drace's extensive surgical background began as a Navy Corpsman and Operating Room Technician. Prior to accepting this faculty position, Mr. Drace worked with a Birmingham, Alabama based Cardiothoracic Surgical Practice for twenty-five years. Mr. Drace precepted Senior Physician Assistant Students from UAB from 1998 - 2003. It was this interaction that motivated him to accept a full-time faculty position. Mr. Drace brings a wealth of clinical and technical skills to the program.

Justin Goebel, MSPAS, PA-C
Assistant Professor

Department of Clinical & Diagnostic Sciences
1716 9th Avenue South, SHPB 481
Birmingham, AL 35294
(205) 996-2157
oompa@uab.edu

Mr. Goebel joined the PA program in February of 2018. He completed his undergraduate and graduate studies at UAB. He received a BS degree from UAB in Health Sciences in 2009 and a Master's degree in Surgical Physician Assistant Studies in 2012. Prior to joining the PA program, Mr. Goebel practiced as an Operating Room Technician while completing his undergraduate studies. He then practiced as an Orthopedic Surgical PA at Shelby Baptist Hospital for five years after graduating from PA school. While practicing as a Surgical PA, he maintained a relationship with the PA program as a preceptor. With his love for UAB, the PA program, and surgery, Mr. Goebel is an excellent addition to our faculty. With over 15 years of surgical and clinical experience, he brings with him a passion to help educate and train our next generation of Physician Assistants. Mr. Goebel met his wife at UAB and they have three children. He enjoys spending time outdoors with his family and as a beekeeper, which is a fun, yet occasionally painful hobby.

Heather Hallman, MSPAS, PA-C
Assistant Professor

Department of Clinical & Diagnostic Sciences
1716 9th Avenue South, SHPB 466
Birmingham, AL 35294
(205) 975-5178
Hghallman@uab.edu

Mrs. Hallman joined the Physician Assistant Studies Program in December of 2017. She is a UAB Alumni who graduated from the PA Program in 2014, after receiving her BS Degree from UAB in Allied Health Sciences in 2009. Following graduation, Heather remained connected with UAB and the PA Program by helping to train our students as an Adjunct Faculty of the PA Program as well as a preceptor for our students rotating in the ER. Prior to joining us as a full-time faculty member, Heather practiced as a Certified PA in Emergency Medicine at Princeton Baptist Medical Center. Mrs. Hallman is dedicated to medicine and lifelong learning, and she is truly passionate about patient care and fostering the growth of students as they train to become our esteemed colleagues within the PA profession. In addition to providing didactic and clinical training to our students in the classroom setting, she will continue to practice clinically in the ER and will allow students to work with her in this setting. Allowing students to experience direct patient care under close oversight from a UAB PA faculty member will ensure that each student strengthens their ability to apply the appropriate skills and training needed to excel in the clinical setting. Outside of Heather's passion for teaching, she enjoys spending time with her husband and two boys.

Wei Li, PhD
Associate Professor

Department of Clinical & Diagnostic Sciences
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(205) 996-2656
wli@uab.edu

Dr. Wei Li is an Associate Professor in the Physician Assistant Studies Program, at The University of Alabama at Birmingham. He has more than 10 years working experience on educating medical professionals. In his career of medical education, he has been teaching a variety of subjects, including anatomy, clinical medicine, evidence based medicine, general biology, genomics, physiology, pathology, and patient evaluation. He has been not only teaching both undergraduate and graduate levels, but also performing pedagogy and student learning outcome research. In addition, he has been serving as an active reviewer or editor for several professional journals: Journal of Alzheimer's Disease, Journal of Diabetes, Journal of Brain Imaging and Behavior, and The American Journal of the Medical Sciences. In his spare time, Dr. Li enjoys spending time with his family, watching sports, and outdoor activities.

Heather F. Neighbors, MSPAS, PA-C
Director of Clinical Education and Assistant Professor

Department of Clinical & Diagnostic Sciences
1716 9th Avenue South, SHPB 487
Birmingham, AL 35294
(205) 975-0342
hneighbors@uab.edu

Mrs. Heather Neighbors joined the faculty of the Physician Assistant Studies Program in August of 2018. She is a graduate of the UAB Surgical Physician Assistant Program and completed her studies in 2008. She received her Bachelor of Arts Degree in History from Auburn University in 2004. Upon graduating from the PA program, Mrs. Neighbors joined a Vascular Surgeon in private practice in Birmingham, where she has practiced for the last ten years. While working in the operating room of multiple hospitals in Birmingham, Mrs. Neighbors recognized the vital importance of clinical training and experience. This knowledge motivated her to join the faculty of the PA program as the Director of Clinical Education. Mrs. Neighbors is committed to the education of our future Physician Assistants and is motivated to help provide the best didactic and clinical training to our students, using the wealth of knowledge she brings from her years of clinical experience. Mrs. Neighbors met her husband at Auburn University and they now have three boys. She enjoys spending time with family, traveling and pure barre.

Kelley Swatzell, DrPH, MPH
Director of Evaluations and Outcomes Research and Associate Professor

Department of Clinical & Diagnostic Sciences
1716 9th Avenue South, SHPB 435
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ksw@uab.edu

Dr. Swatzell, Assistant Professor, is the Director of Evaluation and Outcomes Research of the UAB Physician Assistant Studies Program and the Department of Clinical and Diagnostic Sciences. She holds a Bachelor's degree in Psychology and a Master's in Public Health with a concentration in Maternal and Child Health. She earned her Doctorate in Public Health in December 2014. Her dissertation research was on perinatal outcomes of non-medically indicated early term deliveries. She is a member of the Delta Omega National Honors Society in Public Health and the Ph Alpha National Honors Society in Physician Assistant Education. She taught integrated public health science at the UAB School of Public Health prior to joining the faculty at the UAB Physician Assistant Studies Program. She teaches research methods, statistics, scientific presentations and behavioral sciences for the UAB PA Program and the Department of Clinical and Diagnostic Sciences.

Neena Xavier, MD
Assistant Professor

Department of Clinical & Diagnostic Sciences
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Birmingham, AL 35294
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naxavier@uab.edu

Dr. Xavier attended medical school at Vanderbilt University School of Medicine. She did her residency at Vanderbilt Medical Center and fellowship in Endocrinology, Lipids, and Metabolism at Washington University in St. Louis. She is currently double board certified in Internal Medicine and Endocrinology through the ABIM. Prior to joining the PA faculty, she worked as an adult Endocrinologist in the St. Vincent's Health Systems. Her interests include women's health issues and diabetes management in underserved populations. She enjoys spending time with her husband and son, traveling to different regions in the world, restaurant shopping, and choreographing Indian dances.

Administrative Staff
The Department of Clinical & Diagnostic Sciences has a centralized staff team that supports all CDS programs. For student questions, please contact the CDS Receptionist:

(205) 975-4CDS (4237)
ASKCDS@uab.edu

PA Profession Code of Ethics

Adapted from the American Academy of Physician Assistants (AAPA)

PAs are trained and educated similarly to physicians, and therefore share similar diagnostic and therapeutic reasoning. Physician-PA practice can be described as delegated autonomy. Physicians delegate duties to PAs, and within those range of duties, PAs use autonomous decision-making for patient care. This team model is an efficient way to provide high-quality medical care. In rural areas, the PA may be the only healthcare provider on-site, collaborating with a physician elsewhere through telecommunication.

The Physician Assistant profession has revised its Code of Ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has changed. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guide the development of these guidelines: autonomy, beneficence, non-maleficence, and justice.

Physician Assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere - possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies.

PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

Statement of Values of the Physician Assistant Profession

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

- PAs respect their professional relationship with physicians.
- PAs share and expand knowledge within the profession.

PA Role and Responsibilities

- PA practice flows out of a unique relationship that involves the PA, the physician, and the patient.
- The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician.
- The principal value of the Physician Assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship.
- PAs have an ethical obligation to see that each of their patients receives appropriate care.
- PAs should be sensitive to the beliefs and expectations of the patient.
- PAs should recognize that each patient is unique and has an ethical right to self-determination.
- While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care.
- A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care.
- If personal, moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care.
- PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Cost containment

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

The PA and Diversity

- PAs should respect the culture, values, beliefs, and expectations of the patient.
- PAs should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include: gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, or sexual orientation.

Initiation and Discontinuation of Care

- In the absence of a preexisting patient–PA relationship, the PA is under no ethical obligation to care for a person unless no other provider is available.
- A PA is morally bound to provide care in emergency situations and to arrange proper follow- up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.
- A PA and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed.
- The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition.
- Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.
- If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

Informed Consent

- PAs have a duty to protect and foster an individual patient's free and informed choices. At a minimum, this should include providing the patient with information about the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved.
- PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.
- In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. PAs should also understand consent laws pertaining to emancipated or mature minors.
- When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known.
- If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict.

Confidentiality

- PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions.
- In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy.
- Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care.
- It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients.
- Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.
- PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult.
- PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

- In keeping with HIPPA regulations, PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist, e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse.
- It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information.
- Ethically and legally, a patient has a right to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient.
- PAs should know the laws and facilitate patient access to the information.

Disclosure

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

Care of Family Members and Co-workers

- Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches may be unethical or create conflicts of interest.
- PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider.
- If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical.
- There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

- PAs should be informed about the benefits and risks of genetic tests.
- Testing should be undertaken only after proper informed consent is obtained.
- If a PA orders or conducts the tests, he/she should ensure that appropriate pre and post-test counseling is provided.
- PAs should be sure that patients understand the potential consequences of undergoing genetic tests, including the impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information.
- Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

- Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion.
- PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.
- When a PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA may refer the patient to a qualified provider who is willing to discuss all treatment options and perform those services.

End of Life

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

- PAs should provide patients with the opportunity to plan for end of life care. Advanced directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.
- PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount.
- PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned.
- To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments.
- PAs should explain palliative and hospice care and facilitate patient access to those services.
- End of life care should include assessment and management of psychological, social, and spiritual or religious needs.
- While respecting patients' wishes, PAs must also weigh their ethical responsibility to withhold futile treatments and to help patients understand such medical decisions.
- PAs should involve the physician in all near-death planning.
- PAs should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

Conflict of Interest

- PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment, e.g. financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals.
- PAs should disclose any actual or potential conflict of interest to their patients.
- Acceptance of gifts, trips, hospitality, or other items is discouraged.

Professional Identity

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

Competency

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

Sexual Relationships

- It is unethical for PAs to become sexually involved with patients.

- It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient, including spouses or partners, parents, guardians, or surrogates.

Gender Discrimination and Sexual Harassment

- It is unethical for PAs to engage in, or condone, any form of gender discrimination. It is unethical for PAs to engage in, or condone, any form of sexual harassment, defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:
- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creates an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

Team Practice

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

Illegal and Unethical Conduct

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

Impairment

- PAs have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.
- PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

PA–Physician Relationship

- Supervision should include ongoing communication between the physician and the PA regarding patient care.

- The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

Complementary and Alternative Medicine

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

Workplace Actions

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

PAs as Educators

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

PAs and Research

- The most important ethical principle in research is honesty. This includes ensuring informed consent, following treatment protocols and accurately reporting findings.
- Fraud and dishonesty in research should be reported so the appropriate authorities can take action.
- PAs involved in research must be aware of potential conflicts of interest.
- The patient's welfare takes precedence over the desired research outcome.
- Any conflict of interest should be disclosed.
- In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.
- Plagiarism is unethical--Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences.
- When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

- The PA expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.
- The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying.
- The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

Lawfulness

- PAs have the dual duty to respect the law and to work for positive change to laws that will enhance the health and wellbeing of the community.

Executions

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

Community Well Being

- PAs should work for the health, wellbeing, and the best interest of both the patient and the community.
- Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to improve the community.

Conclusion

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

ADMISSION REQUIREMENTS

Admission in good academic standing to the PA program requires the following:

- Baccalaureate Degree from a regionally-accredited college/university

- Medical College Admission Test (MCAT) or Graduate Record Examination (GRE) General Test scores from the Verbal, Quantitative, and Analytic sections. Applicants with advanced degrees whose GRE scores are older than 5 years (i.e. the time limit that ETS will send scores) can request the PA program to consider dated scores if the applicant can provide documentation of their GRE scores directly from the institution they attended. The documentation should be sent directly from the student's graduate degree institution to the PA Admissions Office prior to the Sept. 1st deadline for application evaluation. Please note that recent GRE scores often make applicants with an advanced degree more competitive than applicants with an advanced degree that do not have recent GRE scores. *As with all applicants, the UAB admissions review committee could still determine that the applicant should retake the GRE and reapply the next application cycle.*
- A minimum cumulative grade point average (GPA) of at least 3.0 (A = 4.0)
- A minimum GPA of 3.0 (A = 4.0) in natural science courses
- Technical ability to complete the program (see Appendix D)
- Interview with faculty
- Medical clearance: UAB PA students must be medically cleared for enrollment. Detailed information is available via UAB Student Health Services
- Undergo a criminal background check and consent to drug testing

- Completion of the following prerequisite courses:
    - 8 semester hours of biology for science majors
    - 3-4 semester hours of microbiology (lab preferred)
    - 3-4 semester hours of human anatomy
    - 3-4 semester hours of human physiology
    - 8-9 semester hours of general chemistry (lab preferred)
    - 3-4 semester hours of statistics
    - 6 semester hours of psychology: Introduction to psychology required; developmental or abnormal

Advanced Placement Policy

Advanced placement is not permitted by the PA Program. No student may omit or waive any of the required clinical year rotations.

Credit for Prior Learning Experiences

The program does not grant advanced placement nor is credit given for prior experiential learning. Credit is not offered for prior experiential learning or courses provided by another Physician Assistant program.

Admission with Contingencies

A student who has not completed either a Baccalaureate Degree or the full complement of pre-requisites courses at the time of application and selection may be provisionally admitted to the program, contingent on successful completion of these courses *by the first day of the fall semester* of

classes. Failure to do so will result in revoking the offer of admission to the student and/or dismissal from the PA program and the Graduate School.

CURRICULUM

The PA program is a self-contained graduate program that follows the UAB academic schedule.

The final schedule for each class will be posted in the course syllabus, found in the course shell, on the first day of class for the semester.

Students attend classes on the UAB campus during the first 4 semesters of enrollment. This didactic phase of the curriculum consists of both biological sciences and clinically related courses. All courses are required and must be successfully completed with a minimum grade of a "C" (70%) in all PA didactic courses AND an overall cumulative 3.0 GPA in all PA program course work prior to beginning the clinical phase of training.

DIDACTIC PHASE

Fall 2017 (15 hours)	**Semester Hours**
CDS 501 Professional Development I	0
PA 601 Human Gross Anatomy and Lab	4
PA 602 Medical Physiology	4
PA 605 Clinical Pathology	3
PA 610 Clinical Laboratory Medicine	3
PA 615 Introduction to the Profession	1
Spring 2018 (18 hours)	**Semester Hours**
CDS 502 Professional Development II	0
PA 603 Pharmacology I	3
PA 606 Clinical Medicine I	6
PA 608 Surgical Disease I	3
PA 611 History & Physical Examination	3
PA 613 Surgical Techniques	3
Summer 2018 (15 hours)	**Semester Hours**
CDS 504 Professional Development III	1
CDS 535 Medical Genetics Across the Lifespan	1
HCM 530 Healthcare Delivery and Reimbursement	3
PA 609 Surgical Disease II	3
PA 614 Operating Room Techniques	2
PA 616 Electrocardiography	1
PA 618 Risk Management	1
PA 619 Fundamentals of Clinical Research	3
Fall 2018 (17 hours)	**Semester Hours**
PA 607 Clinical Medicine II	6
PA 604 Pharmacology II	3
PA 617 Applied Behavioral Medicine	3
PA 620 Literature Evaluation	2
PA 634 Simulation Lab	1
PA 635 Special Populations in Medicine	2
TOTAL DIDACTIC YEAR	**65**

Didactic Course Prerequisites

Students should be aware that the PA program has a set (lock step) course schedule for each semester. This means that enrollment in each semester's PA courses requires successful completion of the preceding semester's courses. It also means that because of the program's inability to teach courses out of their established sequence, students who fail to successfully complete a course will be decelerated and will have to withdraw from the program until the course is taught again in the following year.

Course	**Prerequisite Course Completion**
PA 604 Pharmacology II	PA 603 Pharmacology I
PA 613 Surgical Techniques I	PA 601 Human Gross Anatomy and Lab
PA 614 Operating Room Techniques	PA 613 Surgical Techniques
PA 608 Surgical Disease I	PA 601 Human Gross Anatomy and Lab
PA 609 Surgical Disease II	PA 608 Surgical Disease I
PA 606 Clinical Medicine I	PA 601, PA 602, PA 605, PA 610
PA 607 Clinical Medicine II	PA 606 Clinical Medicine I
PA 620 Literature Evaluation	PA 619 Fundamentals of Clinical Research
PA 698 Presentation of Research Project	PA 620 Literature Evaluation

Didactic Year Objectives

Upon completion of the didactic year, Physician Assistant students will be able to perform the following tasks and functions at the level of a Physician Assistant:

- Demonstrate knowledge of human anatomy, physiology, and pathology of disease.
- Demonstrate proficiency in performing a complete history and physical examination.
- Demonstrate knowledge of the evaluation and management of common diseases and disorders encountered in general medicine, pediatrics, obstetrics and gynecology, and psychiatry.
- Demonstrate knowledge of the evaluation and management of common diseases and disorders encountered in general surgery, cardio-thoracic surgery, plastic surgery, neurosurgery, pediatric surgery, and orthopedic surgery.
- Demonstrate a proficiency in the basic skills necessary to function as a Physician Assistant, including knot tying, suturing, minor invasive procedures, first assisting, catheterization, and wound care.
- Demonstrate knowledge of medical literature databases, literature searches, clinical research designs, basic medical statistics, and interpretation of medical literature.
- Demonstrate an ability to order and interpret laboratory tests, x-rays, electrocardiograms, and other diagnostic studies in primary care medicine and surgery.
- Demonstrate proficiency in CPR and ACLS management of acutely ill patients.

- Demonstrate knowledge of infection control, universal precautions, quality assurance, and safety issues utilized in hospital settings.
- Demonstrate knowledge of the history of the PA profession, medical malpractice, enabling legislation, medical practice guidelines, medical ethics, and professional behavior.
- Demonstrate knowledge of professional behavior, and an appropriate level of sensitivity to socioeconomic and human rights issues, including appropriate management of patients irrespective of religion, race, gender, disability, socioeconomic level, and sexual preference.
- Demonstrate knowledge of PA professional limitations.
- Demonstrate a commitment to life-long professional growth and medical education.

CLINICAL PHASE

Spring (16 hours)	**Semester Hours**
PA 621 Clinical Service I	4
PA 622 Clinical Service II	4
PA 623 Clinical Service III	4
PA 624 Clinical Service IV	4
Summer (17 hours)	**Semester Hours**
PA 625 Clinical Service V	4
PA 626 Clinical Service VI	4
PA 627 Clinical Service VII	4
PA 629 Clinical Service IX	4
PA 698 Presentation of Research Project	1
Fall (17 hours)	**Semester Hours**
PA 630 Clinical Service X	4
PA 631 Clinical Service XI	4
PA 632 Clinical Service XII	4
PA 641 Senior Seminar	5
TOTAL CLINICAL YEAR	**50**
CURRICULUM TOTAL HOURS	**115**

Clinical Year Prerequisites

To enter the clinical year, students must have obtained the following:

- A minimum grade of a "C" in all PA didactic courses AND an overall 3.0 GPA in all PA program course work. *No graduate school course work other than that obtained in the PA program will be considered and factored into the GPA.*
- ***Students will not be able to enter the clinical year on academic probation.***
- Maintain enrollment in a comprehensive health insurance program while matriculating through the PA program.
- Complete all required immunizations and testing for rubeola, diphtheria, tetanus, and Hepatitis B. A negative test for TB must be documented – either a negative PPD or a negative chest x-ray.
- Must have a current BLS and ACLS certification that does not expire until after graduation.

Clinical Year Objectives

Upon completion of the clinical year, students will be able to perform the following tasks and functions at the level of a Physician Assistant:

- Demonstrate proficiency in obtaining and recording patient assessments including a complete medical history and physical exam, daily progress review, pre-operative and post-operative assessments, and discharge summaries.
- Demonstrate a high level of competency in the technical skills needed to perform as a PA.
- Demonstrate an appropriate level of professional behaviors, including a respectful and caring attitude toward patients and a willingness to function as a cooperative member of the health care team.
- Demonstrate an understanding of, and adherence to, the clinical limitations of a PA.
- Demonstrate the knowledge required to order and interpret common diagnostic studies.
- Demonstrate the knowledge needed to establish a diagnosis and/or differential diagnosis for common medical and surgical disorders.
- Demonstrate the knowledge and skills needed to establish a treatment plan for common medical and surgical diseases and disorders.
- Demonstrate the ability to assist the surgeon in all delegated tasks, including first-assisting, wound closure, hemostasis, suture tying, and other invasive procedures.
- Demonstrate proficiency in recording Progress / SOAP Notes, Procedure Notes, Daily Orders, Discharge Summaries, Operative Notes, Pre-operative Orders, and Post-operative Orders.
- Demonstrate an adequate level of knowledge to recognize and refer (to their supervising physician) complicated medical and surgical problems that are beyond the capabilities of a PA.
- Demonstrate the knowledge required to counsel patients about common surgical and medical diseases and disorders.
- Demonstrate the knowledge and fortitude needed to conduct their personal and professional lives in a legal and ethical manner.
- Demonstrate a working knowledge of quality assurance and management.
- Demonstrate an appropriate level of sensitivity to socioeconomic and cultural and human rights issues, including the appropriate management of patients irrespective of religion, race, gender, disability, socioeconomic level, and sexual preference.
- Demonstrate an ability to properly evaluate and participate in medical research.
- Demonstrate a commitment to life-long professional growth and medical education.

CLINICAL YEAR COURSES

The Physician Assistant Studies Program is a self-contained graduate program. To maximize the students' experience during their clinical rotation, we feel it necessary to complete the entire rotation without disruption.

Required Core Rotations

Seven, 4-week rotations are required in the following disciplines: Emergency Medicine, Family Medicine, Internal Medicine, Women's Health, Psychiatry, Pediatrics, and General Surgery.

Required Surgical Rotations
One, 4-week rotation is required in a surgery elective.

Elective Rotations
Three, 4-week rotations of the student's choice are allowed based on rotation availability. Possible elective rotations include but are not limited to: General Surgery, Orthopedics, Cardiovascular Surgery, Outpatient Surgery, Thoracic Surgery, Neurosurgery, Trauma Surgery, Plastic Surgery, Outpatient Medicine, Urology, Inpatient Medicine, Emergency Medicine, Family Practice, Dermatology, Oncology, Endocrinology, Neonatology, Cardiology, and Palliative Medicine.

Graduate Projects

PA Master's Project - PA 698 (1 credit)
This course runs concurrently with the students' clinical year rotations. Students will have chosen a project of study/research as a component of PA 620 during their last didactic semester. The purpose of the Master's Project is to have the student demonstrate a "satisfactory" ability to analyze and synthesize scientific information and contextual learning in a focused area of medicine.
Prerequisites: successful completion of PA 619 and PA 620.

Graduation Requirements

Graduation from the Physician Assistant Studies Program requires the following:

- Completion of all courses in the PA curriculum with a grade of "C" or better.
- Achievement of an overall GPA of 3.0 or better in the PA program's required courses.
- Achievement of a grade of "C" or better in the Summative Examination given at the conclusion of the PA program.
- Demonstration of a satisfactory level of professional behavior during the 27 month curriculum.
- Completion of all financial and administrative obligations to The University of Alabama at Birmingham.

Assessments and Evaluations

The PA program utilizes the following grading scale:
A = Superior performance
B = Adequate performance
C = Minimally adequate performance
F = Unsatisfactory performance
*** The program does not award a grade of "D"**

Student Goals and Responsibilities

Goals of the Didactic Curriculum

- Students will obtain a thorough knowledge of physiology, anatomy, neuroanatomy, pathology, and pharmacology.

- Students will become proficient at taking a complete medical and surgical history and performing a complete physical examination.
- Students will obtain knowledge of the evaluation and management of common disorders in general medicine, pediatrics, obstetrics and gynecology, and psychiatry.
- Students will obtain knowledge of the evaluation and management of common disorders in general surgery, cardio-thoracic surgery, plastic surgery, neurosurgery, pediatric surgery, and orthopedic surgery.
- Students will become proficient in the technical skill necessary to function as Physician Assistants, including knot tying, suturing, minor invasive procedures, first assisting, catherization, and wound care.
- Students will become familiar with medical literature databases and literature searches, clinical research designs, basic medical statistics, and interpretation of medical literature.
- Students will become CPR and ACLS certified and capable of assessing and managing the acutely ill patient and interpreting 12 lead electrocardiogram and rhythm strips.
- Students will obtain a thorough knowledge of infection control, universal precautions, and safety issues in the hospital setting.
- Students will become familiar with medical malpractice issues, enabling legislation, practice guidelines, medical ethics, and appropriate professional behavior.

Goals of the Clinical Curriculum

- Students will become proficient at obtaining and recording patient assessments, including performing a complete medical history and physical exam, and writing progress notes, pre-operative and post-operative assessments, and discharge summaries.
- Students will develop a high level of competency in the technical skills needed to perform as a surgical and primary care medical Physician Assistant.
- Students will demonstrate the ability to manage common medical problems by developing a differential diagnosis, ordering and interpreting diagnostic evaluations, developing treatment plans, counseling patients, and making appropriate referrals.
- Students will demonstrate appropriate professional behavior, including the demonstration of a courteous and caring attitude toward patients, family and staff, and an ability to function as a cooperative member of the healthcare team.
- Students will demonstrate an understanding and adherence to the legal limitations of the role of a Physician Assistant.

Student Responsibilities to the Program

- To be an active participant in all learning activities and to seek out additional learning opportunities when appropriate.
- To assist fellow students, faculty, and preceptors by freely sharing personal knowledge and skills.
- To take responsibility for realizing your full potential as a student and medical professional.

- To develop a cooperative and constructive relationship with program faculty, students, clinical preceptors, and patients.
- To maintain the highest standards of personal behavior and ethical conduct.
- To schedule sufficient time for preparation for the Physician Assistant National Certifying Examination (PANCE).
- To follow all policies and procedures as outlined in syllabi, memos, and the program didactic year manual.
- To notify the program in a timely manner of any problem that has the potential of interfering with academic performance or functioning in didactic and clinical settings.
- To abide by the Physician Assistant Code of Ethics.

Program Responsibilities to the Student

- To provide the highest quality PA education to all students enrolled in the program.
- To meet or exceed all educational standards defined by the Accreditation Review Commission on Education for the Physician Assistant.
- To review and upgrade the quality of education that the program provides to students through a program of ongoing and comprehensive self-assessment and improvement.
- To recruit, maintain, and support the highest quality faculty and preceptors for purposes of providing students with the highest quality education.
- To properly orient, counsel, and educate students throughout the entire curriculum without regard to the student's age, religion, race, color, sex, national origin, sexual orientation, or disability that is unrelated to academic performance.
- To maintain malpractice coverage for all students enrolled in the program.
- To comply with SHP and Graduate School policies regarding student evaluation, remediation, and dismissal.

Deceleration, Probation, Dismissal, and Withdrawal

Overall GPA of ≤ 3.0

The PA program requires that students maintain an overall "B" average (GPA > 3.0) to continue in the program. PA students who do not maintain an overall "B" average will be placed on academic probation by the Graduate School. The program may elect to decelerate a student within the program with specific plans for the student to continue within the program (remediation plan).

Remediation Policy for Didactic Year

During the didactic year, failure to obtain at least 70% on any examination or assignment will necessitate a meeting between the student and the course or section instructor to review the material that was missed and to identify any areas of weakness. *The failed grade will be recorded in the grade book.*

The expectation is for the student to meet with the course or section instructor within 1 week of a failed examination or assignment. Once the course or section instructor identifies areas of weakness,

additional assignments will be given to the student with the expectation that they meet with the course or section instructor a second time. During this meeting, the student is expected to demonstrate competency of the material in an oral conversation format. This demonstration will not be graded but it will be noted that the student met with the course or section instructor.

Students who earn a *final course grade* of 60 – 69% will be allowed to take a competency exam within 2 weeks after the course ends (this may necessitate an "I" (incomplete) in the course). The competency examination content will be at the discretion of the course instructor. If a student receives a grade of 70% or higher on the competency exam, he/she will then receive the lowest possible passing grade for the course (i.e., 70% = C). *Only one competency examination per course will be given to each student.*

Remediation Policy for Clinical Year

If a student fails a rotation or an end-of-rotation exam, the student will have to repeat and pass the rotation or the end-of-rotation exam. Failure of the repeated end-of-rotation exam a second time will necessitate a repeat of the rotation. *Failure of two clinical rotations will result in dismissal from the program.* If a student exhibits a wide range of clinical deficiencies during any rotation, the student will be withdrawn from the rotation and will be required to complete a 4-week course titled "Special Topics." The student must pass this intensive review course conducted by the PA faculty in order to return to clinical rotations.

Course Failure

A student who receives a grade of an "F" in one program-specific course will be required to repeat that course the next time it is officially offered. At this time, the student will not be able to take any course(s) for which that course is a prerequisite (including clinical practice) until the course is successfully completed. Only one course in the student's curriculum may be repeated in this manner and only one repeat of the course will be allowed the following year. *If the student receives a grade of an "F" when the course is repeated, they will be dismissed from the program.*

If a student receives more than one "F" at any time in the didactic and clinical curriculum, they will be dismissed from the program, regardless of the student's overall GPA. An official letter notifying the student of their dismissal will be sent to the student from the Program Director and a copy will become part of the student file.

Deceleration

Students who receive a grade below a "C" in any required course within the didactic curriculum within the PA program will be decelerated. The Program Director, in conjunction with the faculty, will draft a deceleration plan to include successful completion of current and future work along with a newly set graduation date. The deceleration plan will be signed by the student in a face to face meeting. A copy of the deceleration plan will become part of the student file.

Students are only allowed to repeat and replace ONE course grade per PA program policy. Assignment of grades in the didactic curriculum is the responsibility of the individual instructor. Appeal of the grade

can be made according to the grade appeal process (refer to the Grievance Procedures for Violations of Academic Standards). The Program Director's decision will be final. If the Program Director is the course instructor, appeal can be made to the Department Chair. This decision will be final.

Academic Probation
Students who fail to achieve or maintain a minimum overall GPA of 3.0 for the PA program will be placed on academic probation. These students must re-establish good academic standing by bringing their overall GPA to at least 3.0 *within two consecutive semesters.* ***Students who do not accomplish this level of performance, will be dismissed from the program.***

Once a student returns to good academic standing, they must maintain an overall GPA of 3.0 for the remainder of the program. *A minimum GPA of 3.0 is required to progress to the clinical year.* ***Students who do not accomplish this level of performance prior to starting the clinical year, will be dismissed from the program.***

Dismissal
Students may be dismissed from the program for academic and/or nonacademic misconduct. An official letter notifying the student of their dismissal will be sent to the student from the Program Director and a copy will become part of the student file.

- Academic misconduct is defined as failure to bring their overall GPA to the 3.0 requirement, abetting, cheating, plagiarism, fabrication, or misrepresentation.

- Nonacademic misconduct is defined as sexual misconduct, inappropriate behavior, disruption of University or classroom activities, or professional misconduct.

Withdrawal
A student who wishes to voluntarily withdraw from the Physician Assistant Studies Program must have approval by the Program Director before the withdrawal is officially made. The student must submit a written statement in the form of an official business letter. The statement must include their intent to withdraw from the PA program, including an effective date of their withdrawal. The student must also schedule a face-to-face or phone meeting with the Program Director to discuss their withdrawal. Once approval by the Program Director, the official UAB withdrawal is made by the student though UAB One Stop Student services, https://www.uab.edu/students/one-stop/.

Students should refer to the Institutional Refund Policy for refunds on tuition and fees. The institutional refund policy may be found at the following website: http://www.uab.edu/policies/content/Pages/UAB-FA-POL-0000091.aspx.

Those who withdraw for medical reasons may appeal to the Provost to grant an exception to the Institutional Refund Policy. More details regarding the exceptions may be found at the following website: http://www.uab.edu/students/one-stop/policies/exceptions-to-academic-policy/academic-policy-appeal.

NOTE: Failure to attend class does not constitute a formal withdrawal.

PROFESSIONAL CONDUCT

Student's professional conduct will be assessed throughout the PA program curriculum.
The Department of Clinical & Diagnostic Sciences expects that all students:

1. Attend class and be attentive, engaged and respectful.
2. Be on-time for all commitments (class, clinics, appointments, etc.).
3. Thoughtfully complete and submit all assignments by the due date.
4. Use proper grammar in written and oral assignments.
5. Use proper grammar and email etiquette in all emails to faculty, clinics, classmates, etc. Do not use "text speak."
6. Present an appearance that is not distracting to others and reflects a professional image as defined in the CDS Dress Code.
7. Are courteous in the use of electronic devices: pagers, cell phones, and laptops. Your device should be on silent/vibrate when in lecture, lab and clinic.
8. Treat individuals with respect, including while using social media. Bullying of any kind will not be tolerated on social media or within the classroom.
9. Comply with applicable laws, regulations and policies.
10. Profanity is not allowed at any time.
11. Use confidential information responsibly and do not violate a patient's rights.
12. Acknowledge and appropriately manage conflicts of interest.
13. Conduct and present yourself in such a manner that reflects the high professional standard set forth by the Department of Clinical & Diagnostic Sciences and the School of Health Professions.

LEAVE POLICY

Didactic year students will be eligible for personal leave in the event of: individual illness, death or severe illness in an immediate family member, jury duty, military duty, or a similar personal crisis resulting in more than three consecutive days of absence. With the exception of personal illness, students must obtain prior written approval for personal leave from the Program Director and the course instructor. Students requesting a leave of absence must meet with the Program Director to discuss the leave. Students must complete a "Request for Personal Leave or Absence" form and when meeting with the Program Director, develop a draft leave plan signed by both parties. A copy of the signed form and the signed leave plan will become part of the student file.
The following rules apply to personal leave, remediation after personal leave, and withdrawal from the program:

1. Students may be granted up to one week of personal leave.
2. Absences greater than one week require remediation or withdrawal from the program.
3. Remediation should be completed within the same semester. If this is not possible, an "I" will be reported to indicate that the student has performed satisfactory in the course but, due to unforeseen circumstances, has been unable to finish all course requirements. Students who receive an "I" for a course should note that in many instances, the student will not be allowed to register for the following semester's courses because many courses in the curriculum have pre-

requisites that require successful completion of the previous semester's courses. Students should also note that because of the limited resources of the program, many courses cannot be repeated until the following year when they are normally scheduled. Students are referred to this manual's section on "Didactic Course Pre-requisites" for a listing of course pre-requisites.

4. Students who return after deceleration to the program will have to demonstrate continued proficiency in the courses they have previously completed in the program. This may be accomplished by sitting-in on these courses and passing a comprehensive exam with a grade of 70% or better. Exam content and timing will be determined by the course instructor.
5. To be re-admitted after dismissal from the PA program, students will have to present convincing evidence to the faculty and the Graduate School that the reason for the dismissal has been completely resolved and the student is now likely to perform at the level required by the PA Program and the Graduate School. The student will be required to register as a new student and may be required to complete the entire curriculum from the beginning.

Employment Policy

Students are discouraged from working during the didactic year and are prohibited from working during their clinical year. *Any student on academic probation is prohibited from working during the didactic year.*

Student Records Policy

The Department of Clinical & Diagnostic Sciences defers to the School of Health Professions Student Records Policy.

Competencies

Physician Assistant Education Association's (PAEA) List of Required PA Competencies

Medical Knowledge

Appropriate medical knowledge includes: an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician Assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician Assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician Assistants are expected to:

- Understand the etiologies, risk factors, underlying pathologic process, and epidemiology of medical conditions
- Identify the signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities

- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify the appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions

Interpersonal & Communication Skills

Interpersonal and communication skills encompass verbal, nonverbal, and written exchange of information. Physician Assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Physician Assistant are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
- Apply an understanding of human behavior
- Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- Accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purpose

Patient Care

Patient care includes age appropriate assessment, evaluation and management. Physician Assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician Assistants are expected to:

- Work effectively with physicians and other health care professionals to provide patient centered care
- Demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnosis and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Completely perform medical and surgical procedures considered essential in the area of practice

- Provide health care services and education aimed at preventing health problems or maintaining health

Professionalism

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

- Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- Professional relationships with physician supervisors and other health care providers
- Respect, compassion, and integrity
- Responsiveness to the needs of patients and society
- Accountability to patient, society, and the profession
- Commitment to excellence and on-going professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- Self-reflection, critical curiosity and initiative

Practice-Based Learning

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

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- Locate, appraise and integrate evidence from scientific studies related to their patients' health problems
- Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access on-line medical information and support their own education
- Facilitate the learning of students and/or other health care professionals
- Recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

Systems-Based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician Assistants must demonstrate an awareness of, and responsiveness to, the larger system of health care in order to provide patient care of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician Assistants are expected to:

- Use information technology to support patient care decisions and patient education
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with systems complexities
- Partner with supervising physicians, health care managers and other health care providers to assess, coordinate and improve the delivery of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Use information technology to support patient care decisions and patient education
- Apply medical information and clinical data systems to provide more effective, efficient patient care
- Utilize the systems responsible for the appropriate payment of services

ESSENTIAL REQUIREMENTS

Fundamental tasks, behaviors and abilities are necessary to successfully complete the academic and clinical requirements of the program and to satisfy licensure/certification requirements. Students requesting disability accommodations must do so by filing a disability accommodation request in writing with the Office of Disability Support Services (DSS).

TECHNICAL STANDARDS

UAB PA Technical (Performance) Standards

Students should be aware that the PA program requires that all students demonstrate the technical skills needed to complete the entire PA program curriculum. These skills include the ability to think critically, communicate effectively, utilize computerized information technology, and possess the visual, auditory and motor skills needed to evaluate and treat patients effectively. A full description of these technical skills is referenced below.

Students who are not able to demonstrate these technical skills may be dismissed from the program until such time that they can demonstrate technical skill proficiency. A reasonable attempt will be made by the program to accommodate students with disabilities, as required by the Federal Disabilities Act.

Minimum Technical (Performance) Standards

Critical Thinking: Students must possess the intellectual capabilities required to complete the full curriculum and achieve the level of competence delineated by the faculty. Critical thinking requires the

intellectual ability to measure, calculate, synthesize, and analyze a large and complex volume of medical and surgical information. Students in the program must also be able to perform applicable demonstrations and experiments in the medical sciences.

Computer Technology Skills: Students must be able to utilize computerized information technology to access and manage on-line medical information, participate in computerized testing as required by the curriculum, conduct research, prepare multimedia presentations, and participate in the management of computerized patient records and assessments.

Communication Skills: Students must be able to speak clearly and effectively in order to elicit and relay medical information. They must also be able to communicate effectively and legibly in writing.

Visual Ability: Students must have the visual acuity needed to evaluate a patient during a physical exam and perform a wide range of technical procedures involved in the practice of medicine and surgery.

Hearing and Tactile Ability: Students must have the motor and sensory functions needed to elicit information from patients by palpation, auscultation and percussion, as well as perform a wide range of technical procedures involved in the practice of medicine and surgery.

Motor and Fine Skills: Students must be able to execute the physical movements required to maneuver in small places, calibrate and use equipment, position and move patients, and perform the technical procedures involved in the practice of medicine and surgery.

Interpersonal Ability: Students must possess a wide range of interpersonal skills, including: (1) the emotional health required for management of high stress situations while maintaining their full intellectual abilities; (2) the ability to exercise good judgment; (3) the ability to complete all assigned patient care responsibilities; (4) the ability to manage time (show up on time, begin and complete tasks on time); (5) the ability to develop a mature, sensitive and effective relationship with medical colleagues, clinical and administrative staff, patients and families; (6) the ability to identify, use, understand and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and diffuse conflict; and (7) the ability to recognize your own emotional state and the emotional states of others and engage with people in a way that draws them to you.

REGISTRATION

It is each student's responsibility to register for the appropriate courses each semester. **No student will be able to attend classes or clinical sites without being properly registered.** Students can register via the web or in person at the Office of the Registrar.

Web Registration

Students may register via web any time after their assigned time, up to and prior to the last working day before classes begin. BlazerNET is available 24/7; however, the Add/Drop function within Registration Tools will end when the open registration period closes. Students experiencing difficulty with BlazerNET should call the Registrar's Office or email registrar@uab.edu .

Follow these steps to register using BlazerNET:

1. Access BlazerNET with your web browser
2. Log in with your BlazerID and strong password
3. Click on the Student Resources tab
4. View the Registration Tools channel. Select either Look Up Classes to gather CRNs or Add or Drop Classes if you already have the course reference numbers
5. Register for the appropriate courses by either clicking the checkbox to the left of the course on the Look Up Classes screen, or by submitting the CRNs in the blocks on the Add or Drop Classes page
6. Please make sure that your course schedule states "Web Registered" and that you can view all of your classes on the Student Detail Schedule page. A BlazerNET Registration Guide is available on the Student Resources tab if you need more assistance.

If you have any problems with registering, please contact the Registrar's Office.

In-Person Registration

Registration should be completed online through BlazerNET. If you have special circumstances and need to register in person, please contact the Registrar's Office.

Late Registration (Add/Drop Classes)

Starting with the first day of regular classes, a late registration fee will be charged. If you begin registration during the late registration period, additional steps are necessary.

Classroom and Lab Supplies

Students are required to purchase medical equipment for use during the curriculum. If students cannot afford this equipment, the program will make an effort to loan a range of instruments, such as stethoscope, ophthalmoscope, scissors, hemostats, and needle holders. Student will be liable for the cost of replacing these instruments if they are lost or stolen.

Scholarships and Loans

All students enrolled at UAB are eligible to apply for financial aid. To be considered, a completed application must be on file at least 45 days before the beginning of the term in which financial assistance is requested. Because many financial aid programs have limited funding, students are advised to contact the UAB Financial Aid Office and complete the application process by May 1st for fall semester aid. More information is available by contacting UAB Office of Financial Aid Office, Lister Hill Library, Room G40, 1700 University Boulevard, (205) 934-8223.

Students should note that scholarships and loans do not change the total amount of money students are eligible to receive. Loan and scholarship money simply exchanges unsubsidized money (loans) for subsidized money (scholarship or free money), thus reducing how much money students have to pay back following completion of their education.

Federal Scholarships and Loans

Some of the educational loans and grants available from the federal government can be found on this website: https://studentaid.ed.gov/sa/types/loans

National Health Service Corps (NHSC)
Information can be found at: http://nhsc.hrsa.gov/
Indian Health Service (IHS)
Information can be found at: http://www.ihs.gov/
Military
Check with appropriate military website for more information on their scholarship programs.

Please consult the UAB Financial Aid Office website for more information regarding student loans: https://www.uab.edu/students/paying-for-college/financial-aid.

PA Scholarships
Albert E. Purser Scholarship: A $1,000 scholarship for first or second year students with financial need who are native and permanent residents of Alabama (naxavier@uab.edu).

Academic Common Market
The Academic Common Market is an interstate agreement among selected southern states for sharing academic programs at both the baccalaureate and graduate level. Participating states are able to make arrangements for their residents who qualify for admission to enroll in specific programs in other states on an in-state tuition basis. Contact your state coordinator for more information: www.sreb.org.

RESOURCES

American Academy of Physician Assistants (AAPA) Information Center
950 North Washington St.
Alexandria, VA 22314-1552
www.aapa.org

Physician Assistant Education Association (PAEA)
300 N. Washington Street; Suite 710
Alexandria, VA 22314-2544
(703) 548-5538
www.paeaonline.org
info@PAEAonline.org

National Commission on Certification of Physician Assistants (NCCPA)
12000 Findley Road, Suite 1000
Johns Creek, GA 30097-1409
(678) 417-8100
http://www.nccpa.net

Alabama Society of Physician Assistants
P.O. Box 1900
Montgomery, AL 36102-1900
(334) 315-6112
www.myaspa.org

SECTION 5 – PROGRAM INFORMATION

GUIDELINES AND INFORMATION FOR CLINICAL PRECEPTORS

One of the most important components of the Physician Assistant Studies Program is the education provided by volunteer Clinical Preceptors. Participation as a Clinical Preceptor is greatly appreciated and essential to the education and training of a Physician Assistant student.

The purpose of the clinical year is to bring students into contact with knowledgeable practitioners who are willing to help them learn the art and science of surgery and medical care through a "hands on" approach. Preceptors are encouraged to review the following information and guidelines concerning aspects of clinical education and evaluation.

PRECEPTOR RESPONSIBILITIES

- To provide students with an appropriate learning environment in which they will have a variety of patient encounters and learning experiences.
- To provide students with patient assignments, data collection responsibilities, and diagnostic and therapeutic procedure responsibilities, as defined by specific rotation objectives.
- To direct students toward patients with problems and illnesses common to the community and within the realm of Physician Assistant practice
- To supervise, demonstrate, teach, and observe students in clinical activities that will develop the student's skills while ensuring proper patient care.
- To provide ongoing, constructive feedback to the student regarding their clinical performance.
- To participate in the development and evaluation of the student's skills and medical knowledge through the following mechanisms:
    - Direct observation in the clinical setting.
    - Assignment of additional readings and research to promote further learning.
    - Audit charts to evaluate the student's ability to write appropriate and complete medical histories and physical examinations, progress notes, assessments, and treatment plans.
    - Communicate with program faculty in a timely manner regarding the student's performance and progress.
- To acquaint students with associated hospital and practice-site policies and procedures.
- To acquaint the student with the expectations and objectives of the rotation.
- To complete a mid-rotation evaluation and final evaluation of the student's performance.
- To avoid placing students in a position of authority or responsibility that exceeds their level of knowledge or skill.

Completed student evaluation forms should be returned to:

Attention: Director of Clinical Education
University of Alabama at Birmingham
Physician Assistant Studies Program
University of Alabama at Birmingham
1720 2nd Avenue South
SHPB 487 or SHPB 486
Birmingham, AL 35294-1212
Fax- 205-975-3005

STUDENT RESPONSIBILITIES TO THE PROGRAM

- To actively participate in rotational learning activities and seek-out additional learning opportunities when appropriate.
- To work towards realizing their full potential as a student and medical professional.
- To follow all policies and procedures defined by the preceptor, the program and the clinical site.
- To develop a cooperative and constructive relationship with program faculty, students, clinical preceptors, and patients.
- To maintain the highest standards of professional behavior and ethical conduct.
- To notify the program in a timely manner of any problem that could potentially interfere with the student's academic performance.
- To schedule sufficient time to prepare for End-of-Rotation Exams (EOR) and the Physician Assistant National Certifying Examination (PANCE).
- To refine history and physical examination skills, as specified by the clinical preceptor.
- To enter pertinent data for each assigned patient on a daily basis in the patient logging system.
- To enhance and reinforce theoretical knowledge and practical medical skills through:
    - Utilization of appropriate reading and reference materials.
    - Attendance at grand rounds, medical conferences and other related seminars.

STUDENT RESPONSIBILITIES TO CLINICAL PRECEPTORS

- To be readily available to clinical preceptors during the working hours established by the preceptors, including on-call time and weekends.
- To contribute to the efficiency and effectiveness of the preceptor's clinical practice by performing all delegated tasks in a timely and competent manner.
- To display professional behavior that enhances the preceptor's practice and reflects positively on the Physician Assistant profession.

- To inform preceptors in a timely manner of individual needs, concerns, or problems that have the potential of interfering with the delivery of patient care or the effectiveness of the preceptor's practice.
- To maintain an open line of communication and meaningful dialogue between fellow students, program faculty and preceptors.
- To be sensitive to the demands placed on clinical preceptors, including complicated aspects of patient care, continuing education, community service, research, and the training of a wide range of students.

PROGRAM RESPONSIBILITIES

- To orient preceptors and students to the policies and procedures of the clinical year.
- To develop and maintain clinical rotation sites that affords students a quality educational experience.
- To evaluate student rotations through regular site visits and open communication with clinical preceptors.
- To provide malpractice coverage for students during rotations.
- To attempt to anticipate student problems before they arise, and to provide support, guidance, and encouragement to the student throughout the clinical year.
- To provide seminars that augments clinical experiences and increases the student's medical and surgical knowledge base.

DESCRIPTION OF THE UAB PHYSICIAN ASSISTANT PROGRAM

The Physician Assistant Program is a 115 credit hour, 27 month Master of Science in Physician Assistant Studies Program that has been in existence since 1967 and accepted its first class of Masters-degree students in 2005. The Mission of the program is to train Physician Assistant students that are qualified to work as dependent practitioners under the supervision of Surgeons and Primary Care Physicians. This mission is consistent with the mission of the University of Alabama at Birmingham School of Health Professions to educate health professionals that will improve the health care services of the citizens of Alabama. Both the PA program and the University of Alabama at Birmingham are dedicated to excellence in teaching, research, scholarship, and community service.

The Physician Assistant Studies Program is fully accredited as a Master of Science in Physician Assistant Studies Program by the Accreditation Review Committee on Education for the Physician Assistant (ARC-PA).

Clinical Year Prerequisites

Entry into the clinical year requires the following:

1. A grade of "C" (70%) or better must be achieved in all didactic coursework within the UAB PA program AND an overall cumulative GPA of 3.0 in all program specific coursework. Incomplete (I) grades must be resolved prior to entering the clinical year.
2. All students must be enrolled in a comprehensive health insurance program while matriculating through the PA program.
3. All students must complete all required immunizations and testing (rubeola, diptheria, tetanus, Hepatitis B, and PPD with or without a chest x-ray as indicated).
4. Must have a current BLS and ACLS certification that does not expire until after graduation.
5. All students must have a completed university registration.

Credit for Prior Clinical Learning Experiences

Credit for prior clinical experience, including credit from another Physician Assistant Program, is not accepted.

Graduation Requirements

Graduation from the Physician Assistant Studies Program requires the following:

1. Completion of all didactic courses and clinical rotations within the UAB PA program with a grade of "C" (70%) or better.
2. Demonstration of appropriate professional behavior.
3. A cumulative GPA of at least a 3.0 for all coursework in the UAB PA program.
4. Successful completion of the program's Summative Evaluation with a grade of "C" (70%) or better while maintaining an overall cumulative GPA of 3.0 for the Graduate School.

Clinical Year Schedule

The clinical year is comprised of 44 weeks of clinical rotations, including 24 weeks of required general medicine rotations, 8 weeks of required surgical rotations (4 weeks general surgery and 4 weeks surgical elective), and 12 weeks of elective rotations. Each rotation is awarded 4 semester hours of academic credit.

During the fall semester of the clinical year, students are to enroll in the Senior Seminar class. Each student is also required to successfully complete a one semester, one credit-hour Masters Project during the summer semester of their clinical year.

Attendance is mandatory for all classes and successful completion of these classes with a grade of "C" (70%) or better is required for graduation while maintaining an overall cumulative GPA of 3.0 for the Graduate School.

2019 Clinical Year Rotation Calendar

Rotation	Dates	Academic Term
1	January 7 – February 1	**Spring**
2	February 4 – March 1	**Spring**
3	March 4 – March 29	**Spring**
4	April 1 – April 26	**Spring**
5	May 6 – May 31	**Summer**
6	June 3 – June 28	**Summer**
7	July 1 – July 26	**Summer**
8	July 29 – August 9	**Summer**
8	August 26 – September 6	**Fall**
9	September 9 – October 4	**Fall**
10	October 7 – November 1	**Fall**
11	November 4 – November 29	**Fall**

Clinical Year Objectives

Upon completion of the clinical year, students will be able to perform the following tasks and functions at the level of a Physician Assistant:

1. Demonstrate proficiency in obtaining and recording patient assessments including a complete medical history and physical exam, daily progress review, pre-operative and post-operative assessments, and discharge summaries.
2. Demonstrate a high level of competency in the technical skills needed to perform as a PA.
3. Demonstrate an appropriate level of professional behaviors, including a respectful and caring attitude toward patients and a willingness to function as a cooperative member of the health care team.
4. Demonstrate an understanding of, and adherence to, the clinical limitations of a PA.
5. Demonstrate the knowledge required to order and interpret common diagnostic studies.
6. Demonstrate the knowledge needed to establish a diagnosis and/or differential diagnosis for common medical and surgical disorders.
7. Demonstrate the knowledge and skills needed to establish a treatment plan for common medical and surgical diseases and disorders.

8. Demonstrate the ability to assist the surgeon in all delegated tasks, including first-assisting, wound closure, hemostasis, suture tying, and other invasive procedures.
9. Demonstrate proficiency in recording Progress / SOAP Notes, Procedure Notes, Daily Orders, Discharge Summaries, Operative Notes, Pre-operative Orders, and Post-operative Orders.
10. Demonstrate an adequate level of knowledge to recognize and refer (to their supervising physician) complicated medical and surgical problems that are beyond the capabilities of a PA.
11. Demonstrate the knowledge required to counsel patients about common surgical and medical diseases and disorders.
12. Demonstrate the knowledge and fortitude needed to conduct their personal and professional lives in a legal and ethical manner.
13. Demonstrate a working knowledge of quality assurance and management.
14. Demonstrate an appropriate level of sensitivity to socioeconomic and cultural and human rights issues, including the appropriate management of patients irrespective of religion, race, gender, disability, socioeconomic level, and sexual preference.
15. Demonstrate an ability to properly evaluate and participate in medical research.
16. Demonstrate a commitment to life-long professional growth and medical education.

CLINICAL YEAR PRINCIPLES AND RULES

1. Students should contact the preceptor by phone prior to the start of every rotation. This should occur approximately 1 week prior to the start of the rotation.
2. On the first day of the rotation, students should meet with the preceptor to determine the rotation schedule and duties. Rotation objectives should be reviewed at this time and mutual expectations discussed. *This is the student's responsibility.*
3. As a general rule, students should adhere to the same schedule as the preceptor. However, no less than 40 hours and no more than 70 hours of clinical work per week is allowed. Exceptions may occur during the rotation. If this occurs, the students should contact the Director of Clinical Education.
4. For the Emergency Room rotation, a minimum of 160 hours must be worked. The student must work at minimum, 24 hours of weeknight shifts (11p-7a or 7p-7a), 24 hours of weekend night shifts (Fri, Sat and Sun from 11p-7a or 7p-7a), and 48 hours of evening shifts (3-11p). If the student does not complete the required shifts, an Incomplete (I) will be given until the appropriate hours are completed. Each student is required to submit their schedule to the Director of Clinical Education by the end of the first week of each rotation.
5. Students should acquaint clinic staff and hospital officials of their schedule and expected duties. The preceptor will provide information about the degree to which this procedure is necessary.
6. Students must notify the Director of Clinical Education and preceptor of all absences during the rotation. This should include both the student's absence and preceptor's time off. All absences must be approved by the Director of Clinical Education and by the preceptor.
7. Students should complete the rotation objectives to the maximum extent possible, while recognizing that all stated objectives and technical procedures may not be completed given the variability of student capabilities and patient loads.
8. As a general rule, students should be actively engaged in clinical duties by the second week of the rotation. Failure to become actively engaged by the second week should prompt a call to the Director of Clinical Education for advice.
9. Students should schedule a mid-rotation conference with the preceptor to review their progress and discuss potential concerns. The Mid-Rotation Evaluation form should be completed and returned to the Director of Clinical Education. *This is the student's responsibility.*

10. As a general rule, students should devote approximately 2 hours per day to completing the reading objectives. If the student's schedule does not permit this, the Director of Clinical Education should be consulted.
11. ***Patient tracking is a requirement for accreditation,*** therefore students must maintain and update their clinical tracking logging system and submit it at the conclusion of each rotation. ***As a rule, students should have 100 patient-contacts logged each rotation.***
12. Students should schedule an end-of-rotation meeting with the preceptor to review their performance and fill-out the Student Performance Evaluation. Although the preceptor may prefer to complete the form in private, students should attempt to determine if a major problem exists prior to leaving the rotation site. *This is the student's responsibility.*
13. Students must work under the direct supervision of a licensed physician, Physician Assistant, nurse practitioner, or nurse mid-wife in all clinical settings. Students are not allowed to independently evaluate patients, establish a diagnosis, order laboratory or special studies, or carry-out treatment plans without the direct supervision or oversight of their preceptor. No patient should be discharged without consultation with the preceptor.
14. Students must not receive compensation for the services they provide during their rotations, nor are they allowed to represent themselves as employees of the facility during their clinical year.
15. PA students do not work for the program in any capacity.
16. ***The program has a strict policy against students being employed during their clinical year, this is prohibited per program policy.***
17. Students must always represent themselves as a Physician Assistant student and must never represent themselves as a Certified Physician Assistant.
18. ***Off duty socializing with preceptors and office staff is discouraged.*** It is considered unethical to develop a romantic or sexual relationship with a patient, preceptor, or office staff member, and *sexual misconduct may result in program dismissal*.
19. Students must immediately report all needle sticks and accidental exposures. See Appendix B for a full description of this policy.
20. Students have the right to refuse an order if they believe that it will jeopardize patient care. If an order is refused; however, the Director of Clinical Education should be immediately notified.
21. Students cannot be used as a substitution for clinical or administrative staff in the program office or at clinical sites.
22. If a class is scheduled on campus during your rotation, attendance is mandatory. If the student is absent from class, this will count as a full personal day. Absences must be approved by the Director of Clinical Education.
23. Acceptance of gifts, trips, hospitality, or other items from any hospital or office personnel (including your preceptor) is prohibited.

STUDENT CONDUCT

Students are guests of each rotation site and should create a positive impression of themselves, the program, and the Physician Assistant profession. Discretion and professional behavior is required. Student interactions should be courteous and respectful to all persons. All student evaluation forms contain "Professional Manner" objectives that must be met to successfully complete the rotation. Included are objectives in truthfulness, punctuality, dependability, proper patient rapport, good professional relations, and awareness of professional limitations. *An unsatisfactory grade ("U") in any of these objectives will result in a failing grade for the rotation and possible dismissal from the program.*

No alcoholic beverages or illicit drugs are to be consumed during working hours or while on call. If a student is found intoxicated during working or call hours, they may be dismissed from the program. Students are reminded that the use of illicit drugs is a violation of university policy and will be addressed by university officials.

ACADEMIC MISCONDUCT

https://www.uab.edu/students/one-stop/policies/academic-honor-code

NON-ACADEMIC MISCONDUCT

http://www.uab.edu/students/sarc/images/documents/non-academic-student-code-of-conduct-policy.pdf

GUIDELINES FOR MANAGING STUDENT MISCONDUCT

The policies and regulations of the Physician Assistant Studies Program are intended to facilitate learning and provide a working relationship based on trust, self-discipline, and respect for the rights of others. Depending on the gravity of a student infraction, the program will generally work through a "progressive disciplinary" process. This means that the least severe level of discipline applicable to the situation will be explored before invoking more harsh levels of discipline. The goal of progressive discipline is to improve a student's performance, while at the same time documenting the efforts of the program faculty in the event of discharge. The following are the standard progressive disciplinary steps:

ORAL WARNING: The first step in most disciplinary actions is an oral warning. This may be given by a Course Director, Director of Academic Education, Director of Clinical Education, Program Director, or clinical preceptor for substandard performance, poor class attendance, and other types of minor offenses or misconduct that occur for *the first time*. Program staff will keep notes of oral warnings in the student's program file. These notes are official documents of the University of Alabama at Birmingham and may become part of the student's UAB record based on need.

WRITTEN WARNING: A written warning may be given by a Course Director, Director of Academic Education, Director of Clinical Educaltion, Program Director, or clinical preceptor for substandard performance, poor class attendance, misconduct, and other types of more serious offenses or events that occur *after the first oral warning*. A written warning may be given instead of an oral warning for first-time gross misconduct or major offense. All written warnings will be addressed to the student in memorandum format. If there has been a prior oral warning given to the student, it will be referenced in the first written warning. The student will be asked to sign the written warning as proof of having received it. A signed copy of all written warnings will be placed in the student's official, permanent record. If the student refuses to sign the written warning, it will be noted and the unsigned copy will be placed in the student's file. A student who receives one written warning during a 24-month period (whether or not the first two written warnings resulted in probation and/or suspension) may be academically dismissed from the program without proceeding through the remaining steps in the disciplinary process.

SUSPENSION: Continued substandard performances, poor class attendance, insubordination, misconduct, and other serious offenses or behavioral problems may result in a suspension from the program. Suspension may occur after the first written warning for any major offense or as the first step if the infraction is considered serious. Students arrested and charged with a felony, if not discharged,

may, at the option of the program, be suspended pending disposition of the case. All suspension notices will be given to the student in writing by the program and will be placed in the student's official, permanent record. Administrative suspension will be adopted when it is believed that normal performance or safety would be affected or when program staff needs time to gather information for determining the specific disciplinary action that needs to be taken.

DISMISSAL: Continued substandard performance, poor performance, insubordination, misconduct, and other serious offenses or behavioral problems that continue after other disciplinary actions have been taken may result in dismissal from the Physician Assistant Studies Program. Dismissal also may occur immediately and without notice. The Program Director and Department Chair must approve the recommendation for dismissal. A student who receives one written warning during a 24-month period may be dismissed from the program without proceeding through all the remaining steps in the disciplinary process (that is, imposed probation and/or suspension). Dismissal will occur after a careful review of the case with the Program Director and Department Chair.

Student Grievance Procedure

Academic Grievance Protocol

The UAB Physician Assistant Studies Program is in compliance with the School of Health Profession's Policy for Grievance Procedure of Violations of Academic Standard. Please refer to the following link for the complete policy:
http://www.uab.edu/images/shrp/Student%20Forms/Grievance_Procedures.pdf

Nonacademic Grievance Protocol

When the persons directly involved cannot settle complaints on non-academic matters, a written complaint should be forwarded to the PA Program Director. If the Program Director is unsuccessful in resolving the complaint, it will be forwarded to the Department Chair for further consideration. For specific information concerning the procedures and processes for non-academic complaints and grievances, contact Dr. Donna Slovensky.

Procedure for Student Appeal of a Disciplinary Action

https://www.uab.edu/shp/home/images/PDF/grievance_procedures.pdf

Technical (Performance) Standards

UAB PA Technical Performance Standards

Students should be aware that the PA program requires that all students demonstrate the technical skills needed to complete the entire PA program curriculum. These skills include the ability to think critically, communicate effectively, utilize computerized information technology, and possess the visual, auditory, and motor skills needed to evaluate and treat patients effectively. A full description of these technical skills is included in **Appendix D** of this manual.

Students who are not able to demonstrate these technical skills will be subject to dismissal from the program until such time that they can demonstrate technical skill proficiency. A reasonable attempt will be made by the program to accommodate students with disabilities, as required by the Americans with Disabilities Act.

Address and Phone Number Changes

The Physician Assistant program staff requires that each student provide the program with a copy of their current address and telephone number. Changes or corrections to a student's name, address, or telephone number must also be made through the Office of the Registrar.

Assignment of Clinical Rotations

Prior to beginning the clinical year, students will be given an opportunity to state their preference for elective clinical rotations. The PA program reserves the right to approve or disapprove any requested rotation. Once a tentative schedule has been established, students will also be given an opportunity to request two changes prior to finalizing of the rotation schedule. Requests for change will be granted or rejected based on preceptor availability, program needs and rotation availability. The program maintains the right to make rotation changes when necessary to allow for unexpected situations. Although an effort will be made to solicit student volunteers for out-of-town rotations, students should be aware that they may be required to travel to distant rotation sites when the clinical schedule requires it. Students are prohibited from completing a clinical rotation at a prior employment site.

Requests for Rotation Changes

Requests for rotations changes will be determined by the following policies:

1. Students may make a request for up to two changes after the first draft is given.
2. Approval of changes are ultimately at the discretion of the Director of Clinical Education.
3. Students will have three days to make changes. After the three day time period, clinical changes will be made by the Director of Clinical Education (depending if the change is available) and the final schedule will be published.
4. No requested changes will occur after the final clinical schedule is published.

Clinical Rotation Reassignment

The Director of Clinical Education and program faculty carefully screen all clinical preceptors utilized by the program. Unfortunately, this process cannot predict whether a student and preceptor will experience personality problems and an inability to work together. In the event that a personality problem should arise (ex. personality differences, offensive interactions, or socio-cultural conflicts), a student may request reassignment to another rotation. When this occurs, the Director of Clinical Education and the Program Director will evaluate the request and make a determination that the student should either be reassigned or be required to complete the rotation.

If a student is reassigned to another rotation, but the rotation schedule does not allow for an alternate rotation site, the student will be given a grade of incomplete ("I") and will be required to complete the rotation requirements at the end of the clinical year (Note: a student will not be responsible for additional tuition in this situation).

Use of Outside Rotations

At the program's discretion, students may participate in a clinical rotation with a preceptor not directly affiliated with the program. However, the following rules will apply:

1. Students are only allowed one "outside rotation" during the clinical year.
2. The program reserves the right to deny any request for an outside rotation.
3. "Outside rotations" are permitted in rotations 6-9 of the clinical year only.

4. “Outside rotations” are restricted to elective rotations only.

If a student elects to have an outside rotation and is unable to find a suitable rotation, then a rotation change to a program rotation will be allowed.

Students who elect to complete an “outside rotation” are responsible for completing and submitting all the required paperwork for that rotation, which includes:

1. Affiliation agreements with the clinical site.
2. Hospital credentialing requirements.
3. Verification of medical malpractice insurance.
4. Verification of student immunizations.
5. Verification of instruction in universal precautions and blood-borne pathogens.
6. Verification of CPR/ACLS training.

All required paperwork must be completed two full clinical rotations prior to the scheduled outside rotation. Example: if the student’s rotation is in rotation 7, the signed paperwork is due on the last day of rotation 4. Failure to complete this requirement will result in a denial of permission. If this occurs, another rotation will be assigned or the student will have to “sit out” the month and complete the elective rotation in the month following graduation.

Students are responsible for finding their own housing and paying for additional expenses incurred while attending the “outside rotation.”

While attending an “outside rotation” students are responsible for completing all required coursework. This includes, but is not limited to, obtaining notes and lecture materials, switching assigned presentation time slots with peers, and making up any missed quizzes.

Students must return to Birmingham, AL to take the end-of-rotation exam on its scheduled date or arrange with the Director of Clinical Education, a proctor to oversee a make-up test with a secure computer.

ANTI-NEPOTISM POLICY

Students will not be allowed to request that a family member (mother, father, sibling, grandparent, or significant other) or prior employment site serve as their preceptor. If requested by the student, the site will not be approved by the Director of Clinical Education. The potential that a personal relationship will interfere with the educational process is too great.

FRATERNIZATION

Students may not engage in consensual romantic relationships with a patient, staff member, preceptor, or other person in a position to supervise, grade, evaluate, or influence the academic progress or employment of a student. If a student does engage in a consensual romantic relationship with these individuals, they will be subject to disciplinary action and may be dismissed from the program. Off duty socializing with the preceptors and office staff is discouraged. It is considered unethical to develop a romantic or sexual relationship with a patient, preceptor, or office staff member, and sexual misconduct may result in program dismissal.

Background and Drug Screen

You are required to complete a background check and drug screen immediately prior to the start of the clinical year. This MUST be completed by the end of the prior semester (FALL). If it is not complete, you will not be allowed to begin your clinical rotations.

Release of Information

A "Release of Information Form" will be placed in the student's file for prospective employer use.

Dress Code for Clinical Rotations

A dress code has been established for students in the Physician Assistant Studies Program.
See Appendix A for a detailed description of the dress code.

Liability Insurance

Liability insurance is provided free of charge to all clinical year students through the University of Alabama at Birmingham Professional Liability Trust Fund. Additional liability insurance may be obtained through the UAB Office of Risk Management and Insurance. For more information about this insurance policy call 934-5382.

Lockers

Approximately 10-12 full-size lockers are available for student use during the clinical year at UAB Hospital. The lockers are located in the Senior Student Lounge on the 16th floor of Jefferson Towers, University Hospital.

Lounge (University Hospital)

A lounge is available to clinical year students in room 1647, 16th floor of Jefferson Towers, University Hospital. A code is required to enter the lounge, which may be obtained from the Director of Clinical Education. For security purposes, do not inform others of the code.
Phone Number: 934-3605.

Note that text books, journals and other forms of program property should remain in the lounge. Program property that is lost, stolen or defaced will be the responsibility of the entire class. It is also the student's responsibility to maintain the cleanliness of this lounge.

Meals

Some clinical sites provide free meals to students, which the program neither requires nor requests. Note that refreshments within physician lounges are off-limits to students unless specifically offered by physician preceptors.

UAB Blood/Body Fluid Exposure Guidelines

Updated 6/26/2017
This guideline outlines recommended actions following any blood/body fluid exposure to a UAB enrolled student or visiting scholar.

Students and scholars may be exposed to blood/body fluids in the course of their clinical and/or research duties at a UAB facility or at a non-UAB facility where a student is involved in a practical experience for credit at UAB. As all blood and body fluids are considered infectious, regardless of the perceived status of the source individual, all students and scholars must follow OSHA guidelines for universal precautions to prevent contact with blood or body fluids in classroom settings and clinical rotation sites. This includes use of gloves, eyewear and protective clothing, as well as proper care of sharp objects and other precautionary measures. These guidelines are printed on UAB Medicine safety cards; students should keep a safety card with them and consult it in the event of exposure.

Definitions

For purposes of this guideline,

1. A "**student**" is defined as any student enrolled at UAB in a clinical or non-animal research setting.

2. A "**visiting scholar**" is any student, graduate student, post-doctoral student, instructor, or practitioner participating in UAB clinical or non-animal research activities for a short-term period.

3. An "**exposure**" is generally defined as a **percutaneous injury** (e.g., a needle stick or cut with a sharp object) or contact of **mucous membrane** or **non-intact skin** with **blood**, **tissue**, or **body fluids**, whether or not there is visible blood.

Procedure

In the case of any needlestick injury or other accidental blood/body fluid exposure, students and scholars should **immediately** take appropriate measures as follows:

1. **Remove and properly dispose of all contaminated personal protective equipment.** Wash the exposed area thoroughly with soap and running water. Use antibacterial soap if possible. If blood/body fluid was splashed in the eye(s) or mucous membrane, flush the affected area with running water for **15 minutes**. Remove and dispose of contacts if worn.

2. **It is mandatory to report all exposures to the host institution and UAB Employee Health as soon as it occurs**. Contact UAB Employee Health, **Monday-Friday 7a.m.-4:30p.m.** (closed 12p.m-1p.m.) at **205-934-3675**. After hours, between 1**2p.m.-1p.m.** on **weekdays, on weekends, holidays** and in case the department is **closed due to inclement weather,** call Hospital Paging at **205-934-4311** and ask for the **Needlestick Team Member** on call.

3. **It is mandatory to report all exposures to a preceptor /clinical supervisor and Director of Clinical Education as soon as it occurs.**

4. **It is mandatory that an incident report be filed at the host institution (if applicable) and at UAB https://riskmgt.hs.uab.edu/incident.html. UAB Employee Health can assist the student with questions or concerns.**

5. **It is mandatory that the student or visiting scholar gather the following information**:
   a) **Identify the HIV, Hepatitis B and Hepatitis C** status of the source patient. If a source patient's serological status is unknown, the student, scholar, or preceptor/clinical supervisor should contact the source patient's attending physician and request that the physician obtain a specimen for STAT serologic testing. Recommended testing of the source patient includes

a **Rapid HIV, HBsAg, and HCV antibody**. It is critical to ensure that the hosting institution draws labs from the source patient in a timely manner (**within 2-4hours**). The results of the serology testing should be reported to UAB Employee Health immediately.

- If serologic testing cannot be obtained on the source patient, seek guidance from the host institution and call UAB Employee Health for further instructions. (See Employee Health contact number and after hours information noted below).
- If the source patient's Rapid HIV, HBsAG, and HCV antibody is negative, it is **not** recommended (per CDC guidelines) for the student or scholar to have baseline or follow-up serology drawn. DO NOT go to the ER unless immediate medical attention due to injury from the exposure is necessary.

b) If the exposure warrants blood work from the student or scholar due to **positive serology** results from the source patient, baseline serologic and vaccination evaluation of the student or scholar should including the following:

- **HIV Antibody, HCV Antibody** and any additional labs, as determined by the healthcare provider of the host institution or after consultation with UAB Employee Health, should be drawn.
- **Hepatitis B** vaccination and **Hepatitis B titer** status. If unknown an HBsAb and HBsAg should be drawn.
- **Tetanus** vaccination status.

After taking appropriate immediate measures as outlined above, students or scholars should seek further evaluation and care based on where the incident occurred:

For exposures occurring on the UAB campus (UAB Hospital, Kirklin Clinic, UAB outpatient clinics, Non-animal research labs) or at any institution within a 60 mile radius of the UAB campus. It is mandatory that the student or visiting scholar:

- Report to UAB Employee Health Monday-Friday (**7:00 a.m.- 4:00 p.m.**), located on the 1st floor, UAB Spain Wallace S123 (**205-934-3675**). The department is closed **12p.m.-1p.m.** for lunch.
- **After 4:00 p.m.**, **between 12p.m.-1p.m.**, on **weekends, holidays**, and in case the Employee Health Department is **closed due to inclement weather**, call **Hospital Paging (205-934-3411)** and ask the operator to page the **Needlestick Team Member** on call. **Report to UAB Employee Health the next business day**.
- Continue to communicate with Employee Health regarding all follow-up care.

For exposures occurring **at a non-UAB hospital or clinic greater than a 60 mile radius from UAB campus it is mandatory to:**

- Inquire about the institution's exposure policy. If the host institution or physician's office offers to provide medical care and recommended testing, have an initial evaluation and follow-up performed there in accordance with the host institution's policy. **Continue to communicate with Employee Health regarding all follow-up care.**
- If the host institution refuses to provide medical care and recommended testing, immediately notify UAB Employee Health at **205-934-3675** for further instructions and complete a trend tracker incident report at https://riskmgt.hs.uab.edu/incident.html. You may be required to report to a local emergency room for initial treatment and/or medical treatment in case of injury.
- If the hosting facility provides initial treatment, but refuses to provide long-term follow-up care, gather all completed documentation, serologic results from post-exposure, including the

patient's lab work, and notify UAB Employee Health. UAB Employee Health will provide the long-term follow-up care at no charge.

It is very important for blood/body fluid exposures to be reported according to the above guidelines. All students or scholars in a clinical, and/or non-animal research placement will be covered for costs incurred in assessing and/or treating potential or actual exposures providing they adhere to this procedure as outlined. This includes costs incurred for any appropriate services rendered (e.g., ER evaluation, including but not limited to lab work, post-exposure prophylactic therapy, immunizations provided onsite or during follow-up at UAB Employee Health), whether on campus or at a non-UAB hospital or clinic.

For treatment costs incurred at or outside of a UAB facility, please forward all invoices/bills (must be detailed/itemized), documentation of exposure/incident report as soon as they are received to:

UAB Hospital Employee Health
Suite SW123
619 19th Street South
Birmingham, AL 35249
Phone: 205-934-3675
Fax: 205-975-6900

For questions, UAB Employee Health may be reached by phone at **205-934-3675** during normal business hours or by email at employeehealth@uabmc.edu.

Attendance Policy

Inclement Weather Days

Clinical-year students are expected to make every effort to attend clinical rotations regardless of the weather. If inclement weather prevents student completion of rotation responsibilities, students are required to notify both their rotation service and the program office of their absence.

Attendance during the Clinical Year

As a general rule, students should keep the same hours as their assigned preceptor and should work between 40 and 70 hours per week. If this is not possible, students should contact the Director of Clinical Education. Note that student hours will often include night shifts, weekends and participation in medical rounds.

Excused Absences

For absences to qualify as an excused absence, students must obtain explicit written permission from the program and the preceptor *prior* to the absence. The only exceptions to this are critical personal illness and unforeseen, unavoidable incidents (i.e. car accidents or breakdowns). In these cases, students will have to provide documentation justifying the absence.

Specific policies pertaining to excused absences include:

- In the case of personal illness, pregnancy, or unavoidable circumstances, students must notify both the program office and the preceptor once the decision not to attend clinical responsibilities is made.

- Leaving a voice mail with the Director of Clinical Education's office is acceptable; however, an email should be sent as well.
- Documentation of the illness or event will be required (i.e. doctor's excuse or mechanic bill).
- Absences due to religious holidays recognized by the University will be excused provided students give faculty written notice at the beginning of the term.
- Excused absences may not exceed five consecutive days. Absences that exceed five consecutive days must be considered as personal leave (see below). Excused absences will be arranged at a rate of one day for each missed day. This make-up time will take place preferably during the weekend between rotations. Otherwise, the student will receive a grade of "I" and will be required to make-up this time the next semester following the last clinical rotation of the clinical year. A site will be chosen at the discretion of the Director of Clinical Education. Once this time is completed, the student will be assigned a final grade without deduction. If this deficiency is not completed or is unsuccessful, a grade of "F" will be earned.
- Failure to follow these rules will result in an un-excused absence.

UNEXCUSED ABSENCES

An unexcused absence is any absence during the clinical year that does not have approval of both the preceptor and Director of Clinical Education. This also includes failure to inform the Director of Clinical Education or clinical site of the absence. An unexcused absence will result in a time deficiency or disciplinary action as described below.

- Deficiency of the missed time will result in forfeiting two personal days for each missed clinical day. For example: if you have one unexcused absence resulting in missing one clinical day, you will be docked 3 total personal days. One day for the absence and 2 penalty days in which you forfeit.
- Personal counseling by program faculty and a letter of reprimand will be placed in the student's permanent file.
- Depending on the nature of the absence and availability of clinical sites, the student will be assigned to complete the deficiency within the same specialty service as the absence.
- In the event a clinical site is not able to accommodate this time, the student may be assigned to another clinical site at the discretion of the Director of Clinical Education. The student will receive a grade of "I" for the rotation. Once the preceptor has documented successful completion, the grade will be changed to reflect the earned grade on the rotation. If this deficiency is not completed or is not successful, a grade of "F" will be earned.
- Any deficiency may be completed on weekends (if the clinical preceptor agrees and there is sufficient work to be done during the weekends) or will be completed the next semester after their last scheduled rotation of their clinical year.
- In special circumstances, the program may arrange for completion of a deficiency during University breaks and with the approval of the Associate Dean.
- The second occurrence of an unexcused absence of any length will result in a faculty review of the student, and either rescheduling of clinical rotation days for the unexcused absence or dismissal from the program.

PERSONAL LEAVE OR ABSENCE

Each student is allowed 5 personal days during the clinical year. Students will be eligible for a personal leave in the event of a severe illness or death/critical illness of an *immediate* family member. With the

exception of a severe personal illness or injury, students must obtain written permission from the Program Director prior to any absence from the program for more than five days.

The following policies govern personal leave or absences:

1. Personal days may only be used for illness, death of a loved one, interviews, review courses, medical appointments, or any unplanned absences (i.e. car trouble).
2. The Director of Clinical Education and the preceptor must be informed as soon as the decision is made to not attend your rotation for the day.
3. *Personal days may not be taken on scheduled test days (end of rotation test days).*
4. If a student chooses to use personal days, no make-up days will be required if the absence does not exceed the remaining personal days. However, no more than 3 days can be used on any one rotation without having to make up the time. Absences that exceed remaining personal days will require make-up days *at the rate of one day for each missed day.*
5. Once five personal days have been taken, all subsequent absences will require documentation that the absence meets the criteria for excused absences or personal leave. Otherwise, students will earn an unexcused absence and may be subject to remediation or dismissal from the program. (Please see excused absence policy above).
6. Any request for a half day will be counted as a full day.
7. It is the student's responsibility to submit a signed "Personal Leave or Absence" form. All forms must be approved by the preceptor and Director of Clinical Education.
8. Personal leave in excess of 4 weeks may result in administrative withdrawal from the program. The decision to administratively withdraw a student will be made by the Program Director. If the student was in good standing prior to withdrawal, they may be given the option to re-enter the program. Credit for coursework completed prior to the leave will be determined at the discretion of the Program Director.
9. If a student requests and is granted a personal leave, no deduction in personal days will result.
10. Days missed due to personal leave will be made up by the schedule established by the Director of Clinical Education.
11. Make-up days for personal leave will extend into one more semester of graduate school for completion of the clinical year. Students will receive a grade of "I" for all rotations in which absences occur. Following successful completion, students will have their grade recorded without deduction.
12. Failure to follow these rules will result in an unexcused absence.

PRECEPTOR VACATIONS / ILLNESS

In the event that a preceptor takes a vacation or becomes ill during a clinical rotation, the student is required to ***immediately*** notify the Director of Clinical Education. When possible, arrangements will be made for the student to complete the rotation at another clinical site. If this is not possible, the student will be given an "I" and will be required to complete the rotation the next semester. ***Under no circumstances, should a student attempt to make their own arrangements for completion of the rotation.***

Failure to notify the Director of Clinical Education of a preceptor's absence may result in the student receiving disciplinary action, as described in the Unexcused Absence Policy.

Jury Duty/Military Duty

Clinical time lost due to jury duty or military duty must be made up at a rate of one day for each missed day. Make-up days will occur as soon as possible, but days may be deferred until the last rotation of the clinical year or will be required to be completed the next semester. Students may utilize up to 5 personal days to fulfill completion of clinical rotation requirements. Note that the two weeks of yearly training required for Reserve Forces and National Guard may be waived during the clinical year. Students are encouraged to seek this waiver. If this does not occur, the two weeks must be made up.

Off-Rotation Clinical Experience

Under no circumstances should a student leave an assigned rotation in preference for a clinical experience that is not under the supervision of their assigned preceptor. In the event that a student is given the opportunity to participate in a clinical experience that is not under the supervision of the assigned preceptor, the student must obtain permission from the Director of Clinical Education and the assigned preceptor. Permission must be obtained prior to the event. Failure to do so will result in an unexcused absence.

Clinical Year Academic Policies

Grading Policy

Clinical rotation grades are based on preceptor evaluations, end of rotation exams, successful completion of the patient logging system, Exam Master, and successful completion of a History and Physical Examination write-up. Students must receive a minimum grade of "C" (70%) on both the preceptor evaluation and the end-of-rotation exam to pass a rotation.

Students must also maintain at least a 3.0 GPA during each semester of the clinical year, and must achieve an overall GPA of 3.0 or better to graduate from the program. This is a Graduate School requirement, and failure to meet this requirement will place the student on academic probation and jeopardize their right to graduate.

The letter grade assigned to each required rotation is based on the following formula:

50% of the grade will come from the preceptor's evaluation of the student's performance
30% of the grade will come from the student's performance on the end-of-rotation exam or a typewritten elective paper
10% of the grade will come from the student's written H&P
5% of the grade will come from the student's patient logging system
5% of the grade will come from Exam Master test completion

The letter grade for the rotation will be calculated using the following formula:

A= 90% - 100%
B= 80%-89%
C= 70%-79%
F= 69% or less

The UAB PA program has purchased a practice PANCE exam from Exam Master. Each student is required to take a practice PANCE examination during each rotation. Students can choose which Friday after Senior Seminar Series class they would like to test. The exams are only available each weekend.

There is no grade associated with this examination. If the student does not complete a practice exam, a grade of "I" will be given for that rotation.

Preceptor Evaluations

- It is the student's responsibility to submit or confirm submission of preceptor evaluations at the completion of the rotation. (see Student Performance Evaluation).
- Failure to obtain at least a "C" (70%) score on the preceptor's evaluation will require a repeat of the rotation. A second failure to achieve at least a "C" (70%) grade on the rotation will result in permanent dismissal from the program.
- Receipt of an unsatisfactory "U" grade on any of the professional manner objectives will result in automatic failure ("F") of the rotation and may include permanent dismissal from the program. The professional manner objectives include truthfulness, punctuality, dependability, proper patient rapport, good professional relationships, and awareness of professional limitations.
- Failure to secure a preceptor evaluation by the end of the semester will result in a grade of "I" for the rotation. Per UAB policy, any unresolved "I" by the end of the subsequent semester will result in a grade of "F" for the rotation.
- Students are encouraged to complete a midterm evaluation with their preceptor. A Mid-term Evaluation Form completed by the preceptor will not enter into the grade calculation. However, it is in the best interest of the student to inquire and gain feedback.
- Items marked NA/DO (not applicable/didn't observe) on the evaluation forms will not enter into calculation of the final grade.
- Students who wish to have additional preceptor evaluations considered in calculation of the rotation grade must receive prior approval by the Director of Clinical Education. The Director of Clinical Education has the right to either accept or reject these additional evaluations when calculating the final grade.

Examinations

Core end-of-rotation exams are purchased by the students from PAEA. End-of-rotation exams are generated from the assigned objectives and reading list developed for each rotation. Exams are scheduled on the last Friday of each clinical rotation, unless otherwise specified. Personal days may not be taken on any scheduled test day (ie. senior seminar series or end of rotation).

- *All students are required to obtain no less than a 70% on all end-of-rotation exams.*
- Students who receive less than 70% on <u>one</u> end of rotation exam will be allowed to retake the exam the following Friday.
- Failure to obtain at least a 70% on the retake exam will result in the student receive a failing grade for that rotation, and the student will be required to repeat the entire rotation.
- If a student receives a grade less than 70% on any <u>subsequent</u> end of rotation exam and on the retake exam, *the student will be dismissed from the program due to failing 2 rotations in the clinical year*.
- Successful completion of any retake exam with a score of at least 70% will allow the student to progress in their clinical year. However, a score of 70% will be used to calculate the final letter grade for that rotation, regardless of the score earned on the retake exam.

Patient Logging System

Clinical tracking information is required for all rotations. Entering this information requires computer access/PDA access. It is recommended that tracking information be entered daily. If the student does

not have computer access, then the student may download data from the second floor computer lab of the Learning Resource Center before and after any senior seminar.

- There is a $95 dollar one-time cost to the student for the tracking system.
- If the minimum patient encounters are not logged, then a reduction in the student's grade will occur.
- Failure to complete and update the patient logging system will result in a grade of "I" for the rotation.
- This is due at 8 am the Monday after completion of the rotation.

Elective Rotation Paper

Elective rotation papers must be submitted in the following format:

- Cover page with the title, students' name, rotation prefix, and date.
- The paper should be a **3-5 page single spaced**, research paper on a topic of interest that is pertinent to the elective rotation.
- **Times New Roman 11 font, single space**, **1" margins, numbered pages and AMA reference style**.
- All elective papers **MUST** be submitted by 1pm either fax copy or a hard copy by the start of class to the Director of Clinical Education **AND** the assignment folder's "turnitin site" on Canvas (as you used for your Masters' project). (Fax Number 205-975-3005)
- The papers will be graded based upon the level of critical thinking. Failure to follow the above instructions will result in a grade of 70%.

History and Physical Exam Write-ups

- H&P's must be **TYPED** and are due on the second Friday of the rotation at 8:00am.
- *The H&P must be submitted in the appropriate course shell and category in Canvas.*
- Any H&P submitted after this time will have a 20 point deduction per day of the grade.
- Poorly written H&P's will be returned to the student for correction, and the maximum grade will be 70%.
- *Students who submit H&P's with information found to be falsified will:*
  - Receive a grade of "F" on the assignment
  - Receive a grade of "F" for the associated rotation
  - Note the student may be considered for expulsion from the program

Summative Evaluation of Student Knowledge

Completion of a Summative Evaluation at the conclusion of the clinical year with a grade of "C" (70%) or better is required for graduation. This summative evaluation consists of both a clinical examination (OSCE) and a comprehensive written exam administered during the last semester of the program. Failure to pass this summative exam will require remediation until the student is able to pass the exam.

Faculty Site Visits

Regular site visits are required for proper evaluation of student progress. Students can expect to be visited by the Director of Clinical Education at a minimum of two times during the clinical year. A site visit may consist of a meeting (face-to-face, electronic (Skype) or telephone) with the preceptor and/or with the student. A Site Visit Report will be filed in the program's office after each visit.

GRADUATION

APPLICATION FOR DEGREES

Students planning to graduate are required to file an application for their degree with the UAB Graduate School at least six months before the completion of their degree requirements. (Please see the University's website for deadline dates). There is a fee to cover the cost of the diploma.

Students who have demonstrated superior scholastic attainment may be recognized through a series of School of Health Professions (SHP) awards, including:

1. Dean's Leadership and Service Award presented to up to three outstanding SHP students for scholarship, leadership and service to SHP and to UAB.
2. Cecile Clardy Satterfield Award for Humanism in Health Care presented to an outstanding student in recognition of achievements for humanitarianism in the clinical portion of a SHRP educational program.
3. Alfred W. Sangster Award presented to an outstanding international student enrolled in one of SHP's programs.
4. Charles Brooks Award for Creativity presented in recognition of creative and innovative accomplishments of a SHP student.
5. Margaret K. Kirklin Award for Excellence presented to a graduating senior who has attained outstanding academic achievement throughout their enrollment in the Physician Assistant Studies Program.

PA CERTIFICATION EXAM (PANCE)

INITIAL CERTIFICATION

To obtain the PA-C designation, students must pass the Physician Assistant National Certifying Exam (PANCE). Administered several times during the year, the PANCE is a multiple-choice test that comprises 360 questions that assesses basic medical and surgical knowledge. Preregistration is required, and students may choose from over 300 Sylvan Technology Center testing sites, located throughout the country. Students are responsible for arranging a time to take the exam. After passing the PANCE, Physician Assistants are issued an NCCPA certificate, entitling them to use of the PA-C designation until the expiration date printed on the certificate (approximately two years).

The program encourages students to take the PANCE immediately after graduation.

For Additional Information Contact the NCCPA at:

National Commission for the Certification of Physician Assistants (NCCPA)
12000 Findley Road, Suite 100
Johns Creek, GA 30097-1409
Phone: (678) 417-8100
info@nccpa.net

MAINTENANCE OF PA-C CERTIFICATION

The initial certification marks the beginning of a six-year certification cycle. To maintain PA-C certification at the conclusion of this cycle, Physician Assistants must follow a three-part process that involves documentation of continuing medical education (CME), submission of re-registration materials and successful completion of a re-certification exam. Additionally, during each two-year period of the

six-year cycle, PAs must complete a minimum of 100 hours of CME and submit evidence of this to NCCPA or the American Academy of Physician Assistants (AAPA). PAs must also pay a re-registration fee to NCCPA. During the sixth year of the certification cycle, PAs successfully pass a PANRE re-certification exam.

State Licensure / Registration

The state of Alabama requires continuing education hours to maintain certification. If students plan to practice in another state, they need to contact that state board of medical licensure for recertification specifics.

Professional Organizations

The American Academy of Physician Assistants (AAPA)

AAPA is the national organization that represents Physician Assistants in all specialties and all employment settings. Founded in 1968, the Academy has a federated structure of 57-chartered chapters representing PAs in all 50 states, the District of Columbia, Guam, and the federal services membership also includes Physician Assistant students and supporters of the profession.

For more information contact:
The American Academy of Physician Assistants
2318 Mill Road, Suite 1300
Alexandra, VA 22314
Phone: (703) 836-2272
Web Address: http://www.aapa.org

Alabama Society of Physician Assistants (ASPA)

Founded in 1975, ASPA members located throughout the state. Members receive the ASPA newsletter/journal, special rates for ASPA CME conferences, invitations to CME dinner meetings, as well as other networking opportunities.

For more information contact the ASPA at:
Alabama Society of Physician Assistants
P.O. Box 550274
Birmingham, AL 35255-0274
Web Address: http://www.myaspa.org

Educational Objectives for the Emergency Medicine Rotation

Description of the Rotation

The emergency medicine rotation is a four week, four credit hour rotation designed to provide Physician Assistant students with clinical experience dealing with emergency medicine problems. The rotation is intended to strengthen the student's ability to develop a systematic approach to the evaluation of common emergency problems, develop skill in performing selected technical procedures, develop an understanding of emergency medicine diagnostic procedures, develop a tentative diagnose and treatment plan, and develop an appreciation of their professional limitations. It is expected that experiential learning will be supplemented with outside reading, and participation is a series of educational conferences and seminars.

REQUIRED TEXT

Current Diagnosis and Treatment Emergency Medicine(most current Edition)
C. Keith Stone, Roger L Humphries: McGraw-Hill Lange

FOR THE EMERGENCY ROOM ROTATION

A minimum of 160 hours must be worked. The student must work at minimum, 24 hours of week night shifts (11p-7a or 7p-7a), 24 hours of weekend night shifts (Friday, Sat., Sun.) and 48 hours of evening shifts (3-11p). If the student does not complete the required shifts, an "I" will be given until they are completed. Each student is required to submit by the first week's senior seminar.

ROTATION OBJECTIVES

Students will be required to demonstrate knowledge in the below listed learning objectives and also the learning objectives listed by the PAEA end of rotation exam blueprint and topic list.

1. The student will demonstrate knowledge and skill in evaluating and managing emergency medicine problems at the level of a physician assistant. Competency is expected in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory/special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis and differential diagnosis
- Establishing a tentative treatment plan
- Describing indications for referral, consultation, and ancillary services.

2. The physician assistant students will apply the knowledge and skills learned to evaluate and manage the following medical and surgical problems at the level of a physician assistant:

<u>Eye/Ears</u>:

Epiglottis
Sinusitis
Otitis Media/externa
Otolaryngologic emergencies
Corneal Abrasion
Foreign body removal from the eye, nose & ear canal
Acute Dacryocystitis, Subconjunctival Hemorrhage,
Foreign body removal from eye
Ocular burns
Hyphema
Acute angle-closure glaucoma
Iritis/Uveitis
Retinal detachment
Orbital cellulitis

<u>Dermatological</u>
Poison Ivy

Animal bites
Frostbite
Burns
Scabies and Pediculosis,
Herpes Zoster
Impetigo
Drug Reaction
Stevens-Johnson syndrome
Urticaria

Cardiovascular/Pulmonary:
CPR
Choking
CHF
Coronary artery disease/ Myocardial Infarction,
Cardiac/Respiratory Arrest
Cardiac Arrhythmias
Anaphylaxis
Unstable Angina
Chest pain
Aortic aneurysm
Hypothermia
Hypertensive Crisis
DVT/PE
Acute Arterial Occlusion
Shock
Pneumothorax
Asthma
Smoke Inhalation
Airway Obstruction
TB
Pneumonia,
Croup/Bronchiolitis
Fluid & electrolyte disorders
Acid-base disorders

Abdominal
Abdominal pain evaluation
GI Bleeding evaluation
Mallory-Weiss Tear
Appendicitis
Peptic Ulcer Disease
Diverticulitis
GERD
Poisoning
Bowel obstruction
Inflammatory bowel disease
Diarrhea evaluation

Dysphagia evaluation
Hepatitis
Pancreatitis,
Cholecystitis/Cholangitis

GU/GYN:
Acute renal failure,
Renal calculi
Pyelonephritis
Prostatitis
Testicular Torsion
UTI
Hematuria evaluation
STD's/Pelvic inflammatory disease
Abnormal menstrual bleeding

Musculoskeletal:
Fractures/Dislocations
Meniscal/Ligamental injuries
Lacerations
Strains/Sprains
Gout/ Pseudogout
Joint effusion
Septic arthritis
Herniated Discs
Low back pain

Neurologic:
Vertigo evaluation
Tremor evaluation
Headaches
CVA/TIAs
Syncope evaluation
Head & neck trauma evaluation
Dementia/Delirium
Meningitis/Encephalitis
Seizures, Loss of Consciousness

Psychiatric
Acute anxiety
Acute Psychosis
Alcohol/ Drug Abuse
Domestic Violence
Rape
Child Abuse,
Attempted
Suicide

Endocrine:
Ketoacidosis/Hyperglycemic Hyperosmolar Nonketotic coma
Insulin shock
Hypoglycemia
Lactic acidosis
Hyperthyroidism/ Hypothyroidism
Adrenal crisis

Hematopoietic:
Acute anemia evaluation
Bleeding disorder evaluation/DIC
Blood & platelet transfusion
Sickle Cell Crisis

Infectious Diseases:
Fever of undetermined origin evaluation
Infectious diarrhea evaluation & treatment
CNS infection evaluation & treatment
Animal & human bite evaluation & treatment
Respiratory infection evaluation & treatment

Legal Aspects of Emergency Care:
Good Samaritan laws
Negligence, Consent,
Reportable events
Medical Records

Technical Objectives

Develop skill in performing and interpreting the following procedures. It is understood that some of the procedures may not be performed:

Insert intravenous catheter	Wound Care
Give intramuscular, sub-cutaneous,	Local Anesthetic injection
intravenous and intradermal injections	Lumbar puncture
Insert nasogastric tubes	Joint aspiration
Insert urinary catheters	Foreign body removal
Administer oxygen	Perform CPR/ACLS
Venipuncture	Intubation
Laceration suturing	Central line insertion

EDUCATIONAL OBJECTIVES FOR THE OUTPATIENT MEDICINE ROTATION

GENERAL DESCRIPTION OF THE ROTATION

Outpatient medicine is a four week, four credit hour rotation designed to provide Physician Assistant students with supervised clinical experience dealing with outpatient medical problems. Emphasis is placed on performing medical history and physical examinations on patients of all age groups, ordering and interpreting laboratory tests, formulating differential diagnoses, and developing primary care

treatment plans. Proficiency is expected at the level of a practicing physician assistant in Outpatient medicine.

Students are expected to perform many of the common technical procedures involved in outpatient medical practice, and are also expected to develop skill in evaluating the literature and conducting evidence-based evaluations of controversial medical topics. Professional behavior is required in all aspects of the student's interaction with patients and staff, including interaction with other health care professionals.

Students are expected to supplement their experiential learning with outside reading and study, as required for completion of the rotation's objectives. The Physician Assistant Program also expects students to participate in an on-call schedule and develop proficiency in the care of patients residing in long term care facilities.

REQUIRED TEXT

Tierney LM, McPhee SJ, Papadakis MA. *Current Medical Diagnosis & Treatment*. Lange Medical Books/McGraw Hill; New York:(most current Edition)

ROTATION OBJECTIVES

Students will be required to demonstrate knowledge in the below listed learning objectives and also the learning objectives listed by the PAEA end of rotation exam blueprint and topic list.

1. The student will demonstrate knowledge and skill in evaluating and managing outpatient medical problems in patients of all age groups, including geriatric patients. Completion of the outpatient component of the Geriatric Objectives provided as an addendum to these objectives is expected during this rotation. Competency is expected at the level of a primary care physician assistant in the following areas:

- Obtaining an appropriate history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory/special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis and differential diagnosis
- Establishing a tentative treatment plan
- Establishing treatment plan for long-term care patients
- Describing the indications for referral, consultation, and ancillary services.

2. The physician assistant student will apply the knowledge and skills identified to evaluate and manage the following medical disease and disorders in patients of all age groups:

<u>Cardiovascular/Pulmonary:</u>
CHF
Coronary artery disease
Evaluation of chest pain
URI
Arrhythmias
Hyperlipidemia

Hypertension
Rheumatic heart disease
Acute bronchitis
Asthma
Valvular heart disease
Pneumonia
Chronic obstructive lung disease
Deep venous thrombosis
Peripheral vascular disease
Occupational lung disease
Sleep-related disorders
Cough/dyspnea/hemoptysis evaluation

HEENT Disorders
Otitis media/ externa
Sinusitis
Epiglottitis
Rhinitis
Chronic open-angle Glaucoma
Epistaxis
Pharyngitis
Conjunctivitis

Gastrointestinal:
Abdominal pain evaluation
Peptic ulcer disease/Gastritis
Diverticulosis
Gastroesophageal reflux
Inflammatory bowel disease
Constipation evaluation
Diarrhea evaluation
Dysphagia evaluation
Hepatitis
Pancreatitis
Cholelithiasis/ Cholecystitis
Hemorrhoids
Rectal bleeding evaluation

GU/GYN & Electrolyte disorders:
Chronic renal failure
Renal calculi disease
Contraception
Cystitis/Pyelonephritis
Benign prostatic hypertrophy
Prostatitis
Hematuria evaluation
Sexually transmitted diseases
Vaginal bleeding

Menstrual disorders
Estrogen replacement therapy
Glomerulonephritis
Routine prenatal care

Musculoskeletal:
Rheumatoid arthritis
Osteoarthritis
Septic arthritis
Low back pain evaluation
Gout/ Pseudogout
Joint effusion
Carpal tunnel syndrome
Bursitis
Synovitis
Sprains /Strains

Neurologic:
Vertigo evaluation
Tremor evaluation
Headaches
Seizures
Multiple sclerosis
Parkinson's disease
Syncope evaluation
Neuralgia/neuritis
Delirium/Dementia
Peripheral neuropathies
Stroke/TIA evaluation
Parkinsonism

Psychiatric:
Depression
Drug abuse
Alcohol abuse
Child abuse evaluation
Anxiety
Insomnia
Domestic violence
Eating disorders

Endocrine:
Diabetes- Type I and II,
Thyroid disease
Lipid disorders
Cushing's syndrome
Addison's disease
Parathyroid disorders

Metabolic Syndrome

Hematopoietic/Oncologic:
Anemia evaluation & treatment
Thrombocytopenia/Neutropenia
Leukemia
Hodgkin's/Nonhodgkin's lymphoma
Coagulopathy evaluation

Infectious Diseases:
Tuberculosis
Mononucleosis
Scarlet fever
Rocky Mountain Spotted fever
Mumps
Measles
Rubella
Rubeola
HIV/AIDS
Influenza
Lyme disease
Meningitis
Fever of Undetermined origin

Dermatologic Diseases/Disorders:
Dysplastic nevi
Basal cell carcinoma
Actinic keratosis
Squamous cell carcinoma
Malignant melanoma
Seborrheic keratosis
Eczema/Atopic dermatitis
Contact dermatitis
Warts
Herpes simplex/zoster
Psoriasis
Acne vulgaris
Fungal infections of the skin & nails
Scabies/pediculosis infections
Rosacea
Cellulitis/furuncles
Pityriasis rosea
Lichen planus
Discoid lupus erythematosis
Dermatitis medicamentosa

Technical Objectives

3. The student will demonstrate knowledge and skill in performing the following procedures. It is understood that some of the procedures may not be performed.

Insertion of intravenous catheter
Giving intramuscular, subcutaneous, intravenous and intradermal injections
Insert and remove nasogastric tubes
Insert and remove urinary catheters
Performing EKG's
Administering oxygen
Performing venipuncture
Performing rapid strep tests
acid fast, mycological, bacterial, and Viral cultures
Suturing uncomplicated lacerations
Performing routine wound care

EDUCATIONAL OBJECTIVES FOR THE INPATIENT MEDICINE ROTATION

GENERAL DESCRIPTION OF THE ROTATION

Inpatient medicine is a four week, four credit hour rotation designed to provide Physician Assistant students with supervised clinical experience dealing with internal medicine patients. Emphasis is placed on performing medical history and physical examinations on adult patients, ordering and interpreting laboratory tests, formulating differential diagnoses, and developing a comprehensive treatment plan. Proficiency is expected at the level of a practicing physician assistant in general internal medicine.

Students are expected to perform a limited number of the technical procedures utilized in internal medicine, and are expected to develop skill in evaluating the literature and conducting evidence-based evaluations of controversial medical topics. Students are also expected to supplement their experiential learning with outside reading and study, as required for completion of the rotation's objectives. The Physician Assistant Program expects students to participate in on-call schedules, and develop proficiency in the care of patients residing in long-term care facilities.

REQUIRED TEXT

Tierney L, McPhee S, Papadakis M. C*urrent Medical Diagnosis & Treatment.* McGraw –Hill, New York. (Current Edition)

ROTATION OBJECTIVES

Students will be required to demonstrate knowledge in the below listed learning objectives and also the learning objectives listed by the PAEA end of rotation exam blueprint and topic list.

1. The student will demonstrate knowledge and skill in evaluating and managing in-patient medical problems in patients of all age groups, including geriatric patients. Completion of the In-patient component of the Geriatric Objectives provided as an addendum to these objectives is expected during this rotation

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory/special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan

- Establishing treatment plan for long-term care patients
- Describing the indications for referral, consultation, and ancillary services

2. The student will apply the knowledge and skill identified in 1. to evaluate and manage the following medical diseases and disorders at the level of a physician assistant:

Cardiovascular/Pulmonary:
CHF
Coronary artery disease Myocardial Infarction
Arrhythmias
Angina
Hyperlipidemia
Hypertension
Hypotension
Rheumatic heart disease
Asthma
Pulmonary emboli
Pulmonary neoplasms
Pulmonary hypertension
Tuberculosis
Pneumonia
COPD
Peripheral vascular disease
Endocarditis/Myocarditis
Cardiomyopathies
Syncope
Valvular Heart Disease
Aortic Dissection/Aneurysm
Pericarditis
Deep venous thrombosis
Interstitial lung disease
ARDS

Abdominal:
- Pseudomembranous Colitis
- Dysphagia evaluation
- Gastrointestinal infections
- Colorectal Carcinoma
- Gastric Carcinoma
- Hepatocellular Carcinoma
- Mallory-Weiss Syndrome
- Esophageal disease/cancer
- Peptic ulcer disease
- Diverticulosis/itis
- GERD
- Inflammatory bowel disease
- Constipation evaluation

- Diarrhea evaluation
- Hepatitis
- Pancreatitis
- Pancreatic cancer
- Cholecystitis
- Malabsorption evaluation
- GI bleeding evaluation
- Abdominal pain evaluation
- Jaundice evaluation
- Alcoholism

Renal, Electrolyte, and Urologic Diseases/Disorders:

- Acute/chronic renal failure
- Nephrolithiasis
- Glomerulonephritis
- Urinary incontinence
- Pyelonephritis
- BPH
- Prostatitis
- Hematuria evaluation
- Fluid /Electrolyte Disturbances
- Acid-base disturbances
- Cancer of the bladder, kidneys, testicles, and prostate
- Polycystic kidneys
- Erectile dysfunction
- Diabetic nephropathy
  Proteinuria evaluation

Musculoskeletal:

- Rheumatoid arthritis Osteoarthritis
- Septic arthritis
- Low back pain
- Gout/ Pseudogout
- Polymyalgia/arthralgia
- Carpal tunnel syndrome
- Scleroderma
- Lyme disease
- Osteoporosis
- Thoracic Outlet Syndrome
- Spinal Stenosis
- Spondylosis/listhesis
- Systemic Lupus Erythematosus
- Fibromyalgia
- Reflex Sympathetic Dystrophy
- Diabetic foot care
- Polymyositis

- Ankylosing spondylitis
- Bone cancer

Neurologic
- Alzheimer's disease
- Vertigo evaluation
- Tremor evaluation
- Headache evaluation
- CVA/TIAs
- Syncope evaluation
- Dementia/ Delirium evaluation
- Parkinson's Disease Parkinsonism
- Myasthenia Gravis
- ALS
- Intracranial Mass lesions
- Subdural Hematoma
- Seizures
- Multiple sclerosis

Psychiatric:
- Anxiety
- Depression
- Sleep disorders
- Alcohol/Drug Abuse
- Death and Dying
- Schizophrenia
- Somatoform Disorders
- Chronic Pain
- Situational disorders
- Psychosexual disorders
- Geriatric

Endocrine:
- Diabetes- type I and II
- Hyperthyroidism
- Hypothyroidism
- Cushing's Syndrome
- Addison's disease
- Parathyroid Disorders
- Pituitary Disorders
- SIADH
- Zollinger Ellison Syndrome

Hematopoietic/Oncologic:
- Anemia
- Hemophilia

- Von Willibrand's disease
- Platelet disorders
- Anticoagulant use
- Thrombocytopenia
- Blood transfusion abnormalities
- Leukemia
- Lymphoma
- DIC
- Neutropenia
- Splenomegaly
- Multiple myeloma

Infectious Disease

- Tuberculosis
- Rocky mountain spotted fever
- Q Fever
- HIV/AIDS
- Influenza
- Lyme disease
- Herpes simplex infections
- Encephalitis
- Meningitis

Technical Objectives

3. The student will demonstrate knowledge and skill in performing the following procedures. It is understood that some of the procedures may not be performed.

Intravenous catheter insertion	Performing rapid strep tests, acid fast tests, and mycological, bacterial, and viral cultures
Intramuscular, subcutaneous, intravenous and intradermal injections	Performing wound care
Insertion & removal of nasogastric tubes	Performing thoracentesis, Paracentesis, and join aspiration (when possible)
Insertion and removal of urinary catheters	Performing CPR/ACLS
Performing EKG's	
Administering oxygen	
Performing venipuncture	
Starting & monitoring intravenous fluids	

GERIATRIC OBJECTIVES FOR THE OUTPATIENT AND INPATIENT MEDICINE ROTATIONS

GENERAL DESCRIPTION

Geriatric medicine is a subspecialty of Internal Medicine and the objectives revolve around acquainting students with the aspects of clinical care that distinguish geriatric patients from younger adult patients. Completion of the objectives is expected at the level of a physician assistant. The Physician Assistant Program expects students to participate in on-call schedules, and develop proficiency in the care of patients residing in long-term care facilities.

In addition to the aforementioned cognitive objectives, geriatric care involves professional behavior objectives that focus on the student's punctuality, reliability, honesty, appropriate use of time, ability to establish patient rapport, and knowledge of his or her limitations. It should be noted that an "Unsatisfactory" grade in any of these professional behavior objectives may result in the student receiving a "Failing" grade for the associated rotation

Required Text

Landefeld CS, et al. *Current Geriatric Diagnosis & Treatment*, 51st McGraw- Hill. New York, (Current Edition)

GERIATRIC OBJECTIVES

Students will be required to demonstrate knowledge in the below listed learning objectives and also the learning objectives listed by the PAEA end of rotation exam blueprint and topic list.

1. Upon completion of the inpatient and outpatient rotations, the physician assistant student should demonstrate knowledge and skill at the level of a physician assistant in the following geriatric areas:

- Anatomical and physiological changes that occur with aging.
- Screening instruments employed in geriatric medicine, including the:
  - San Francisco VAMC Simple Geriatric Screen
  - Activity of Daily Living
  - Instrumental Activities of Daily Living
  - Home Safety Assessment
  - Mini-Mental State Exam
  - Depression Screen
  - Functional Independence Measure
  - Mini-Nutritional Assessment
  - Hearing Handicap Inventory
  - Balance and Gait testing
  - Assessment of Benign prostate Hyperplasia
  - Braden Scale for Predicting Pressure Sore Risk
- Unique aspects of medication use in the elderly
- Elements of a geriatric history and physical exam, including the:
  - Functionally-oriented physical exam
  - Typical diet, including nutritional assessment
  - Typical exercise program
  - Screening/prevention program for CV disease, hypertension, cancer
  - Immunization screening/prevention program
  - Dental, hearing, vision, gait & balance screening/prevention program
  - Home safety screening/recommendations
  - Substance abuse, smoking, and mental illness screening
  - Osteoporosis screening/recommendations

2. Describe the typical Medicare, Medicaid, and Social Service models available for geriatric patient use in most major American cities.

3. Describe the principles of surgical and perioperative care of the elderly.

4. Describe the unique aspects of diagnosis, evaluation, treatment, and prognosis of the following common disorders affecting geriatric patients:

- Delirium
- Dementia
- Parkinson's disease and tremor
- Depression and other common mental disorders
- Sleep disorders
- Syncope and dizziness
- Cerebrovascular disease
- Cardiac disease
- Hypertension
- Peripheral vascular disease
- Respiratory diseases
- Abdominal complaints and GI disorders
- Urinary incontinence
- Chronic renal failure
- Osteoporosis, osteoarthritis, and gout
- Pressure ulcers
- Skin cancer—Actinic keratosis, basal/squamous cell carcinoma, melanoma
- Cancer of the breast, colon, lung, prostate, ovary, lymphoma, and uterus
- Thyroid disease
- Diabetes mellitus
- Menopause and related symptoms
- Elder abuse

5. Describe the common pain syndromes and principles of pain management in the elderly.

6. Describe the typical features of palliative care in the elderly.

Educational Objectives for the Obstetrics and Gynecology Rotation

Course Description

The four week, four credit-hour Obstetrics and Gynecology rotation is designed to provide physician assistant students with an opportunity to gain experience in performing medical histories, physical examinations, surgical procedures, and medical treatment of the Obstetrics Gynecologic patient. Proficiency is expected at the level of a primary care physician assistant.

Required Text

Decherney A, Nathan L, Goodwin T, Laufer N. *Current Diagnosis & Treatment Obstetrics & Gynecology.* (Current edition).

Rotation Objectives

Students will be required to demonstrate knowledge in the below listed learning objectives and also the learning objectives listed by the PAEA end of rotation exam blueprint and topic list.

1. The physician assistant student shall demonstrate knowledge and skill in evaluating and managing the disease and disorders commonly encountered in obstetrics and gynecology. Competency is expected in the following:

- Obtaining an appropriate history
- Performing an appropriate physical examination
- Selecting, ordering and analyzing clinical, laboratory and special studies
- Establishing a logical diagnosis and differential diagnosis
- Proposing pharmacologic and non-pharmacologic treatment strategies
- Describing indications for referral, consultation and ancillary services

2. The physician assistant student shall develop an understanding of prenatal care and the course of normal pregnancy. Competency is expected in the following areas:

- Terminology of normal pregnancy
- Diagnosis of pregnancy
- Components of the initial office visit for prenatal care, elements of prenatal care and post-partum care including birth control counseling
- Assessment of fundal height and fetal presentation
- Obtaining an appropriate sexual history, recommending HIV counseling and voluntary testing of all pregnant women, education of patients about safer sexual practices when appropriate.

3. The physician assistant student shall develop an understanding of the course and conduct of normal labor and delivery. Competency is expected in the following areas:

- Terminology of labor
- Mechanism and management of labor
- Management of the puerperium
- Physiology and management of lactation
- Obstetric analgesia and anesthesia
- Operative deliveries (indications and methods)
- Contraception

4. The physician assistant student shall develop an understanding of high risk pregnancy. Competency is expected in the following:

- Monitoring the course of labor
- Use of obstetrical ultrasound
- Knowledge of the complications of pregnancy, including

    - diabetes mellitus
    - cardiac disease
    - hypertension
    - pyelonephritis
    - trophoblastic disease
    - pre-eclampsia / eclampsia,
    - twinning / multiple gestation,
    - placenta previa
    - polyhydramnios
    - Intra-uterine growth retardation

- preterm labor,
- PROM,
- cord prolapse,
- dystocia,
- spontaneous abortion
- evaluation of first trimester bleeding
- HIV disease
- sexually transmitted diseases during pregnancy

5. The physician assistant student shall demonstrate knowledge of common gynecologic diseases and disorders, including:

- Premenstrual syndrome
- Dysmenorrhea / amenorrhea
- Sterilization and family planning
- Vulvar lesions, Bartholin's duct disorders
- Endometriosis/adenomyosis
- Cervicitis / cervical erosion / dysplasia / carcinoma
- Uterine leiomyomas
- Ovarian tumors benign / malignant
- Sexually transmitted diseases; pelvic infections
- Relaxation of pelvis support
- Mastitis
- Fibrocystic breast disease
- Breast tumors benign/malignant
- Therapeutic gynecologic procedures
- Endometrial hyperplasia and carcinoma
- HIV testing and treatment, counseling for safe sexual practice

TECHNICAL OBJECTIVES

6. The student will demonstrate knowledge and skill in performing the following procedures. It is understood that some procedures may not be accomplished.

- Pelvic examination
- Fundal height measurement
- Leopold maneuvers
- Assessment of stages of labor, station, and fetal position
- Assessment of cervical dilatation & effacement
- Assist with normal labor and delivery
- Episiotomy repair
- Assessment of APGAR score
- Post-partum examination
- Assist with routine obstetrical & gynecological surgery

COURSE DESCRIPTION

The four week, four credit hour, pediatric rotation is designed to provide the Physician Assistant student with an exposure to common pediatric diseases and disorders. Emphasis will be placed on developing skills in well-child preventive care, the evaluation of common pediatric illnesses, care of the newborn and children in the hospital setting, and making appropriate referrals.

TEXT REQUIRED

Current Pediatric Diagnosis and Treatment, Appleton and Lange (Current edition).

Optional or Reference: Nelson Textbook of Pediatrics

ROTATION OBJECTIVES

Students will be required to demonstrate knowledge in the below listed learning objectives and also the learning objectives listed by the PAEA end of rotation exam blueprint and topic list.

1. The physician assistant student shall demonstrate knowledge and skill in evaluating and managing pediatric diseases and conditions at the level of the primary care physician assistant. Competency is expected in the following:

- Obtaining an age appropriate history
- Performing an age appropriate physical examination
- Selecting and carrying out appropriate laboratory/special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis / differential diagnosis
- Establishing a tentative treatment plan
- Describing indications for referral, consultation and ancillary services

2. The physician assistant student will demonstrate knowledge and skill at the level of a primary care physician assistant in evaluating and managing newborns, including:

- Determining gestational age
- Performing newborn history and physical examinations
- Performing routine evaluation and management of nursery patients
- Performing routine circumcisions, when appropriate
- Assisting in the evaluation and management of neonatal emergencies including apnea, respiratory distress, structural heart disease, and other congenital anomalies
- Evaluating and managing neonatal jaundice
- Evaluating and managing neonatal infections
- Evaluating formulas and diets

3. The physician assistant student shall demonstrate knowledge of pediatric growth and skill in evaluating and managing developmental disorders and genetic abnormalities. Competency is expected at the level of a primary care physician assistant in the following:

- Normal growth, Denver Developmental screening, growth curves
- Speech and language disorder evaluation and management

- Learning disorders evaluation and management
- Down's Syndrome, Trisomy 18, Trisomy 13, Turner's Syndrome, Klinefelter's Syndrome and Fragile X Syndrome
- Autosomal dominant, autosomal recessive, and sex-linked diseases
- Mental retardation evaluation and management

4. The physician assistant student shall demonstrate knowledge and skill in evaluating and managing common pediatric diseases and disorders at the level of a physician assistant, including:

Infectious Disease:

- Influenza
- Mumps
- Respiratory Syncytial Virus (RSV)
- Measles (Rubeola)
- Herpangina
- Poliomyelitis
- Aseptic meningitis
- Infections due to Herpes Simplex
- Roseola Infantum
- Cytomegalovirus
- Infectious mononucleosis (EBV)
- Erythema infectiosum
- Human immunodeficiency virus (HIV)
- Molluscum contagiousum
- Rubella
- Rocky Mountain Spotted Fever
- Group A streptococcal Infections
- Group B streptococcal Infections
- Pneumococcal Infections
- Staphylococcal Infections
- Meningoccal Infections
- Gonococcal Infections
- Botulism
- Tetanus
- Diphtheria
- Enterobacteriacal Infections
- Haemophilus Influenza B Infections
- Pertussis
- Tuberculosis
- Spirochetal Infections
- Parasitic Infections
- Mycotic Infections
- Varicella
- Scarlet Fever

Skin Disorders

- Transient diseases of the newborn
- Birthmarks
- Acne
- Dermatophyte infections
- Scabies
- Pediculosis
- Eczema
- Pityriasis Rosea
- Alopecia
- Bullous Impetigo
- Cradle Cap
- Lice and resistance to medication

Eye, ENT Disorders

- Ocular foreign bodies
- Strabismus
- Ptosis
- Conjunctivitis
- Uveitits/Iritis
- Orbital Cellulitis
- Otitis Media
- Otitis Externa
- Mastoditis
- Foreign bodies of the eye, ear, nose
- Hearing loss
- Rhinitis
- Nasal obstruction
- Sinusitis (acute and chronic)
- Stomatitis
- Pharyngitis
- Peritonsillar abcess
- Epiglottitis
- Epistaxis

Respiratory Tract Disorders

- Croup
- Bronchitis
- Tracheitis
- Foreign body aspiration
- Hyaline membrane disease
- Bronchiolitis
- Bronchiectasis
- Bronchopulmonary dysplasia
- Cystic Fibrosis
- Pneumonia, (bacterial and viral)

- Anatomic disorders of chest wall
- Sudden Infant Death Syndrome
- Asthma

Cardiovascular Disorders

- Murmur evaluation
- Congestive Heart Failure
- Cyanotic Heart Disease
- Rheumatic Fever / Rheumatic Heart Disease
- Congenital Heart Disease:
- Atrial septal defect
- Coarctation of the aorta
- Patent ductus arteriousus
- Tetralogy of Fallot
- Ventricular septal defect

Gastrointestinal Disorders

- Gastroesophageal reflux
- Pyloric stenosis
- Peptic ulcer disease
- Abdominal pain evaluation
- Acute appendicitis
- Meckel's diverticulum
- Intussusception
- Anal fissure
- Acute infectious diarrhea
- Constipation
- Inflammatory bowel disease

Endocrine Disorders

- Hepatitis
- Reye's Syndrome
- Failure to Thrive
- Congenital Hypothyroidism
- Diabetes Mellitus

Genitourinary Disorders

- Hematuria evaluation
- Post-streptococcal glomerulonephritis
- Urinary tract infections
- Enuresis
- Wilm's Tumor

Neurological diseases

- Mental retardation
- Seizure disorders

- Headaches
- Meningitis
- Cerebral palsy
- Epilepsy

Hematological, Immunological Disorders

- Anemia
- Coagulation disorders
- Leukemia
- Lymphomas
- Neuroblastoma
- Sarcomas
- Allergic disorders
- Sickle Cell (Trait and Disease)

Pediatric emergencies:

- Poisoning
- Trauma / head injury
- Burns
- Hyper/Hypothermia
- Bites, stings, and anaphylaxis
- Dehydration
- Epiglottitis
- Acute abdomen

5. The physician assistant student shall demonstrate knowledge and skill in counseling patients about the following areas:

- Child and family psychosocial assessment
- Medication use and side effects
- Infant feeding and nutrition
- Toilet training
- Teething
- Immunizations
- Home Safety
- Anticipatory guidance (developmental stages, sibling rivalry, puberty, etc.)
- Sleep disorders
- Child abuse
- Physical abuse
- Sexual abuse
- Age appropriate counseling regarding safer sexual practices
- Teen pregnancy
- Anorexia
- Sexually transmitted diseases
- Depression
- Suicide
- Educating patient about preventative strategies regarding “spread of germs”

- Communication with the Adolescent
- Obtaining an age appropriate sexual history

GENERAL DESCRIPTION

The Psychiatry/Behavioral Medicine rotation is a four-week, four credit hour course designed to provide the student with clinical experience working with ambulatory and hospitalized patients with psychiatric/behavioral disorders. Emphasis is placed on generating information and acquiring the skills needed to assess psychiatric diseases and disorders in patients of all age groups.

The rotation is also intended to teach students about the indications, limitations and methodology of common diagnostic procedures and therapeutic regimens, and acquaint students with the contributions that other health professionals make in the delivery of psychiatric care. The UAB Physician Assistant Program also expects students to participate in an on-call schedule and develop proficiency in the care of patients residing in long term care facilities.

REQUIRED TEXT

Sadock B, Sadock V. *Synopsis of Psychiatry.* (Current edition). Lippincott Williams & Wilkins. Philadelphia.

ROTATION OBJECTIVES

Students will be required to demonstrate knowledge in the below listed learning objectives and also the learning objectives listed by the PAEA end of rotation exam blueprint and topic list.

1. The physician assistant student shall demonstrate knowledge and skill in evaluating and managing common behavioral and psychiatric disorders in patients of all age groups, including geriatric patients. Completion of the psychiatric illness component of the Geriatric Objectives provided as an addendum to these objectives is expected during this rotation. Competency is expected at the level of a primary care physician assistant in the following areas:

- Obtain a psychiatric history
- Performing a mental status examination
- Selecting appropriate laboratory tests and special studies
- Analyzing clinical and laboratory data
  - Establishing a logical diagnosis/ differential diagnosis
  - Proposing pharmacological and non-pharmacological treatment strategies
  - Describing indications for referral, consultation and ancillary services

2. The physician assistant student shall apply the knowledge and skill identified above to evaluate and develop a management plan at the level of a physician assistant for the following:

- Abuse and neglect
  - Child abuse
  - Domestic violence
  - Elder abuse
  - Sexual abuse
- Anxiety disorders
  - Generalized anxiety disorder
  - Panic disorder
  - Phobias
- Bipolar and related disorders

- Depressive disorders
    - Major depressive disorder
    - Persistent depressive disorder (dysthymia)
    - Premenstrual dysphoric disorder
    - Suicidal/homicidal behaviors
- Disruptive, impulse-control, and conduct disorders
    - Conduct disorder
- Dissociative disorders
- Feeding and eating disorders
- Human sexuality and gender identity, gender transition, and associated medical issues
- Obsessive-compulsive and related disorders
- Neurocognitive disorders
    - Delirium
    - Major/mild neurocognitive disorders
- Neurodevelopmental disorders
    - Attention-deficit/hyperactivity disorder
    - Autism spectrum disorder
- Personality disorders
- Schizophrenia spectrum and other psychotic disorders
- Sleep-wake disorders
    - Narcolepsy
    - Parasomnias
- Somatic symptom and related disorders
- Substance-related and addictive disorders
- Trauma- and stressor-related disorders
    - Adjustment disorders
    - Post-traumatic stress disorder

3. The physician assistant student shall demonstrate knowledge and skill in the following:
    - Accessing common disturbances in thinking, affect intelligence, and childhood development that lead to mental illness.
    - Utilizing commonly employed psychological tests and psychotherapies
    - Assessing the biological determinants of behavior and psychopathology
    - Assessing the socioeconomic factors involved in mental illness
    - Assessing the impact of laws and ethics in the treatment of psychiatric illness

4. The physician assistant will demonstrate knowledge of the different ways that psychiatric disease presents in patients of different age and ethnic groups.

EDUCATIONAL OBJECTIVES FOR THE CARDIOVASCULAR SURGERY ROTATION

GENERAL DESCRIPTION:

The Cardiovascular surgery rotation is a four week, four credit hour rotation designed to provide students with clinical experience in the evaluation and management of cardiovascular disease and its related surgical procedures. Students are expected to develop skill in performing as a first assistant in surgery. Students will perform history & physical examinations, order and interpret diagnostic tests and procedures, establish a tentative diagnosis, and assist with the treatment of cardiovascular disease and disorders.

Students should supplement their clinical experiences with reading in order to achieve the rotation objectives.

REQUIRED TEXT

Current Surgical Diagnosis and Treatment (Current edition). Edited by LW Way and GM Doherty. Lange Medical Books/McGraw-Hill.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in evaluating and managing common cardiovascular diseases and disorders. Competency is expected in the following areas:

Obtaining an appropriate patient history
Performing an appropriate physical exam
Selecting and carrying out appropriate laboratory/special studies
Analyzing clinical and laboratory data
Establishing a logical diagnosis or differential diagnosis
Establishing a tentative treatment plan
Describing the indications for referral, consultation, and ancillary services

2. The student will apply the knowledge and skill identified in 1. to evaluate and manage the following cardiovascular diseases and disorders at the level of a surgical physician assistant:

Cardiovascular:
Coronary Artery Disease
Acute Coronary Syndrome
Myocardial Infarction
Peripheral Vascular Disease
Cerebrovascular Disease
Acute Arterial Occlusion
Aneurysms
Cardiac Arrest
Arrhythmias
DVT/pulmonary emboli
Hypovolemic Shock
Pneumothorax
Respiratory Arrest or Failure
Upper Airway Obstruction

ARDS
Dyslipidemia
Hypertension
Diabetes

Neurologic:
CVA
Syncope evaluation
Seizures
Loss of Consciousness

Hematopoietic:
Anemias
Anticoagulant use
Thrombocytopenia,

Technical Objectives:
3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some technical procedures may not be performed.

- Assisting in surgery
- Performing invasive procedures
- Performing and interpreting the following procedures. It is understood that some of the procedures may not be performed.

Insert intravenous catheter	Chest Tube Removal
Insert nasogastric tubes	Left Atrial Line Removal
Insertion of urinary catheters	Removal of IABP
Venipuncture	Removal of LVAD Device
Insertion of arterial lines	Thoracentesis
Laceration suturing	Temporary Pacing Systems
Wound Care	Suture / Staple Removal
First & second assist in surgery	Knot Tying
	Cutting Suture

EDUCATIONAL OBJECTIVES FOR THE GENERAL SURGERY ROTATION

GENERAL DESCRIPTION

The General Surgery rotation is a four week, four credit-hour rotation designed to provide students with clinical experience in the evaluation and treatment of diseases and disorders commonly encountered in a general surgery practice. Students are expected to develop skill in performing as a first assistant in surgery. Students will perform history & physical examinations, establish a tentative diagnosis, and order and interpret diagnostic procedures, including x-rays.
Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

TEXTBOOKS

Current Surgical Diagnosis and Treatment (Current edition). Edited by L.W. Way and G.M. Doherty. Lange Medical Books/McGraw-Hill.

Additional reading is encouraged Other references include: Sabiston's, *Textbook of Surgery* 15th edition, *Essentials of General Surgery,* by Lawrence 3rd edition and *Principles of Surgery*, by Schwartz 7th edition.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in evaluating and managing the diseases and disorders commonly seen in a general surgery practice. Competency is expected in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory/special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing indications for referral, consultation, and ancillary services

2. The student will apply the knowledge and skill identified in 1. to evaluate and manage the following surgical problems and procedures at the level of a surgical physician assistant:

Fluid & Electrolyte imbalances
Acid base disorders
Major Trauma and Shock
Abdominal pain/ acute abdomen
Upper GI Bleeding
Esophageal cancer
Barrett's Esophagus
Esophageal perforation
Dysphagia
Mallory-Weiss tear
Surgical disease of the Chest
Hiatal Hernia
Abdominal Aortic aneurysm
Hepatic Carcinoma
Biliary tract disease
Cholelithiasis
Cholecystitis
Pancreatitis/cancer
Splenic injury
Appendicitis
Inguinal/Femoral/IncisionalHernia
Ischemic Bowel disease
Crohn's disease
Ulcerative Colitis
Meckel's diverticulum
Large bowel tumors
Rectal tumors
Anal fissures
Pilonidal Cyst
Diverticulitis/Diverticulosis
Renal calculi disease
BPH
Abdominal/Pelvic/Retroperitoneal abscess
Pneumothorax
Peripheral vascular disease
Breast Cancer
Thyroid tumors

Gastric Carcinoma
Gastric/duodenal ulcer disease
Perforated peptic ulcer
Liver disease
Skin cancer

Constipation
Diarrhea
Intestinal obstruction
Small bowel tumors

Burns and smoke injuries
Skin grafts
Wound healing/care
Wound dehiscence

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some technical procedures may not be performed.

- Assisting in surgery.
- Performing invasive procedures.
- Performing and interpreting the following procedures. It is understood that some of the procedures may not be performed.

Insert intravenous catheter
Arterial line placement
Central line insertion
First Assist in Surgery
Second Assist in Surgery
Foreign body removal
Gastric lavage
Give intramuscular, sub-cutaneous, intravenous and intradermal injections
Insert and remove nasogastric tubes
Insert and remove urinary catheters

Intubation
Laceration suturing
Naso/Orogastric tube insertion
Paracentesis
Performing CPR/ACLS
Thoracentesis
Venipuncture
Wound Care

EDUCATIONAL OBJECTIVES FOR THE ORTHOPEDIC SURGERY ROTATION

GENERAL DESCRIPTION

The Orthopedic Surgery rotation is a four week, four credit hour rotation designed to provide students with clinical experience in the evaluation and management of diseases and disorders commonly encountered in an orthopedic surgery practice. Students are expected to develop skill in performing as a first assistant in surgery. Students will perform history and physical examinations, order and interpret diagnostic studies, establish a tentative diagnosis, and assist with the development of a treatment plan.

Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

REQUIRED TEXT

Currents of Orthopedics, (Current edition) McGraw-Hill.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in evaluating and managing common diseases and disorders encountered in an orthopedic surgery practice. Competency is expected in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory/special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan

2. The student will apply the knowledge and skill identified in 1. to evaluate and manage the following orthopedic problems and procedures at the level of a surgical physician assistant:

- Low back pain evaluation
- Degenerative disc disease
- Spinal fracture/compression
- Joint effusion evaluation
- Carpal tunnel syndrome
- Bone & joint infections
- Bursitis / Synovitis
- Sprains / strains
- Fractures
- Upper extremity injuries and deformities
- Lower extremity injury and deformities
- Total joint replacement
- ACL/PCL injuries
- Compartment syndrome
- Shoulder and Clavicle injury and deformities
- Laceration repair

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some technical procedures may not be performed.

- Assisting in surgery.
- Performing invasive procedures.
- Performing and interpreting the following procedures. It is understood that some of the procedures may not be performed.

Insert intravenous catheter	Insertion of urinary catheters
Administer oxygen	Laceration suturing
Cast & splint application	Removal of External Fixator devices
Give intramuscular, sub-cutaneous, intravenous and intradermal injections	Venipuncture
	Wound Care
Injections	Joint aspiration
Insertion of nasogastric tubes	Arthroscopy

EDUCATIONAL OBJECTIVES FOR THE NEUROSURGERY ROTATION

GENERAL DESCRIPTION

The Neurosurgery rotation is a four week, four credit hour rotation designed to provide students with clinical experience in the evaluation and management of diseases and disorders commonly encountered in a neurosurgical practice. Students are expected to develop skill in performing as a first assistant in neurosurgery, perform history & physical examinations, order and interpret diagnostic tests and procedures, and establish a tentative diagnosis and treatment plan.

Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

REQUIRED TEXT

Current Surgical Diagnosis and Treatment (Current edition). Edited by LW Way and GM Doherty. Lange Medical Books/McGraw-Hill.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in evaluating and managing the diseases and disorders commonly encountered in a neurosurgery practice. Competency is expected in the following areas:

- Obtaining a patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory/special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing indications for referral, consultation, and ancillary services.

2. The student will apply the knowledge and skill identified in 1. to evaluate and manage the following neurosurgical problems and procedures at the level of a surgical physician assistant:

- Stroke/Subarachnoid hemorrhage/TIA
- Congenital CNS abnormalities/AVM
- Peripheral nerve disorder
- Vertigo evaluation
- Tremor evaluation
- Head trauma
- Syncope evaluation
- Dementia evaluation
- Cerebral Aneurysms
- Epidural/Subdural Hematoma
- Hydrocephalus
- Brain Abscess
- CNS tumors
- Carpal tunnel syndrome

- Increased intracranial pressure
- Trigeminal neuralgia
- Peripheral nerve injuries
- Low back pain evaluation

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some technical procedures may not be performed.

- Assisting in surgery.
- Performing invasive procedures.
- Performing and interpreting the following procedures. It is understood that some of the procedures may not be performed.

Insert intravenous catheter	Intubation
Administer oxygen	Joint aspiration
Arterial line placement	Laceration suturing
Central Venous Line placement	Lumbar puncture
First Assist in Surgery	Halo tong insertion
Foreign body removal	Naso/Orogastric tube insertion
Give intramuscular, sub-cutaneous, intravenous and intradermal injections	Paracentesis
	Venipuncture
Insert and remove urinary catheters	Wound Care
	Insert and remove nasogastric tubes

EDUCATIONAL OBJECTIVES FOR THE PLASTIC SURGERY ROTATION

GENERAL DESCRIPTION

The Plastic Surgery rotation is a four week, four credit hour rotation designed to provide students with clinical experience in the evaluation and management of diseases and disorders commonly encountered in a plastic surgery practice. Students are expected to develop skill in performing as a first assistant in surgery. Students will perform history and physical exams, order and interpret diagnostic tests, and establish a tentative diagnosis and treatment plan.
Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

REQUIRED TEXT

Current Surgical Diagnosis and Treatment (Current edition). Edited by LW Way and GM Doherty. Lange Medical Books/McGraw-Hill.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in evaluating and managing diseases and disorders commonly encountered in a plastic surgery practice. Competency is expected in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory and special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing the indications for referral, consultation, and ancillary services.

2. The student will apply the knowledge and skill identified in 1. to evaluate and manage the following surgical problems and procedures at the level of a physician assistant:

- Burns
- Skin grafts
- Wound healing/care
- Wound dehiscence
- Skin Cancers
- Cleft palate
- Cleft lip
- Scar revision
- Abdominoplasty/Abdominopexy
- Breast Augmentation/Breast reduction
- Breast reconstruction
- Chemical peels
- Collagen injections
- Dermabrasion
- Face lifts
- Facial implants
- Hair replacement

- Nasal reconstruction
- Male breast reduction
- Liposuction
- Laser skin resurfacing
- Varicose veins
- Injectable filler
- Botox
- Upper arm lifts

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some procedures may not be performed.

- Assist in surgery
- Perform invasive procedures
- Perform the following procedures:

Insert intravenous catheter	Collagen/Botox injections
Insert nasogastric tubes	Drain Removal
Insert urinary catheters	Chemical peels
Venipuncture	Laser skin resurfacing
Arterial Cannulation	Dermabrasion
Suturing	Wound Care
Application and removal of dressings	Inject local anesthesia

EDUCATIONAL OBJECTIVES FOR THE UROLOGY ROTATION

GENERAL DESCRIPTION

The Urology rotation is a four week, four credit hour rotation designed to provide students with clinical experience in the evaluation and treatment of diseases and disorders commonly encountered in a urology practice. Students are expected to develop skill in performing as a first assistant in surgery. Students will perform history and physical exams, order and interpret appropriate diagnostic tests, and establish a tentative diagnosis and treatment plan.

Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

REQUIRED TEXT

Current Surgical Diagnosis and Treatment (Current edition). Edited by LW Way and GM Doherty. Lange Medical Books/McGraw-Hill.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in evaluating and managing the diseases and disorders commonly seen in a urology practice. Competency is expected in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory tests
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing the indications for referral, consultation, and ancillary services

2. The student will apply the knowledge and skill identified in 1 to evaluate and manage the following urologic diseases and disorders at the level of a physician assistant:

- Fluid and Electrolyte imbalance
- Abdominal pain evaluation
- Renal calculi disease
- Prostatitis
- Prostatodynia
- Prostate Cancer
- BPH
- STD's
- Erectal dysfunction
- Peyronie's disease
- Priapism
- Ejaculatory disorders
- Cryptorchidism
- Urinary tract infections
- Bladder tumors

- Bladder spasm
- Bladder Incontinence
- GU injuries
- Penile cancer
- GU genetic disorders
- Inguinal hernias
- Epididymitis
- Infertility
- Vasectomy
- Testicle tumors/masses
- Testicle torsion
- Retoperitoneal abscess
- Wound healing/care
- Wound dehiscence
- Adrenal tumors
- Renal Tumors

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some of the procedure may not be performed.

- Assisting in surgery.
- Performing invasive procedures.

- Performing the following procedures:

Administering oxygen	Venipuncture
Arterial line placement	Wound Care
Central Venous Line placement	Urinalysis
Foreign body removal	Inserting NG tubes/lavage
Give IM, SQ, IV, intradermal injections	Inserting urinary catheters
Intubation	Vasectomy
Suturing	Suture / Staple Removal
Assisting with TURP	

EDUCATIONAL OBJECTIVES FOR THE THORACIC SURGERY ROTATION

GENERAL DESCRIPTION

The Thoracic surgery rotation is a four week, four credit hour rotation designed to provide students with clinical experience in the evaluation and management of diseases and disorders commonly encountered in a thoracic surgery practice. Students are expected to develop skill in performing as first assistants in surgery. Students will perform history and physical exams, order and interpret diagnostic tests, and establish a tentative diagnosis and treatment plan.

Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

REQUIRED TEXT

Current Surgical Diagnosis and Treatment (Current edition). Edited by LW Way and GM Doherty. Lange Medical Books/McGraw-Hill.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in evaluating and managing the diseases and disorders commonly seen in a thoracic surgery practice. Competency is expected in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory/special study tests
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing the indications for referral, consultation, and ancillary services

2. The student will apply the knowledge and skill obtained in 1. to evaluate and manage the following thoracic problems at the level of a physician assistant.

- Pneumothorax/tension pneumothorax
- Pulmonary edema
- Thoracic trauma
- Lung abscess
- Thoracic outlet syndrome
- Upper and Lower Respiratory Infections
- Bronchiectasis
- Upper Airway Obstruction
- Emphysema
- Empyema
- Hemothorax
- Chylothorax
- Benign and Malignant Pulmonary tumors
- Benign and Malignant Tracheal tumors

- Pulmonary Emboli
- Congenital Chest Wall Deformities
- ARDS
- DVT/Pulmonary emboli

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some of the procedures may not be performed.

- Assist in surgery
- Perform invasive procedures
- Perform the following procedures:

Insert intravenous catheter	Insert and remove Chest Tubes
Insert nasogastric tubes	Drain Removal
Insert urinary catheters	Thoracentesis
Venipuncture	Suture / Staple Removal
Arterial Cannulation	Wound Care
Suturing	

EDUCATIONAL OBJECTIVES FOR THE TRAUMA SURGERY ROTATION

GENERAL DESCRIPTION

The Trauma surgery rotation is a four week, four credit hour rotation that is designed to provide students with clinical experience in the evaluation and treatment of major trauma. Students are expected to develop skill in evaluating and managing trauma patients, including the performance of surgical procedures. Students will learn evaluate trauma patients, order the necessary tests, interpret tests, and establish a tentative diagnosis and treatment plan.

Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

REQUIRED TEXT

Current Surgical Diagnosis and Treatment (Current edition). Edited by LW Way and GM Doherty. Lange Medical Books/McGraw-Hill

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in the evaluation and management of trauma patients. Competency is expected at the level of a physician assistant in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory tests and special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing indications for referral, consultation, and ancillary services.

2. The student will apply the knowledge and skill obtained in 1. to evaluate and manage trauma patients at the level of a physician assistant.

- Head trauma
- Neck and spine trauma
- Eye trauma
- ENT trauma
- Thoracic trauma
- Abdominal trauma
- Genitourinary trauma
- Musculoskeletal trauma
- Peripheral vascular and neurological trauma
- Hypovolemic shock
- Burns
- Fluid and electrolyte disorders
- Acid-base disorders

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some of the procedures may not be performed.

- Assist with surgery
- Perform invasive procedures
- Perform the following procedure

Insert intravenous catheter	Insert and remove Chest Tubes
Insert and remove nasogastric tubes	Drain Removal
Insert and remove urinary catheters	Thoracentesis
Venipuncture	Suture / Staple Removal
Arterial Cannulation	Knot Tying
Laceration suturing	Cutting Suture
Laparotomy	Wound Care
Joint aspiration	Casting and splinting
ACLS/ATLS	Peritoneal lavage
Escarotomy	Skin grafting

EDUCATIONAL OBJECTIVES FOR THE LIVER TRANSPLANT ROTATION

GENERAL DESCRIPTION

The Trauma surgery rotation is a four week, four credit hour rotation that is designed to provide students with clinical experience in the evaluation and treatment of disease of the liver. Students are expected to develop skill in evaluating and managing liver transplant patients, including the performance of surgical procedures. Students will learn to evaluate liver transplant patients, order the necessary tests, interpret tests, and establish a tentative diagnosis and treatment plan.

Experiential learning should be supplemented with reading as necessary to achieve the rotation's objectives.

REQUIRED TEXT

Current Surgical Diagnosis and Treatment (Current edition). Edited by LW Way and GM Doherty. Lange Medical Books/McGraw-Hill.

ROTATION OBJECTIVES

1. The student will demonstrate knowledge and skill in the evaluation and management of trauma patients. Competency is expected at the level of a physician assistant in the following areas:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory tests and special studies
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing indications for referral, consultation, and ancillary services.

2. The student will apply the knowledge and skill obtained in 1. to evaluate and manage trauma patients at the level of a physician assistant.

- Hepatopulmonary HTN
- Hepatorenal syndrome
- Liver Failure
- Hepatitis
- Liver Fibrosis and Cirrhosis
- Gallbladder and liver duct disorders
- Liver tumors and granulomas
- Drugs that damage liver function
- Hepatic/Biliary disorders
- Alcoholic liver disease
- Liver Physiology
- Liver allograft dysfunction: Acute, Accelerated, or chronic
- Clinical and physiologic evaluation of liver function
- Liver Anti-rejection therapy

TECHNICAL OBJECTIVES

3. The student will demonstrate knowledge and skill in performing the following technical procedures. It is understood that some of the procedures may not be performed.

- Assist with surgery
- Perform invasive procedures
- Perform the following procedures:

Insert intravenous catheter	Insert and remove Chest Tubes
Insert and remove nasogastric tubes	Drain Removal
Insert and remove urinary catheters	Thoracentesis
Venipuncture	Suture / Staple Removal
Arterial Cannulation	Knot Tying
Laceration suturing	Cutting Suture
Laparotomy	Wound Care
ACLS/ATLS	Peritoneal lavage

GENERAL DESCRIPTION

The Special Topics rotation is a four week, four credit hour rotation designed to provide students with additional didactic or clinical experience in a specific area of academic weakness. Individual arrangements will be made with each student, although it is expected some level of both didactic education and clinical work will be employed. Student assignments will be made by program faculty and preceptors on a weekly basis, and students will be called upon to repeatedly demonstrate an improvement in their knowledge base and clinical skills.
The grade for the rotation will be assigned based on both didactic and clinical tests.

REQUIRED TEXTBOOKS

1. *Harrison's Principles of Internal Medicine*. Braunwald. (Current latest edition). McGraw -Hill.

2. *Current Surgical Diagnosis and Treatment*. Doherty, Gerard M. (Current editon). McGraw-Hill.

3. *Current Emergency Diagnosis and Treatment*. Stone, C. Keith, Humphries, Roger L. (Current edition).

4. *Current Medical Diagnosis and Treatment.* Tierney, Jr.; McPhee, S; Papadakis, M. (Current edition). McGraw-Hill.

5. *Guide to Physical Examination and History Taking*. Bickley, Lynn S. (Current edition). Lippincott Williams and Wilkins.

ROTATION OBJECTIVES

Rotation objectives will be developed on an individual basis, although most will focus on developing knowledge and skill in:

- Obtaining an appropriate patient history
- Performing an appropriate physical exam
- Selecting and carrying out appropriate laboratory tests
- Analyzing clinical and laboratory data
- Establishing a logical diagnosis or differential diagnosis
- Establishing a tentative treatment plan
- Describing indications for referral, consultation, and ancillary services

EDUCATIONAL OBJECTIVES FOR ELECTIVE ROTATIONS

This four week, four credit hour or two week, two credit hour assignment offers supervised clinical experience appropriate for the PA student's chosen area of practice.

Students are responsible for selecting the community-based practice and giving the Director of Clinical Education the name/address at least 2 full rotations prior to the scheduled experience. If you need assistance in facilitating the experience, please contact the Director of Clinical Education for assistance.

You are responsible for creating your own learning objectives and having them approved by the Director of Clinical Education. The Director of Clinical Education will be available to assist you with these objectives. They must be turned into the PA office by the above mentioned deadline.

Your written assignments will remain the same as the regular rotation requirements. In lieu of the end of rotation exam, the student will have to submit a 3-5 page paper. The topic should be approved by the Director of Clinical Education. Guidelines for the paper are provided during the clinical year orientation meeting.

REQUEST FOR PERSONAL LEAVE OR ABSENCE FROM

Physician Assistant Program
University of Alabama at Birmingham

Date: _____

Name of Student: _____

Requests (please check appropriate box)

□ Didactic course(s) □ Clinical rotation(s)

I will be absent on the following day(s):

_____

_____
Signature of Physician Assistant Student

_____
Signature of Attending Physician/ Chief Resident (if applicable)

Request is:

☐ **Approved** ☐ **Declined**

_____ Date: _____
Signature of Director of Clinical Education

_____ Date: _____
Signature of Program Director

APPENDIX A: DRESS CODE

Purpose: The purpose of this dress code is to set forth standards that will present a professional image of UAB Hospital and the Physician Assistant Program.

Philosophy: The dress/appearance of students promotes a positive, professional image.

Policy: All students are expected to maintain the standards of neatness, cleanliness, grooming and dress. The following guidelines represent minimum standards.

- Identification badges shall be worn at collar/shoulder level while on the Hospital premises for work related purposes. The name and picture shall be visible. Clinical areas shall alter the location of the identification badge when engaging in an activity that may affect patient safety.

- Street clothes/uniforms shall be clean, wrinkle free and loose fitting to allow for freedom of movement. No halter-tops, sweat pants/shirts, or leggings (that are not a part of the department uniform) shall be worn. Shirttails shall be tucked in pants.

- Clothing with slogans, advertisement, or logos shall not be worn.

- Dresses/skirts shall not exceed two inches above the knee in length.

- Dress shorts shall be worn with a jacket/blazer and shall not exceed two inches above the knee in length.

- Hosiery shall be worn with dresses, skirts and dress shorts. Patterned, appliqued or seamed hosiery shall not be acceptable.

- Shoes shall have covered toes, be comfortable, appropriate for the work environment and consistent with professional attire.

- Sunshades (or other tinted, non-prescription glasses) shall not be worn inside Hospital facilities.

- Caps or hats are not acceptable unless part of the uniform.

- Under garments shall be worn and shall not be visible.

- Jewelry will be conservative/no facial jewelry permitted (except on earlobes).
  No more than:
  Anklets - 1
  Rings may be on 2 fingers per hand (not to extend above the knuckle).
  Earrings - No more than 2 pairs may be worn. Earrings will be no larger than two inches in diameter or length. Men may not wear earring(s).

Necklace - 1
Bracelet - 1 to each arm.
Watch – 1

Note: No jewelry is to be worn within operating suites or while scrubbed in the operating room.

- Nails will be neat and clean, no longer than one-quarter inch from the end of the finger.

- Hair shall be neat and clean.

- A minimum amount of perfume, cologne or other scented products shall be worn within patient care areas.

- Uniforms, and other applicable items supplied by the Hospital Department (i.e., keys, identification badge, etc.) must be returned to the departments at the end of each clinical rotation.

- Dress standards shall be adhered to anytime a student is on the Hospital premises, within a clinical area and/or while wearing an identification badge. The student must submit requests for exceptions to any of the dress standards based on cultural, religious or medical reasons to the director of clinical education in writing. The student shall receive a written response to these requests.

Scrubs: It is preferred that students wear scrubs only while in the Pre-Op, O.R., and Recovery Rooms of the Hospital or while on call. It is expected that students will dress professionally in all other clinical areas of the hospital.

Students are not to wear scrubs to and from class.

Scope: This standard applies to all areas of the Hospital.

Disciplinary Action:
Students who are in violation of this standard may be sent home to change clothes and will be required to return immediately to the clinical rotation. The Director of Clinical Education may use his/her discretion as to whether or not the students will make up time missed.

Failure to comply with the dress code standards will result in progressive discipline as described in the Misconduct Policy located on pages 12-13.

APPENDIX B: INFECTION CONTROL AND UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS

Since medical history and examination cannot reliably identify all patients infected with blood-borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach, referred to as "universal blood and body fluid precautions" or "universal precautions," should be used in the care of all patients.

Procedures

- All students should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood, or other body fluid of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. The type of gloves selected should be appropriate for the task being performed. Use sterile surgical gloves for procedures involving contact with normally sterile areas of the body. Use examination gloves or procedures involving contact with mucous membranes. Do not wash or disinfect surgical or examination gloves Use general-purpose utility gloves (e.g., rubber household globes) for housekeeping chores involving decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, discolored, or punctured. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluid to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

- All students should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle-stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to use areas. Large bore reusable needles should be placed in a puncture-resistant container for transport.

- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be used.

- Students who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

- Pregnant women are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a student develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant students should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV transmission.

PRECAUTIONS FOR LABORATORY TESTING

Blood and other body fluids from all patients should be considered infective. To supplement the universal blood and body fluid precautions listed above, students in clinical laboratories and during clinical rotations should adhere to the following precautions when handling specimens.

Procedures

- All specimens of blood and body fluids should be put in a well-constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container or the paperwork accompanying the specimen.

- All students processing blood and body fluid specimens (i.e., removing tops from vacuum tubes) should wear gloves. Masks and protective eyewear should be worn if mucous-membrane contact with blood or body fluids is anticipated. Gloves should be changed and hands washed after completion of specimen processing.

- Mechanical pipetting devices should be used for manipulating all liquids. Mouth pipetting must not be done.

- Use of needles and syringes should be limited to situations in which there is no alternative, and the procedures for preventing injuries with needles outlined under universal precautions should be followed.

- Laboratory work surfaces should be decontaminated with an appropriate chemical germicide (i.e., a 1:10 dilution of sodium hypochlorite) after a spill of blood or other body fluids and when work activities are completed.

- Contaminated materials used in laboratory tests should be decontaminated before reprocessing or be placed in bags and disposed of in accordance with current UAB policies for disposal or the polices established at clinical rotation sites.

- Scientific equipment that has been contaminated with blood or other body fluids should be decontaminated and cleaned before being repaired or transported for repair.

- All students should wash their hands after:
  a. Completing laboratory activities.
  b. Talking with a patient.
  c. Examining patient without touching blood.

HAND WASHING

Hand washing is the single most important practice for preventing the spread of infection. Hands are washed before and between all patient contacts; before eating, drinking, applying cosmetics, and changing contact lenses, and after using lavatory facilities. Hands are washed immediately or as soon as possible after removing gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

Routine Hand Washing Procedure

1. Stand near sink, but avoid contact. Turn on warm, running water and moisten hands well, holding the hands lower than the elbows.
2. Place a small amount of the appropriate liquid soap on the hands.
3. Lather well and rub hands together vigorously for at least 10-15 seconds. Use friction by placing one hand upon the other. Friction removes most surface organisms. Pay particular attention to the area between fingers and around and under nails.
4. Rinse hands well, holding them downward and below elbows.
5. Dry hands and forearms with a paper towel.
6. Turn off faucet handles using paper towel.
7. Properly dispose of paper towel in appropriate trash container.

CLEAN UP AND DECONTAMINATION OF SPILLS

It is the policy of SHRP that all spills of blood or other potentially infectious materials are cleaned up and decontaminated as soon as practical.

<u>Procedure</u>

Despite any precautions that may be taken, accidental spills can be expected to occur in the laboratory or during clinical rotations. When infectious materials are involved, it is important that the area be immediately isolated to prevent spread of the spillage. Remove any clothing known or suspected to be contaminated, place in a leak proof container, and decontaminate by steam sterilization (autoclaving). Thoroughly wash all potentially contaminated areas of the body with soap and water and any significant cuts or lacerations should be given medical attention.

It is important to wear protective devices, such as rubber or plastic gloves and disposable footwear, when cleaning the spill area. After transferring broken glass and other contaminated objects to a discard container, carefully pour a hypochlorite solution containing at least 500 PPM available chlorine (1:100 dilution of household or laundry bleach), iodophor solution containing at least 3000 PPM iodine (1:2 dilution of Wescondyne), or other appropriate chemical disinfectant around and into the visible spill (These recommended concentrations of disinfectants are higher than those usually used for surface decontamination because the volume of spill may reduce the concentration of active ingredient in the disinfectant). The addition of 0.7% nonionic detergent to the disinfectant will enhance penetration. After an interval of 15-20 minutes, wipe up the disinfectant and spill with paper or cloth towels. Place the absorbent material in the discard container and steam sterilize.

Table 1: Personal Protective Equipment Guidelines

Procedure	**Wash Hands**	**Gloves +**	**Apron/ Gown***	**Mask**	**Eye-wear**	**Face Shield**
Talking with patients.						
Adjusting I.V. rate or non-invasive equipment.	X					
Examining patient without touching blood, body fluids, and mucous membranes.	X	X				
Drawing blood.	X	X				
Inserting and manipulation of vascular access devices.	X	X	Use apron/gown, masks, and eyewear or face shield if splattering of blood or other potentially infectious material is reasonably anticipated.			
Handling regulated waste, linen, other materials that may be contaminated.	X	X				
Operative and other procedures that produce extensive splattering of blood or body fluids.	X	X	X	X	X	X
Transportation and Handling.	X	X	Use apron/gown, masks, and eyewear or face shield if splattering of blood or other potentially infectious material is reasonably anticipated.			
Processing Lab Specimens.	X	X				

* Lab coats and or clinic jackets may be used instead of gowns depending on the reasonably anticipated exposure.
+ Surgical or examination depending on need for tactile feeling.

Table 2: Guidelines for Disposal of Waste *

Type of Waste	**Red Bag**	**Regular Bag**	**Sharps Container**
Blood, blood elements, vials of blood, specimens for microbiologic culture, used culture plates and used culture tubes.	X		
Container of CSF, synovial, pleural, peritoneal, pericardial and amniotic fluid.	X		
Fluid-filled containers from patients on nursing units, ER, RR, OPC (e.g., Pleur-evacs, Hemovacs, suction canisters).	X		
Surgical Specimen	X		
Needle/syringe units, needles, scalpels, suture needles, etc.			X
Glass slides and pipettes			X
Empty urine cups, empty stool containers, and other empty specimen containers; empty urinary drainage bags, empty bedpans.		X	
Dressings, bandages, cotton balls, peripads, Chux, diapers, cotton swabs, etc.		X	
Used gloves, aprons, masks and shoe and head covers.		X	
Paper towels for hand washing.		X	
Computer paper.		X	
Packaging materials, paper.		X	
Materials used to clean up spills.		X	
Food waste (i.e., soda cans, paper cups, plastic cutlery etc.).		X	

* See definition of regulated waste as a further guide to disposal.

APPENDIX C: PA CODE OF ETHICS

Physician Assistant Code of Ethics
American Academy of Physician Assistant

The physician assistant profession has revised its Code of Ethics several times since the profession began in the 1960s. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has changed. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

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

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice.

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

Statement of Physician Assistant Profession Values

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

PA Role and Responsibilities

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

supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician.

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

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

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

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

PAs should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, or sexual orientation.

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

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

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

Informed Consent
PAs have a duty to protect and foster an individual patient's free and informed choices. At a minimum, this should include providing the patient with information about the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

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

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known.

If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict.

Confidentiality
PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions.

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

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record
PAs have an obligation to keep information in the patient's medical record confidential.

Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist, e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse. It is important that a PA be familiar with and understands the laws and regulations in his or her jurisdiction that relate to the release of information.

Ethically and legally, a patient has a right to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. PAs should know the laws and facilitate patient access to the information.

Disclosure

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

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches may be unethical or create conflicts of interest. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider.
If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical.

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

Genetic Testing

PAs should be informed about the benefits and risks of genetic tests.
Testing should be undertaken only after proper informed consent is obtained.
If a PA orders or conducts the tests, he/she should ensure that appropriate pre and post-test counseling is provided.

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

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

When a PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA may refer the patient to a qualified provider who is willing to discuss all treatment options and perform those services.

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

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

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

While respecting patients' wishes, PAs must also weigh their ethical responsibility to withhold futile treatments and to help patients understand such medical decisions.

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

Conflict of Interest
PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment, e.g. financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients. Acceptance of gifts, trips, hospitality, or other items is discouraged.

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

Competency
PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs

should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships
It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient, including spouses or partners, parents, guardians, or surrogates.

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

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

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

Illegal and Unethical Conduct
PAs should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. PAs should report illegal or unethical conduct by health care professionals to the appropriate authorities.

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

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

PA–Physician Relationship
Supervision should include ongoing communication between the physician and the PA regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

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

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

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

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

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

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

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

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

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

Lawfulness
PAs have the dual duty to respect the law and to work for positive change to laws that will enhance the health and wellbeing of the community.

Executions
PAs should not participate in executions because to do so would violate the ethical principle of beneficence.

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

Community Well Being
PAs should work for the health, wellbeing, and the best interest of both the patient and the community. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to improve the community.

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

APPENDIX D: TECHNICAL PERFORMANCE REQUIREMENTS

University of Alabama at Birmingham Physician Assistant Program

Technical Performance Standards

Revised October 25, 2012

In order to ensure that patients receive the best medical care possible, the faculty of the UAB PA program has identified certain skills and professional behaviors that are required for successful completion of the program. These skills and behaviors are required to perform a variety of activities within the curriculum and also to function clinically as a physician assistant. Therefore, all students in the PA Program must be able to demonstrate these skills and

professional behaviors, including students with disabilities when reasonable accommodations are made by the program.

Minimum Technical (Performance) Standards include:

Critical Thinking: Students must possess the intellectual capabilities required to complete the full curriculum and achieve the level of competence delineated by the faculty. Critical thinking requires the intellectual ability to measure, calculate, synthesize and analyze a large and complex volume of medical and surgical information. Students in the program must also be able to perform applicable demonstrations and experiments in the medical sciences.

Computer Technology Skills: Students must be able to utilize computerized information technology to access and manage on-line medical information, participate in computerized testing as required by the curriculum, conduct research, prepare multimedia presentations, and participate in the management of computerized patient records and assessments.

Communication Skills: Students must be able to speak clearly and effectively in order to elicit and relay medical information. They must also be able to communicate effectively and legibly in writing.

Visual Ability: Students must have the visual acuity needed to evaluate a patient during a physical exam and perform a wide range of technical procedures involved in the practice of medicine and surgery.

Hearing and Tactile Ability: Students must have the motor and sensory functions needed to elicit information from patients by palpation, auscultation, and percussion, as well as perform a wide range of technical procedures involved in the practice of medicine and surgery.

Motor and Fine Skills: Students must be able to execute the physical movements required to maneuver in small places, calibrate and use equipment, position and move patients, and perform the technical procedures involved in the practice of medicine and surgery.

Interpersonal Ability: Students must possess a wide range of interpersonal skills, including (1) the emotional health required for management of high stress situations while maintaining their full intellectual abilities; (2) the ability to exercise good judgment; (3) the ability to complete all assigned patient care responsibilities; (4) the ability to manage time (show up on time, begin and complete tasks on time); (5) the ability to develop a mature, sensitive and effective relationship with medical colleagues, clinical and administrative staff, patients, and families; (6) the ability to identify, use, understand and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and diffuse conflict; and (7) the ability to recognize your own emotional state and the emotional states of others and engage with people in a way that draws them to you.

APPENDIX E: GADSDEN APARTMENT RULES

The apartment is furnished and has five beds.

The cost of the apartment is $350 per student, per rotation or per four weeks. The payment needs to be made to the UAB PA student society account.

Students must be aware that there is potential for co-ed living. If a student feels uncomfortable with this living situation, please notify the Director of Clinical Education.

There shall be no use of tobacco, illegal drugs or alcohol on the premises.

Overnight guests are not allowed.

Failure to abide by these rules will result in eviction form the apartment.

The Director of Clinical Education has access to the apartment and will make unannounced visits.

There will be zero tolerance for activities involving sexual harassment or misconduct.

Physician Assistant Program
University of Alabama at Birmingham

STUDENT PERFORMANCE EVALUATION

Student _____Preceptor_____

Dates of Rotation _____ Location of Rotation _____

……

Specialty (Mark the correct one)

_____Inpatient	_____OB/GYN	_____Psychiatry
_____Outpatient	_____ER	_____Pediatrics
_____Urology	_____Special topics	_____General surgery
_____Orthopedics	_____CV surgery	_____Plastic surgery
_____Neurosurgery	_____Thoracic surgery	_____Trauma surgery
_____Other		

……

***Directions**:* Please circle your assessment of the student' performance for each category. Each area will be tabulated and a final score will be determined using the following system:

E = Excellent Achievement G = Good Achievement
S= Satisfactory Achievement U = Unsatisfactory Achievement
NA/NO= Not applicable/Not observed

……

Knowledge of Pathophysiology	E	G	S	U	NA/NO
Knowledge of Anatomy	E	G	S	U	NA/NO
History Taking Skills	E	G	S	U	NA/NO
Physical Exam Skills	E	G	S	U	NA/NO
Selection of Diagnostic Tests	E	G	S	U	NA/NO
Interpretation of Diagnostic Tests	E	G	S	U	NA/NO
Diagnostic Skills	E	G	S	U	NA/NO
Development of Treatment Plans	E	G	S	U	NA/NO
Technical Skills	E	G	S	U	NA/NO
Surgical Skills	E	G	S	U	NA/NO
Oral Case Presentation Skills	E	G	S	U	NA/NO
Clinical Problem-Solving Skills	E	G	S	U	NA/NO
Patient Education Skills	E	G	S	U	NA/NO

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***Directions**:* Please rate each of the following professional manner categories.
Please note that students who receive a "U" (Unsatisfactory Grade" in any of the Professional Manner Objectives) ***will automatically fail the rotation*** and may be subject to further disciplinary measures depending on the nature/severity of the infraction.

Professional Manner Objectives

Truthfulness	E	G	S	U	NA/NO
Punctuality	E	G	S	U	NA/NO
Dependability & Appropriate Use of Time	E	G	S	U	NA/NO
Proper Patient Rapport	E	G	S	U	NA/NO
Good Professional Relations	E	G	S	U	NA/NO
Awareness of Limitations	E	G	S	U	NA/NO

……..

Comments

Strengths

Weaknesses

Signature of Preceptor_____

Date of Evaluation _____

Names of Others Who Participated in the Evaluation:

_____

_____

Evaluation discussed with student _____Yes _____No

Please send to:

Physician Assistant Studies Program
University of Alabama at Birmingham
1720 2nd Avenue South
SHPB 487 or SHPB 486
Birmingham, AL 35294-1212
Fax- 205-975-3005

Physician Assistant Program
University of Alabama at Birmingham

STUDENT MID-ROTATION PERFORMANCE EVALUATION

Student _____Preceptor_____

Dates of Rotation _____ Location of Rotation _____

……

Specialty (Mark the correct one)

_____Inpatient	_____OB/GYN	_____Psychiatry
_____Outpatient	_____ER	_____Pediatrics
_____Urology	_____Special topics	_____General surgery
_____Orthopedics	_____CV surgery	_____Plastic surgery
_____Neurosurgery	_____Thoracic surgery	_____Trauma surgery
_____Other		

……

***Directions**:* Please circle your assessment of the student's performance for each category. Each area will be tabulated and a final score will be determined using the following system:

E = Excellent Achievement G = Good Achievement
S= Satisfactory Achievement U = Unsatisfactory Achievement
NA/NO= Not applicable/Not observed

……

Knowledge of Pathophysiology	E	G	S	U	NA/NO
Knowledge of Anatomy	E	G	S	U	NA/NO
History Taking Skills	E	G	S	U	NA/NO
Physical Exam Skills	E	G	S	U	NA/NO
Selection of Diagnostic Tests	E	G	S	U	NA/NO
Interpretation of Diagnostic Tests	E	G	S	U	NA/NO
Diagnostic Skills	E	G	S	U	NA/NO
Development of Treatment Plans	E	G	S	U	NA/NO
Technical Skills	E	G	S	U	NA/NO
Surgical Skills	E	G	S	U	NA/NO
Oral Case Presentation skills	E	G	S	U	NA/NO
Clinical Problem-Solving Skills	E	G	S	U	NA/NO
Patient Education Skills	E	G	S	U	NA/NO

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***Directions**:* Please rate each of the following professional manner categories.
Please note that students who receive a "U" (Unsatisfactory Grade" in any of the Professional Manner Objectives) ***will automatically fail the rotation*** and may be subject to further disciplinary measures depending on the nature/severity of the infraction.

Professional Manner Objectives

Truthfulness	E	G	S	U	NA/NO
Punctuality	E	G	S	U	NA/NO
Dependability & Appropriate Use of Time	E	G	S	U	NA/NO
Proper Patient Rapport	E	G	S	U	NA/NO
Good Professional Relations	E	G	S	U	NA/NO
Awareness of Limitations	E	G	S	U	NA/NO

……..

Comments

Strengths

Weaknesses

Signature of Preceptor_____

Date of Evaluation _____

Names of Others Who Participated in the Evaluation:

_____

_____

Evaluation discussed with student _____Yes _____No

Please send to:

Physician Assistant Studies Program
University of Alabama at Birmingham
1720 2nd Avenue South
SHPB 487 or SHPB 486
Birmingham, AL 35294-1212
Fax- 205-975-3005

Diseases, Disorders and Medical Assessments by Organ System

Cardiovascular System (13%)

Cardiomyopathy
- Dilated
- Hypertrophic
- Restrictive

Conduction disorders/dysrhythmias
- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Sick sinus syndrome
- Sinus arrhythmia
- Torsades de pointes
- Ventricular fibrillation
- Ventricular tachycardia

Congenital heart disease
- Atrial septal defect
- Coarctation of aorta
- Patent ductus arteriosus
- Tetralogy of Fallot
- Ventricular septal defect

Coronary artery disease
- Acute myocardial infarction
  - Non–ST-segment elevation
  - ST-segment elevation
- Angina pectoris
  - Prinzmetal variant
  - Stable
  - Unstable

Heart failure Hypertension
- Essential hypertension
- Hypertensive emergencies
- Secondary hypertension

Hypotension
- Cardiogenic shock
- Orthostatic hypotension
- Vasovagal hypotension

Lipid disorders
- Hypercholesterolemia
- Hypertriglyceridemia

Traumatic, infectious, and inflammatory heart conditions
- Acute and subacute bacterial endocarditis
- Acute pericarditis
- Cardiac tamponade
- Pericardial effusion

Valvular disorders
- Aortic
- Mitral
- Pulmonary
- Tricuspid

Vascular disease
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Arteriovenous malformation
- Giant cell arteritis
- Peripheral artery disease
- Phlebitis/thrombophlebitis
- Varicose veins
- Venous insufficiency
- Venous thrombosis

Dermatologic System (5%)

Acneiform eruptions
- Acne vulgaris
- Folliculitis
- Rosacea

Desquamation
- Erythema multiforme
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis

Diseases/disorders of the hair and nails
- Alopecia
- Onychomycosis
- Paronychia

Envenomations and arthropod bite reactions Exanthems
- Erythema infectiosum (fifth disease)
- Hand-foot-and-mouth disease
- Measles

Infectious diseases
- Bacterial
  - Cellulitis
  - Erysipelas
  - Impetigo
- Fungal
  - Candidiasis
  - Dermatophyte infections
- Parasitic
  - Lice
  - Scabies
- Viral
  - Condyloma acuminatum
  - Herpes simplex
  - Molluscum contagiosum
  - Varicella-zoster virus infections
  - Verrucae

Keratotic disorders
- Actinic keratosis
- Seborrheic keratosis

Neoplasms
- Benign
- Malignant
- Premalignant

Papulosquamous disorders
- Contact dermatitis
- Drug eruptions
- Eczema
- Lichen planus
- Pityriasis rosea
- Psoriasis

Pigment disorders
- Melasma
- Vitiligo

Skin integrity
- Burns
- Lacerations
- Pressure ulcers
- Stasis dermatitis

Vascular abnormalities
- Cherry angioma
- Telangiectasia

Vesiculobullous disease
- Pemphigoid
- Pemphigus

Other dermatologic disorders
- Acanthosis nigricans
- Hidradenitis suppurativa
- Lipomas/epidermal inclusion cysts
- Photosensitivity reactions
- Pilonidal disease
- Urticaria

Endocrine System (7%)

Adrenal disorders
- Primary adrenal insufficiency
- Cushing syndrome

Diabetes mellitus
- Type 1
- Type 2

Hypogonadism

Neoplasms
- Multiple endocrine neoplasia
- Neoplastic syndrome
- Primary endocrine malignancy
- Syndrome of inappropriate antidiuretic hormone secretion (SIADH)

Parathyroid disorders
- Hyperparathyroidism
- Hypoparathyroidism

Pituitary disorders
- Acromegaly/gigantism
- Diabetes insipidus
- Dwarfism
- Pituitary adenoma

Thyroid disorders
- Hyperthyroidism
- Hypothyroidism
- Thyroiditis

Eyes, Ears, Nose, and Throat (7%)

Eye disorders

- Conjunctival disorders
  - Conjunctivitis
- Corneal disorders
  - Cataract
  - Corneal ulcer
  - Infectious
  - Keratitis
  - Pterygium
- Lacrimal disorders
  - Dacryocystitis
- Lid disorders
  - Blepharitis
  - Chalazion
  - Ectropion
  - Entropion
  - Hordeolum
- Neuro-ophthalmologic disorders
  - Nystagmus
  - Optic neuritis
  - Papilledema
- Orbital disorders
  - Orbital cellulitis
- Retinal disorders
  - Macular degeneration
  - Retinal detachment
  - Retinopathy
- Traumatic disorders
  - Blowout fracture
  - Corneal abrasion
  - Globe rupture
  - Hyphema
- Vascular disorders
  - Retinal vascular occlusion
- Vision abnormalities
  - Amaurosis fugax
  - Amblyopia
  - Glaucoma
  - Scleritis
  - Strabismus

Ear disorders

- External ear
  - Cerumen impaction
  - Otitis externa
  - Trauma
- Inner ear
  - Acoustic neuroma
  - Barotrauma
  - Dysfunction of eustachian tube
  - Labyrinthitis
  - Vertigo
- Middle ear
  - Cholesteatoma
  - Otitis media
  - Tympanic membrane perforation
- Hearing impairment
- Other abnormalities of the ear
  - Mastoiditis
  - Meniere disease
  - Tinnitus

Foreign bodies Neoplasms

- Benign
- Malignant

Nose/sinus disorders

- Epistaxis
- Nasal polyps
- Rhinitis
- Sinusitis
- Trauma

Oropharyngeal disorders

- Diseases of the teeth/gums
- Infectious/inflammatory disorders
  - Aphthous ulcers
  - Candidiasis
  - Deep neck infection
  - Epiglottitis
  - Herpes simplex
  - Laryngitis
  - Peritonsillar abscess
  - Pharyngitis
- Salivary disorders
  - Sialadenitis
  - Parotitis
- Trauma
- Other oropharyngeal disorders
  - Leukoplakia

Gastrointestinal System/Nutrition (9%)

Biliary disorders
- Acute/chronic cholecystitis
- Cholangitis
- Cholelithiasis

Colorectal disorders
- Abscess/fistula
- Anal fissure
- Constipation
- Diverticulitis
- Fecal impaction
- Hemorrhoids
- Inflammatory bowel disease
- Irritable bowel syndrome
- Ischemic bowel disease
- Obstruction
- Polyps
- Toxic megacolon

Esophageal disorders
- Esophagitis
- Gastroesophageal reflux disease
- Mallory-Weiss tear
- Motility disorders
- Strictures
- Varices

Food allergies and food sensitivities
- Gluten intolerance
- Lactose intolerance
- Nut allergies

Gastric disorders
- Gastritis
- Peptic ulcer disease
- Pyloric stenosis

Hepatic disorders
- Acute/chronic hepatitis
- Cirrhosis

Hernias

Infectious diarrhea

Ingestion of toxic substances or foreign bodies

Metabolic disorders
- G6PD deficiency
- Paget disease
- Phenylketonuria
- Rickets

Neoplasms
- Benign
- Malignant

Nutritional and vitamin disorders
- Hypervitaminosis/hypovitaminosis
- Obesity

Pancreatic disorders
- Acute/chronic pancreatitis

Small intestine disorders
- Appendicitis
- Celiac disease
- Intussusception
- Obstruction
- Polyps

Genitourinary System (Male and Female) (5%)

Bladder disorders
- Incontinence
- Overactive bladder
- Prolapse

Congenital and acquired abnormalities
- Cryptorchidism
- Peyronie disease
- Trauma
- Vesicoureteral reflux Human sexuality

Infectious disorders
- Cystitis
- Epididymitis
- Orchitis
- Prostatitis
- Pyelonephritis
- Urethritis

Neoplasms
- Bladder cancer
- Penile cancer
- Prostate cancer
- Testicular cancer

Nephrolithiasis/urolithiasis

Penile disorders
- Erectile dysfunction
- Hypospadias/epispadias
- Paraphimosis/phimosis

Prostate disorders
- Benign prostatic hyperplasia

Testicular disorders
- Hydrocele/varicocele
- Testicular torsion

Urethral disorders
- Prolapse
- Stricture

Hematologic System (5%)

Autoimmune disorders

Coagulation disorders
- Clotting factor disorders
- Thrombocytopenias

Cytopenias
- Anemia
- Leukopenia

Cytoses
- Polycythemia
- Thrombocytosis

Hemoglobinopathies
- Hemochromatosis
- Sickle cell disease
- Thalassemia

Immunologic disorders
- Transfusion reaction

Neoplasms, premalignancies, and malignancies
- Acute/chronic lymphocytic leukemia
- Acute/chronic myelogenous leukemia
- Lymphoma
- Multiple myeloma
- Myelodysplasia

Infectious Diseases (6%)

Bacterial diseases
- Botulism
- *Campylobacter jejuni* infection
- Chlamydia
- Cholera
- Diphtheria
- Gonococcal infections
- Gonorrhea
- Methicillin-resistant *Staphylococcus aureus*

Infection
- Rheumatic fever
- Rocky Mountain spotted fever
- Salmonellosis
- Shigellosis
- Tetanus

Fungal diseases
- Candidiasis
- Cryptococcosis
- Histoplasmosis
- Pneumocystis

Mycobacterial diseases
- Atypical mycobacterial disease
- Tuberculosis

Parasitic diseases
- Helminth infestations
- Malaria
- Pinworms
- Toxoplasmosis
- Trichomoniasis

Prenatal transmission of disorders
- Congenital varicella
- Herpes simplex virus
- Human papillomavirus
- Zika virus

Sepsis/systemic inflammatory response syndrome

Spirochetal diseases
- Lyme disease
- Syphilis

Viral diseases
- Cytomegalovirus infections
- Epstein-Barr virus infections
- Erythema infectiosum
- Herpes simplex virus infections
- HIV infection
- Human papillomavirus infections
- Influenza
- Measles
- Mumps
- Rabies
- Roseola
- Rubella
- Varicella-zoster virus infections

Musculoskeletal System (8%)

Chest/rib disorders
- Deformities
- Fractures Compartment syndrome

Degenerative diseases
- Osteoarthritis

Infectious diseases
- Osteomyelitis
- Septic arthritis

Lower extremity disorders
- Avascular necrosis
- Developmental dysplasia
- Fractures/dislocations
- Osgood-Schlatter disease
- Slipped capital femoral epiphysis
- Soft-tissue injuries

Neoplasms
- Benign
- Malignant

Rheumatologic disorders
- Fibromyalgia
- Gout/pseudogout
- Juvenile rheumatoid arthritis
- Osteoporosis
- Polyarteritis nodosa
- Polymyalgia rheumatica
- Polymyositis
- Reactive arthritis
- Rheumatoid arthritis
- Sjögren syndrome
- Systemic lupus erythematosus
- Systemic sclerosis (Scleroderma)

Spinal disorders
- Ankylosing spondylitis
- Cauda equina syndrome
- Herniated nucleus pulposus
- Kyphosis
- Scoliosis
- Spinal stenosis
- Sprain/strain
- Thoracic outlet syndrome
- Torticollis
- Trauma

Upper extremity disorders
- Fractures/dislocations
- Soft-tissue injuries

Neurologic System (7%)

Closed head injuries
- Concussion
- Postconcussion syndrome
- Traumatic brain injury

Cranial nerve palsies

Encephalopathic disorders

Headaches
- Cluster headache
- Migraine
- Tension headache

Infectious disorders
- Encephalitis
- Meningitis

Movement disorders
- Essential tremor
- Huntington disease
- Parkinson disease
- Tourette disorder

Neoplasms
- Benign
- Malignant

Neurocognitive disorders
- Delirium
- Major/mild neurocognitive disorders

Neuromuscular disorders
- Cerebral palsy
- Multiple sclerosis
- Myasthenia gravis

Peripheral nerve disorders
- Carpal tunnel syndrome
- Complex regional pain syndrome
- Guillain-Barré syndrome
- Peripheral neuropathy

Seizure disorders
- Focal seizures
- Generalized seizures
- Status epilepticus

Vascular disorders
- Arteriovenous malformation
- Cerebral aneurysm
- Intracranial hemorrhage
- Stroke
- Syncope
- Transient ischemic attack

Psychiatry/Behavioral Science (6%)

Abuse and neglect
- Child abuse
- Domestic violence
- Elder abuse
- Sexual abuse

Anxiety disorders
- Generalized anxiety disorder
- Panic disorder
- Phobias

Bipolar and related disorders

Depressive disorders
- Major depressive disorder
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder
- Suicidal/homicidal behaviors

Disruptive, impulse-control, and conduct disorders
- Conduct disorder

Dissociative disorders

Feeding and eating disorders

Human sexuality

Obsessive-compulsive and related disorders

Neurodevelopmental disorders
- Attention-deficit/hyperactivity disorder
- Autism spectrum disorder

Personality disorders

Schizophrenia spectrum and other psychotic disorders

Sleep-wake disorders
- Narcolepsy
- Parasomnias

Somatic symptom and related disorders

Substance-related and addictive disorders

Trauma- and stressor-related disorders
- Adjustment disorders
- Post-traumatic stress disorder

Pulmonary System (10%)

Chronic obstructive pulmonary diseases
- Chronic bronchitis
- Emphysema

Infectious disorders
- Acute bronchiolitis
- Acute bronchitis
- Acute epiglottitis
- Croup
- Influenza
- Pertussis
- Pneumonias
  - Bacterial
  - Fungal
  - HIV-related
  - Viral
- Respiratory syncytial virus infection
- Tuberculosis

Neoplasms
- Carcinoid tumors
- Lung cancer
- Pulmonary nodules

Pleural diseases
- Pleural effusion
- Pneumothorax

Pulmonary circulation
- Cor pulmonale
- Pulmonary embolism
- Pulmonary hypertension

Restrictive pulmonary diseases
- Idiopathic pulmonary fibrosis
- Pneumoconiosis
- Sarcoidosis

Sleep apnea/Obesity hypoventilation syndrome

Other pulmonary disorders
- Acute respiratory distress syndrome
- Asthma
- Cystic fibrosis
- Foreign body aspiration
- Hyaline membrane disease

Renal System (5%)

Acute disorders

- Glomerulonephritis
- Nephrotic syndrome
- Pyelonephritis

Acute kidney injury (acute renal failure)

Chronic kidney disease

Congenital or structural renal disorders

- Horseshoe kidney
- Hydronephrosis
- Polycystic kidney disease
- Renal vascular disease End-stage renal disease

Fluid and electrolyte disorders

- Acid-base disorders
- Dehydration
- Hyperkalemia/hypokalemia
- Hypervolemia
- Hyponatremia

Neoplasms

- Renal cell carcinoma
- Wilms tumor

Reproductive System (Male and Female) (7%)

Breast disorders
- Abscess
- Fibroadenoma
- Fibrocystic changes
- Galactorrhea
- Gynecomastia
- Mastitis

Cervical disorders
- Cervicitis
- Dysplasia

Complicated pregnancy
- Abortion
- Abruptio placentae
- Breech presentation
- Cesarean delivery
- Cord prolapse
- Dystocia
- Ectopic pregnancy
- Fetal distress
- Gestational diabetes
- Gestational trophoblastic disease
- Hypertension disorders in pregnancy
- Incompetent cervix
- Multiple gestation
- Placenta previa
- Postpartum hemorrhage
- Premature rupture of membranes
- Rh incompatibility
- Shoulder dystocia Contraceptive methods Human sexuality

Infertility

Menopause Menstrual disorders

Neoplasms of the breast and reproductive tract
- Benign
- Malignant

Ovarian disorders
- Cysts
- Polycystic ovarian syndrome
- Torsion

Sexually transmitted infections/Pelvic inflammatory disease

Trauma
- Physical assault
- Sexual assault
- Trauma in pregnancy

Uncomplicated pregnancy
- Normal labor/delivery
- Postnatal/postpartum care
- Preconception/prenatal care

Uterine disorders
- Endometriosis
- Leiomyoma
- Prolapse

Vaginal/vulvar disorders
- Cystocele
- Prolapse
- Rectocele
- Vaginitis

Task Categories

History Taking and Performing Physical Examination (17%)

Knowledge of:

- General physical examination components and techniques
- Pertinent historical information
- Risk factors for development of significant medical conditions
- Significant physical examination findings
- Signs and symptoms of significant medical conditions

Skill in:

- Conducting comprehensive and/or problem-based interviews and physical examinations
- Eliciting patient information from other sources
- Identifying conditions requiring referral to or consultation with specialists
- Identifying pertinent patient and family historical information from patients and caregivers
- Identifying pertinent physical examination information
- Triaging of patients based on recognition of abnormal vital signs, examination findings, and/or general observations

Using Diagnostic and Laboratory Studies (12%)

Knowledge of:

- Appropriate patient education relating to diagnostic and laboratory studies
- Indications for initial and subsequent diagnostic and laboratory studies
- Indications for preventive screening tests
- Risks associated with diagnostic and laboratory studies

Skill in:

- Collecting diagnostic and laboratory specimens
- Communicating risks, benefits, and results effectively to other members of the health care team
- Communicating risks, benefits, and results effectively to patients, families, and caregivers
- Reviewing and interpreting results of diagnostic and laboratory studies, and correlating the results with history and physical examination findings
- Selecting appropriate diagnostic and/or laboratory studies
- Using diagnostic equipment safely and appropriately

Formulating Most Likely Diagnosis (18%)

Knowledge of:

- Significance of diagnostic and laboratory studies as they relate to diagnosis
- Significance of history as it relates to the differential diagnosis
- Significance of physical examination findings as they relate to diagnosis

Skill in:

- Developing multiple differential diagnoses for complicated and/or multisystem cases
- Formulating most likely differential diagnoses
- Incorporating history, physical examination findings, and diagnostic data into medical decision-making
- Recognizing the need for referral to a specialist
- Selecting the most likely diagnosis in light of presented data

Managing Patients - Health Maintenance, Patient Education, and Preventive Measures (10%)
Knowledge of:

- Appropriate patient education regarding preventable conditions and lifestyle modifications
- Early detection and prevention of medical conditions
- Effects of aging and changing family roles
- Genetic testing and counseling
- Human growth and development
- Human sexuality and gender identity, gender transition, and associated medical issues
- Immunization schedules and recommendations for infants, children, adults, and foreign travelers/adoptions
- Impact of patient demographics on risks for medical conditions
- Prevention of communicable diseases
- Preventive screening recommendations
- Psychosocial effects of illness, stress, and injury as well as related healthy coping strategies
- Signs of abuse and neglect

Skill in:

- Adapting health maintenance to an individual patient's context
- Communicating effectively with and educating patients, family members, and caregivers regarding medical conditions
- Conducting education on modifiable risk factors with an emphasis on primary and secondary prevention
- Using counseling techniques

Managing Patients - Clinical Intervention (14%)
Knowledge of:

- Clinical procedures and their indications, contraindications, complications, risks, benefits, and techniques
- Conditions that constitute medical emergencies
- Criteria for admission to or discharge from the hospital or other facilities
- Management, treatment, and follow-up of medical conditions
- Palliative care and end-of-life issues
- Roles of other health professionals
- Sterile technique
- Therapeutic regimens
- Universal precautions and special isolation conditions

Skill in:

- Demonstrating technical expertise related to performing specific procedures
- Evaluating patient response to treatment/intervention
- Facilitating patient/caregiver adherence to and active participation in treatment
- Formulating and implementing treatment plans in accordance with applicable practice guidelines
- Interfacing in multidisciplinary teams, including education of other health care professionals
- Making appropriate dispositions
- Monitoring and managing nutritional status
- Prioritizing tasks
- Recognizing and initiating treatment for life-threatening conditions
- Using community resources to meet the needs of patients/caregivers

Managing Patients - Pharmaceutical Therapeutics (14%)

Knowledge of:

- Adverse effects, reactions, and toxicities
- Common alternative/complementary therapies and their interactions and toxicities
- Contraindications
- Drug interactions, including presentation and treatment
- Indications for use
- Mechanism of action
- Methods to reduce medication errors
- Monitoring and follow-up of pharmacologic regimens
- Presentation and treatment of allergic reactions
- Regulation of controlled substances
- Special populations requiring drug/dose modification
- Substances of abuse

Skill in:

- Assessing patient adherence to drug regimens
- Drafting a prescription
- Evaluating, treating, and reporting adverse drug reactions and/or adverse effects
- Identifying and managing medication misuse
- Interacting with pharmacists to address medication issues
- Maintaining knowledge of relevant pharmacologic agents
- Monitoring pharmacologic regimens and adjusting as appropriate
- Prescribing controlled substances appropriately
- Selecting appropriate pharmacologic therapy and dosing

Applying Basic Scientific Concepts (10%)

Knowledge of:

- Basic biochemistry
- Basic genetics
- Human anatomy and physiology
- Microbiology
- Pathophysiology and immunology

Skill in:

- Evaluating emerging medical trends critically as they relate to patient care
- Maintaining awareness of trends in infectious disease
- Relating pathophysiologic principles to specific disease processes

Professional Practice (5%) ***Legal/medical ethics*** *Knowledge of:*

- Cultural and religious beliefs related to health care
- Informed consent and refusal process
- Living will, advance directives, organ donation, code status, do not resuscitate, do not intubate, medical power of attorney, etc.
- Medicolegal issues
- Patient/provider rights and responsibilities
- Privacy, security, and responsibility related to medical record documentation and management

Skill in:

- Caring for patients with cognitive impairment

Medical informatics

Knowledge of:

- Billing/coding to maintain accuracy and completeness for reimbursement and administrative purposes

Skill in:

- Demonstrating appropriate medical record documentation
- Using appropriate medical informatics sources

Patient care and communication (individual patients)

Knowledge of:

- Affordable and effective health care that is patient specific
- Cultural and religious diversity
- Stewardship of patient and community resources

Skill in:

- Acknowledging and applying patient/provider rights and responsibilities
- Ensuring patient satisfaction
- Providing patient advice and education regarding the informed consent and refusal process
- Providing patient advice and education related to end-of-life decisions

Physician/PA relationship

Knowledge of:

- Professional and clinical limitations, scope of practice, etc.
- Supervision parameters: malpractice, mandated reporting, conflict of interest, impaired provider, ethical principles

Skill in:

- Communicating and consulting with the supervising physician and/or other specialists/consultants

Professional development

Knowledge of:

- Continuing medical education resources

Skill in:

- Critically analyzing evidence-based medicine
- Identifying and interpreting data from medical informatics sources and identifying appropriate reference sources

- Using epidemiologic techniques to evaluate the spread of disease

Public health (population/society)
Knowledge of:

- Basic disaster preparedness
- Infection control measures and response to outbreaks
- Occupational health issues as they pertain to health care as well as non–health care workers
- Population health, travel health, and epidemiology of disease states

Skill in:

- Protecting vulnerable populations and recognizing disparities in provision of and access to health care

Risk management
Knowledge of:

- Quality improvement and patient safety
- Resource stewardship

Skill in:

- Ensuring patient safety and avoiding medical errors

University of Alabama at Birmingham
Physician Assistant Program

RECEIPT AND ACKNOWLEDGMENT OF THE STUDENT POLICY AND PROCEDURE MANUAL

The intent of this manual is to inform students of the policies and procedures governing the clinical year of the Physician Assistant Program, as well as the repercussions that exist for failure to comply with these policies and procedures. Students should be aware that changes may be made in this manual at any time, although no change will be made without consideration to the collective advantages, disadvantages, benefits and responsibilities of such changes.

For purposes of documentation, students are required to read the following statements and indicate receipt and acknowledgment of the Student Policy and Procedures Manual.

1) I have received a copy of the UAB Physician Assistant Program Student Policy and Procedure Manual.

2) I have read and fully understand each policy and procedure outlined within this manual, and agree to adhere to these policies and procedures.

3) I understand that the policies and procedures described in this manual may change at the discretion of the PA Program

4) I understand that this manual supersedes all previous Policy and Procedure Manuals.

5) I understand that failure to comply with the policies and procedures of this program will result in the disciplinary actions described in this manual.

6) I understand that my enrollment in this program may be permanently terminated for a serious infraction of the policies and procedures outlined within this manual.

_____ _____

Student's Printed Name Student's Signature and Date

_____

Witness Signature and Date

RELEASE OF INFORMATION FORM

I authorize the Faculty of the Physician Assistant Studies Program of University of Alabama at Birmingham to release my class schedule, grade point average, clinical year student evaluation comments for the purpose of serving as a reference on academic performance or to endorse a letter of recommendation on my behalf for employment, graduate/professional schools, post graduate work, and scholarships.

Signature_____

Date_____