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# Physician Assistant Studies Program 2017

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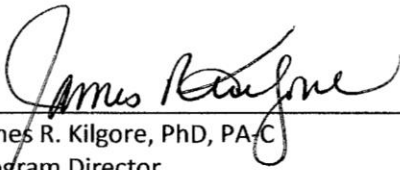
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SCHOOL OF HEALTH PROFESSIONS

PHYSICIAN ASSISTANT STUDIES PROGRAM

2017 CLINICAL MANUAL

  
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Nov. 21, 2016  
Date

  
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11/22/2016  
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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 20 programs at the baccalaureate, master's, and doctoral levels with nearly 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 health care 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, a Ph.D. in Rehabilitation Science, and a Master's in Biomedical and Health Sciences which can be completed within eleven months. We offer Health Physics, our newest program. We offer all of these in addition to our many other well-established programs.

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.

Several of our programs preside among the nation's top 25 of the *U.S. News and World Report* including our bachelor's degree in Health Care Management- ranked at number two, our master's in Health Administration- ranked at number two, entry level Physical Therapy- ranked at number 19, Physician Assistant program- ranked at number 16 and Occupational Therapy- ranked at number 85. 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 health care, 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 watch as 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 several 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 those changes, SCAHR became SPAH (the School of Public and Allied Health), before becoming SCAH (the School of Community and Allied Health), and then SHRP (the School of Health Related Professions). During that time, the school added several new areas of study including the consistently nationally ranked Nutrition Sciences program.

In 2001, Dr. Harold Jones was recruited to become the school's dean. Through his visionary leadership and guidance the school has experienced a period of unparalleled success beginning with the SHRP's reorganization and relocation. Up that point in time, the SHRP's programs had been housed in various locations throughout the UAB campus but during the spring of 2002, many of the classrooms, laboratories and faculty offices moved into the newly completed School of Health Professions Building (SHPB), the first such building dedicated to housing those programs since their original grouping more than 30 years before.

Today the school is known as 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 SHPB.

With more than 2,100 faculty, staff and students, the SHP is one of the six schools comprising the world-renowned UAB Academic Health Center. Students are exposed to vast resources, state-of-the-art facilities, and progressive research during their academic and clinical education at UAB.

SHP is proud of many accomplishments including:

- *U.S. News & World Report* ranks several SHP programs in the nation's top 25
- Research funding is rapidly approaching the \$12 million level
- 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
- All of the school's programs with professional accrediting agencies are fully accredited by those associations

## OFFICE OF STUDENT RECRUITMENT, ENGAGEMENT AND SUCCESS

SHPB 230 / 205-934-4195 OR 205-934-4194 SHP@UAB.EDU

The SHP Office of Student Recruitment, Engagement and Success (OSRES) supports UAB's mission and values with a focus on achievement, collaboration and diversity and furthers the School of Health Professions' mission to be a leader who is shaping the future of healthcare. OSRES's mission is to recruit the best and brightest to SHP; develop students to impact the campus and communities; and graduate tomorrow's healthcare leaders. Guided by this commitment OSRES provides support to all students through a number of programs including:

- Academic coaching
- Peer tutoring and Supplemental Instruction
- Career skills training
- Campus resource referral

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 Conduct Grievances

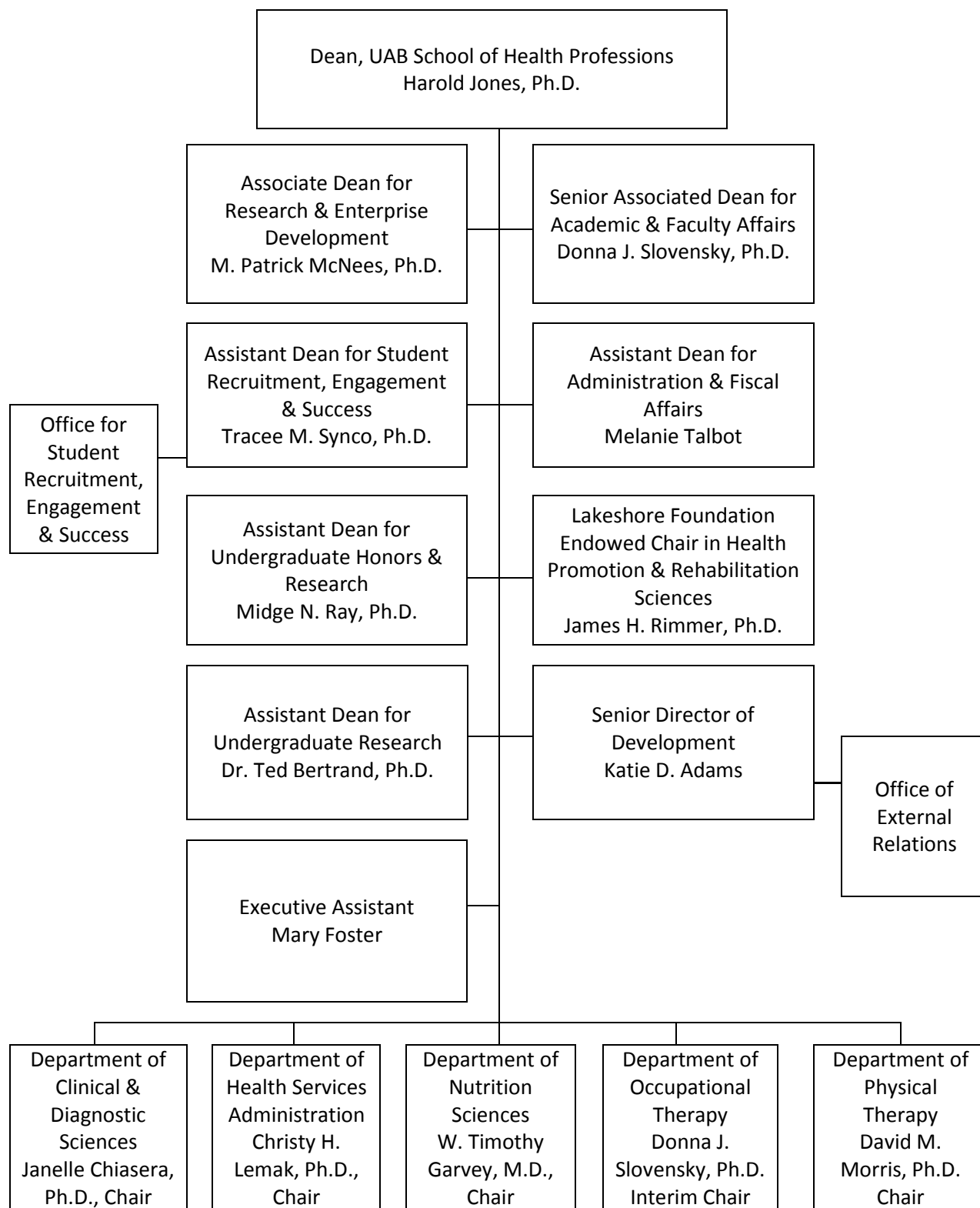
We understand that undergraduate and graduate studies can be challenging. Therefore, we provide students with a network of services specifically designed to address those challenges and explore the opportunities afforded by attending an internationally renowned research university. We have created a series of seminars to assist students with the following skill areas:

- Test taking strategies
- Time management
- Résumé preparation
- Interview skills and techniques
- Professionalism in health care

Additionally, the OSRES team recognizes that with classes and labs, internships, and studying, students in the health professions have particularly demanding schedules. In response, we bring resources to you and serve as liaison between us and campus student service areas. One of these programs is the OSRES Brown Bag Lunch Seminar Series. Each semester, campus representatives are available to provide information and answer questions.

The team at OSRES is here to support students and student groups. We have an open-door policy and encourage students to connect. Students should feel free to drop-by, no appointment needed –call 205-934-4194, email shp@uab.edu, or schedule a meeting. We are here to help students make the most of their UAB experience.

## SCHOOL OF HEALTH PROFESSIONS ORGANIZATIONAL CHART - 2016-2017



## 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](http://www.uab.edu/academiccalendar).

### ACADEMIC HONOR CODE (UAB)

The University expects the highest ethical and professional behaviors from the academic community. The code, including penalties for violations, is published on the UAB website at <http://www.uab.edu/graduate/area-3/online-orientation/227-the-uab-academic-honor-code>.

#### The UAB Academic Honor Code

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.

### AskIT

AskIT is the technology help desk for faculty, staff, and students. AskIT staff provides free support via telephone, email, or in-person. AskIT is physically located in the Center for Teaching and Learning in the Education Building, room 238. You can make contact through the website at <https://ask.it.uab.edu/> or

by telephone at 205-996-5555. Questions or problems can also be submitted by email to [ASKIT@uab.edu](mailto:ASKIT@uab.edu). You will be asked to supply your BlazerID when you request assistance.

### Attendance

Class attendance is expected in all SHP programs. Specific program requirements for class, laboratory, and clinical site attendance may be more stringent than those established by the University. Please refer to the program requirements elsewhere in this handbook and in individual course syllabi for program attendance policies. The UAB policy for undergraduates follows. Please note the categories of excused absences; they typically apply to both undergraduates and graduates.

#### **UAB Attendance and Excused Absence Policy**

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 in the final year of a graduate health professions program. Undergraduate inductees must have a cumulative grade point average of 3.0 (4.0 = A), and be in the upper 10% of their program. Graduate inductees must have a cumulative grade point average of 3.8 or above. 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.

*Who's Who Among Students in American Colleges and Universities* – Membership in this national organization is open to outstanding college juniors, seniors, and graduate students. Criteria include scholarship, leadership, and service to the School and community. Applications should be submitted in spring term to the Office of Student Recruitment, Engagement and Success.

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

## BACKGROUND CHECK

By policy, SHP students are required to undergo a background check using the school's approved vendor, CastleBranch, 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 will be



provided to students by their programs. Please refer to the policy section of this handbook for the policy statement.

### **BLAZERID / BLAZERNET / EMAIL**

All students are assigned a unique identification, their BlazerID, which is established by the student at [www.uab.edu/blazerid](http://www.uab.edu/blazerid). BlazerNET is the official portal to the UAB information networks. The portal can be accessed from any Internet-accessible computer, on- or off-campus from the UAB home page [www.uab.edu](http://www.uab.edu). To activate blazerid, select “Activate Accounts.” Your BlazerID is required to access BlazerNET and other campus information resources, such as your UAB email account. Your UAB email is the official communication medium and should be monitored routinely. UAB student email is provided through Microsoft Office 365, a cloud based email and file storage 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 is a bus service operating under the Business & Auxiliary Services Department. The service provides transportation throughout the University campus. With a valid UAB ID badge, students, employees, and authorized visitors can enjoy fare-free bus transportation along 6 designated routes. All buses are ADA-accessible and can seat approximately 35 riders. For an updated schedule, route maps, and hours of operation please go to <http://www.uab.edu/blazerexpress/>.

### **BOOKSTORES**

Two bookstores are located on the UAB campus, both offering a wide variety of products and services to students, including online purchasing and shipping. Both bookstores stock 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 p.m.; Sat 7:00 a.m. – 6:30 p.m.; Sun --Closed

Telephone: (205) 996-2665

Email: Through website contact page.

Website: <http://uab.bncollege.com>

#### *Snoozy's Bookstore*

Location: 1321 10<sup>th</sup> Avenue South

Hours: M – F 7:45 a.m. – 6:00 p.m.; Sat 10:00 a.m. – 2:00 p.m.; Sun - Closed

Telephone: (205) 328-2665

Fax: (205) 933-2229

Email: [info@snoozysbookstore.com](mailto:info@snoozysbookstore.com)

Website: [www.snoozysbookstore.com](http://www.snoozysbookstore.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 check-out, 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](http://www.uab.edu/onecard).

## CAMPUS MAP

UAB's campus map can be found at the following:

<http://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 can be accessed through BlazerNET or at

<http://www.uab.edu/online/canvas>. Students should monitor their course sites routinely for communications from faculty and to 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 9<sup>th</sup> Ave. S. For more information, call 205-934-5816 or visit:

<http://www.uab.edu/studenthealth/counseling>

## DIRECTIONS STUDENT HANDBOOK

The UAB student handbook, *Directions*, may be accessed online at <http://www.uab.edu/handbook/>.

The Graduate School has an additional handbook available at:

<http://www.uab.edu/handbook/f-policies-procedures/f-grad-handbook>.

## DISABILITY SUPPORT SERVICES

The purpose of these services is to make UAB's programs and services accessible to students with disabilities. Students must be registered with DSS and be assessed for type of disability and need for accommodations. It is best to register with DSS upon application to UAB. A request for assessment and accommodations can be made at any time, but accommodations are not granted retroactively. For more information about DSS, contact the office directly or visit their website.

### Disability Support Services

(205) 934-4205 (Voice)

(205) 934-4248 (TDD)

Fax: (205) 934-8170

Email: [dss@uab.edu](mailto:dss@uab.edu)

Website: <http://www.uab.edu/dss>

## DRUG SCREENING

By policy, SHP students are required to undergo a routine drug screen using the school's approved vendor, CastleBranch, 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 related to drug use and substance abuse.

[www.castlebranch.com](http://www.castlebranch.com)

## EMERGENCIES

Any suspicious or threatening activity should be reported to the UAB Police Department immediately. In addition to calling via a regular telephone, more than 300 emergency blue light telephones connected directly to the police dispatcher are located throughout the campus. Police are staffed 24 hours, seven days a week.

UAB Police Numbers: 911 from a campus phone; 934-3535; 934-HELP (4357); 934-4434.

Emergency situations affecting the campus are communicated to students in several ways:

- Webpage: [www.uab.edu/emergency](http://www.uab.edu/emergency)
- University home web page: [www.uab.edu](http://www.uab.edu)
- Cell phone messages and SMS text – register to receive these notices with the UAB Emergency Notification System (B-ALERT) via [www.uab.edu/balert](http://www.uab.edu/balert); text short code will be 23177 or 63079; cell phone calls will come from (205) 975-8000. Store these numbers and codes in your cell as B-ALERT.
- Mass emails – uses the official [xxx@uab.edu](mailto:xxx@uab.edu) email system
- Announcements on the BlazerNET portal
- Facebook and Twitter – B-Alert integrates with these media at [www.facebook.com/UABALERT](https://www.facebook.com/UABALERT) and @UABALERT: [www.twitter.com/uabalert](https://www.twitter.com/uabalert)
- Weather and Emergency Hotline: (205) 934-2165

## DIVERSITY, EQUITY AND INCLUSION

The mission of the UAB Office of Diversity, Equity and Inclusion is to “increase, retain and enhance faculty, student, and staff diversity at all levels of the University and to ensure equity.” UAB defines diversity as “the full range of human difference and potential...” This administrative office supports faculty recruitment, provides scholarships for graduate and undergraduate students, and promotes programs to enhance the campus diversity experience. The office provides a diversity awareness training program for employees. A key component of this Office is the Commission on the Status of Women, which is charged with assuring the best possible conditions for women who work and study at UAB. Additional information is available at <http://www.uab.edu/equitydiversity/>. Dr. Paulette Patterson Dilworth is the Vice President responsible for the activities of this Office.

## FERPA

The Family Educational Rights and Privacy Act 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/>; [https://sa.uab.edu/enrollmentservices/ferpa/FERPA\\_students.asp](https://sa.uab.edu/enrollmentservices/ferpa/FERPA_students.asp). If you have questions or concerns about FERPA issues, you may email [FERPA@uab.edu](mailto:FERPA@uab.edu), or contact the SHP Office of 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 <http://www.uab.edu/students/paying-for-UAB>.

## FOOD SERVICES

UAB offers seven meal plans for students that are billed to the student's account. All students, even commuters, are required to purchase a meal plan. Up to 25% of dining fees not used by the end of the school year are converted to Blazer Bucks, which can be used to shop at campus bookstores, local restaurants, and the campus CVS. Several dining facilities that accept the meal plans are available on campus. Those closest to the SHP buildings include:

- Commons on the Green – located on the Campus Green, just south of 9<sup>th</sup> Avenue and the Campus Recreation Center.
- Einstein's Bagels – located at the plaza entrance to the Learning Resource Center. Hours vary per semester.
- Sandella's—NEW to Lister Hill. Open Monday-Friday.

There are soda and snack vending machines available in the basement of the Learning Resource Center and on the 6<sup>th</sup> floor of the Webb Building. Additional information about meal plans and campus dining facilities is available at [www.uab.edu/dining](http://www.uab.edu/dining).

## GRADUATE SCHOOL

The UAB Graduate School offers doctoral programs in 40 areas, eight post-master's specialist programs, and master's level programs in 51 areas. Most 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 <http://www.uab.edu/graduate/>.

## GRADUATION

UAB offers two commencement ceremonies, one in the fall and one in the spring. All students must complete an application for degree six months prior to graduating. For more information and important deadlines please go to <http://www.uab.edu/commencement/degree-applications>. SHP also offers its own graduation ceremonies for fall and spring.

## STUDENT HEALTH SERVICES AND MEDICAL CLEARANCE

The University provides prevention, counseling, and treatment services to students through the UAB Student Health and Wellness located at 1714 9<sup>th</sup> 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](http://www.uab.edu/studenthealth). Appointments may be scheduled by calling 205-934-3581.

SHP students are required to receive medical clearance at the time of program admission. A secure web-based process using BlazerNET, UAB Student Health Services and Castlebranch, an external vendor, is used to document medical information and immunization records. Each student will have a personal account with Castlebranch for storage of required documents. More information is available at the Student Health and Wellness website <http://www.uab.edu/studenthealth/medical-clearance>.

## 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](http://www.uab.edu/learningsystem). Compliance with the training requirement is monitored monthly. Students who have not completed the training are reported by name to the Office of 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](http://www.uab.edu/irb), including resources and services specifically for students. The brochure “IRB Guidance for Student Research and Class Projects” may be downloaded from this site as a PDF document.

## 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 <http://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 <http://www.uab.edu/women/lactationcenters>.

## LIBRARIES AND LEARNING RESOURCE CENTER

### Libraries

UAB’s libraries house excellent collections of books, periodicals, microforms, and other media. The libraries have online remote access to catalogs and online collections. Customer services are extensive. All facilities have computers available for student use during regular hours of operation.

#### *Birmingham Public Library*

In addition to the main library facility, there are 17 branch libraries. The library holdings include print and digital media. Library services are described on the website.

Location: 2100 Park Place

Hours: M – Tu 9:00 a.m. – 8:00 p.m.; W – Sat 9:00 a.m. – 6:00 p.m.; Sun 2:00 p.m. – 6:00 p.m.

Telephone: (205) 226-3600

Website: <http://www.bham.lib.al.us/>

#### *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

Telephone: (205) 934-2230

Website: [www.uab.edu/lister/](http://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 13<sup>th</sup> Street South

Telephone: (205) 934-6364 (Reference) (205) 934-4338 (User Services)

Website: [www.mhsl.uab.edu](http://www.mhsl.uab.edu)

### *Reynolds Historical Library*

A collection of rare and important books, manuscripts and artifacts in the medical sciences. The Reynolds historical collection is located on the top floor of the Lister Hill Library.

### *Learning Resource Center (LRC)*

*The School of Health Professions Learning Resource Center (LRC) is charged with providing a unique set of enterprise solutions that promotes a learning environment that is exciting, intriguing and innovative. Under the leadership of the LRC Director with direction from the SHP-LRC Executive Committee, LRC is responsible for all applications and systems that are provided centrally to support the school's academic, administration, and research missions.*

### **Learning Resource Center**

The LRC is designed to provide state-of-the-art, highly specialized services for SHP faculty, staff and students that includes:

- State-of-the-art media studio
- Audio/visual supp
- Information technology management of public, classroom and testing labs computers

### Hours of Operation and Contact Information

Monday-Thursday: 7:00 am-8:00 pm

Friday: 7:00 am-5:30 pm

Saturday: Closed

Sunday: Closed

**Phone:**(205) 934-5146

**Fax:**(205) 934-1190

**Email:** shplrc@uab.edu

**Address:**

1714 9th Avenue South, Birmingham, AL 35294

## **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](mailto:onestop@uab.edu). Additional information is available at [www.uab.edu/onestop](http://www.uab.edu/onestop).

## **PARKING**

Student vehicles must be registered with UAB Parking and Transportation Services, located at 608 8<sup>th</sup> 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. Commuter student lots are designated as Lot 15, Deck 12, and Deck 16. Parking fees are established by location, payable by semester or year, and are billed to the student's account. Additional information is available at <http://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](http://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.

<http://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 on the plagiarized assignment and may result in dismissal from the School of Health Professions and the University (see DIRECTION Student Handbook or SHP 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, *Turnitin.com*. 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 <http://www.uab.edu/campusrecreation>.

## SCHOLARSHIPS

Many programs in the School have scholarships available to currently enrolled students. Please see the program section of this handbook for that information. The following scholarships are available to students enrolled in any program in the School.

*Dean's National Alumni Society Scholarship* – Funding from the UAB National Alumni Society for two scholarships per year, one to a graduate student and one to an undergraduate student. One student per program is nominated by the program director for consideration by the School's Scholarship Committee.

*Ethel M. and Jessie D. Smith Endowed Nursing and Allied Health Scholarship* – Funding for baccalaureate students with GPA 3.0 or above and unmet financial need. Students apply to the UAB Office of Student Recruitment, Engagement and Success, SHPB 230.

*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. Students apply in the SHP Office of Student Recruitment, Engagement and Success, SHPB 230.

*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. Students apply in the Office of Student Recruitment, Engagement, and Success, SHPB 230.

*SHP General Scholarship* – Funding to recruit or retain outstanding students. Awards are based on academic achievement, and unmet financial need. Program directors apply for funding on behalf of qualified students. Awards up to \$4500 over the length of the student’s duration in the program are made by the School’s Scholarship Committee.

## **SOCIAL MEDIA**

Social media such as Facebook and Twitter are useful communication tools, but health professions students should use these forums judiciously. In addition to the School’s official sites listed below, individual programs and student organizations may have networking sites.

- Website: <http://www.uab.edu/shp/>
- Twitter: [https://twitter.com/uab\\_shp](https://twitter.com/uab_shp)
- Facebook: <http://www.facebook.com/UABSHP>
- LinkedIn: <http://www.linkedin.com/groups?gid=3596638>
- Vimeo: <http://vimeo.com/uabshp>
- YouTube: <http://www.youtube.com/uabshp>



The School's Academic Affairs Committee published the following guidelines related to use of social media.

**UAB School of Health Professions  
Guidelines for Social Networking**

The Academic Affairs Committee proposes the following for social networking vehicles. Online communities like Facebook, MySpace, Flickr and Twitter provide opportunities for faculty, staff, and students to share and explore interests that enrich the higher education learning experience. However, using these mediums with discretion is advised. UAB online community members are expected to act with honesty, integrity, and respect for the rights, privileges, privacy, sensibilities, and property of 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<sup>1</sup>, 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.

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<sup>1</sup> The Official UAB Web Policy >> <http://www.uab.edu/brand/web/planning/policies-and-standards>

## TUITION AND FEES

Tuition and fees for the University are published annually under the “Current Students” tab of the UAB website. 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 for all lecture-based courses. Non-resident tuition is charged for clinical practicums, independent study courses, and project courses.

SHP programs may have specific fees attached to courses or laboratories. These fees will be addressed in the program section of this handbook. Questions about program-specific fees should be addressed with your program director. Current standard tuition and fees for the School, and links to program cost estimations, are posted at <http://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 <http://www.uab.edu/whentopay/>. Please note that failure to meet payment deadlines can result in administrative withdrawal from courses.

Tuition and fees may be paid through BlazerNET .

## 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 <http://www.uab.edu/emergency/preparedness>. Other information sources include:

- Webpage: [www.uab.edu/emergency](http://www.uab.edu/emergency)
- B-ALERT system: Register to email, cell phone, and text notices with the UAB Emergency Notification System via ; [www.uab.edu/balert](http://www.uab.edu/balert)
- Hotline: (205)- 934-2165
- WBHM Radio (90.3 FM): Announcements about University closings or delayed openings are made on the UAB radio station.

## 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 curriculums are specifically sequenced. Withdrawal from a course may put you at risk for being required to wait for a full year before resuming courses in the program. Course withdrawals are made through the UAB registration system via the Student Resources tab in BlazerNET. Program withdrawal should be made in writing to the program director. Please refer to the program section of this handbook for additional information.

## **SECTION 2 – SHP AND UAB POLICIES**

### **SCHOOL OF HEALTH PROFESSIONS POLICIES**

#### **BACKGROUND CHECK AND DRUG SCREEN**

<http://www.uab.edu/studenthealth/medical-clearance/school-of-health-professions>

#### **GRIEVANCE PROCEDURES FOR VIOLATIONS OF ACADEMIC STANDARDS**

[http://www.uab.edu/shp/home/images/PDF/grievance\\_procedures.pdf](http://www.uab.edu/shp/home/images/PDF/grievance_procedures.pdf)

#### **IMPAIRMENT AND SUBSTANCE ABUSE**

<http://www.uab.edu/shp/home/images/PDF/shp%20substance%20abuse%20policy.pdf>

#### **PLAGIARISM**

[http://www.uab.edu/shp/home/images/PDF/Plagiarism\\_Policy.pdf](http://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**

#### **AIDS AND HIV INFECTION**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?PID=252>

#### **ALCOHOLIC BEVERAGES, USE AND CONSUMPTION**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?PID=71>

#### **ATTENDANCE / ABSENCE (UNDERGRADUATE)**

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

#### **BODY FLUID EXPOSURE**

<http://www.uab.edu/studenthealth/emergencies/blood-a-body-fluid-exposure>

#### **COMPUTER AND NETWORK RESOURCES (ACCEPTABLE USE)**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?PID=4>

#### **COMPUTER SOFTWARE COPYING AND USE**

<http://sppublic.ad.uab.edu/policies/pages/LibraryDetail.aspx?PID=28>

#### **DRUG FREE CAMPUS (GENERAL POLICY)**

<http://sppublic.ad.uab.edu/policies/content/Pages/UAB--POL-0000046.aspx>

## **DRUG-FREE CAMPUS POLICY FOR STUDENTS -ATTACHMENT A**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=632>

## **DRUG-FREE CAMPUS POLICY FOR STUDENTS -ATTACHMENT B**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=626>

## **DRUG-FREE CAMPUS/WORKPLACE POLICY-ATTACHMENT B.1**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=627>

## **DRUG-FREE CAMPUS POLICY FOR STUDENTS -ATTACHMENT C**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=628>

## **EQUAL OPPORTUNITY AND DISCRIMINATORY HARASSMENT**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=52>

## **ETHICAL STANDARDS IN RESEARCH AND OTHER SCHOLARLY ACTIVITIES**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=263&>

## **FIREARMS, AMMUNITION, AND OTHER DANGEROUS WEAPONS**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=257>

## **IMMUNIZATION**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=86&>

## **NONSMOKING**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=110&>

## **PATENT (INTELLECTUAL PROPERTY)**

<http://sppublic.ad.uab.edu/policies/Pages/LibraryDetail.aspx?pid=115&>

*Note: Additional university policies may be located by searching the UAB Policies and Procedures Library available online at <http://sppublic.ad.uab.edu/policies/Pages/default.aspx>.*

## SECTION 3 – DEPARTMENTAL POLICIES

### DEPARTMENT OF CLINICAL AND DIAGNOSTIC SCIENCES

#### 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) <a href="http://www.arc-pa.org/">http://www.arc-pa.org/</a>
Nuclear Medicine Technology (NMT)	Joint Review Committee for Nuclear Medicine Technology (JRCNMT) <a href="http://jrcnmt.org/">http://jrcnmt.org/</a>
Clinical Laboratory Sciences (CLS)	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) <a href="http://www.naacls.org/">http://www.naacls.org/</a>
Genetic Counseling (GC)	Accreditation Council for Genetic Counseling (ACGC) <a href="http://www.gceducation.org">http://www.gceducation.org</a>

## **CDS POLICIES**

### **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 students 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 students 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://sppublic.ad.uab.edu/policies/pages/LibraryDetail.aspx?PID=254>

### **DATA PROTECTION AND SECURITY**

<http://sppublic.ad.uab.edu/policies/pages/LibraryDetail.aspx?PID=38>

## 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://catalog.uab.edu/undergraduate/progress toward a degree/#conduct complaint text>

## **NON-RESIDENT TUITION POLICY**

<http://www.uab.edu/shp/cds/images/PDF/Policies/shpnon-resident tuition policy.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 FACULTY AND STAFF



Program Director- James Kilgore PhD, PA-C.

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## **GUIDELINES AND INFORMATION FOR CLINICAL PRECEPTORS**

One of the most important components of the Physician Assistant Program is the education provided by volunteer Clinical Preceptors. Participation as a Clinical Preceptor is greatly appreciated and essential to the education 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 avoid placing students in a position of authority or responsibility that exceeds their level of knowledge or skill
- 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

Completed student evaluation forms should be returned to:

University of Alabama at Birmingham  
Physician Assistant Studies Program  
University of Alabama at Birmingham  
1530 3<sup>rd</sup> 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 could potentially interfere with academic performance.
- To schedule sufficient time to prepare for end-of-rotation exams 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 Typhon 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 117 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 Program and the University of Alabama at Birmingham are dedicated to excellence in teaching, research, scholarship, and community service.

The Physician Assistant 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 a cumulative 3.0 GPA overall for the Graduate School. Incomplete grades must be resolved prior to entering the clinical year.
2. All students must be enrolled in a comprehensive health insurance program.
3. All students must have completion of all required immunizations and testing (rubeola, diphtheria, 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 Program requires the following: Completion of all didactic courses and clinical rotations within the UAB PA Program with a grade of "C" (70%) or better. Demonstration of appropriate professional behavior. A cumulative GPA of at least a 3.0 for all coursework in the UAB PA Program. Successful completion of the program's Summative Evaluation with a grade of "C" (70%) or better while maintaining a cumulative 3.0 GPA overall for the Graduate School.

## CLINICAL YEAR SCHEDULE

### Surgical/ER/Trauma/Critical Care/General Option

The clinical year is comprised of 46 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 14 weeks of elective rotations. Each rotation is awarded four semester hours of academic credit.

Each semester of the Clinical year, students are enrolled in senior seminar class. A one semester hour Masters Project also occurs during the summer semester of the 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 a cumulative 3.0 GPA overall for the Graduate School.

### Required General Medicine Rotations

Seven 4-week rotations are required in the following general medicine disciplines---Emergency Medicine, Outpatient Medicine, Inpatient Medicine, Obstetrics and Gynecology, Psychiatry, Pediatrics, and General Surgery.

### Required Surgical Rotations

One 4-week rotation is required in a surgery elective.

### Elective Rotations

Three 4-week rotations and one 2-week rotation of the student's choice are allowed based on rotation availability. Possible elective rotations include general surgery, orthopedics, cardiovascular surgery, outpatient surgery clinic, thoracic surgery, neurosurgery, trauma surgery, plastic surgery, outpatient medicine, urology, inpatient medicine, emergency medicine, and family practice.

## 2017 CLINICAL YEAR ROTATION CALENDAR

Rotation	Dates	Academic Term
1	January 9 – February 3	Spring
2	February 6 – March 3	Spring
3	March 6 – March 31	Spring
4	April 3 – April 28	Spring
5	May 8 – June 2	Summer
6	June 5 – June 30	Summer
7	July 3 – July 28	Summer
8	July 31 – August 11	Summer
9	August 28 – September 8	Fall
10	September 11 – October 6	Fall
11	October 9 – November 3	Fall
12	November 6 – December 1	Fall



## CLINICAL YEAR OBJECTIVES

Upon completion of the clinical year, physician assistant 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 physician assistant.
3. Demonstrate an appropriate level of professional behavior, 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 or differential diagnosis for common medical and surgical disorders.
7. Demonstrate the knowledge and skill 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 Notes / SOAP Notes, Procedure Notes, Daily Orders, Discharge Summaries, Operative Notes, Pre-operative Orders, 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 physician assistant.
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, 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.

## **PAEA REQUIREMENTS FOR PA PRACTICE**

### **1. Medical Knowledge**

Medical knowledge includes an understanding of patho-physiology, 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 etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions; identify 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 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

### **2. Interpersonal and 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, patients' families, physicians, professional associates, and the health care system. Physician assistants 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 physicians 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 purposes

### **3. 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 diagnostic 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
- competently 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

### **4. Professionalism**

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. 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 patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and disabilities

- self-reflection, critical curiosity and initiative

## **5. Practice-based Learning and Improvement**

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

## **6. Systems-based Practice**

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is 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 system 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
- apply medical information and clinical data systems to provide more effective, efficient patient care use the systems responsible for the appropriate payment of services

## CLINICAL YEAR PRINCIPLES AND RULES

1. When contacting the clinical coordinators, an email **MUST** be sent to both clinical coordinators. If this does not occur, the email will not be answered. This is to maintain good dialogue with the student and clinical coordinators.
2. 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.
3. 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.
4. As a general rule, students should adhere to the same schedule as the preceptor. However, no less than 40 hours/week and no more than 70 hours of clinical work per week is allowed. Exceptions may occur during the rotation and if this occurs, the students should contact the Clinical Coordinator.
5. 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 Incomplete ("I") will be given until they are completed. Each student is required to submit their schedule to the clinical coordinators by the end of the first week of each rotation.
6. Students should acquaint clinic staff and hospital officials of the student's schedule and expected duties. The preceptor will provide information about the degree to which this procedure is necessary.
7. Students must notify the Clinical Coordinator and preceptor of all absences during the rotation. This should include both the student absence and preceptor's time off. These absences must be approved by one of the Clinical Coordinators and by the preceptor.
8. 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.
9. 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 Clinical Coordinator for advice.
10. Students should schedule a mid-rotation conference with the preceptor to review their progress and discuss concerns. The mid-rotation evaluation form should be completed and returned to one of the Clinical Coordinators.
11. 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 Clinical Coordinator should be consulted.
12. Patient tracking is a requirement for accreditation, so students must maintain a Typhon logging system and submit it at the conclusion of each rotation. As a rule, students should have 100 patient contacts logged each rotation.
13. Students should schedule an end-of-rotation meeting with the preceptor to review their performance and fill-out the Student Evaluation form. 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.
14. 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 a treatment plan. No patient should be discharged without consultation with the preceptor.

15. Students must not receive compensation for the services they provide during the rotations, nor are they allowed to represent themselves as employees of the facility during the rotations. PA students do not work for the program in any capacity.
16. The program has a strict policy against students being employed during the clinical year.
17. Students must not represent themselves as a graduate physician assistant.
18. 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.
19. Students must immediately report all needle stick 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 Clinical Coordinator should be immediately notified.
21. Senior Seminar attendance is required during the clinical year. Absences must be approved by the Clinical Coordinator. If the student is absent from Senior Seminar, this will count as a full personal day.
22. Students cannot be used as a substitution for clinical or administrative staff at the program office or at clinical sites.

## **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 are 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. A "U" unsatisfactory grade 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 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 master, the academic coordinator, clinical coordinators, 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 master, the academic coordinator, clinical coordinators, 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 processes.

**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 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 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](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 Physician Assistant Program Director. If the Program Director is unsuccessful in resolving the complaint, it will be forwarded to the 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](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 staff of the Physician Assistant program requires that students provide the program with a copy of their current address and telephone/beeper number. Changes or corrections to a student's name, address, or telephone number must also be made through the Office of Registrations and Academic Records.

## 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 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 finalization of the rotation schedule. Requests for change will be granted or rejected based on preceptor, 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 schedules require it. Students are prohibited from completing a clinical rotation at a prior employment site.

### **REQUESTS FOR ROTATION CHANGES WILL BE DETERMINED BY THE FOLLOWING POLICIES:**

Students may make a request for two changes after the first draft is given. All changes are ultimately at the discretion of the Clinical Coordinators. The students will have three days to make changes. After the three day time period, the clinical changes will be made by the clinical coordinator(s) (depending if the change is available) and the final schedule will be published. No changes will occur after the final clinical schedule is published.

### **ANTI-NEPOTISM POLICY**

Student 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 clinical coordinators. The potential is too great that a personal relationship will interfere with the educational process.

### **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.

### **CLINICAL ROTATION REASSIGNMENT**

The clinical Coordinators 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--personality differences, offensive interactions, or socio-cultural conflicts---a student may request reassignment to another rotation. When this occurs, the Clinical Coordinators and Program Director will evaluate the request and make a determination that the student should either be reassigned or 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" and 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) In the event that a student has already completed four of the five weeks of a rotation, full credit for the rotation may be granted through the use of five personal days available to the student.

### **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 apply:  
Students are only allowed one "outside rotation" during the clinical year.

The program reserves the right to deny any request.

“Outside rotations” are permitted in rotations 6-9 of the clinical year only.

“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 are responsible for filing all the required paperwork. This includes:

- a) affiliation agreements with the clinical site,
- b) hospital credentialing requirements,
- c) verification of medical malpractice insurance,
- d) verification of student immunization,
- e) verification of instruction in universal precautions and blood-borne pathogens,
- f) verification of CPR/ALS training.

All required paperwork must be completed two full clinical rotations prior to the clinical 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. The student must use a rotation change. 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.

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 quizzes.

Students must return to Birmingham to take the end-of-rotation exam on its scheduled date or arrange with the Clinical coordinators a proctor to oversee the testing with a secure computer. **Failure to take the exam as scheduled will result in a failing grade.**

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

## 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 rotation.

## CURRICULUM VITAS AND RELEASE OF INFORMATION

Clinical year students are asked to submit a copy of their curriculum vitae (CV) prior to the start of the sixth rotation. This CV and a “Release of Information Form” will be placed in the student's file for prospective employer use. Students may decline to participate in this process. Instruction in preparation of a CV will be provided in the fall semester prior to graduation.

## DRESS CODE FOR CLINICAL ROTATIONS

A dress code has been established for students in the Physician Assistant 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 16<sup>th</sup> floor of Jefferson Towers, University Hospital.

## LOUNGE (UNIVERSITY HOSPITAL)

A lounge is available to clinical year students in room 1647, 16<sup>th</sup> floor of Jefferson Towers, University Hospital. A code is required to enter the lounge, which may be obtained from the Clinical Coordinators. 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 8-24-2012

This guideline outlines recommended actions following any blood/body fluid exposure to a UAB enrolled student or visiting scholar. For purposes of these guidelines, "student" is defined as "any student enrolled in UAB in a clinical, research, or classroom setting." A "visiting scholar" is any student, graduate student, post-doctoral student, instructor, or practitioner participating in UAB clinical, research, or classroom activities for a short-term period.

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. 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. In the case of any needle stick 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 is splashed in the eye or on a mucous membrane, flush the affected area with running water for 15 minutes.

2. **Report all exposures to a preceptor or clinical supervisor.**

3. **Request that an incident report be filed at the host institution (if applicable) and at UAB.**

**Gather the following information:**

Hepatitis and HIV 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 serologic testing. Recommended testing of the source patient includes:

- a) **Rapid HIV, HBsAg, and HCV antibody.** Be sure that the hosting institution draws labs from the source patient.
- b) Baseline serologic evaluation of the student or scholar, including the following:
  - HBV history and vaccination status
  - HCV history
  - Serology for **HBsAg and HBsAb, HIV Antibody, and HCV Antibody**

4. **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, classrooms, research labs):

During the day (7:00 a.m. to 5:00 p.m.) go to UAB Employee Health, UAB Spain Wallace 123 (extension 205-934-3675).

After 5:00 p.m. and on weekends and holidays, call Hospital Paging (205-934-3411) and ask the operator to page the needlestick team member on call, who should then page the needlestick team.

Continue to communicate with Employee Health regarding all follow-up care.

For exposures occurring **at a non-UAB hospital or clinic**:—Inquire about the institution's exposure policy. If the hosting institution or physician's office offers to provide medical care and recommended testing, have an initial evaluation and follow-up performed there.

If the hosting institution refuses to provide medical care and recommended testing, report to a local emergency room for initial treatment.

If the hosting facility provides initial treatment, but refuses to provide long-term follow-up care, gather all 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.

**All students or scholars in a clinical, classroom, and/or research placement will be covered for costs incurred in assessing and/or treating potential or actual exposures.** 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 at follow-up at UAB Employee Health), whether on campus or at a non-UAB hospital or clinic.

For treatment costs incurred outside of a UAB facility, please forward all invoices and/or proof of payment to:

UAB Hospital Employee Health  
Suite SW123  
620 19<sup>th</sup> 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](mailto: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 Clinical Coordinator. Note that student hours will often include night shifts, weekends, and participation in medical rounds.

### PERSONAL DAYS

Each student is allowed 5 personal days during the clinical year. The following rules govern these personal days:

1. Personal days may only be used for illness, death of a loved one, interviews, review courses, medical appointments or any unplanned absences (car trouble).
2. The clinical coordinator and the preceptor must be informed as soon as the decision is made not to attend.
3. **Personal days may not be taken on scheduled test days (end of rotation test days).** No more than 3 days can be used on any one rotation without having to make up the time.

4. 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 below).
5. Failure to follow these rules will result in an unexcused absence.

## EXCUSED ABSENCES

If a student is absent more than 5 days during the clinical year, further absences will be considered unexcused. 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 at the clinical coordinator's office is acceptable. Documentation of the illness or event will be required (i.e. Doctor's excuse or mechanics bill). Absences for major religious and ethnic holidays not observed by the university may only be taken as personal days. 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 Clinical Coordinators. 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 Clinical Coordinators or failure to inform the Clinical Coordinator or clinical site of the absence. Unexcused absences will result in a deficiency or disciplinary action as described below.

The first instance of unexcused absence that does not exceed three days will result in: Personal counseling by program faculty, and a letter of reprimand placed in the student's permanent file.

Deficiency of the missed time and/or a forfeit of personal days at a rate of two days for each missed clinical day. Example-If you miss one day, you will forfeit 3 personal days. One for the day taken and 2 penalty days.

Depending on the nature of the absence and availability of clinical sites, the student will be assigned to complete the deficiency on the same specialty service as the absence. In the event a clinical site is not able to accommodate this time, the student will be assigned to another clinical site at the discretion of the Clinical Coordinator.

The student will receive a grade of "I" (incomplete) 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.

This 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 this deficiency during university breaks and with the approval of the associate dean.

The 2nd occurrence of an unexcused absence of any length will result in a faculty board of review of the student and either rescheduling of clinical rotation days for the unexcused absence or dismissal from the program.

### PERSONAL LEAVE DURING THE CLINICAL YEAR

Students will be eligible for a personal leave in the event of a severe illness, or the 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:

Students may use personal days to account for absences due to reasons cited above or may apply for personal leave. 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. Absences that exceed remaining personal days will require make-up days at the rate of one day for each missed day. If a student requests and is granted a personal leave, no deduction in personal days will result. Days missed due to personal leave will be made up by the schedule established by the Clinical Coordinators. 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. 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.

### 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 Clinical Coordinator. When possible, arrangements will be made for the student to complete rotation at another clinical site. If this is not possible, the student will be given an "I" (Incomplete) 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 Clinical Coordinator of a preceptor's absence may result in the student receiving disciplinary action, as described in the Un-excused 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.

## **CLINICAL WORK SCHEDULE REPORTING**

During the clinical year, students are required to report hours worked rotations. A clinical work schedule form is included in this manual for this purpose. The form should be completed and submitted no later than 5 pm on the last day of each rotation. Failure to submit the form will result in the student receiving an Incomplete "I" grade for the rotation. This will be reported in your Typhon patient tracking system.

## **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 Clinical Coordinator 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, and successful completion of a hand written 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 student performance
- 30% of the grade will come from the student's performance on the end-of-rotation exam.
- 10% of the grade will come from the student's rotation H&P.
- 5% of the grade will come from Typhon patient logging.
- 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% or greater
- B= 80%-89%
- C= 70%-79%
- F= Less than 70%

The 2 week rotation will be a PASS/FAIL grade. The only component of the grade will be the final evaluation. A grade of 70% or greater, will be passing.



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. The student 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, an "I" will be given for that rotation.

The following grading policies are followed during the clinical year:

Failure to complete the *Typhon* patient logging system will result in a grade of "I" for the rotation. If the minimum patient encounters are not logged, then a reduction in the student's grade will occur. **This is due at 8 am the Monday after the completion of the rotation.**

Failure to obtain at least 70% on the end-of-rotation exam will necessitate a make-up exam. Prior to taking the make-up exam, students must meet with a designated faculty member to review the exam and identify the student's areas of weakness. The make-up end of rotation exam will be taken the following Friday after Senior Seminar Series class. If the student subsequently fails to obtain at least 70% on the make-up exam, a failing grade will be assigned for the rotation and the student will be required to repeat the rotation. Failure of the rotation twice will result in permanent dismissal from the program.

Successful completion of the make-up exam with a score of at least 70% will allow the student to progress in the clinical year. However, regardless of the score greater than 70% obtained on the make-up exam, a score of 70% will be used to calculate the final letter grade for the rotation.

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 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.

Students will not be permitted to progress to their next rotation until an "I" grade has been removed.

The grade for elective rotations will follow the aforementioned guidelines, with the exception that an assigned "Scientific Paper" will constitute 30% of the grade in lieu of the end of rotation examination. Cover page with students name, rotation and date. The paper should be a **3-5 page single spaced**, research paper on a topic interesting and pertinent to the individual elective rotation. All electives must use the following format: **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 Senior Seminar Series class to the clinical coordinators **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%.

The Mid-term Evaluation Form completed by the Preceptor will not enter into the grade calculation. 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 Clinical Coordinator. The Coordinator has the right to either accept or reject these additional evaluations when calculating the final grade.

End-of-rotation exams are purchased by the students at a cost of \$30 per exam. The 6 core exams will be purchased. End-of-rotation exams are generated from the assigned objectives and reading list developed for each rotation. Exams are scheduled on Friday at 11 am unless otherwise announced.

**Personal days may not be taken on any scheduled test day. (Senior seminar series or end of rotation).**

Assigned history and physical exams for each rotation must be **hand written** and are due on the second Friday of the rotation at the beginning of Senior Seminar unless otherwise specified. The H&Ps will be graded by program faculty and will constitute 10% of the rotation's grade. Any H&P submitted after this time will have a 20 point deduction per day of the grade. In the event of a poorly written H&P, the H&P 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.**

*Typhon* 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. This will be 10% of the rotation. There is a \$95 dollar one-time cost to the student for the tracking system. Failure to adequately complete this requirement will result in the student receiving an "I" grade for the rotation.

## **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 Clinical Coordinator 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 the 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 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 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 exam immediately after graduation. Cost of the exam is approximately \$425.00.

For Additional Information Contact the NCCPA at:

### **National Commission for the Certification of Physician Assistants**

**Suite 800**

**157 Technology Pkwy.**

**Norcross, GA 30092-2913**

**Phone: (770) 734-4500**

**[info@nccpa.net](mailto: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. 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 or complete a Pathway II Recertification program.

### **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**

The American Academy of Physician Assistants (AAPA) is the national organization that represents physician assistants (PAs) 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

Alexandria, VA 22314

Phone: (703) 836-2272

Web Address: <http://www.aapa.org>

### **Alabama Society of Physician Assistants**

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:

### Eye/Ears:

Epiglottitis  
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

### Dermatological

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/Ligament 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  
Give intramuscular, sub-cutaneous,  
intravenous and intradermal injections  
Insert nasogastric tubes  
Insert urinary catheters  
Administer oxygen  
Venipuncture  
Laceration suturing

Wound Care  
Local Anesthetic injection  
Lumbar puncture  
Joint aspiration  
Foreign body removal  
Perform CPR/ACLS  
Intubation  
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:

Cardiovascular/Pulmonary:

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

## **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. *Current 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/arthritis
- 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  
Intramuscular, subcutaneous, intravenous  
and intradermal injections  
Insertion & removal of nasogastric tubes

Performing rapid strep tests,  
acid fast tests, and mycological, bacterial,  
and viral cultures  
Performing wound care

Insertion and removal of urinary catheters  
Performing EKG's  
Administering oxygen  
Performing venipuncture  
Starting & monitoring intravenous fluids

Performing thoracentesis,  
Paracentesis, and joint aspiration (when possible)  
Performing CPR/ACLS

## 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

## EDUCATIONAL OBJECTIVES FOR THE PEDIATRIC ROTATION

### 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 contagiosum
- Rubella
- Rocky Mountain Spotted Fever
- Group A streptococcal Infections
- Group B streptococcal Infections
- Pneumococcal Infections
- Staphylococcal Infections
- Meningococcal 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
- Uveitis/Iritis
- Orbital Cellulitis
- Otitis Media
- Otitis Externa
- Mastoiditis
- Foreign bodies of the eye, ear, nose
- Hearing loss
- Rhinitis
- Nasal obstruction
- Sinusitis (acute and chronic)
- Stomatitis
- Pharyngitis
- Peritonsillar abscess
- 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 arteriosus
- 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

## EDUCATIONAL OBJECTIVES FOR THE PSYCHIATRY ROTATION

### 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 Surgical 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:

- Anxiety Disorders
  - Panic disorders
  - Generalized anxiety disorder
  - Posttraumatic stress disorder
- Attention Deficit disorder
- Autistic disorder
- Eating disorder
  - Anorexia nervosa

- Bulimia nervosa
  - Obesity
- Mood disorders
  - Adjustment
  - Depressive
  - Dysthymic
  - Bipolar
- Personality disorder
  - Antisocial
  - Avoidant
  - Borderline
  - Histrionic
  - Narcissistic
  - Obsessive-compulsive
  - Paranoid
  - Schizoid
  - Schizotypal
- Psychoses
  - Delusional disorder
  - Schizophrenia
  - Schizoaffective disorder
- Somatoform disorder
- Substance use disorders
  - Alcohol abuse/dependence
  - Drug abuse/dependence
  - Tobacco use/dependence
- Suicide
- Other Behavioral and Emotional disorders
  - Acute reaction to stress
  - Child/elder abuse
    - Cognitive disorders Delirium
    - Dementia
  - Disorders usually first evident in infancy, childhood, and adolescence
    - Mental retardation
    - Pervasive developmental disorders
    - Specific developmental disorders
    - Disruptive behavior disorders
    - Tic disorders
    - Elimination disorders
  - Domestic violence
  - Uncomplicated bereavement
  - Sexual dysfunction
    - Sexual desire disorders (hypoactive and aversion)
    - Sexual arousal disorders (female and male)
    - Orgasm disorders (female and male)
    - Sexual pain disorders
  - Gender Identity
    - Transsexualism

- Cross-dressing
- Other problems not attributed to mental disorders:
  - Antisocial behavior in adults, children and adolescents
  - Malingering
- Sleep disorders
- Trichotillomania

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  
Insert nasogastric tubes  
Insertion of urinary catheters  
Venipuncture  
Insertion of arterial lines  
Laceration suturing  
Wound Care  
First & second assist in surgery

Chest Tube Removal  
Left Atrial Line Removal  
Removal of IABP  
Removal of LVAD Device  
Thoracentesis  
Temporary Pacing Systems  
Suture / Staple Removal  
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* 15<sup>th</sup> edition, *Essentials of General Surgery*, by Lawrence 3<sup>rd</sup> edition and *Principles of Surgery*, by Schwartz 7<sup>th</sup> 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	Hepatic Carcinoma	Large bowel tumors
Acid base disorders	Biliary tract disease	Rectal tumors
Major Trauma and Shock	Cholelithiasis	Anal fissures
Abdominal pain/ acute abdomen	Cholecystitis	Pilonidal Cyst
Upper GI Bleeding	Pancreatitis/cancer	Diverticulitis/Diverticulosis
Esophageal cancer	Splenic injury	Renal calculi disease
Barrett's Esophagus	Appendicitis	BPH
Esophageal perforation	Inguinal/Femoral/IncisionalH	Abdominal/Pelvic/Retroperito
Dysphagia	ernia	neal abscess
Mallory-Weiss tear	Ischemic Bowel disease	Pneumothorax
Surgical disease of the Chest	Crohn's disease	Peripheral vascular disease

Hiatal Hernia  
Abdominal Aortic aneurysm  
Gastric Carcinoma  
Gastric/duodenal ulcer disease  
Perforated peptic ulcer  
Liver disease  
Skin cancer

Ulcerative Colitis  
Meckel's diverticulum  
Constipation  
Diarrhea  
Intestinal obstruction  
Small bowel tumors

Breast Cancer  
Thyroid 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  
Administer oxygen  
Cast & splint application  
Give intramuscular, sub-cutaneous,  
intravenous and intradermal injections  
Injections  
Insertion of nasogastric tubes

Insertion of urinary catheters  
Laceration suturing  
Removal of External Fixator devices  
Venipuncture  
Wound Care  
Joint aspiration  
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  
Administer oxygen  
Arterial line placement  
Central Venous Line placement  
First Assist in Surgery  
Foreign body removal  
Give intramuscular, sub-cutaneous,  
intravenous and intradermal injections  
Insert and remove urinary catheters

Intubation  
Joint aspiration  
Laceration suturing  
Lumbar puncture  
Halo tong insertion  
Naso/Orogastric tube insertion  
Paracentesis  
Venipuncture  
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
- Retroperitoneal 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  
 Arterial line placement  
 Central Venous Line placement  
 Foreign body removal  
 Give IM, SQ, IV, intradermal injections  
 Intubation  
 Suturing  
 Assisting with TURP

Venipuncture  
 Wound Care  
 Urinalysis  
 Inserting NG tubes/lavage  
 Inserting urinary catheters  
 Vasectomy  
 Suture / Staple Removal

## 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 nasogastric tubes  
Insert and remove urinary catheters  
Venipuncture  
Arterial Cannulation  
Laceration suturing  
Laparotomy  
Joint aspiration  
ACLS/ATLS  
Escarotomy

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

Insert and remove Chest Tubes  
Drain Removal  
Thoracentesis  
Suture / Staple Removal  
Knot Tying  
Cutting Suture  
Wound Care  
Peritoneal lavage

## EDUCATIONAL OBJECTIVES FOR SPECIAL TOPICS ROTATION

### 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 Clinical Coordinator the name/address at least 2 full rotations prior to the scheduled experience. If you need assistance in facilitating the experience, please contact the Clinical Coordinator for assistance.

You are responsible for creating your own learning objectives and having them approved by the Clinical Coordinator. The Clinical Coordinator 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 Clinical Coordinator. Guidelines for the paper are provided during the clinical year orientation meeting.

**REQUEST FOR PERSONAL LEAVE FROM**  
**Physician Assistant Program**  
**University of Alabama at Birmingham**

**Date:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Requests (please check appropriate box)**

**I will be absent from my clinical rotation on the following day(s):**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician Assistant Student

\_\_\_\_\_  
Signature of Attending Physician/ Chief Resident

**Request is:**

☐ **Approved**

☐ **Declined**

\_\_\_\_\_  
Signature of Clinical Coordinator

**Date:** \_\_\_\_\_

**UAB Physician Assistant Program  
Clinical Work Schedule Form**

Please complete the following schedule representing the days and hours you have been assigned to work in your current rotation. Please sign the statement at the bottom of this page and return it to the Director of Clinical Education no later than the last Friday of the rotation.

Rotation # \_\_\_\_\_

Student's Name \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Preceptor's Telephone/Beeper Number \_\_\_\_\_

Assigned hours and days: (please complete the following Chart with your assigned hours.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Week 3							
Week 4							

**I understand that the above information is true and represents my actual work commitment for this month's clinical rotation.**

**Student's signature:** \_\_\_\_\_

## APPENDICES:

### 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 in the following circumstances:

- a) To and from the hospital
- b) In outpatient settings
- c) To and from class
- d) Within the hospital cafeteria
- e) Within public establishments

**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 Clinical Coordinator 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 policies 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.

### Procedure

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 \$200 per rotation or per four weeks. The payment needs to be made to the UAB PA student society account.

Due to the potential for co-ed living, students must be courteous and aware of the potential for sexual harassment.

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 from the apartment.

The Clinical Coordinator has access to the apartment and will make unannounced visits.

**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'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  
 1530 3<sup>rd</sup> Avenue South  
 SHPB 487 or SHPB 486  
 Birmingham, AL 35294-1212  
 Fax- 205-975-3005

**Physician Assistant Program**

## 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

*Continued on Next Page*



.....  
**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  
 1530 3<sup>rd</sup> Avenue South  
 SHPB 487 or SHPB 486  
 Birmingham, AL 35294-1212  
 Fax- 205-975-3005

**Physician Assistant Program  
University of Alabama at Birmingham**

## CLINICAL YEAR EVALUATION OF PRECEPTOR PERFORMANCE

Name of Preceptor \_\_\_\_\_

Student Name \_\_\_\_\_

Facility name, city, state \_\_\_\_\_

.....

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		

.....

**For each of the following, please circle the number that reflects your opinion of the preceptor's performance as a physician assistant educator.**

	Excellent	Good	Fair	Poor
Communicates ideas clearly	4	3	2	1
Knowledgeable about their specialty	4	3	2	1
Provides appropriate suggestions & guidance	4	3	2	1
Explains rationale for procedures & treatment	4	3	2	1
Demonstrates techniques for procedures & exam	4	3	2	1
Informs students what is expected of them	4	3	2	1
Uses constructive criticism & offers help	4	3	2	1
Displays enthusiasm & motivates student	4	3	2	1
Suggests ways to expand student knowledge/skills	4	3	2	1
Reviews student's written medical records	4	3	2	1
Displays appropriate professional demeanor	4	3	2	1

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**Additional comments:**

**What were the strengths of this rotation?**

**What were the weaknesses of this rotation?**

**Were you adequately prepared for this rotation: \_\_\_\_\_Yes      \_\_\_\_\_No**  
**If no, what could the UAB PA Program have done better to prepare you?**

**Would you recommend this rotation to other students: \_\_\_\_\_Yes      \_\_\_\_\_No**  
**If no, why?**

**Please list the objectives that were not achieved during this rotation.**

**Student's Signature:**

\_\_\_\_\_ **Date** \_\_\_\_\_

## PANCE LIST OF DISEASES & DISORDERS

### Diseases, Disorders and Medical Assessments by Organ System

#### ***The Cardiovascular System***

##### Cardiomyopathy

- Dilated
- Hypertrophic
- Restrictive

##### Conduction Disorders

- Atrial Fibrillation and Flutter
- Atrioventricular Block
- Bundle Branch Block
- Paroxysmal Supraventricular Tachycardia
- Premature Beats
- Ventricular Tachycardia
- Ventricular Fibrillation and Flutter

##### Congenital Heart Disease

- Atrial Septal Defect
- Coarctation of Aorta
- Patent Ductus Arteriosus
- Tetralogy of Fallot
- Ventricular Septal Defect
- Congestive Heart Failure

##### Hypertension

- Essential
- Secondary
- Malignant

##### Hypotension

- Cardiogenic Shock
- Orthostatis/Postural

##### Ischemic Heart Disease

- Acute Myocardial Infarction
- Angina Pectoris
  - Stable
  - Unstable
  - Variant

##### Vascular Disease

- Acute Rheumatic Fever
- Aortic Aneurysm and Dissection
- Arterial Embolism and Thrombosis
- Chronic/Acute Arterial Occlusion
- Giant Cell Arteritis
- Peripheral Vascular Disease
- Phlebitis and Thrombophlebitis
- Venous Thrombosis

##### Varicose Veins

##### Valvular Disease

- Aortic Stenosis/Insufficiency
- Mitral Stenosis/Insufficiency
- Mitral Valve Prolapse
- Tricuspid Stenosis/Insufficiency
- Pulmonary Stenosis/Insufficiency

##### Other Forms of Heart Disease

- Acute and Subacute Bacterial Endocarditis
- Acute Pericarditis
- Cardiac Tamponade
- Pericardial Effusion

#### ***The Pulmonary System***

##### Infectious Disorders

- Acute Bronchitis
- Acute Bronchiolitis
- Acute Epiglottitis
- Croup
- Influenza
- Pertussis
- Pneumonias
  - Bacterial
  - Viral
  - Fungal
  - HIV Related
- Respiratory Syncytial Virus
- Tuberculosis

##### Neoplastic Disease

- Bronchogenic Carcinoma
- Carcinoid Tumors
- Metastatic Tumors
- Pulmonary Nodules

##### Obstructive Pulmonary Disease

- Asthma
- Bronchiectasis
- Chronic Bronchitis
- Cystic Fibrosis
- Emphysema

##### Pleural Diseases

- Pleural Effusion
- Pneumothorax

### ***The Pulmonary System continued***

- Primary
- Secondary
- Traumatic
- Tension

#### **Pulmonary Circulation**

- Pulmonary Embolism
- Pulmonary Hypertension
- Cor pulmonale

#### **Restrictive Pulmonary Disease**

- Idiopathic Pulmonary Fibrosis
- Pneumoconiosis
- Sarcoidosis

#### **Other Pulmonary Disease**

- ARDS
- Hyaline Membrane Disease
- Foreign Body Aspiration

### ***The Gastrointestinal/Nutritional System***

#### **Esophagus**

- Esophagitis
- Motor Disorders
- Mallory Weiss Tear
- Neoplasms
- Strictures
- Varices

#### **Stomach**

- GERD
- Gastritis
- Neoplasms
- Peptic Ulcer Disease
- Pyloric Stenosis

#### **Gallbladder**

- Acute/Chronic Cholecystitis
- Cholelithiasis

#### **Liver**

- Acute/Chronic Hepatitis
- Cirrhosis
- Neoplasms

#### **Pancreas**

- Acute/Chronic Pancreatitis
- Neoplasms

#### **Small Intestine/Colon**

- Appendicitis
- Constipation
- Diverticular Disease
- Inflammatory Bowel disease
- Intussuception
- Irritable Bowel Disease
- Ischemic Bowel Disease
- Neoplasms
- Obstruction
- Toxic Megacolon

#### **Rectum**

- Anal Fissure
- Anorectal Abscess/Fistula
- Fecal Impaction
- Hemorrhoids
- Neoplasms
- Pilonidal Disease
- Polyps

#### **Hernia**

- Hiatal
- Incisional
- Inguinal
- Umbilical
- Ventral

#### **Infectious Diarrhea**

#### **Nutritional Deficiencies**

- Niacin
- Thiamine
- Vitamin A
- Riboflavin
- Vitamin C
- Vitamin D
- Vitamin K

#### **Metabolic Disorders**

- Lactose Intolerance
- Phenylketonuria

### ***The Musculoskeletal System***

#### **Disorders of the Shoulder**

- Fractures/Dislocations
- Rotator Cuff Disorders
- Separations
- Sprain/Strain

- Disorders of the Forearm/Wrist/Hand
- Fractures/Dislocations

- Boxer's
- Colle's
- Gamekeeper's thumb
- Humeral
- Nursemaid's Elbow
- Scapoid

### ***The Musculoskeletal System continued***

Sprains/Strains

Tenosynovitis

- Carpal Tunnel Syndrome
- DeQuervain's
- Elbow Tendonitis
- Epicondylitis

Disorders of Back/Spine

- Ankylosing Spondylitis
- Back strain/Sprain
- Cauda Equina
- Herniated Disc Pulposis
- Kyposis/Scoliosis
- Low Back Pain (Lumbago)
- Spinal Stenosis

Disorders of the Hip

- Aseptic Necrosis
- Fractures/Dislocations
- Slipped Capital Epiphysis

Disorders of the Knee

- Bursitis
- Factures/Dislocations
- Meniscal Injuries
- Osgood-Schlatter Disease
- Sprains/Strains

Disorders of the Ankle/Foot

- Fractures/Dislocations
- Sprains/Strains

Infectious

- Acute/Chronic Osteomyelitis
- Septic Arthritis

Neoplastic Disease

- Bone Cysts and Tumors
- Ganglion Cysts
- Osteosarcoma

Osteoarthritis

Osteoporosis

Rheumatologic Conditions

- Fibromyalgia
- Gout/Pseudogout
- Juvenile Arthritis
- Polyarteritis Nodosa
- Polymyositis
- Polymyalgia Rheumatica
- Reiter's Syndrome
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Scleroderma
- Sjogren's syndrome

### ***The Eye, Ear, Nose & Throat***

Eye Disorders

- Blepharitis
- Blowout Fracture
- Cataracts
- Chalazion
- Conjunctivitis
- Corneal Abrasion
- Dacroadenitis
- Ectropion
- Entropion
- Foreign Body
- Glaucoma
- Hordeolum
- Hyphema
- Macular Degeneration
- Orbital Cellulitis
- Pterygium
- Retinal Detachment
- Retinal Vascular Occlusion
- Retinopathy
  - Diabetic
  - Hypertensive
- Strabismus

Ear Disorders

- Acute/Chronic Otitis Media
- Barotrauma
- Cerumen Impaction
- Hearing Impaction
- Mastoiditis
- Meniere's disease
- Labyrinthitis
- Otitis Externa
- Tympanic Membrane Perforation
- Vertigo

Nose/Sinus Disorders

Acute/Chronic Sinusitis  
 Allergic Rhinitis  
 Epistaxis  
 Nasal Polyps  
  
 Mouth/Throat Disorders  
     Acute Pharyngitis  
     Acute Tonsillitis  
     Aphthous Ulcers  
     Dental Abscess  
     Epiglottitis  
  
***The Eye, Ear, Nose & Throat continued***  
     Laryngitis  
     Oral Candidiasis  
     Oral Herpes  
     Oral Leukoplakia  
     Peritonsillar Abscess  
     Parotitis  
     Sialoadenitis  
  
***The Reproductive System***  
 Uterus  
     Dysfunctional Uterine Bleeding  
     Endometrial Cancer  
     Endometriosis/Adenomyosis  
     Leiomyoma  
     Metritis  
     Prolapse  
  
 Ovary  
     Cysts  
     Neoplasms  
  
 Cervix  
     Carcinoma  
     Cervicitis  
     Dysplasia  
     Incompetent  
  
 Vagina/Vulva  
     Cystocele  
     Neoplasm  
     Prolapse  
     Rectocele  
     Vaginitis  
  
 Menstruation Disorders  
     Amenorrhea  
     Dysmenorrhea  
     Premenstrual Syndrome

Menopause  
  
 Breast  
     Abscess  
     Carcinoma  
     Fibroadenoma  
     Fibrocystic Disease  
     Mastitis  
  
 Pelvic Inflammatory Disease  
  
 Contraceptive Methods  
  
 Infertility  
 Uncomplicated Pregnancy  
     Prenatal Diagnosis and Care  
     Normal Labor and Delivery  
  
 Complicated Pregnancy  
     Abortion  
     Abruptio Placentae  
     Dystocia  
     Ectopic Pregnancy  
     Fetal Distress  
     Gestational Diabetes  
     Gestational Trophoblastic Disease  
     Molar Pregnancy  
     Multiple Gestation  
     Placenta Previa  
     Postpartum Hemorrhage  
     Pregnancy Induced Hypertension  
     Premature Rupture of Membrane  
     Rh Incompatibility  
  
***The Endocrine System***  
 Diseases of the Thyroid Gland  
     Hyperparathyroidism  
     Hypoparathyroidism  
     Hyperthyroidism  
         Grave's Disease  
         Hashimoto's Thyroiditis  
         Thyroid Storm  
     Hypothyroidism  
     Thyroiditis  
     Neoplastic Disease  
  
 Diseases of the Adrenal Glands  
     Cushing's Syndrome  
     Corticotrophic Insufficiency  
  
 Diseases of the Pituitary Gland  
     Acromegaly/Gigantism

Dwarfism  
Diabetes Insipidus

Diabetes Mellitus  
Type One  
Type Two  
Hypoglycemia

Lipid Disorders  
Hypercholesterolemia  
Hypertriglyceridemia

***The Neurologic System***  
Alzheimer's Disease

Cerebral Palsy

Diseases of Peripheral Nerves  
Bell's Palsy  
Diabetic Peripheral Neuropathy  
Guillain-Barre Syndrome  
Myasthenia Gravis

Headaches  
Cluster  
Migraine  
Tension

Infectious Disorders  
Encephalitis  
Meningitis

Movement Disorders  
Essential Tremor  
Huntington's Chorea  
Parkinson's Disease

Multiple Sclerosis

Seizure Disorders  
Generalized Convulsive  
Generalized Nonconvulsive  
Status Epilepticus

Vascular Diseases  
Cerebral Aneurysm  
Cerebral Vascular Accident  
Transient Cerebral Ischemia

***The Psychiatric/Behavioral System***  
Anxiety Disorders  
Panic Disorder  
Generalized Anxiety Disorder

Posttraumatic Stress Disorder  
Phobias

Attention Deficit Disorder

Eating Disorders  
Anorexia Nervosa  
Bulimia  
Obesity

Mood Disorders  
Adjustment Disorder  
Depression  
Dysthymia  
Bipolar Disorders

Personality Disorders  
Antisocial  
Avoidant  
Borderline  
Histrionic  
Narcissistic  
Obsessive-Compulsive  
Paranoid  
Schizoid  
Schizotypal

Psychoses  
Autistic Disorder  
Delusional Disorder  
Schizophrenia  
Schizoaffective Disorder

Somatoform Disorders

Substance Abuse Disorders  
Alcoholism  
Drug Abuse  
Tobacco Abuse

Other Behavioral and Emotional Disorders    Acute  
Reaction to Stress  
Child/Elder Abuse  
Domestic Violence  
Uncomplicated Bereavement

***The Renal/Urinary System***  
Benign Conditions of the GU Tract  
Benign Prostatic Hypertrophy  
Cryptorchidism  
Erectile Dysfunction  
Hydrocele/Varicocele  
Incontinence



Nephro/Urolithiasis	Tinea Versicolor
Paraphimosis/Phimosis	Tinea Corporis, Pedis
Testicular Torsion	Drug Eruptions
	Lichen Planus
Infectious/Inflammatory Conditions	Pityriasis Rosea
Cystitis	Psoriasis
Epididymitis	
Orchitis	Desquamation
Prostatitis	Stevens-Johnson Syndrome
Pyelonephritis	Toxic Epidermal Necrolysis
Urethritis	Erythema Mutiforme
Neoplastic Diseases	VesiculoBullous
Bladder Carcinoma	Bullous Pemphigoid
Prostate Carcinoma	
<b><i>The Renal/Urinary System continued</i></b>	Acneiform Lesions
Renal Cell Carcinoma	Acne Vulgaris
Testicular Carcinoma	
Wilm's Tumor	
Renal Diseases	Rosacea
Acute Renal Failure	Folliculitis
Chronic Renal Failure	
Glomerulonephritis	
Nephrotic Syndrome	
Polycystic Kidney Disease	
Electrolyte and Acid/Base Disorders	Verrucous Lesions
Hypo/Hypernatremia	Seborrheic Keratosis
Hypo/Hyperkalemia	Actinic Keratosis
Hypo/Hypercalcemia	
Hypomagnesemia	
Metabolic Alkalosis/Acidosis	
Respiratory Alkalosis/Acidosis	
Volume Depletion	
Volume Excess	
<b><i>The Dermatological System</i></b>	
Eczematous Eruptions	
Dermatitis	
Atopic	
Contact	
Diaper	
Dyshidrotic	
Nummular	
Perioral	
Seborrheic	
Stasis	
Lichen Simplex Chronicus	
Papulosquamous Diseases	
Dermatophyte Infections	

Impetigo	Botulism
Other	Diphtheria
Acanthosis Nigricans	Tetanus
Burns	Gram Negative Bacteria
Decubitus Ulcers/Leg Ulcers	Cholera
Hidradenitis Suppurativa	Gonococcal Infections
Lipomas/Epithelial Inclusion Cyst	Salmonellosis
Melasma	Shigellosis
Urticaria	Mycobacterial Disease
Vitiligo	Tuberculosis
<b><i>The Hematologic System</i></b>	Atypical Mycobacterial Disease
Anemias	Parasitic Disease
Aplastic Anemia	Amebiasis
B12 Deficiency	Chlamydial Infection
Folate Deficiency	Hookworms
Iron Deficiency	Malaria
G6PD Deficiency	Pinworms
<b><i>The Hematologic System continued</i></b>	Toxoplasmosis
Hemolytic	Spirochetal Disease
Sickle Cell	Lyme Borreliosis
Thalassemia	Rocky Mountain Spotted Fever
Coagulation Disorders	Syphilis
Factor VIII Disorders	Viral Diseases
Factor IX Disorders	CMV Infections
Factor XI Disorders	Epstein Barr Infections
Thrombocytopenia	Erythema Infectiosum
Idiopathic Thrombocytopenic	Herpes Simplex Virus
Purpura	Human Immunodeficiency Virus
Thrombotic Thrombocytopenic	Human Papillomavirus Infections
Purpura	Influenza
VonWillebrand's Disease	Mumps
Malignancies	Rabies
Acute/Chronic Lymphocytic	Roseola
Leukemia	Rubella
Acute/Chronic Myelogenous	Rubeola
Leukemia	Varicella-Zoster Infe
Lymphoma	
Multiple Myeloma	
<b><i>Infectious Diseases</i></b>	
Fungal Disease	
Candidiasis	
Cryptococcosis	
Histoplasmosis	
Pneumocystis Carinni	
Gram Positive Bacteria	

**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.

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Student's Printed Name

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Student's Signature and Date

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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\_\_\_\_\_