Surgical Physician Assistant Program

The University of Alabama at Birmingham

2012 Clinical Manual
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Program Faculty and Staff

Program Director- Patricia R. Jennings Dr.PH, PA-C.
Phone Number: (205) 934-4432
E-mail address: pjennings@uab.edu

Clinical Coordinator, Assoc Program Director- Paul Harrelson MPAS, PA-C
Phone Number: (205) 975-0342
Beeper: (205) 906-9849
E-mail address: pharrelson@uab.edu

Medical Director: Donald Reiff M.D.
Phone Number (205) 975-3030
E-mail address dreiff@uab.edu

Associate Medical Director: John W. Baddley, MD
Phone Number (205) 934-5191
E-mail address jbaddley@uab.edu

Director of Admissions -William R. Drace MA Ed, PA-C.
Phone Number: (205) 934-3781
E-mail address: bdrace@uab.edu

Kelley Swatzell, MPH
Phone Number: (205) 975-2924
E-mail address: ksw@uab.edu

Kerry Whitaker MSHS, RT(R), PA-C
Phone Number: (205) 975-5178
Email address: kwhitak@uab.edu

Kara Caruthers MPAS, PA-C
Phone Number: (205) 934-7539
Email address:kcaruthe@uab.edu

Kristopher Maday MPAS, PA-C
Phone Number: (205) 996-2656
Email: maday@uab.edu
Guidelines and Information for Clinical Preceptors

One of the most important components of the Surgical 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 provide students an opportunity to engage clinically 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 providing an atmosphere where the student’s skills can be developed 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
Surgical Physician Assistant Program
1705 University Blvd. RMSB 487
Birmingham, Alabama   35294-1212

**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 Surgical Physician Assistant Program

The Surgical Physician Assistant Program is a 118 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 surgical 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 Surgical Physician Assistant Program is fully accredited as a Masters 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:

- A grade of C (70%) or better in all didactic coursework within the UAB SPA Program. Incomplete grades must be resolved prior to entering the clinical year.
- Enrollment in a comprehensive health insurance program.
- Completion of all required immunizations and testing (rubeola, diptheria, tetanus, Hepatitis B, and PPD with or without a chest x-ray as indicated).
- Must have a current BLS and ACLS certification that does not expire until after graduation
- Completion of 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 Surgical Physician Assistant Program requires the following:

- Completion of all didactic courses and clinical rotations within the UAB SPA 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 SPA Program
- Successful completion of the program’s Summative Evaluations with a grade of “C” (70%) or better
Clinical Year Schedule

Surgical Option
During the clinical year of study, students are enrolled during the spring, summer, and fall semesters. The clinical year is comprised of 48 weeks of clinical rotations, including 24 weeks of required general medicine rotations, 16 weeks of required surgical rotations, and 8 weeks of elective rotations. Each rotation is awarded four semester hours of academic credit.

Clinical year students are enrolled in three, 2-3 credit hour senior seminar classes during the clinical year. These classes are scheduled during the spring, summer, and fall semesters. The 1-semester hour Masters Project also occurs during the fall 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.

Required General Medicine Rotations
Six 4-week rotations are required in the following general medicine disciplines---emergency medicine, outpatient medicine, inpatient medicine, obstetrics and gynecology, psychiatry, and pediatrics.

Required Surgical Rotations
One 8-week rotation is required in either orthopedic surgery, general surgery, or cardiovascular surgery. Four-week rotations are required in the remaining two disciplines.

Elective Rotations
Two 4-week rotations 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, renal transplant, neurosurgery, trauma surgery, plastic surgery, outpatient medicine, urology, inpatient medicine, emergency medicine, and family practice.

Trauma Option
A Trauma Option is available to all students. Selection of the Trauma Option is made at the time of clinical year orientation and cannot be altered once the choice is made. Rotations within the Trauma Option include:

- In-Patient Medicine
- Emergency Medicine
- Obstetrics/Gynecology
- Cardiovascular surgery
- General Surgery
- Out-Patient Medicine
- Pediatrics
- Psychiatry
- Orthopedic Surgery
- Trauma rotation electives in 3 areas
## Clinical Year Rotation Calendar

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<td>Jan. 30 --Feb 24</td>
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<td>Feb. 27—March 23</td>
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<td>August 20--Sept 14</td>
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**Tuition and Fees**

Please see the UAB SHPB SPA website for details.

Information on the amount owed by each student is available at the University’s Cashier Office. The fee payment schedule is published in the UAB Class Schedule and the Academic Calendar. Cash, check, Visa, MasterCard, or Discover Card may be used. Fees and expenses may be paid by mail or in person at the Cashier’s Office Room 322, Hill University Center.

**Financial Aid**

All students enrolled at UAB are eligible to apply for financial aid. To be considered for financial aid, a completed application should be submitted to the Financial Aid Office a minimum of 45 days prior to the semester requesting financial aid. More information on financial aid programs, and the application process can be obtained at:

UAB Office of Financial Aid
Room 317 Hill University Center
1400 University Boulevard
Birmingham, Alabama 35294-1150
Phone: (205) 934-8223

**Clinical Year Objectives**

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

- Demonstrate proficiency in obtaining and recording patient assessments including a complete medical history and physical exam, daily progress review, pre-operative and post-operative assessments, and discharge summaries.
- Demonstrate a high level of competency in the technical skills needed to perform as a surgical physician assistant.
- 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.
- Demonstrate an understanding of, and adherence to, the clinical limitations of a surgical PA.
- Demonstrate the knowledge to order and interpret common diagnostic studies.
- Demonstrate the knowledge needed to establish a diagnosis or differential diagnosis for common medical and surgical disorders.
- Demonstrate the knowledge and skill to establish a treatment plan for common medical and surgical diseases and disorders.
• Demonstrate the ability to assist the surgeon in all delegated tasks, including first assisting, wound closure, hemostasis, suture tying, and other invasive procedure.

• Demonstrate proficiency in recording Progress Notes / SOAP Notes, Procedure Notes, Daily Orders, Discharge Summaries, Operative Notes, Pre-operative Orders, Post-operative Orders.

• Demonstrate an adequate level of knowledge to recognize and refer complicated medical and surgical problems that are beyond the capabilities of a surgical physician assistant.

• Demonstrate the knowledge required to counsel patients about common surgical and medical diseases and disorders.

• Demonstrate the knowledge and fortitude needed to conduct their personal and professional lives in a legal and ethical manner.

• Demonstrate a working knowledge of quality assurance and management

• Demonstrate an appropriate level of sensitivity to socioeconomic and human rights issues, including the appropriate management of patients irrespective of religion, race, gender, disability, socioeconomic level, and sexual preference.

• Demonstrate an ability to properly evaluate and participate in medical research

• Demonstrate a commitment to life-long professional growth and medical education
PAEA Required PA Competencies

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, their 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. PA’s 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. Students should contact the preceptor by phone prior to the start of every rotation. This should occur approximately 1 week prior to the start of the rotation.

2. On the first day of the rotation, students should meet with the preceptor to determine the rotation schedule and duties. Rotation objectives should be reviewed at this time and mutual expectations discussed. This is the student’s responsibility.

3. As a general rule, students should adhere to the same schedule as the preceptor. However, no less than 40 hours/week, no more than 70 hours of clinical work per week is allowed. Exception may occur during the rotation and if this occurs, the students should contact the clinical coordinator.

4. 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 an individual schedule by the first week’s senior seminar meeting.

5. 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.

6. 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 both the program and the preceptor.

7. Students should complete the rotation objectives to the maximum extent possible, while recognizing that all stated objectives and technical procedures may not be completed given the variability of student capabilities and patient loads.

8. As a general rule, students should be actively engaged in clinical duties by the second week of the rotation. Failure to become actively engaged by the second week should prompt a call to the clinical coordinator for advice.

9. 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 the Program office.

10. As a general rule, students should devote about 2 hours per day to completing the reading objectives. If the student’s schedule does not permit this, the clinical coordinator should be consulted.

11. 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.

12. Students should schedule and 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.
13. Students should 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.

14. 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.

15. The program has a strict policy against students being employed during the clinical year.

16. Students must not represent themselves as a graduate physician assistant.

17. Students should keep off-duty socializing with the preceptor and office staff to a minimum. Note that it is considered unethical to develop a romantic or sexual relationship with a patient, preceptor, or office staff member.

18. Students must immediately report all needle stick and accidental exposures. See Appendix B for a full description of this policy.

19. 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.

20. 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 a full personal day.

21. 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 they encounter. 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.

Academic Misconduct

An act of dishonesty in academic work constitutes academic misconduct. This includes plagiarism, or giving or receiving unauthorized aid in tests, examinations, or other assigned academic work. The penalty for these infractions is outlined in the procedure for managing misconduct.

Non-Academic Misconduct

Nonacademic conduct concerns the conduct of students outside the teaching/learning environment but within the university community. All students are expected to conduct themselves in a manner that facilitates the institution’s pursuit of its educational objectives. It requires a regard for the rights of others, and provision for the safety of individuals and property rights. Punitive action will be taken to any conduct that violates these principles. Types of misconduct include the following:

- Obstruction or disruption of the teaching, research, public service, administrative, or other authorized activity or function of the university.
- Falsification, alteration, fabrication, or misuse of written or electronic university forms, documents, records, or identification.
- Tardiness or unexcused absences as defined by the Program or course in which the student is enrolled.
- Dishonesty in performing assignments or during examinations; the falsification or alteration of official documents.
- Possession of or being under the influence of alcoholic beverages or illegal drugs on campus and/or at required school activities.
- Participation in activities threatening the safety of others on campus or at required or school-sponsored activities (includes verbal, written, or physical threats).
- Illegal possession of dangerous weapons on campus, at required off-campus activities, or at school-sponsored activities.
- Stealing while on campus, at required off-campus activities, or at school-sponsored activities.
- Exhibiting unprofessional behavior by (1) falsification of patient records, (2) improper practice of the profession, (3) willful neglect of a patient, (4) improper use of equipment or participation in activities which may damage equipment, supplies, and/or private and public property, (5) misrepresentation of professional status, (6) falsification of student records, (7) failure to respect confidentiality of patient information.
- Fraudulent use of a UAB identification card at UAB or elsewhere.
The Apartment in Gadsden utilized during rotations is under the control of the UAB Surgical PA program. Students assigned to this apartment are required to follow the rules specified in Appendix F

Guidelines for Managing Student Misconduct

The policies and regulations of the Surgical 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 coordinator, 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 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 coordinator, program director, or clinical preceptor for substandard performance, poor class attendance, misconduct, and other types of more serious offenses 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 three written warnings during an 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.

Imposed Probation: Depending on the gravity of the situation, or if after an oral warning and a written warning a student continues to demonstrate substandard performance, poor class attendance, misconduct, and other types of offenses, the student may be placed on probation by the program director. The student will be given a written memorandum indicating the beginning and ending dates of the probation. A copy of this document will be placed in the student’s official, permanent record. If a student fails to progress through, or satisfactorily complete, guidance and counseling based on goals set by The Surgical Physician Assistant Program during the imposed probation period, further disciplinary action up to, and including, dismissal from the program may be imposed. Vacation and personal holidays may not be granted during this period of imposed probation. Imposed probation does not affect a student’s access to the formal grievance procedure.

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 one written warning for minor or major offenses or as
the first step if the infraction is serious enough. 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 Surgical 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 three written warnings 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 Surgical 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

**Nonacademic Grievance Protocol**
When the persons directly involved cannot settle complaints on non-academic matters, a written
complaint should be forwarded to Patricia Jennings. If Dr. Jennings is unsuccessful in resolving
the complaint, it will be forwarded to the Associate Dean for Student and Academic Affairs for
further consideration. For specific information concerning the procedures and processes for
non-academic complaints and grievances, contact the judicial officer, Room 101, Hill University
Center, 1400 University Boulevard, Birmingham, Alabama 35294-1150.

**Procedure for Student Appeal of a Disciplinary Action**
When a student believes that a misconduct charge has not been evaluated properly within a
department, an appeal may be forwarded to the Associate Dean for Student and Academic
Affairs of the School of Health Professions. At the Associate Dean’s discretion, an advisory
group may be appointed to study the matter and make a recommendation. The Associate Dean
shall notify the student of his/her decision in writing. Except in the rare case of expulsion, the
Associate Dean’s decision shall be final.

Should a student continue to challenge a disciplinary action by the Associate Dean of Student
and Academic Affairs, he or she must make a written request for review of the facts by the Dean
of the School of Health Professions and the Graduate School within five workdays of having
received written notice from the Associate Dean of the disciplinary action. If a student does not
make a written request within the time specified, the disciplinary action will be implemented.

The Dean may support the Associate Dean’s decision or an Advisory Committee may be formed
and a date set for a hearing on the action. The student will be notified of the proposed hearing
date at least five workdays before the hearing. The Advisory Committee shall consist of one
person selected by the student, one person selected by the program director or other person recommending the disciplinary action, and three persons selected by the Dean, one of whom the Dean will designate to serve as Chair. Each Committee member must be currently either a SHP student or an individual holding a SHP faculty appointment. The hearing will be tape recorded, and a copy will be maintained in the Office of the Associate Dean for Student and Academic Affairs. The student may be present and an examination of witnesses and the review of documentary submissions will be allowed. The student and the Program recommending the discipline may present evidence, including records, written statements, and exhibits. Within two days after the hearing, the Committee will send a recommendation to the Dean, who will notify the student, the department chair, and the program director of his decision. The Dean’s decision is final.
Technical (Performance) Standards

Students should be aware that the Surgical PA Program requires that all students demonstrate the technical skills needed to complete the entire Surgical 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 Federal Disabilities Act.

Sexual Harassment Policy

See Appendix C for the University Policy regarding Sexual Harassment.

Disability Policy

It is the policy of UAB and the Program to make reasonable accommodations for students with disabilities. This includes accommodations during the didactic and clinical phase of the program, although it should be noted that students will be held to the Program’s Technical Standards. Any evidence that patient welfare is in jeopardy after reasonable accommodations have been made will be grounds for terminating the disabled student’s privileges until the safety of patients can be assured.

Students with disabilities should note that they will need to register and submit to an evaluation by UAB’s Disability Support Service office located in 516 Hill University Center, 1400 University Blvd. Phone # 205-934-4205. http://main.uab.edu/Sites/students/services/disability-support/. Until this evaluation is performed, the Program is under no obligation to make any accommodations for the student’s disability.
Student Services

Personal Counseling

The UAB Women’s Center offers personal counseling services to women students with a focus on sexual assault, sexual harassment, eating disorders, and other women’s issues. The services are confidential, are provided by a Licensed Professional Counselor, and are free of charge to all UAB students. To obtain further information or to make an appointment, students can stop by room 460 of Hill University Center or call 934-6946.

Free, confidential counseling related to personal growth, human development, and interpersonal relationships is available for men and women at the UAB Center for Counseling and Wellness. The Center is located in room 460 at the Hill University Center. The center’s phone number is 934-5816.

Student Health Insurance

Health Insurance is mandatory for all students in the School of Health Professions. Students who are covered by other hospitalization insurance, which offers coverage equivalent to the UAB student hospitalization policy, must sign a waiver to this effect and will not be required to participate in the UAB Student Policy. An annual student hospitalization insurance policy may be obtained through the UAB Student Health Service.

A full range of outpatient services are provided by the UAB Health Service, including routine laboratory work and x-ray services. The student health service physician will arrange any necessary referrals for specialized treatment. A co-pay will be charged for each referral, the balance being coordinated between the student health service and the student’s health insurance company. Optional Dental and Vision are available through the insurance company. Please call the Educational Finance Group at 1-800-237-0903 ext. 6240 or 6233 or Office of Student Services (205) 934-3424 for additional information.

The student Health Service operates 8:00 am to 4:30 p.m. Monday through Friday, except holidays. For life-threatening emergencies during non-office hours, the student should go for emergency treatment to the UAB Hospital Emergency Department. Once at the emergency department, students need to request contact be made with the Student Health Service On-Call Physician.

Students may purchase insurance with cash or check. No credit cards are accepted. Payments must be made at the UAB Cashier’s Office located in the Hill University Center, Room 322; or you may mail your premium payment with completed enrollment card to UAB Cashier’s Office, Hill University Center, Box 80, Birmingham, Alabama, 35294-1150.

Student Health Service
Community Health Services Building - 933 South 19th Street
Phone: 934-3580

Immunizations

The School of Health Professions requires that all students show proof of immunization against mumps, rubeola, rubella, tetanus, and diphtheria prior to enrollment. Students must maintain current immunization status through the medical document manager found in the certified profile platform (Appendix H). Students who have not had Rubella (German measles) or chickenpox (varicella) or are unsure of their measles and chickenpox history, are required to have a rubella
or chickenpox (varicella) titer drawn. Vaccines are required for all students who show a negative titer.

Students must also be immunized against Hepatitis B. The Hepatitis B vaccine is given in a series of three doses over a six-month period. Upon completion of the series, all students must have a hepatitis antibody titer performed after 2 months to determine if an additional booster is needed. The Hepatitis B vaccine may be obtained from a personal physician, the local county public health department, or the Student Health Service.

Finally, all health profession students are required to have a Tuberculin Skin Test within 3 months of enrollment in the clinical year. If the reaction is positive or has been positive in the past, a current chest x-ray report is required.

Proof of immunization may be substantiated through official documentation or positive titers. If students do not have such proof, they must be immunized against these diseases prior to participating in UAB activities. Exceptions to this policy will be made only for students who can document medical or religious contraindications to the vaccines. Such documentation must be submitted to UAB admissions/registrar’s office.

Address and Phone Number Changes

The staff of the Surgical 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, Hill University Center, Room 207.
Assignment of Clinical Rotations

Prior to beginning the clinical year, students will be given an opportunity to list their preference for clinical rotations. This is a preference list and not a guarantee of a specific rotation placement. The program does not guarantee student requests for any particular rotation. Initial rotation requests will be granted or rejected based on preceptor, program needs and rotation availability. The program reserves the right to approve or disapprove a 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. All students will be placed in clinical rotations in accordance with ARC-PA requirements.

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

1. All requests must be made to the clinical coordinator using a Change of Rotation form. The program reserves the right to make changes to the schedule at anytime. Final decisions concerning rotation changes will be made by the clinical coordinator or program director.
2. The program office must receive all rotation change requests on or before the last Friday, one full rotation prior to the first day of the desired rotation change.
3. Each student will be allowed to make two changes once the final schedule has been released (denied requests will not be counted in this total).
4. The program reserves the right to deny any request.
5. Students may not make independent changes to their schedule or switch with another student without the prior approval of the clinical coordinator.
6. A switch in rotations with another student requires written approval of the student. Students who agree to accommodate a classmate will not be "charged" with a rotation change.

Anti-nepotism Policy

Student requests that a family member (mother, father, sibling, grandparent or significant other) or prior employment site serve as their preceptor will not be approved. A personal relationship may interfere with the students’ 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. Students should keep off-duty socializing with the preceptor and office staff to a minimum. Note that it is considered unethical to develop a romantic or sexual relationship with a patient, preceptor, or office staff member.

Clinical Rotation Reassignment

The clinical coordinator 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 coordinator 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 three of the four 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 the rotation 7-12 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 must be used to switch to a program rotation.
- 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, and f) verification of CPR/ALS training.
- All required paperwork must be completed 2 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 following rotation 12. This situation may require a course grade of Incomplete until the rotation has been completed.
- 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 coordinator 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”.

Criminal Background Checks and Drug Testing

Certain clinical sites require additional Criminal background checks, fingerprinting, and drug testing for students working within that facility. Students assigned to these clinical sites will have to accept this requirement. Cost of these checks will be borne by the student.

Curriculum Vitae 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 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 Surgical 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 UAB. Additional liability insurance may be obtained through the UAB Office of Risk Management and Insurance. For more information about this insurance policy call 934-5382.

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

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

Note that text books, journals, and other forms 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.
Needle-stick Injuries and Exposure to Blood-borne Pathogens

Blood and other forms of bodily fluid are considered infectious regardless of the perceived status of the source individual. Therefore, all students must follow OSHA Universal Precaution Guidelines when potential exists for contact with blood and other forms of infectious materials. The use of gloves, eyewear, and protective clothing, as well as the proper care of sharp objects and other precautionary measures is required.

See Appendix B for the Universal Precautions Policies and Procedures.

In the event of a needle-stick or accidental blood/body fluid exposure report the incident to the Preceptor and the Program, and complete an Incident Report that provides the following information:

1. The type of exposure (blood or other body fluid / subcutaneous or mucous membrane)
2. The Hepatitis and HIV status of the patient, if known
   (If a patient's serological status is unknown the student or clinical supervisor should contact the patient's attending physician and request that the physician obtain a specimen for serologic testing)

Reporting Procedure for students on rotations at UAB

Contact UAB Student Health Service (934-3580) or UAB Employee Health (934-2675) during regular daytime working hours or the Rapid Response Needle-stick Team(934-3411) if after hours- Students will be instructed where to report for evaluation and treatment. Usually, assessments and lab work can be obtained promptly at Student Health Services, 930 S. 20th St, without an appointment (lab is closed from 12-1 pm). Students or their clinical supervisor are responsible for contacting the involved patient's attending physician to authorize the blood testing of the patient. These should be ordered STAT if possible. UAB Student Health or UAB Employee Health (Lynn Bailey) will assist the student in obtaining the results as quickly as possible.

Reporting Procedure for students on rotations in Birmingham but outside UAB.

If the institution refuses to provide care free of charge to the student for a needle-stick injury, contact UAB Student Health (934-3580) or UAB Employee Health for advice about where to go for evaluation and treatment. After hours, the student should contact the UAB Rapid Response Needle-stick team (934-3411) for advice about where to go for evaluation and treatment.

Reporting Procedure for students on rotations outside of Birmingham

Students should contact the UAB Student Health Service during regular business hours or, if after hours, page the Rapid response Needle-stick team (934-3411) for advice on where to be evaluated. If travel to Birmingham is not practical, the student will be advised to seek care at the local emergency department if the host facility will not provide evaluation through their own employee health service.

Note that a copy of the Incident Report and any emergency department visits to the UAB Employee Health Service will need to be submitted within a week of the injury or exposure. Documentation must be mailed or hand-delivered; faxes will not be accepted due to guidelines governing patient confidentiality.
Student Identification
Students must wear a University of Alabama at Birmingham, Surgical Physician Assistant Student patch on their lab coats and display a photo-ID nametag designating their student status and association with the University during all clinical encounters.

Attendance Policy

Vacation and Break Schedule
The clinical schedule does not follow the official University calendar. Clinical-year students will receive a week break at the end of rotation 6. Please see the clinical rotation schedule for the dates of these breaks.

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 10 personal days during the clinical year. The following rules govern these personal days:

1) Personal days may be used for any reason.
2) The clinical coordinator and the clinical site must be informed as soon as the decision is made not to attend.
3) For planned absences, students must provide the program office and the preceptor with written notification two weeks in advance of the absence.
4) **Personal days may not be taken on scheduled test days (senior seminar or end of rotation test days).**
5) For unplanned absences (illness, car trouble, etc), students must notify the program (clinical coordinator) and preceptor as soon as possible. Students can call the program office or the clinical preceptor in charge of the rotation to notify them of the absence. Students must also submit a Request for Personal Leave Form to program faculty during the first class meeting following the time off.
6) Personal days may not exceed five days during any one rotation.
7) Once ten 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).
8) Failure to follow these rules will result in an unexcused absence.
Excused Absences
If a student is absent more than 10 days during the clinical year, further absences will be considered either excused or 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:

1) 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).

2) Absences for major religious and ethnic holidays not observed by the university may only be taken as personal days.

3) Excused absences may not exceed five consecutive days. Absences that exceed five consecutive days must be considered as personal leave (see below).

4) Excused absences will be remediated at a rate of one day for each missed day. Remediation will take place preferably during the weekend between rotations. Otherwise, the student will receive a grade of “I” and will be required to remediate immediately following the last clinical rotation. A remediation site will be chosen at the discretion of the clinical coordinator. Once remediation is completed, the student will be assigned a final grade without deduction. If remediation is not completed or is unsuccessful, a grade of “F” will be earned.

5) 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 written approval of both the preceptor and clinical coordinator or failure to inform the clinical coordinator or clinical site of the absence. Unexcused absences will result in remediation or disciplinary action as described below.

The first instance of unexcused absence that does not exceed three days will result in:

1) Personal counseling by program faculty

2) A letter of reprimand placed in the student’s permanent file

3) Remediation of the missed time and/or a forfeit of personal days at a rate of two days for each missed clinical day.

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

   b) The student will receive a grade of “I” (incomplete) for the rotation. Once the preceptor has documented successful remediation, the grade will be changed to reflect the earned grade on the rotation. If remediation is not completed or is not successful, a grade of “F” will be earned.

   c) Remediation may be completed on weekends (if the clinical preceptor agrees and there is sufficient work to be done during the weekends) or will be undertaken immediately following the last clinical rotation of the year. In special circumstances the program may arrange for remediation during scheduled breaks.
The Second instance of unexcused absence of any length will result in a faculty board of review of the student, and either remediation of 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:

1) Students may use personal days to account for absences due to reasons cited above or may apply for personal leave.
2) If a student chooses to use personal days, no remediation will be required if the absence does not exceed the remaining personal days. Absences that exceed remaining personal days will require remediation at the rate of one day for each missed day.
3) 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 remediated by the schedule below.
4) Personal leave in excess of 4 weeks may result in administrative withdrawal from the program.
   a) The decision to administratively withdraw a student will be made by the program director.
   b) If the student was in good standing prior to withdrawal, they will be given the option to re-enter the program.
   c) Credit for coursework completed prior to the leave will be determined at the discretion of the program director.
5) Remediation for personal leave will occur immediately following the last clinical rotation of the second year. Students will receive a grade of “I” for all rotations in which absences occur. Following successful remediation, 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 required to complete the rotation at the end of the clinical year. 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 remediated at a rate of one day for each missed day. Remediation will occur as soon as possible, but may be deferred until the last rotation of the clinical year. Students may utilize up to 5 personal days to fulfill remediation 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 remediated.

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 “I” Incomplete grade for the rotation. This will be reported in your Typhon patient tracking system.

**Off-Rotation Clinical Experiences**

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.
- 10% of the grade will come from Typhon patient logging.

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 UAB PA program has purchased a practice PANCE exam from Exam Master. Each student is required to take once a month a practice PANCE examination. The student can choose which Friday after Senior Seminar Series class they would like to test. There is no grade associated with this examination. If the student does not complete a practice exam and “I” will be given for that rotation.

The following grading policies are followed during the clinical year:

1. 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**
2. 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.

3. 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.

4. 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.

5. 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.

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

7. The grade for Trauma and 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. 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 8am electronically and a hard copy by the start of Senior seminar series class to the clinical coordinator education AND the assignment folder’s “turnitin site” on Blackboard Learn (as you used for your Masters’ project). The papers will be graded based upon the level of critical thinking you are able to express in your words.

8. The Mid-term Evaluation Form completed by the Preceptor will not enter into the grade calculation.

9. Items marked NA/DO (not applicable/didn’t observe) on the evaluation forms will not enter into calculation of the final grade.

10. 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.

11. End-of-rotation exams are generated from the assigned objectives and reading list developed for each rotation. Exams are scheduled on Wednesdays unless otherwise announced. Personal days may not be taken on scheduled test days. Make-up examinations will only be given with written documentation of excused absences.
12. 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. Any H&P submitted after this time will have a 10 point deduction of the grade. The H&Ps will be graded by program faculty and will constitute 10% of the rotation’s 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%.

13. *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 site visited by the clinical coordinator at a minimum of four times during the clinical year. A site visit may consist of a meeting with the preceptor, a meeting with the student, and the filing of a Site Visit Report in the program’s office.

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:

- Dean’s Leadership and Service Award presented to up to three outstanding SHP students for scholarship, leadership, and service to SHP and to UAB.
- 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.
- Alfred W. Sangster Award presented to an outstanding international student enrolled in one of SHP’s programs.
- Charles Brooks Award for Creativity presented in recognition of creative and innovative accomplishments of a SHP student.
- Margaret K. Kirklin Award for Excellence presented to a graduating senior who has attained outstanding academic achievement throughout their enrollment in the Surgical 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. Pre-registration 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

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
950 North Washington Street, Alexandria, Virginia  22314-1552
Phone: (703) 836-2272    Fax: (703) 684-1924
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
# Preceptor Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital</th>
<th>Address</th>
<th>City</th>
<th>Phone</th>
<th>Beeper</th>
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<tbody>
<tr>
<td><strong>Cardiovascular Surgery</strong></td>
<td></td>
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</tr>
<tr>
<td>Dr. Jones</td>
<td>Princeton / Shelby</td>
<td>817 Princeton Ave Suite 300</td>
<td>Birmingham</td>
<td>780-8980</td>
<td>205-542-5327</td>
<td></td>
</tr>
<tr>
<td>Dr. David Talton</td>
<td>North Mississippi Medical Center</td>
<td>830 S. Glouster St</td>
<td>Tupelo, MS</td>
<td>662-213-1177</td>
<td>Contact Chris</td>
<td><a href="mailto:CMccarley@nmhs.net">CMccarley@nmhs.net</a></td>
</tr>
<tr>
<td>Dr. James Kirklin</td>
<td>University of Alabama Hospital</td>
<td>Ziegler Bldg #719, 703 19th St. South</td>
<td>Birmingham</td>
<td>205-934-3368</td>
<td>Contact Brennan</td>
<td><a href="mailto:bbgarvey@hotmail.com">bbgarvey@hotmail.com</a></td>
</tr>
<tr>
<td>Dr. Lockridge</td>
<td>Medical Center East</td>
<td>2871 Acton Rd Suite 100</td>
<td>Birmingham</td>
<td>205-939-0023</td>
<td>Ask for Wendy</td>
<td><a href="mailto:wendywc@bellsouth.net">wendywc@bellsouth.net</a></td>
</tr>
<tr>
<td>Mr. Sam Irvine</td>
<td>Trinity Medical Center</td>
<td>880 Montclair Road</td>
<td>Birmingham</td>
<td>205-599-3700</td>
<td>205-503-0021</td>
<td><a href="mailto:xceptnoles@aol.com">xceptnoles@aol.com</a></td>
</tr>
<tr>
<td>Dr. William Harris</td>
<td>Mississippi Baptist Hospital</td>
<td>501 Marshall St</td>
<td>Jackson, MS</td>
<td>601-948-1416</td>
<td>Ask for Jose</td>
<td><a href="mailto:sosa16@hotmail.com">sosa16@hotmail.com</a></td>
</tr>
<tr>
<td>Dr. George Robinson</td>
<td>Gadsden/River view Hospital</td>
<td>815 Riverbend Dr</td>
<td>Gadsden, AL</td>
<td>(256) 456-0226</td>
<td>Ask for Steve</td>
<td></td>
</tr>
<tr>
<td>CV Surgical Associates</td>
<td>St. Petersburg Fl.</td>
<td>6006 49th Street North, Suite 310</td>
<td>St. Petersburg Fl</td>
<td>Office</td>
<td>Ask for Lori Voigt</td>
<td><a href="mailto:lvoigt@heartsurgery-csa.com">lvoigt@heartsurgery-csa.com</a></td>
</tr>
<tr>
<td>Dr. Thomas Washburn</td>
<td>Hunstville Hospital</td>
<td>201 Sivley Road South West Suite 300</td>
<td>Huntsville</td>
<td>(256) 533-1077</td>
<td></td>
<td><a href="mailto:thewashburns5@comcast.net">thewashburns5@comcast.net</a></td>
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<tr>
<td><strong>Elective Rotation</strong></td>
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<tr>
<td>SICU VA</td>
<td>Birmingham VA</td>
<td>8th Ave South</td>
<td>Birmingham</td>
<td>205-914-1130</td>
<td>Contact Jeff</td>
<td><a href="mailto:Jeffrey.Davis8@va.gov">Jeffrey.Davis8@va.gov</a></td>
</tr>
<tr>
<td>Dr. Nguyen</td>
<td>Trinity Medical Center</td>
<td>840 Montclair Rd Suite 707</td>
<td>Birmingham</td>
<td>205-592-5005</td>
<td></td>
<td><a href="mailto:Kayla.harding@trinitymedicalonline.com">Kayla.harding@trinitymedicalonline.com</a></td>
</tr>
<tr>
<td>Dr. Krell</td>
<td>2100 16th Ave. South Suite 202</td>
<td>Birmingham</td>
<td>933-0987</td>
<td>(205) 802-6959</td>
<td>Ask for Sylvia</td>
<td><a href="mailto:jkrellmd@gmail.com">jkrellmd@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Kingsley</td>
<td>700 Montgomery Hwy # 210</td>
<td>Vestavia</td>
<td></td>
<td>(205)</td>
<td></td>
<td><a href="mailto:amiorris28@aol.com">amiorris28@aol.com</a></td>
</tr>
<tr>
<td>Dr. Drummond</td>
<td>Princeton SW</td>
<td>817 Princeton Ave SW</td>
<td>Birmingham</td>
<td>(205) 783-0160</td>
<td>Ask for Jody St.</td>
<td>vasc <a href="mailto:surgery@yahoo.com">surgery@yahoo.com</a></td>
</tr>
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<td>Name</td>
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<tr>
<td>Dr. Stan Faulkner</td>
<td>Trinity Medical Center</td>
<td>720 Montclair Rd.</td>
<td>Birmingham</td>
<td>205-397-5200</td>
<td>Ask for Carol or Harry</td>
<td><a href="mailto:harrywheelock@gmail.com">harrywheelock@gmail.com</a></td>
</tr>
<tr>
<td>Harry Wheelock, PA-C</td>
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<tr>
<td>Dr. Robert Cerfolio</td>
<td>University of Alabama Hospital</td>
<td>Tinsley Harrison Tower #712, 1900 Univ. Blvd.</td>
<td>Birmingham</td>
<td>205-934-5937</td>
<td>Lauren Penuel</td>
<td><a href="mailto:jholderfer@uabmc.edu">jholderfer@uabmc.edu</a></td>
</tr>
<tr>
<td>Trauma Burns</td>
<td>University of Alabama Hospital</td>
<td>625 19 St South</td>
<td>Birmingham</td>
<td>205-934-3411</td>
<td>Page Kate Gaston thru UAB paging</td>
<td><a href="mailto:kateland@uab.edu">kateland@uab.edu</a></td>
</tr>
<tr>
<td>Dr. Marty Heslin (UAB Surgical Onc)</td>
<td>University of Alabama Hospital</td>
<td>2000 6th Ave South KB 321</td>
<td>Birmingham</td>
<td>205-934-3081</td>
<td>UAB Paging 4-3411</td>
<td><a href="mailto:martyh@uab.edu">martyh@uab.edu</a></td>
</tr>
<tr>
<td>Dr. John Baddley</td>
<td>UAB</td>
<td>625 19 St South THT 229</td>
<td>Birmingham</td>
<td>205-934-5191</td>
<td>Dr John Baddley</td>
<td><a href="mailto:jbaddley@uab.edu">jbaddley@uab.edu</a></td>
</tr>
<tr>
<td>Dr. Scott Doyle (Peds ortho)</td>
<td>Children’s Hospital</td>
<td>1600 7th Avenue South, Birmingham</td>
<td>Birmingham</td>
<td>205-616-5546</td>
<td><a href="mailto:Scott.doyle@ortho.uab.edu">Scott.doyle@ortho.uab.edu</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Artemus Cox</td>
<td>UAB/Highland</td>
<td>UAB Boshell Building 563</td>
<td>Birmingham</td>
<td>(205) 975-6994</td>
<td>Dr. Cox UAB pager 934-3411</td>
<td>Artemus.cox.ccc.uab.edu</td>
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### Emergency Medicine

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<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Adrienne Fowler, UAB ER scheduler</td>
<td>University of Alabama Hospital</td>
<td>JT N266-625 19th St. South</td>
<td>Birmingham</td>
</tr>
<tr>
<td>Dr. Jones</td>
<td>Trinity Medical Center</td>
<td>880 Montclair Road</td>
<td>Birmingham</td>
</tr>
<tr>
<td>Dr. Jeremy Rogers</td>
<td>Baptist Princeton Medical Center</td>
<td>701 Princeton Ave., S.W.</td>
<td>Birmingham</td>
</tr>
<tr>
<td>Dr Denney</td>
<td>UAB West</td>
<td>U.S. Hwy 11 S 35022</td>
<td>Bessemer, AL</td>
</tr>
<tr>
<td>Dr. Squyeres</td>
<td>Huntsville Hospital</td>
<td>101 Sivley Rd</td>
<td>Huntsville</td>
</tr>
<tr>
<td>John Hurt</td>
<td>Coosa Valley Medical Center</td>
<td>315 W. Hickory Street</td>
<td>Sylacauga, Al</td>
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<tr>
<td><strong>Outpatient Medicine</strong></td>
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<tr>
<td><strong>Dr. Robert Snyder</strong></td>
<td>Cahaba Family Medicine</td>
<td>2508 Pelham Pky.</td>
<td>Pelham, AL</td>
</tr>
<tr>
<td><strong>Dr. Carol Johnson</strong></td>
<td>Shelby Medical Center</td>
<td>1022 1st St. North</td>
<td>Alabaster</td>
</tr>
<tr>
<td><strong>Ben Dale PA-C</strong></td>
<td>Cooper Green Medical Clinic</td>
<td>1515 6th Ave. South 7th floor</td>
<td>Birmingham</td>
</tr>
<tr>
<td><strong>Mr. Arthur McAdams PA-C</strong></td>
<td>Cooper Green Hospital Clinic</td>
<td>South Town Community Clinic 2411 South Town Court</td>
<td>Birmingham</td>
</tr>
<tr>
<td><strong>Dr. Brown</strong></td>
<td>Brookwood Hospital</td>
<td>3106 Independence Dr.</td>
<td>Birmingham</td>
</tr>
<tr>
<td><strong>Dr. Michael Rosemore</strong></td>
<td>UAB West</td>
<td>3003 Allison-Bonnett Memorial Drive-Hueytown</td>
<td>Birmingham</td>
</tr>
<tr>
<td><strong>Dr. Raymond Browme</strong></td>
<td>UAB Highlands/St. Vincents</td>
<td>3106 Independence Dr.</td>
<td>Homewood</td>
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<td><strong>Dr. Charlie Braswell</strong></td>
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<td><strong>Dr. Jerry Kitchens</strong></td>
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<td><strong>Dr. Matthews</strong></td>
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<td><strong>Dr. Mark Scofield</strong></td>
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<td><strong>Dr. William Wood</strong></td>
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<td><strong>Dr. William Tapscott</strong></td>
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<td><strong>Dr. Echeverri</strong></td>
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<td><strong>Dr. Moellinger</strong></td>
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## Inpatient Medicine

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<tbody>
<tr>
<td>Dr. Avsar</td>
<td>UAB West</td>
<td>3004 Alision-Bonnett Memorial Drive</td>
<td>Birmingham</td>
<td>205-491-3299</td>
<td><a href="mailto:smamillcreek@aol.com">smamillcreek@aol.com</a></td>
</tr>
<tr>
<td>UAB Internal Medicine Dr. James Lyman</td>
<td>University of Alabama Hospital</td>
<td>625 19 St South</td>
<td>Birmingham</td>
<td>(205) 975-0512</td>
<td><a href="mailto:opus@uab.edu">opus@uab.edu</a></td>
</tr>
<tr>
<td>Dr. Richard May</td>
<td>St Vincent Hospital</td>
<td>810 St. Vincent Dr.</td>
<td>Birmingham</td>
<td>205-337-7638</td>
<td><a href="mailto:lmiller9441@charter.net">lmiller9441@charter.net</a></td>
</tr>
<tr>
<td>Dr. Ward</td>
<td>Brookwood Hospital</td>
<td>2010 Brookwood Medical Drive</td>
<td>Birmingham</td>
<td>205-541-7148</td>
<td><a href="mailto:jwardmd@bellsouth.net">jwardmd@bellsouth.net</a></td>
</tr>
<tr>
<td>Dr. Baddley</td>
<td>Birmingham /VA</td>
<td>8th Ave South</td>
<td>Birmingham</td>
<td>934-3411</td>
<td><a href="mailto:jbaddley@uab.edu">jbaddley@uab.edu</a></td>
</tr>
<tr>
<td>Dr. Zia Hassan</td>
<td>Huntsville Hospital</td>
<td>401 Lowell Drive Southeast</td>
<td>Huntsville Al</td>
<td>256-265-1910</td>
<td><a href="mailto:zia.hassan@hhsys.org">zia.hassan@hhsys.org</a></td>
</tr>
<tr>
<td>Dr. Greg Ayers</td>
<td>Princeton/UAB West</td>
<td>817 Princeton Ave SW POB 116</td>
<td>Birmingham</td>
<td>205-281-2108</td>
<td><a href="mailto:Dr_ayers@yahoo.com">Dr_ayers@yahoo.com</a></td>
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## Neurosurgery

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<tr>
<th>Name</th>
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<th>Address</th>
<th>City</th>
<th>Phone</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Lou Rosa</td>
<td>N.Miss Medical Center</td>
<td>4381 South Eason Boulevard Suite 302</td>
<td>Tupelo, MS</td>
<td>662-377-5700</td>
<td>Contact Tameka Hayes at <a href="mailto:tyhayes@mchsi.com">tyhayes@mchsi.com</a></td>
</tr>
<tr>
<td>Huntsville Neurosurgery</td>
<td>Huntsville Al</td>
<td>201 Govenors Drive Southwest</td>
<td>Huntsville Al</td>
<td>256-533-1600</td>
<td><a href="mailto:tuann@mail.com">tuann@mail.com</a></td>
</tr>
<tr>
<td>Dr. Nyugen</td>
<td>Trinity Medical Center</td>
<td>840 Montclair Rd Suite 707</td>
<td>Birmingham Al</td>
<td>205-592-5006</td>
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## Obstetrics/Gynecology

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<th>City</th>
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<tbody>
<tr>
<td>Dr. Ashford Jr.</td>
<td>Cooper Green Hospital</td>
<td>1515 6th Ave South</td>
<td>Birmingham</td>
<td>205-930-3771</td>
<td><a href="mailto:anselmov@jccal.org">anselmov@jccal.org</a></td>
</tr>
<tr>
<td>Dr. Greg Banks</td>
<td>Brookwood Medical Center</td>
<td>2006 Brookwood Medical Center</td>
<td>Birmingham</td>
<td>205-877-2121</td>
<td><a href="mailto:cgbanksmd@aol.com">cgbanksmd@aol.com</a></td>
</tr>
<tr>
<td>Dr. Sam Gray</td>
<td>Brookwood Medical Center</td>
<td>2006 Brookwood Medical Center</td>
<td>Birmingham</td>
<td>205-877-2121</td>
<td><a href="mailto:grayobdoc@aol.com">grayobdoc@aol.com</a></td>
</tr>
<tr>
<td>Dr. Francois Blaudeau</td>
<td>UAB West</td>
<td>3401 Independence Dr. Suite 221</td>
<td>Homewood</td>
<td>205-930-0080</td>
<td><a href="mailto:francois@mindspring.com">francois@mindspring.com</a></td>
</tr>
<tr>
<td>Dr. Foster</td>
<td>St. Vincent’s</td>
<td>2006 Brookwood Medical Center</td>
<td>Birmingham</td>
<td>205-271-1600</td>
<td><a href="mailto:jfoster@obgynal.com">jfoster@obgynal.com</a></td>
</tr>
<tr>
<td>Name</td>
<td>Institution/Location</td>
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<tr>
<td>Dr. James Head</td>
<td>Shelby Medical Center</td>
<td>1004 1st Ave. North</td>
<td>Alabaster</td>
<td>205-664-9995</td>
<td><a href="mailto:Agrill76@hotmail.com">Agrill76@hotmail.com</a></td>
</tr>
<tr>
<td>Stephanie Terry</td>
<td>University of Alabama Hospital</td>
<td>510 20th Street S, FOT 960</td>
<td>Birmingham</td>
<td>205-934-3411</td>
<td><a href="mailto:Sterryatc@yahoo.com">Sterryatc@yahoo.com</a></td>
</tr>
<tr>
<td>Dr. Greg Carr</td>
<td>Brookwood Hospital</td>
<td>Brookwood Medical Plaza Suite 350</td>
<td>Birmingham</td>
<td>205-397-2663</td>
<td><a href="mailto:kcunningham@cpsos.com">kcunningham@cpsos.com</a></td>
</tr>
<tr>
<td>Dr. Jeff Davis</td>
<td>St. Vincent</td>
<td>805 St. Vincent Drive, Suite 415</td>
<td>Birmingham</td>
<td>205-939-3699</td>
<td>rweinstein@orthospecialist. com</td>
</tr>
<tr>
<td>Dr. Dykes</td>
<td>Shelby Medical Center</td>
<td>1022 1st St. North Suite 220</td>
<td>Alabaster</td>
<td>205-621-3778</td>
<td><a href="mailto:ctow@orthospecialist.com">ctow@orthospecialist.com</a></td>
</tr>
<tr>
<td>Dr. Dewey Jones, III</td>
<td>Brookwood Hospital</td>
<td>2022 Brookwood Medical Center Drive</td>
<td>Birmingham</td>
<td>205-870-1498</td>
<td><a href="mailto:dewey.jonesiii@boainc.com">dewey.jonesiii@boainc.com</a></td>
</tr>
<tr>
<td>Elizabeth Ledbetter, PA-C</td>
<td>Gadsden Orthopedics</td>
<td>100 Medical Center Drive</td>
<td>Gadsden</td>
<td>256-492-8590</td>
<td><a href="mailto:Ledbetter865@bellsouth.net">Ledbetter865@bellsouth.net</a></td>
</tr>
<tr>
<td>Dr. Appell</td>
<td>Trinity Medical Center</td>
<td>Trinity Medical Center</td>
<td>Birmingham</td>
<td>205-397-5200</td>
<td>Ask for Jennifer Rawlings PA-C <a href="mailto:rawlingsj@bellsouth.net">rawlingsj@bellsouth.net</a></td>
</tr>
<tr>
<td>Dr. Joe Sherrill</td>
<td>Brookwood Medical Center</td>
<td>200 Montgomery Hwy 31 Suite 200</td>
<td>Vestavia</td>
<td>205-822-9595</td>
<td><a href="mailto:jsherrill@orthosportsalabama.com">jsherrill@orthosportsalabama.com</a></td>
</tr>
<tr>
<td>Dr. Ryan/ Jamie Martin PA</td>
<td>Northeast Orthopedics</td>
<td>507 South 4th Street</td>
<td>Gadsden</td>
<td>256-547-7417</td>
<td><a href="mailto:jamiespa@bellsouth.net">jamiespa@bellsouth.net</a></td>
</tr>
<tr>
<td>The Orthopedic Center</td>
<td>Huntsville Hospital</td>
<td>927 Franklin St SE, # 4</td>
<td>Huntsville</td>
<td>(256) 539-2728</td>
<td>Contact-Tammy Jackson</td>
</tr>
<tr>
<td>Dr. Young</td>
<td>Brookwood Hospital</td>
<td>200 Montgomery Hwy 31 Suite 200</td>
<td>Vestavia</td>
<td>205-822-9595</td>
<td><a href="mailto:mpartridge@orthosportsalabama.com">mpartridge@orthosportsalabama.com</a></td>
</tr>
</tbody>
</table>

**Orthopedics**

**Pediatrics**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Location</th>
<th>Address/Location</th>
<th>City</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Buttler</td>
<td>Growing Up Peds</td>
<td>4647 HWY 280 East</td>
<td>Inverness</td>
<td>205-995-0899</td>
<td><a href="mailto:jbuttler@charter.net">jbuttler@charter.net</a></td>
</tr>
<tr>
<td>Dr. Goldblatt</td>
<td>Southlake Pediatrics</td>
<td>4517 South Lake Suite</td>
<td>Hoover</td>
<td>205-982-2500</td>
<td><a href="mailto:goldblatte@aol.com">goldblatte@aol.com</a></td>
</tr>
<tr>
<td>Dr. William Johnston, Jr.</td>
<td>St. Vincent’s Hospital</td>
<td>806 St. Vincent Drive</td>
<td>Birmingham</td>
<td>205-933-2750</td>
<td>Not available</td>
</tr>
<tr>
<td>Dr. Joe Jolly</td>
<td>Shades Crest Pediatrics</td>
<td>22 1st St N Suite 102</td>
<td>Alabaster</td>
<td>(205) 663-9550</td>
<td><a href="mailto:jollydoc@aol.com">jollydoc@aol.com</a></td>
</tr>
<tr>
<td>Dr. Martin</td>
<td>Anniston</td>
<td>321 Leighton Ave</td>
<td>Anniston Alabama</td>
<td>256-237-1184</td>
<td><a href="mailto:michi4358@aol.com">michi4358@aol.com</a></td>
</tr>
<tr>
<td>Dr. Ben Hester</td>
<td>Gadsden</td>
<td>115 W Grand Ave, # 90</td>
<td>Gadsden, AL</td>
<td>(256) 413-1467</td>
<td><a href="mailto:etowahpediatrics@comcast.net">etowahpediatrics@comcast.net</a></td>
</tr>
<tr>
<td>Gwen Lindgren PA-C</td>
<td>Montrose Co.</td>
<td>947 South 5th Street</td>
<td>Montrose Co</td>
<td>970-249-2421</td>
<td><a href="mailto:Guenevere.lindgren@gmail.com">Guenevere.lindgren@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Kenneth Skelton</td>
<td>Gadsden</td>
<td>829 Riverbend Rd.</td>
<td>Gadsden Al. 35901</td>
<td>256-546-4611</td>
<td>Let them know you are a PA s student</td>
</tr>
<tr>
<td>Doctor</td>
<td>Location</td>
<td>Address</td>
<td>Phone</td>
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</tr>
<tr>
<td>Dr. Leslie Sawyer</td>
<td>Sylacauga</td>
<td>209 W. Spring St. Suite 300, Sylacauga, Al.</td>
<td>256-208-0060</td>
<td><a href="mailto:lesliesawyer33@gmail.com">lesliesawyer33@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Dr. J. Fix / Dee Horton</td>
<td>University of Alabama Hospital</td>
<td>510 20th Street South, FOT 1102, Birmingham</td>
<td>205-934-3358</td>
<td><a href="mailto:bendee@uab.edu">bendee@uab.edu</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Ben Johnson</td>
<td>Trinity Medical Center</td>
<td>#1 Medical Office Park Circle Suite 200, Birmingham</td>
<td>205-871-8307</td>
<td><a href="mailto:drbenjohnson@aol.com">drbenjohnson@aol.com</a></td>
<td></td>
</tr>
<tr>
<td>Dr Cotter</td>
<td>Shelby Medical Center</td>
<td>1216 1st Street North, Alabaster</td>
<td>(205) 664-4630</td>
<td><a href="mailto:coleen@shelbyplasticsurgery.com">coleen@shelbyplasticsurgery.com</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Kakati – Sue Thompson</td>
<td>Brice Mental Hospital</td>
<td>200 University Blvd., Tuscaloosa, Birmingham</td>
<td>205-759-0649</td>
<td><a href="mailto:Edna.Thompson@bryce.mh.alabama.gov">Edna.Thompson@bryce.mh.alabama.gov</a></td>
<td></td>
</tr>
<tr>
<td>Allyson Hill PA-C</td>
<td>UAB/UAB Highlands</td>
<td>Birmingham</td>
<td>205-934-3411</td>
<td><a href="mailto:ahill@uabmc.edu">ahill@uabmc.edu</a></td>
<td></td>
</tr>
<tr>
<td>VA Psychiatry Contact Cathy</td>
<td>Birmingham VA</td>
<td>8th Ave South, Birmingham</td>
<td>933-8101 Ext.6761</td>
<td><a href="mailto:Cathy.prellwitz@va.gov">Cathy.prellwitz@va.gov</a></td>
<td></td>
</tr>
<tr>
<td>UAB Psy-Contact Lois Larry</td>
<td>Birmingham</td>
<td>625 19 St South, Birmingham</td>
<td>975-9805</td>
<td><a href="mailto:loislarry@uab.edu">loislarry@uab.edu</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Don Reiff</td>
<td>University of Alabama Hospital</td>
<td>LHRB 122 701 19th St. South, Birmingham</td>
<td>975-3030</td>
<td><a href="mailto:dreiff@uab.edu">dreiff@uab.edu</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Glenn Wells</td>
<td>Brookwood Medical Center</td>
<td>2022 Brookwood Medical Center Drive, Birmingham</td>
<td>205-877-2860</td>
<td><a href="mailto:wglenw@aol.com">wglenw@aol.com</a></td>
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</tbody>
</table>
EDUCATIONAL OBJECTIVES FOR THE
EMERGENCY MEDICINE ROTATION

General Description of the Rotation

The emergency medicine rotation is a four week, four credit hour rotation designed to provide Surgical 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


Work hour requirement: Minimum of 160 hours during this rotation. 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

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 identified in 1. to evaluate and manage the following medical and surgical problems at the level of a physician assistant:
   - Eye/Ears:
     - Epiglottis
     - Sinusitis
     - Otitis Media/externa
   - Otolaryngologic emergencies
Corneal Abrasion
Foreign body removal from the eye, nose & ear canal
Acute Dacryocystitis, Subconjunctival Hemorrhage,
Foreign body removal from eye
Ocular burns
Hyphema
Acute angle-closure glaucoma
Iritis/Uveitis
Retinal detachment
Orbital cellulitis

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/Ligamental injuries
Lacerations
Strains/Sprains
Gout/ Pseudogout
Joint effusion
Septic arthritis
Herniated Discs
Low back pain

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

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

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

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

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

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

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

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

General Description of the Rotation

Outpatient medicine is a four week, four credit hour rotation designed to provide Surgical 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 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

Tierney LM, McPhee SJ, Papadakis MA. Current Medical Diagnosis & Treatment. 51st Ed. Lange Medical Books/McGraw Hill; New York: 2011

Rotation Objectives

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

**Technical Objectives**

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

- Insertion of intravenous catheter
- Giving intramuscular, subcutaneous, intravenous and intradermal injections
- Insert and remove nasogastric tubes
- Insert and remove urinary catheters
- Performing EKG's
- Administering oxygen
- Performing venipuncture
- Performing rapid strep tests
- Acid fast, mycological, bacterial, and viral cultures
- Suturing uncomplicated lacerations
- Performing routine wound care
EDUCATIONAL OBJECTIVES FOR THE INPATIENT MEDICINE ROTATION

General Description of the Rotation

Inpatient medicine is a four-week, four-credit hour rotation designed to provide Surgical 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 Surgical 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


Rotation Objectives

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
- Spondylolisthesis
- 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
Insertion and removal of urinary catheters
Performing EKG’s
Administering oxygen
Performing venipuncture
Starting & monitoring intravenous fluids
Performing rapid strep tests, acid fast tests, and mycological, bacterial, and viral cultures
Performing wound care
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 Surgical 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


Geriatric Objectives

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:
   - Delerium
   - 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 Obstetric and Gynecology rotation is designed to provide
physician assistant students with an opportunity to gain experience in the performing medical
histories, physical examinations, surgical procedures, and medical treatment of the Obstetric /
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 &

Rotation Objectives

1. The physician assistant student shall demonstrate knowledge and skill in evaluating and
managing the disease and disorders commonly encountered in obstetric 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 20th edition, Appleton and Lange. 2010

Optional or Reference: Nelson Textbook of Pediatrics

Rotation Objectives

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
- Enterobacteriacaal 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 abcess
• Epiglottitis
• Epistaxis

Respiratory Tract Disorders
• Croup
• Bronchitis
• Tracheitis
• Foreign body aspiration
• Hyaline membrane disease
• Bronchiolitis
• Bronchiectasis
• Bronchopulmonary dysplasia
• Cystic Fibrosis
• Pneumonia, (bacterial and viral)
• Anatomic disorders of chest wall
• Sudden Infant Death Syndrome
• Asthma
Cardiovascular Disorders
- Murmur evaluation
- Congestive Heart Failure
- Cyanotic Heart Disease
- Rheumatic Fever / Rheumatic Heart Disease
- Congenital Heart Disease:
  - Atrial septal defect
  - Coarctation of the aorta
  - Patent ductus 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


Rotation Objectives

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 to eight week 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.


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


Rotation Objectives

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

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

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

- Fluid & Electrolyte imbalances
- Acid base disorders
- Major Trauma and Shock
- Abdominal pain/ acute abdomen
- Upper GI Bleeding
- Esophageal cancer
- Barrett’s Esophagus
- Esophageal perforation
- Hepatic Carcinoma
- Biliary tract disease
- Cholelithiasis
- Cholecystitis
- Pancreatitits/cancer
- Splenic injury
- Appendicitis
- Inguinal/Femoral/Incisional
- Large bowel tumors
- Rectal tumors
- Anal fissures
- Pilonidal Cyst
- Diverticulitis/Diverticulosis
- Renal calculi disease
- BPH
- Abdominal/Pelvic/Retoperit
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
- Hernia
- Ischemic Bowel disease
- Crohn's disease
- Ulcerative Colitis
- Meckel's diverticulum
- Constipation
- Diarrhea
- Intestinal obstruction
- Small bowel tumors
- Hernial abscess
- Pneumothorax
- Peripheral vascular disease
- Breast Cancer
- Thyroid tumors
- Burns and smoke injuries
- Skin grafts
- Wound healing/care
- Wound dehiscence
EDUCATIONAL OBJECTIVES FOR THE
ORTHOPEDIC SURGERY ROTATION

General Description:

The Orthopedic Surgery rotation is a four-week 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


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  
  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


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.

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


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:

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


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
- Retropitoneal 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


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


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 procedures.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert intravenous catheter</td>
<td>Insert and remove Chest Tubes</td>
</tr>
<tr>
<td>Insert and remove nasogastric tubes</td>
<td>Drain Removal</td>
</tr>
<tr>
<td>Insert and remove urinary catheters</td>
<td>Thoracentesis</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>Suture / Staple Removal</td>
</tr>
<tr>
<td>Arterial Cannulation</td>
<td>Knot Tying</td>
</tr>
<tr>
<td>Laceration suturing</td>
<td>Cutting Suture</td>
</tr>
<tr>
<td>Laparotomy</td>
<td>Wound Care</td>
</tr>
<tr>
<td>Joint aspiration</td>
<td>Casting and splinting</td>
</tr>
<tr>
<td>ACLS/ATLS</td>
<td>Peritoneal lavage</td>
</tr>
<tr>
<td>Escarotomy</td>
<td>Skin grafting</td>
</tr>
</tbody>
</table>
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 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 13th edition. Edited by LW Way and GM Doherty.
Lange Medical Books/McGraw-Hill. c 2009. ISBN#: 0071635157

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.

<table>
<thead>
<tr>
<th>Insert intravenous catheter</th>
<th>Insert and remove Chest Tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert and remove nasogastric tubes</td>
<td>Drain Removal</td>
</tr>
<tr>
<td>Insert and remove urinary catheters</td>
<td>Thoracentesis</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>Suture / Staple Removal</td>
</tr>
<tr>
<td>Arterial Cannulation</td>
<td>Knot Tying</td>
</tr>
<tr>
<td>Laceration suturing</td>
<td>Cutting Suture</td>
</tr>
<tr>
<td>Laparotomy</td>
<td>Wound Care</td>
</tr>
<tr>
<td>ACLS/ATLS</td>
<td>Peritoneal lavage</td>
</tr>
</tbody>
</table>
EDUCATIONAL OBJECTIVES
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


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 assignment offers supervised clinical experience appropriate for the PA student’s chosen area of practice.

Students are responsible for selecting the community-base 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. Please see grading policy page 29.
Change in Clinical Rotation
Surgical Physician Assistant Program
University of Alabama at Birmingham

Student Requesting Change in Rotation: ______________________________

Desired Change:
Please indicate type of change requested and provide requested rotation information.

☐ Switch a rotation from one month to another.
Rotation ___________ Month _____________ Preferred Month___________
Preceptor __________ Preferred Preceptor ____________________________
Student Agreeing to Change _________________________________________

☐ Switch electives from one month to another

☐ Change an undesired rotation or preceptor to a preferred rotation or preceptor
Undesired Elective/Preceptor _____________ Month Scheduled__________
Preferred Elective/Preceptor _____________
Student Agreeing to Change ___________________________________________

Signature of Student Initiating Change: ____________________________ Date: ____________

Signature of Student Agreeing to Change: __________________________ Date: ____________

Date Request Received: __________________________
Request Approved: ☐ Yes ☐ No
Program Director/ Clinical Coordinator Signature: ______________________________
Date: ____________
Date: __________

Name of Student: ________________________

Requests (please check appropriate box)

☐ Personal Leave

☐ Excused Absence

☐ Bereavement Leave

☐ Other: _____________________________

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

____________________________________________________________________________________

________________________________________
Signature of Surgical Physician Assistant Student

________________________________________
Signature of Attending Physician/ Chief Resident

________________________________________

Request is:

☐ Approved       ☐ Declined

__________________________________
Signature of Program Director/ Clinical Coordinator

Date: __________
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 clinical coordinator 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.)

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Student’s signature: ______________________
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 Surgical 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.
  Necklace - 2
  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 clinical coordinator 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 gloves) for housekeeping chores involving decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, discolored, or punctured. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluid to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

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

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

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

- Students who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
Pregnant women are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a student develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant students should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV transmission.

**PRECAUTIONS FOR LABORATORY TESTING**

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

**Procedures**

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

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

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

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

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

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

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

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

Handwashing 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 Handwashing 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**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Wash Hands</th>
<th>Gloves +</th>
<th>Apron/Gown*</th>
<th>Mask</th>
<th>Eye-wear</th>
<th>Face Shield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking with patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusting I.V. rate or non-invasive equipment.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examining patient without touching blood, body fluids, and mucous membranes.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Drawing blood.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserting and manipulation of vascular access devices.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling regulated waste, linen, other materials that may be contaminated.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operative and other procedures that produce extensive splattering of blood or body fluids.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Transportation and Handling.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processing Lab Specimens.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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**

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Red Bag</th>
<th>Regular Bag</th>
<th>Sharps Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood, blood elements, vials of blood, specimens for microbiologic culture, used culture plates and used culture tubes.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Container of CSF, synovial, pleural, peritoneal, pericardial and amniotic fluid.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid-filled containers from patients on nursing units, ER, RR, OPC (e.g., Pleur-evacs, Hemovacs, suction canisters).</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Specimen</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle/syringe units, needles, scalpels, suture needles, etc.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Glass slides and pipettes</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Empty urine cups, empty stool containers, and other empty specimen containers; empty urinary drainage bags, empty bedpans.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressings, bandages, cotton balls, peripads, Chux, diapers, cotton swabs, etc.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Used gloves, aprons, masks and shoe and head covers.</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Appendix C: Sexual Harassment

January 27, 1999 (Replaces policy dated April 17, 1996)

Introduction

The University of Alabama at Birmingham is firmly committed to providing an environment that is free of discrimination, including sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment or academic evaluation, (2) submission to, or rejection of, such conduct by an individual is used as the basis for employment or academic decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or of creating an intimidating or hostile working or educational environment. Such behavior may violate federal law and/or give rise to personal liability for the results of such behavior. Consequently, UAB prohibits all forms of sexual harassment and will investigate complaints thoroughly and with the utmost seriousness.

A violation of this policy may result in the taking of disciplinary action up to, and including, discharge.

Sexual Harassment in the Instructional Setting

UAB prohibits sexual harassment of students by the teaching staff or other employees of UAB. For purposes of this policy, the term "teaching staff" means all those who teach at UAB and includes, but is not limited to, full-time faculty, part-time faculty, students functioning in teaching roles (such as graduate assistants), and academic administrators.

A student who believes that he or she has been sexually harassed should report the incident promptly to the Vice President for Student Affairs.

Sexual harassment by a student is considered nonacademic misconduct, and the alleged student offender will be subject to the disciplinary process contained in the Student Handbook.

Sexual Harassment—General

Full and prompt reporting is necessary for effective implementation of this policy, and UAB encourages such reporting. However, UAB's duty to protect employees and students exists when UAB's supervisory personnel know, or have reason to know, of unreported sexual harassment. Supervisors therefore are directed to take all appropriate steps to prevent sexual harassment in their areas of responsibility and to take corrective measures as necessary.
action, including disciplinary action, in response to inappropriate behavior, which may constitute sexual harassment even in the absence of a complaint.

This policy seeks to encourage students, staff, and faculty to express freely and responsibly, through established procedure, complaints of sexual harassment. All such complaints shall be treated as confidential information and shall be disclosed only to those with a need to know as part of the investigatory and resolution process. Any act of interference, retaliation, or coercion by a UAB employee against a student or employee for using this policy interferes with such free expression and is itself a violation of this policy.

Implementation

This policy will be published regularly in the UAB Reporter and in the Class Schedule. The policy will be included in revisions of handbooks relating to staff, faculty, and students.

The Vice President for Financial Affairs and Administration is responsible for implementation of this policy as it relates to sexual harassment in the workplace. The Vice President for Student Affairs is responsible for implementation of this policy as it relates to sexual harassment in the instructional setting.

Appendix D: 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, nonmaleficence, 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-conventional 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 well being 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, well being, 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 E: Technical Performance Requirements**

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

**Technical Performance Standards**

In order to ensure that patients receive the best medical care possible, the faculty of the UAB SPA program has identified certain skills and professional behaviors that are essential for successful progression of PA students in the program. A student must possess skills and behaviors at a level of capability to perform a variety of duties required of a PA as a health-care professional. Students with disabilities who can perform these skills and successfully execute professional behaviors either unassisted, with dependable use of assistive devices, or by employing other reasonable accommodations are eligible to apply and progress through the program. The required Technical (Performance) Standards include:

**Critical Thinking:** Students must possess the intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence delineated by the faculty. The ability to solve problems, a skill that is critical to the practice of medicine, requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. Students in the program must be able to perform demonstrations and experiments in the basic sciences.

**Communication Skills:** Students must be able to speak, to hear and to observe patients in order to elicit information; describe changes in mood, activity and posture; and perceive nonverbal communications. Students must also be able to communicate effectively and efficiently in oral and written forms.

**Visual Ability:** Students must be able to observe a patient accurately, both at a distance and close at hand. This ability requires the functional use of vision and somatic sensation.

**Hearing and Tactile Ability:** Students must have sufficient motor and sensory function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic techniques.

**Motor and Fine Skills:** Students must be able to execute movements required to move from area to area, maneuver in small places, calibrate and use large and small equipment, position and move patients, and provide patients with general care and emergency treatment.
Interpersonal Ability: Students must possess (1) the emotional health required for full utilization of his/her intellectual abilities; (2) the ability to exercise good judgment; (3) the ability to promptly complete all responsibilities required for the diagnosis and care of patients; and (4) the ability to develop a mature, sensitive and effective relationship with patients, families and colleagues.

Appendix F: Gadsden Apartment Rules

The apartment is furnished and has four beds. If more than four students occupy the apartment at one time, numbers will be drawn to determine who sleeps on the couch.

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.
**Surgical 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

<table>
<thead>
<tr>
<th>Knowledge of Pathophysiology</th>
<th>E</th>
<th>G</th>
<th>S</th>
<th>U</th>
<th>NA/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Anatomy</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>History Taking Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Physical Exam Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Selection of Diagnostic Tests</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Interpretation of Diagnostic Tests</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Diagnostic Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Development of Treatment Plans</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Technical Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Surgical Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Oral Case Presentation Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Clinical Problem-Solving Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
<tr>
<td>Patient Education Skills</td>
<td>E</td>
<td>G</td>
<td>S</td>
<td>U</td>
<td>NA/NO</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Category</th>
<th>E</th>
<th>G</th>
<th>S</th>
<th>U</th>
<th>NA/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truthfulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability &amp; Appropriate Use of Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Proper Patient Rapport</td>
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<tr>
<td>Good Professional Relations</td>
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</tr>
<tr>
<td>Awareness of Limitations</td>
<td></td>
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</tr>
</tbody>
</table>

Comments

Strengths

Weaknesses

Signature of Preceptor

Date of Evaluation

Names of Others Who Participated in the Evaluation:

Evaluation discussed with student

Please send to:
Surgical Physician Program
University of Alabama-Birmingham
RMSB 481
1533 3rd Ave S
Birmingham, AL 35294-1212
Fax-205934-3780
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

<table>
<thead>
<tr>
<th></th>
<th>E</th>
<th>G</th>
<th>S</th>
<th>U</th>
<th>NA/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truthfulness</td>
<td></td>
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<tr>
<td>Punctuality</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dependability &amp; Appropriate Use of Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper Patient Rapport</td>
<td></td>
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<tr>
<td>Good Professional Relations</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of Limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
Surgical Physician Program
University of Alabama-Birmingham
RMSB 481
1533 3rd Ave S
Birmingham, AL 35294-1212
Fax- 205-934-3780
Surgical 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.

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

Continued on Next Page
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 SPA 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_________________
Student Requesting Change in Rotation: ____________________________

Desired Change:

Please check box to indicate type of change requested, and fill in the appropriate rotation information. Thank-you

☐ Switch a rotation from one month to another.

Rotation __________ Month __________ Preferred Month___________

Preceptor __________ Preferred Preceptor ____________________________

Student Agreeing to Change ______________________________________

☐ Switch electives from one month to another

☐ Change an undesired rotation or preceptor to a preferred rotation or preceptor

Undesired Elective/Preceptor ________________ Month Scheduled__________

Preferred Elective/Preceptor ________________

Student Agreeing to Change ________________________________________

Signature of Student Initiating Change: ____________________________ Date: _____________

Signature of Student Agreeing to Change: __________________________ Date: ___________

Date Request Received: __________________________

Request Approved: ☐ Yes ☐ No

Program Director/Director of Clinical Education Signature: ____________________________

Date: _____________

Word c: folder JM file Change in Rotation Form
# PANCE List of Diseases & Disorders
## Diseases, Disorders and Medical Assessments by Organ System

### The Cardiovascular System

<table>
<thead>
<tr>
<th>Disease</th>
<th>Subtype</th>
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</thead>
<tbody>
<tr>
<td>Cardiomyopathy</td>
<td>Dilated</td>
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<tr>
<td></td>
<td>Hypertrophic</td>
</tr>
<tr>
<td></td>
<td>Restrictive</td>
</tr>
<tr>
<td>Conduction Disorders</td>
<td>Atrial Fibrillation and Flutter</td>
</tr>
<tr>
<td></td>
<td>Atrioventricular Block</td>
</tr>
<tr>
<td></td>
<td>Bundle Branch Block</td>
</tr>
<tr>
<td></td>
<td>Paroxysmal Supraventricular</td>
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<td>Tachycardia</td>
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<td>Premature Beats</td>
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<td>Ventricular Tachycardia</td>
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<tr>
<td></td>
<td>Ventricular Fibrillation and Flutter</td>
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<tr>
<td>Congenital Heart Disease</td>
<td>Atrial Septal Defect</td>
</tr>
<tr>
<td></td>
<td>Coarctation of Aorta</td>
</tr>
<tr>
<td></td>
<td>Patent Ductus Arteriosus</td>
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<tr>
<td></td>
<td>Tetralogy of Fallot</td>
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<tr>
<td></td>
<td>Ventricular Septal Defect</td>
</tr>
<tr>
<td></td>
<td>Congestive Heart Failure</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Essential</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
</tr>
<tr>
<td></td>
<td>Malignant</td>
</tr>
<tr>
<td>Hypotension</td>
<td>Cardiogenic Shock</td>
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<tr>
<td></td>
<td>Orthostatic/Postural</td>
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<tr>
<td>Ischemic Heart Disease</td>
<td>Acute Myocardial Infarction</td>
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<td></td>
<td>Angina Pectoris</td>
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<tr>
<td></td>
<td>Stable</td>
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<tr>
<td></td>
<td>Unstable</td>
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<tr>
<td></td>
<td>Variant</td>
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<tr>
<td>Vascular Disease</td>
<td>Acute Rheumatic Fever</td>
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<td></td>
<td>Aortic Aneurysm and Dissection</td>
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<td>Arterial Embolism and Thrombosis</td>
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<td></td>
<td>Chronic/Acute Arterial Occlusion</td>
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<td></td>
<td>Giant Cell Arteritis</td>
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<tr>
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<td>Peripheral Vascular Disease</td>
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<td>Phlebitis and Thrombophlebitis</td>
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<td>Venous Thrombosis</td>
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<td>Varicose Veins</td>
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<td>Valvular Disease</td>
<td>Aortic Stenosis/Insufficiency</td>
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<td>Mitral Stenosis/Insufficiency</td>
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<td>Mitral Valve Prolapse</td>
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<td>Tricuspid Stenosis/Insufficiency</td>
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<td></td>
<td>Pulmonary Stenosis/Insufficiency</td>
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<tr>
<td>Other Forms of Heart Disease</td>
<td>Acute and Subacute Bacteerial</td>
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<tr>
<td></td>
<td>Endocarditis</td>
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<tr>
<td></td>
<td>Acute Pericarditis</td>
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<tr>
<td></td>
<td>Cardiac Tamponade</td>
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<td></td>
<td>Pericardial Effusion</td>
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### The Pulmonary System

<table>
<thead>
<tr>
<th>Disease</th>
<th>Subtype</th>
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<tbody>
<tr>
<td>Infectious Disorders</td>
<td>Acute Bronchitis</td>
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<tr>
<td></td>
<td>Acute Bronchiolitis</td>
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<td>Croup</td>
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<tr>
<td></td>
<td>Influenza</td>
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<td>Pertussis</td>
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<tr>
<td></td>
<td>Pneumonias</td>
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<tr>
<td></td>
<td>Bacterial</td>
</tr>
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<td></td>
<td>Viral</td>
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<td></td>
<td>Fungal</td>
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<td></td>
<td>HIV Related</td>
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<tr>
<td></td>
<td>Respiratory Syncytial Virus</td>
</tr>
<tr>
<td></td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Neoplastic Disease</td>
<td>Bronchogenic Carcinoma</td>
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<tr>
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<td>Carcinoid Tumors</td>
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<td>Metastatic Tumors</td>
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<tr>
<td></td>
<td>Pulmonary Nodules</td>
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<tr>
<td>Obstructive Pulmonary Disease</td>
<td>Asthma</td>
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<tr>
<td></td>
<td>Bronchiectasis</td>
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<tr>
<td></td>
<td>Chronic Bronchitis</td>
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<tr>
<td></td>
<td>Cystic Fibrosis</td>
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<tr>
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<td>Emphysema</td>
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<tr>
<td>Pleural Diseases</td>
<td>Pleural Effusion</td>
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<tr>
<td></td>
<td>Pneumothorax</td>
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</table>
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

Intussusception
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
Nursemid’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
  Fractures/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 Tonsilitis
  Aphthous Ulcers
  Dental Abscess
  Epiglottis
### 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**

### 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
- Corticoadrenal 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/Variocele
Incontinence
Nephro/Urolothiasis
Paraphimosis/Phimosis
Testicular Torsion

Infectious/Inflammatory Conditions
Cystitis
Epididymitis
Orchitis
Prostatitis
Pyelonephritis
Urethritis

Neoplastic Diseases
Bladder Carcinoma
Prostate Carcinoma
The Renal/Urinary System continued

Renal Diseases
- Acute Renal Failure
- Chronic Renal Failure
- Glomerulonephritis
- Nephrotic Syndrome
- Polycystic Kidney Disease

Renal Cell Carcinoma
Testicular Carcinoma
Wilm’s Tumor

Electrolyte and Acid/Base Disorders
- Hypo/Hyponatremia
- Hypo/Hyperkalemia
- Hypo/Hypercalcemia
- Hypomagnesemia
- Metabolic Alkalosis/Acidosis
- Respiratory Alkalosis/Acidosis
- Volume Depletion
- Volume Excess

The Dermatological System

Eczematous Eruptions
- Dermatitis
  - Atopic
  - Contact
  - Diaper
  - Dyshidrotic
  - Nummular
  - Perioral
  - Seborrheic
  - Stasis
- Lichen Simplex Chronicus

Papulosquamous Diseases
- Dermatophyte Infections
  - Tinea Versicolor
  - Tinea Corporis, Pedis
- Drug Eruptions
- Lichen Planus
- Pityriasis Rosea
- Psoriasis

Desquamation
- Stevens-Johnson Syndrome
- Toxic Epidermal Necrolysis
- Erythema Mutiforme

VesiculoBullous
- Bullous Pemphigoid

Acneiform Lesions
- Acne Vulgaris

Rosacea
Folliculitis
Verrucous Lesions
Seborrheic Keratosis
Actinic Keratosis
Insect/Parasites
- Lice
- Scabies
- Spiders
Neoplasms
- Basal Cell
- Melanoma
- Squamous Cell

Viral Diseases
- Condyloma
- Exanthems
- Herpes Simplex
- Molluscum Contagiosum
- Verrucae
- Zoster/Varicella

Bacterial Infections
- Cellulitis/Vasculitis
- Crysipelas
- Impetigo

Other
- Acanthosis Nigricans
- Burns
- Decubitus Ulcers/Leg Ulcers
- Hidradenitis Suppurativa
- Lipomas/Epithelial Inclusion Cyst
- Melasma
- Urticaria
- Vitiligo

The Hematologic System

Anemias
- Aplastic Anemia
- B12 Deficiency
- Folate Deficiency
- Iron Deficiency
- G6PD Deficiency
The Hematologic System continued

Hemolytic
Sickle Cell
Thalassemia

Coagulation Disorders
Factor VIII Disorders
Factor IX Disorders
Factor XI Disorders
Thrombocytopenia
  Idiopathic Thrombocytopenic Purpura
  Thrombotic Thrombocytopenic Purpura
  VonWillebrand’s Disease

Malignancies
Acute/Chronic Lymphocytic Leukemia
Acute/Chronic Myelogenous Leukemia
Lymphoma
Multiple Myeloma

Infectious Diseases

Fungal Disease
  Candidiasis
  Cryptococcosis
  Histoplasmosis
  Pneumocystis Carinni

Gram Positive Bacteria
  Botulism
  Diptheria
  Tetanus

Gram Negative Bacteria
  Cholera
  Gonococcal Infections
  Salmonellosis
  Shigellosis

Mycobacterial Disease
  Tuberculosis
  Atypical Mycobacterial Disease

Parasitic Disease
  Amebiasis
  Chlamydial Infection
  Hookworms
  Malaria
  Pinworms
  Toxoplasmosis

Spirochetal Disease
  Lyme Borreliosis
  Rocky Mountain Spotted Fever
  Syphilis

Viral Diseases
  CMV Infections
  Epstein Barr Infections
  Erythema Infectiosum
  Herpes Simplex Virus
  Human Immunodeficiency Virus
  Human Papillomavirus Infections
  Influenza
  Mumps
  Rabies
  Roseola
  Rubella
  Rubeola
  Varicella-Zoster Infections
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 Surgical 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 Surgical 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 Surgical PA Program

4) I understand that this manual supersedes all previous Policy and Procedure Manuals.

5) I understand that failure to comply with the policies and procedures of this program will result in the disciplinary actions described in this manual.

6) I understand that my enrollment in this program may be permanently terminated for a serious infraction of the policies and procedures outlined within this manual.

_______________________     __________________________
Student's Printed Name      Student's Signature and Date

__________________________
Witness Signature and Date
CertifiedProfile is a secure platform that allows you to order your Medical Document Manager online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, including document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

Before Placing Your Order

- **Required Personal Information** - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.
- **Medical Document Manager** - Medical Document Manager (To-Do List) provides secure online storage for all of your important documents. At the end of the background check order process, you will be prompted to upload specific documents required by your school for immunization, medical, or certification records.
- **Payment Information** - At the end of the online order process, you will be prompted to enter your personal identification number (PIN). To access your PIN number (your school is using your Banner/Student ID Number):
  - Log into BlazerNet
  - Go to “Student Resources”
  - Go to “Registration Tools”
  - Go to “Registration Status”
  - Your Banner/Student ID Number is in the top right corner listed as BO0____ or BO1____

Place Your Order

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and click on “Students” then enter package code: UC68

Your PIN is your Banner/Student ID Number.

You will then be directed to set up your CertifiedProfile account.

Need Help?

- If you need assistance, please contact CertifiedProfile.com at 888-666-7788 or studentservices@certifiedprofile.com and a Student Support Representative will be available Monday-Thursday 8am-8pm, Friday 8am-6pm & Sunday 12pm-8pm EST.
- If you are still having trouble, please contact UAB Student Health. Jenna Dyar is available at 205-975-7751.
View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of orders are completed within 3-5 business days, some may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school's administrator can also securely view your results online with their unique username and password.

Medical Document Manager Requirements

Measles, Mumps & Rubella (MMR) Titters
-There must be documentation of one of the following:
  • 2 MMR vaccinations.
  • Positive antibody titers (lab reports required) for all 3 components.

Tetanus, Diphtheria, and Pertussis (Tdap)
-There must be documentation of a Tdap since 2005.

Hepatitis B
-There must be documentation of a positive antibody titer (lab report required).

Varicella (Chicken Pox)
-There must be documentation of one of the following:
  • 2 Varicella vaccinations.
  • Positive antibody titer (lab report required).
  • Medically documented date of disease from your physician's office.

Meningococcal
-There must be documentation of a vaccination for meningitis since turning 16 if you are under the age of 21.

TB Skin Test (2 Step)
-There must be documentation of one of the following:
  • 2 step test (one test must be within the past 3 months and the other test must be within the past 12 months).
  • Negative Quantiferon or T-spot test within the past 3 months.
  • If results are positive, you must provide a Chest X-Ray (within the past 3 months and chest x-ray report required) PLUS annual TB Questionnaire.
  • If Chest X-Ray is positive, you must provide documentation of completion of treatment PLUS annual TB Questionnaire.

Clinical Immunization Record
-Provide all 4 pages filled out by healthcare provider OR 1-page UAB Student Health Services Immunization Records form.

Clinical Student Health History Form
-Parts I, II, and III (Pages 1 and 2) of UAB Student Health Services form must be filled out by student and Page 3 must be filled out by healthcare provider within the past 12 months.