

# PA STUDENT HANDBOOK

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WICHITA STATE  
UNIVERSITY

DEPARTMENT OF  
PHYSICIAN ASSOCIATE

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### Notice of Changes to Handbook

*This handbook is as accurate and complete as possible at the time of distribution and is subject to revision/clarification by faculty at any time during student enrollment in the PA Program. Students will be notified of significant changes that may affect the educational experience.*

### Notice of Nondiscrimination

*WSU does not discriminate in its programs and activities based on race, religion, color, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a veteran, genetic information, or disability. The Director of the WSU Office of Equal Employment Opportunity has been designated to handle inquiries regarding nondiscrimination policies: (316) 978-6791.*

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# WSU Physician Associate (PA) Program

## Overview & History

### History of the PA Profession

In 1965, Dr. Eugene Stead of Duke University founded the first PA training program. Soon after, similar programs were started in other states, and by 1971 over 50 PA programs had been established in colleges, universities, and medical centers across the country. Existing financial support from the government was expanded in 1971 with passage of the Comprehensive Health Manpower Act and continued into the 1980s in the form of categorical grants funded under the authority of the Health Professions Educational Assistance Act.

The medical establishment joined in early efforts to solidify the PA profession. In 1970, the American Medical Association (AMA) House of Delegates encouraged states to amend medical practice acts to allow physicians to delegate tasks to qualified PAs. The following year, the AMA took steps, through its Council on Medical Education, to recognize and accredit the rapidly growing number of PA training programs.

The founders of the PA concept believed that the key to success was a close relationship with physicians. Therefore, efforts to legally sanction PA practice were aimed at modifying existing laws to allow physicians to delegate a wide variety of medical tasks to PAs. PAs performed duties previously performed only by physicians—obtain medical histories, perform physical examinations and procedures, order treatments, provide preventive and health maintenance services, diagnose diseases, prescribe medication, order and interpret diagnostic tests, refer patients to specialists as required, and assist in surgery.

The PA profession has grown in the past 50 years. PAs are highly trained and respected members of the healthcare team. PAs are now licensed or, in the case of governmental employees, credentialed to practice medicine. PAs exercise independent medical decision making within their scope of practice.

To ensure the competence of PAs entering medical practice, the AMA and the PA profession worked with the National Board of Medical Examiners to develop a national competency examination. In 1975, the National Commission on Certification of PAs (NCCPA), in conjunction with the National Board of Medical Examiners, was created to administer an entry-level examination as well as periodic recertification exams.

The AAPA, established in 1968, serves the interests of graduate and student PAs in areas such as government affairs, public education, and professional development, while its chapters work to advance the profession on the state level. A closely related organization, the PA Education Association (PAEA), represents the interests of PA educational programs ([Appendix B](#)).

Currently, nearly 150,000 PAs work in a variety of primary care and specialty practices. PAs practice medicine in all 50 states, Puerto Rico, and the U.S. Virgin Islands as well as internationally and are authorized to prescribe medications throughout the 50 states, in the District of Columbia, and in the Territory of Guam. The number of PA programs has grown from just over 50 programs in the early 1970s to over 300 programs which exist today. PAs are recognized as one of three primary health care providers in the Affordable Care Act.

Most states have academies that advocate for PA-positive laws and regulations to allow for the highest level of patient care within the state. In Kansas, the Kansas Academy of PAs (KAPA) serves in this role. For more information regarding professional PA organizations ([Appendix B](#)).

## History of the WSU PA Program

The WSU PA Program opened in the fall of 1972 and started its first class of 12 students in January 1973. At that time, the Program was housed at the VA Medical Center. In 1980, the Program moved to Ahlberg Hall on the WSU campus. In 2017, the Program moved to the WSU Old Town Campus. The WSU PA Program was the first PA program in Kansas and is one of the older and larger programs in the U.S.

Prior to 1989, PA graduates received a Certificate of Completion or a Bachelor of Health Science (BHS) if they met University requirements for the degree. Starting in 1989, all graduates received a Bachelor of Science – Physician Assistant. Following adoption of a graduate degree, students entering the Program beginning in 2004 began receiving a Master of Physician Assistant (MPA) degree following successful completion of the Program. The Class of 2023 is the first cohort to be awarded the **Master of Physician Associate (MPA) degree**. The Program has graduated over 1,700 PAs.

In 1995, the Kansas Health Foundation provided a 1.3-million-dollar grant to increase the size of the Program by 50%, with the primary goal of increasing the number of PAs practicing in underserved rural Kansas communities. Admissions to the Program increased from 60 to 90 students over a two-year period. The grant included funds to renovate and enlarge the classroom, provide multimedia instructional capability, add two faculty positions, and increase the Program’s infrastructure in the area of instructional resources. Also included in the grant were funds for faculty salary enhancement, which were intended to strengthen faculty recruitment and retention.

The PA Program has been fully accredited by the Accreditation Review Commission on Education for PA (ARC-PA) since its inception.

The WSU PA Program is a member of the PA Education Association (PAEA). In addition, it has a long history of support for and cooperation with the Kansas Academy of PAs (KAPA).

## Our Vision, Mission & Guiding Principles

**Vision:** Excellence in PA education

**Mission:** Transform students into highly competent, compassionate, and professional PAs

**Guiding principles:**

- Foster an enthusiastic learning environment committed to student success
- Promote patient-centered collaborative care
- Model and cultivate compassion, professionalism, and leadership
- Respond to the need for healthcare providers in Kansas
- Encourage health care for rural, underserved, and diverse populations
- Emphasize evidence-based practice and promote lifelong learning

It is the intent of the Program that the education and training received within the Master of Physician Associate (MPA) degree will prepare and encourage students to provide primary care in areas where the need is greatest. Service and clinical education in underserved and rural areas and with minority populations is emphasized. Therefore, students will have exposure to rural and underserved health care sites as part of their clinical rotations.

## Faculty & Staff

<b>Program Director:</b>	<b>Evan Ohlman, DMSc, PA-C</b> Assistant Clinical Professor and Interim Program Director and Chair Applied Learning Coordinator
<b>Faculty:</b>	<b>Gina Brown, MPAS, PA-C</b> Associate Professor  <b>Chris Dudley, MPA, PA-C</b> Assistant Clinical Professor and Admissions Coordinator  <b>LaDonna Hale, PharmD</b> Professor and Director of Assessment  <b>Stephen Lewia, DMSc, PA-C</b> Assistant Clinical Professor and Director of Clinical Education  <b>Corey Rogers, DMSc, PA-C</b> Associate Clinical Professor and Director of Technology Integration  <b>Michelle Wallace, DMSc, PA-C</b> Clinical Professor, Director of Didactic Education, and Research Coordinator  <b>Julie Slade, MS, PA-C</b> Assistant Clinical Professor Director of Clinical Development and Operations
<b>Medical Director:</b>	<b>Garold Minns, MD</b>
<b>Basic Science Faculty:</b>	<b>Garold Minns, MD (Pathophysiology)</b> <b>Lisa Garcia, MS (Anatomy), Associate Clinical Professor</b>
<b>Support Staff:</b>	<b>Melanie Bayles</b> Clinical Coordinator  <b>Terri Cornelius</b> Manager of Admissions  <b>Deanna Carrick</b> Administrative Assistant  <b>Jenny Mora</b> Office Manager
<b>Department Contact Information:</b>	1845 N. Fairmount Street Wichita, KS 67260-0214 Phone: 316-978-3011 Fax: 316-978-3669 <a href="mailto:PA.Shockers@wichita.edu">PA.Shockers@wichita.edu</a>
<b>Office Hours:</b>	Monday-Friday: 8am – 5pm Voicemail is available 24 hours a day

## Program Curriculum

93 Graduate Credit Hours

### First Year / Academic Year (approximately 14 Months)

#### First Summer Semester

PA	717	Professional Issues (1 hour)
PA	789	Clinical Anatomy (5 hours)
PA	789L	Clinical Anatomy Lab (1 hour)

#### First Fall Semester

PA	700	Clinical Practice I (2 hours)
PA	700L	Clinical Practice I Lab (1 hour)
PA	710	Advanced Pharmacotherapy I (3 hours)
PA	716	Clinical Laboratory (2 hours)
PA	718	Clinical Medicine Cardiology (3 hours)
PA	727	Preventive Medicine (2 hours)
PA	729	Clinical Behavioral Medicine (2 hours)
PA	731	Clinical Medicine Dermatology (2 hours)
PA	732	Clinical Medicine EENT (2 hours)
PA	800	Research Methods for Evidence-Based Practice (2 hours)

#### First Spring Semester

PA	834	Interprofessional Evidence-Based Practice (1 hour) – <i>pre-session course</i>
PA	711	Advanced Pharmacotherapy II (3 hours)
PA	719	Clinical Medicine Pulmonology (3 hours)
PA	721	Clinical Medicine Genitourinary Renal (2 hours)
PA	722	Clinical Medicine Gastroenterology (3 hours)
PA	724	Clinical Medicine OB/GYN (3 hours)
PA	728	Clinical Medicine Endocrinology (2 hours)
PA	736	Clinical Practice II (2 hours)
PA	736L	Clinical Practice II Lab (1 hour)
PA	741	Clinical Medicine of Bone and Joint Disease (1 hour)
PA	780	Clinical Skills (1 hour)

#### Second Summer Semester

PA	734	Clinical Medicine Neurology (2 hours)
PA	742	Clinical Medicine Orthopedics (1 hour)

### Second Year / Clinical Year (approximately 12 Months)

#### Second Summer Semester

1 <sup>st</sup> Rotation	Clinical Rotation (4 hours)
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#### Second Fall Semester

PA	896	Directed Study in Research I (2 hours)
2 <sup>nd</sup> through 4 <sup>th</sup>	Clinical Rotations (12 hours*)	

#### Second Spring Semester

PA	897	Directed Study in Research II (2 hours)
PA	850	Experiential Learning: Professionalism, Service, Research & Interprofessional (1 hour)
5 <sup>th</sup> through 7 <sup>th</sup>	Clinical Rotations (12 hours*)	

#### Third Summer Semester

8 <sup>th</sup> through 9 <sup>th</sup>	Clinical Rotations (8 hours*)
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*\*Note credit hours will be reduced by 1 hr for the semester in which PA809 (a 3 credit hr rotation) is taken*

#### List of Required Clinical Rotations

PA 801 Clinical Rotation – Family Medicine (4 hours)  
PA 802 Clinical Rotation – Pediatric Medicine (4 hours)  
PA 803 Clinical Rotation – OB/GYN (4 hours)  
PA 804 Clinical Rotation – Internal Medicine (4 hours)  
PA 805 Clinical Rotation – Behavioral Health (4 hours)

PA 806 Clinical Rotation – Surgery (4 hours)  
PA 807 Clinical Rotation – Emergency Medicine (4 hours)  
PA 808 Clinical Rotation – Elective I (4 hours)  
PA 809 Clinical Rotation – Elective II (3 hours)

## Program Learning Outcomes / Curriculum / Assessment Crosswalk

The WSU PA Program is a 26-month course of study designed to prepare you for safe and effective practice as a PA with a Master of Physician Associate (MPA) degree. To achieve this goal, all competencies and educational objectives necessary for a beginning practicing professional are incorporated into the Program curriculum. Competencies are based upon the ARC-PA accreditation standards. To successfully complete and meet all graduation requirements, you must meet minimum evaluation requirements. Formative and summative evaluations occur throughout the Program, see the section on [Formative & Summative Student Evaluation](#).

Principal Learning Outcomes (Expected Competencies)	Curricular Component used to Gain this Competency	Assessment Tool / Evaluation for this Competency
<b>1. Demonstrate <i>medical knowledge</i> about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care</b>		
1a. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, & risk factors	Anatomy & Pharmacology courses All Clinical Medicine courses Clinical Practice I & II courses Supervised Clinical Practice Exp (SCPE)	Didactic Course Exams Overall Didactic Course Grades Y1 Clinical Integration Exam Y1 Summative OSCE Y1 Summative Calculations Exam Y1 Comprehensive Pharm Exams Y1 PACKRAT  SCPE Performance Clinical Performance Evals (CPE) End of Rotation (EOR) Exams EOR Simulation Assessments End of Curriculum Exam End of Curriculum OSCE
1b. Select and interpret laboratory and diagnostic tests	Clinical Laboratory All Clinical Medicine courses Preventive Medicine course Pharmacology courses Supervised Clinical Practice Experiences	
1c. Formulate differential diagnoses	All Clinical Medicine courses Clinical Practice I & II courses Supervised Clinical Practice Experiences	
1d. Prescribe/monitor pharmacotherapy	Pharmacology courses All Clinical Medicine courses Supervised Clinical Practice Experiences	
1e. Clinical reasoning and problem solving	All Clinical Medicine courses & Pharmacology course Clinical Practice I & II courses Supervised Clinical Practice Experiences	
<b>2. Demonstrate <i>patient care skills</i> that are effective, safe, high quality, and equitable</b>		
2a. Elicit comprehensive medical history and perform complete and focused physical exams	Clinical Practice I & II courses All Clinical Medicine courses Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCE SCPE & CPE Performance EOR Simulation Assessments Clinical Skills Checklist End of Curriculum OSCE
2b. Formulate evidence-based, equitable, patient-centered treatment and preventive care plans	Preventive Medicine course Pharmacology courses All Clinical Medicine courses Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Comprehensive Pharm Exams Y1 Clinical Integration Exam Y1 Summative OSCE SCPE & CPE Performance EOR Exams & Simulation Assmnts Y1 & Y2 PAKCRAT Exams End of Curriculum Exam /OSCE
2c. Perform common clinical / surgical procedures and technical skills	Clinical Practice I & II courses Supervised Clinical Practice Experiences	Y1 & Y2 Clinical Skills Assessments SCPE & CPE Performance Clinical Skills Checklist End of Curriculum OSCE



Principal Learning Outcomes (Expected Competencies)	Curricular Component used to Gain this Competency	Assessment Tool / Evaluation for this Competency
<b>3. Demonstrate <i>interpersonal &amp; communication skills</i> resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system.</b>		
3a. Communicate effectively with patients, families, and other health professionals	Clinical Practice I & II courses Preventive Medicine course Interprofessional Evid-Based Pract course Passport: Interprofessional Educ Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCE EOR Simulation Assessments SCPE & CPE Performance Passport Self-Reflections End of Curriculum OSCE
3b. Provide patient-centered and culturally sensitive counseling/education regarding adherence to treatment plans, behavior modification, and coping mechanisms	Professional Issues course Interprofessional Evid-Based Pract course Passport: Service-Learning & Interpr Educ Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCE Passport Self-Reflections SCPE & CPE Performance End of Curriculum OSCE
3c. Consider ethnicity, gender identity, sexual orientation, religion/spirituality, disabilities, and social determinants of health	Professional Issues course Interprofessional Evid-Based Pract course Passport: Service-Learning Supervised Clinical Practice Experiences	
3d. Provide accurate/concise oral presentations and document medical records to meet site requirements	Clinical Practice I & II courses Interprofessional Evid-Based Pract course Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCE SCPE & CPE Performance End of Curriculum OSCE
<b>4. Acknowledge <i>professional</i> and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.</b>		
4a. Follow instructions, accept responsibility, take initiative, exhibit dependability, and modify behavior following criticism	All Didactic Year courses Experiential Learning Passport Directed Study in Research Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Remediation Outcomes Professional Sanctions SCPE & CPE Performance Master's Research Project Passport Self-Reflections Passport Progress/Completion End of Curriculum OSCE
4b. Maintain professionalism in patient confidentiality, behavior, speech, dress, and student identification	Professional Issues course Clinical Practice I & II courses Supervised Clinical Practice Experiences	
4c. Function according to the PA scope of practice within the healthcare team and physician-PA team	Professional Issues course Interprofessional Evid-Based Pract course Passport: Professional Development Supervised Clinical Practice Experiences	
<b>5. Engage in critical analysis of individual practice experience, medical literature, and other resources for the purposes of <i>learning and self- and practice-improvement</i>.</b>		
5a. Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence	Clinical Practice I & II Courses Interprofessional Evid-Based Pract course Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Remediation Outcomes Passport Self-Reflection Prof Development Self-Assessment Y1 Summative OSCE Master's Research Project SCPE & CPE Performance End of Curriculum OSCE
5b. Initiate learning and self-improvement by searching, interpreting, and evaluating medical literature and resources	Interprofessional Evid-Based Pract course Research Methods for EBP course Passport: Life-Long Learning & Prof Dev Directed Study in Research Supervised Clinical Practice Experiences	
<b>6. Demonstrate awareness of and responsiveness to larger <i>system of healthcare</i> to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.</b>		
6a. Understand healthcare delivery systems (e.g., coding/billing, health policy, patient safety, quality improvement)	Professional Issues course Interprofessional Evid-Based Pract course Passport: Professionalism Supervised Clinical Practice Experiences	Didactic Course Exams/Grades EOR Simulation Assessments SCPE & CPE Performance Passport Self-Reflections End of Curriculum OSCE
6b. Understand roles of other health professionals and seek interprofessional collaboration and appropriate referrals	Professional Issues course Interprofessional Evid-Based Pract course Passport: Interprofessional Education Supervised Clinical Practice Experiences	

\*All Clinical Medicine courses: refers to Clinical Medicine courses in cardiology, behavioral medicine, dermatology, EENT, pulmonology, genitourinary renal, gastroenterology, OB/GYN, endocrinology, musculoskeletal, neurology, and preventive medicine.

# General Student Performance Expectations

## **Student Code of Conduct**

The Student Code of Conduct Handbook outlines how the University will proceed once it is made aware of allegations of misconduct by a student, student group, or student organization. The Handbook also serves as a companion document to [8.05/Student Code of Conduct](#). The student conduct process is administered by the Student Conduct & Community Standards (SCCS) office. The student conduct process is designed to investigate and resolve alleged student misconduct violations in a prompt, thorough, reliable, fair, and impartial manner.

WSU is a living, learning, and working community dedicated to the personal and academic growth of its students and serves as an educational, cultural, and economic driver for Kansas and the greater public good. The University also endeavors to provide students with the necessary tools to engage in effective communication and to resolve conflicts appropriately. Freedom of inquiry and freedom of expression are valued as critical components in the generation and transfer of knowledge to advance the University's mission. The Handbook is designed for the promotion and protection of an environment that encourages reasoned discourse, integrity, intellectual honesty, openness to constructive change, and respect for the rights and responsibilities of all individuals.

By choosing to become a member of the University community, students are expected to demonstrate respect for themselves and others and to conduct themselves in a manner that is consistent with the Kansas Board of Regents' and WSU rules and policies; federal, state, and local laws; and city ordinances. When choosing to become a part of the University community, the student must consider whether they will be able to adhere to the Handbook. Being a member of the WSU community is a privilege, and the student conduct process will determine if a student's conduct warrants that they should no longer share in that privilege.

Behavior subject to review under this policy include those which occur on University property as well as off-campus if in connection with a University or University-recognized program or activity, in connection with any academic assignment, clinical rotation or other academic activity, in connection with any WSU-sponsored event, involves a crime of violence, involves manufacture, sale, or distribution of illegal drugs or control substances, and/or in a manner that may pose an ongoing, obvious, and/or serious threat of harm to, or that may have the effect of creating a hostile living, learning, or working environment for, any member(s) of the University community or their property. These policies also apply to behavior conducted online, through e-mail or through other electronic mediums.

Alleged violations of sexual misconduct, relationship violence, or stalking that occur in connection with an alleged violation of this policy will be resolved through the procedures prescribed in [Section 3.06 / Sexual Harassment, Discrimination and Retaliation for Employees, Students and Visitors](#).

Important aspects of attending the University as a student are having respect for the rights of others in the community, conducting oneself in a manner that is compatible with the University's mission and taking responsibility for one's actions. In addition to exhibiting appropriate maturity and self-control, students, as members of the University community, are expected to conduct themselves in accordance with established standards of behavior and social interaction. The WSU Student Code of Conduct provides guidelines and further definitions relative to a variety of behaviors/actions including but not limited to:

1. Violations of [Academic Integrity](#)
2. Engaging in sexual misconduct, stalking, relationship violence as described by [Section 3.06 / Sexual Harassment, Discrimination and Retaliation for Employees, Students and Visitors](#). Any alleged violation of this policy will be directed to the Office of Institutional Equity and Compliance
3. Unauthorized possession and/or consumption of alcohol or illegal substances
4. Disruptive behavior during University events or in academic environments

5. Physical violence, threats, harassment, endangerment, or harm/endangerment of animals
6. Hazing in any form, endangering the mental or physical health/safety of another
7. Arson, creating a fire hazard, unauthorized possession of flammable materials or hazardous substances on University property, altering or misusing fire/safety equipment, making false reports of dangerous conditions, failing to report a fire, interfering with University/municipal response to emergency situations
8. Unauthorized access/entry into buildings, vehicles, structures, or facility; damage or destruction of property
9. Falsifying, forging, defacing, altering, or mutilating official University documents or representation thereof.
10. Misuse of University computers or any violation of computer lab policies. (See WSU [Acceptable Use Policy](#) and the WSU [Information Technology Systems Relative to E-mail Policy](#))
11. Unauthorized and/or unlawful gambling, theft, unauthorized tobacco use/smoking
12. Violation of federal or state laws or county or city ordinances.
13. Engaging or participating in unauthorized possession or use of explosives, firearms, weapons, or other hazardous objects or substances

More detailed description of what constitutes violations of the Student Code of Conduct, definitions for various terms, how to report an incident and the process for student disciplinary procedures may be found at [https://www.wichita.edu/about/policy/ch\\_03/ch3\\_06.php](https://www.wichita.edu/about/policy/ch_03/ch3_06.php) Sanctions for violations of the Code include but are not limited to expulsion, suspension, probation, referral for alcohol or drug counseling, and/or restitution of damage.

## Standards of Professional Conduct

As a health care professional, the PA must be sensitive to the value of human dignity. This value is manifested in behaviors which demonstrate sensitivity to the well-being of others and honesty in all endeavors. Specific behaviors which support these values include maintenance of confidentiality and honesty concerning personal, academic, and patient care information and demonstration of respect for the psychological welfare of others.

A student enrolled in the PA Program must demonstrate behaviors consistent with these standards in all areas of the Program. Failure to demonstrate professional behavior will result in professional sanctions.

[Appendix C](#) describes the Guidelines for Ethical Conduct for the PA Profession. Behavior that reflects the professional conduct expected of PA students is evidenced by:

1. Demonstrating respect and value of others.
2. Ethical conduct and academic honesty.
3. Recognition of moral, ethical, and legal implications of actions.
4. Integrity in all personal and professional actions.
5. Recognition of patients' and providers' rights and restrictions.
6. Respect for oneself, others, and the rights of privacy.
7. Appreciation of and respect for cultural and value system differences among various groups.
8. Appropriate value judgments with respect to interpersonal relationships with peers, faculty, preceptors, and other health care personnel (i.e., unprofessional behavior includes dating faculty or preceptors while in the Program and talking about classmates and/or faculty with preceptors and other persons).
9. Appearance and hygiene consistent with a clinical professional.
10. Punctual attendance at all Program scheduled activities and adherence to deadlines set by faculty.
11. Recognition of the inappropriateness of excessive use or abuse of drugs or alcohol.
12. Continuing to learn. Learning is a lifelong process that requires being self-directed and motivated to continually increase knowledge and competency as a PA.

## Academic Integrity (WSU Policy 2.17)

The PA Program is committed to the ethical pursuit of knowledge. To ensure integrity of student evaluations, all members of the program (faculty, staff, and students) share responsibility for ensuring students have demonstrated successful mastery of learning outcomes for each academic activity. By conferring a degree, the

Program is assuring the general public that you have successfully met all requirements for graduation, including meeting learning outcomes for each assessment. Indifference to academic misconduct is not a neutral act – failure to confront and/or deter such behaviors will reinforce, perpetuate, and increase the prevalence of academic misconduct. This policy applies to all academic activities such as exams, quizzes, assignments, projects, simulation, OSCEs, practicums, summative evaluations, clinical rotations, and other activities completed, submitted, or required to fulfill course or degree requirements or obtain a specific distinction, or is conducted in conjunction with an academic program or course.

As stated in the WSU Student Academic Integrity Policy, “As members of the University community, all Students... are expected to display respect for the rights of themselves and others and to be accountable for their behavior. Lack of familiarity with University Policy is not a defense to a violation of this policy. Unless specifically noted in the policy definition, intent is not a required element to establish a policy violation. Violations of academic integrity include a broad range of infractions, but are not limited to:

- **Plagiarism** - Representing the words, ideas, graphics, or any portion of another's work, whether published or unpublished, as one's own and/or without appropriate and/or accurate citation/attribution.
- **Unauthorized Use or Possession of Materials or Resources** – Using or possessing any materials or resources during an academic activity without the express permission of, or in a manner inconsistent with the express permission of, the instructor. Unauthorized use of materials or resources includes, but is not limited to, any electronic device, course textbooks, articles, cheat sheets, other print or electronic sources, and/or looking at another individual's current or previous academic work. This includes submission of materials purchased or otherwise obtained by an outside or commercial source (e.g., ghostwriting or pay-for-paper services).
- **Unauthorized Collaboration or Consultation** – Collaborating or consulting with another individual or group during an Academic Activity without express permission of, or in a manner inconsistent with the express permission of, the faculty member.
- **Fabrication, Falsification, or Misrepresentation of Information** – Providing fabricated or falsified information or misrepresenting information in an Academic Activity or related to attendance or other academic requirement.
- **Academic Interference** – Engaging in any behavior or taking any materials for the purpose of interfering with an academic activity including but not limited to removing, concealing, damaging, destroying, or stealing materials or resources that are necessary to complete or perform an academic activity; tampering with another person or group's work; and/or interfering with another student's academic performance.
- **Unauthorized Resubmission** – Submitting an academic activity which has been previously submitted for credit, publication, or presentation without authorization from the instructor to which the submission is made. This provision also applies when repeating a course, regardless of whether or not a grade was awarded for the previous enrollment period.
- **Facilitation of Academic Misconduct** – Engaging in behavior that facilitates another person or group's ability to engage in or causes another person or group to engage in academic misconduct, including but not limited to providing another Student with a copy of the student's work and/or access to unauthorized materials or resources, or forcing or coercing another student to complete academic work on behalf of another.
- **Bribery** – Offering, giving, receiving, or soliciting any funds, goods, services, or anything else of value in exchange for an academic advantage for any student.
- **Unauthorized Sale, Distribution, or Receipt of Academic Materials** – Buying, selling, receiving, or distributing academic materials without the express permission of faculty including, but not limited to previous assessments, study guides, solution manuals, lecture slides, or any other form of intellectual property including but not limited to, providing academic materials to crowdsourced digital databases and web platforms.
- **Artificial Intelligence** - Students are expected to turn in original, self-produced work. Instructors use tools to assist in identifying material produced by artificial intelligence (AI) such as ChatGPT, Google Bard, etc. While these AI models can be useful in developing material, little information is known at this time about the possibility of plagiarism, incorrect data in the models, and the possibilities for AI to hallucinate information completely. At this time, AI tools must not be used on the final, deliverable product for assignments.

- **Research Misconduct** – Research misconduct, as defined in and prohibited under, [Policy 9.13/Misconduct in Research](#). Alleged violations will be addressed pursuant to policy 9.13. However, academic sanctions may be made when the alleged research misconduct impacts or is any way tied to the student’s academic work. Students violating such standards must accept the consequences and appropriately assessed penalties, which may include reprimand, failing grade, suspension, and/or dismissal from the Program or University. Students accused of abridging a standard of academic honesty will be provided with mechanisms for review and appeal of decisions regarding allegations of misconduct. The fundamental responsibility for maintenance of the standards of academic honesty rests with each student. It is each student's responsibility to be familiar with University policy on academic honesty and to uphold standards of academic honesty at all times and in all situations.

## Attendance Expectations

Because of the integrated and fast-paced learning environment of the PA curriculum, it is imperative that students attend all classes and rotations to take full advantage of all learning opportunities which are offered.

1. Designated State/University holidays: Students are generally scheduled to be off during most (but not all) University holidays during the didactic year; however, University holidays are not guaranteed during the clinical year. During clinical rotations, students are expected to be at the rotation site for any day the rotation site is in operation. If the clinic/office is closed the day prior to the holiday and the preceptor will not be available, you may be given the day off as well. Students will be given rotation schedules to include Program approved holiday breaks prior to starting second year clinical rotations (See Bb or Sharepoint for *Clinical Rotation Schedule*).
2. Expected deviations from the University schedule: Scheduled courses and activities within the Program are expected to fall **outside** the typical University semester start/stop dates – semester start dates may be earlier than printed in the University course catalog and semester end dates may be extended.
3. Attendance at all scheduled classes, activities, clinical skills workshops, and clinical rotation days is required.
4. Notification of absences: Expected absences must be cleared in advance with the course instructor of any missed classes. During the clinical year, expected absences must be cleared in advance with the Director of Clinical Education **and** your preceptor. Failure to inform the Director of Clinical Education and preceptor will result in professional sanctions. Contact the Administrative Assistant as soon as possible if you are unable to attend class, or another Program-related activity because of significant personal illness or family emergency during the didactic year.
5. Absence Notification Form: You must complete an absence notification form (See Sharepoint for the *WSU PA Program Student Absence Notification Form*) for all missed class or rotation time/activities. This form should be completed in advance if the absence is planned or completed within 3 days of returning from an unexpected absence. For the didactic year, complete the form and obtain pertinent instructor signatures, and submit the form to the Administrative Assistant who will then obtain the Program Director’s signature.. While on rotation, the form should be completed, signed by the preceptor and submitted to the Dir of Clinical Education.. Failure or refusal to submit the form in a timely manner will result in professional sanctions and the Program Director will complete the form for the student.
6. Faculty have the right to request specific medical release for an illness-related absence or documentation related to any other absence.
7. Some course curriculum materials (**e.g., clinical skills workshops, simulation labs**) are pass/fail or cannot be repeated and therefore attendance is mandatory.
8. Requested attendance to fulfill civil obligations or military duty can generally be delayed until after graduation. Students will be excused if needed; however, time away from rotation may be required to be made up following the end of this commitment. Excessive absences during the didactic curriculum, regardless of the reason, will result in referral to the PA Admissions and Progressions Committee (APC) for a determination regarding options for continued progression in the Program versus dismissal, see section on [Admissions & Progressions Committee](#). Excessive absences during the didactic curriculum are defined as **> 3 days in a single course or > 6 cumulative days over the didactic curriculum**.

9. Excessive absences during the clinical year, regardless of reason, will result in referral to the APC for determination regarding options for continued progression in the Program versus dismissal, see [Admissions & Progressions Committee](#). Excessive clinical year absences are defined as **> 3 days on a single rotation or > 6 days over the entire clinical year (including classroom absences on EOR days, review weeks, or during rotation prep)**.
- EOR, rotation prep, review days, and Graduate Seminar Days: As with all class activities, attendance for all classes and activities in your your second year is expected and any absences will be counted toward the cumulative clinical year absences. Students will receive “zero” credit for graded activities missed during an EOR day.
  - Vacation: Students do not get vacation time off. Even if your preceptor is on vacation or out of the office, another preceptor will need to supervise you. You must notify the Director of Clinical Education of the preceptor’s vacation and change in supervision.
  - Conferences: Time-off for attending board-preparatory / certification conferences is not allowed. Attendance at national or state PA Professional Society (e.g., AAPA / KAPA) conferences is encouraged, but must be approved by the Director of Clinical Education and your preceptor prior to registering for the conference.
  - Job and/or Fellowship Interviews: Time off for attending an interview must be approved by the Director of Clinical Education and then your preceptor prior to the interview. . Days absent for interviews will be included in the calculation of total days absent during the clinical year.

## Student Dress Code

The WSU PA Program is unique as compared to other degrees and training you already have. Health care professionals from across Kansas enter the classroom to participate in your education. Part of becoming a health care professional is to dress, talk, and act like a health care professional. Before you ever perform a physical exam or take a medical history, your patients, preceptors, and instructors will know if you’re there as a “college student” or as a health care professional in training. Treat your classroom and clinical rotation sites as the learning labs they are. Make sure your first impression is that of a health care professional in training. Expected dress code for the PA Program is business casual.

### Classroom Setting:

Here are examples of clothing health care professionals in training DO NOT wear to work or to a classroom:

- Hats or caps
- T-shirts with suggestive, inflammatory or vulgar print/pictures
- Clothing that exposes breast/buttock cleavage or the abdominal midriff (when standing or bending)
- Sheer clothing or clothing that reveals undergarments such as bra straps or underwear
- Tank tops, halter tops, spaghetti strap or backless shirts/dresses
- Ripped or excessively faded clothing
- Shirts with sleeves or necks intentionally cut out
- Skirts and dresses that do not reach the top of the *knee* when standing
- Excessively tight clothing
- Exercise attire such as yoga pants or sweatpants or shorts
- Jeans should not be worn on days that a guest speaker is present

### Clinical Practice Labs:

As part of the learning the process, students will be asked to perform physical examinations on classmates. For these exams, women should wear a t-shirt over a sports bra and men should wear a t-shirt. Students should wear loose-fitting, mid- thigh length shorts with an elastic waist. Form-fitting pants, shorts, or shirts (including bicycle shorts, spandex/Lycra) do not allow for appropriate physical exam technique. Students will be required to change into appropriate lab attire before the lab begins and then change back when lab ends. Clothing exceptions may be granted for religious reasons.

### Clinical Setting:

A higher standard of dress is expected in the clinical setting. This includes clinical rotations, standardized patient exams and observational experiences during the didactic year. In addition to the classroom guidelines above, the following should also be observed:

- **In the clinical setting (observations and rotations), it is essential that you are clearly identified and distinguished from other students and practitioners. Name badge must be attached to the *upper* half of your short white coat so that it can be easily seen.**
- During clinical observations and rotations, proper attire is professional dress, short white coat, & name tag.
- Acceptable dress may include blouses/sweaters and slacks or knee-length skirts/dresses, or dress shirt, tie and slacks.
- When asked to wear medical “scrubs” all students must wear the standard grey scrub uniform with the WSU PA Program logo. A *white, grey, or black crew neck t-shirt* should be worn under the scrub uniform as this maintains your professional dress. Do not expect to wear scrubs unless you are specifically asked to by the rotation preceptor.
- Clothing with “shed” potential (e.g., sequins, fur, glitter) are discouraged.
- All shoes worn in a clinical setting must be closed toe. Tennis shoes are only allowed when wearing scrubs. High heels are discouraged.
- Capri pants above ankle length are not acceptable.
- Cover tattoos whenever possible.
- Jewelry should be kept simple.
- Make-up should not be excessive/overdone; avoid perfume or cologne.
- Artificial nails are not allowed in the clinical setting as they have been documented to be a source of potential infection. Keep your nails clean and trimmed short.
- Mustaches and beards are to be neatly trimmed. Facial hair stubble is not permitted except during initial growth of a beard.
- Long hair should be pulled back in a professional ponytail, bun or braid.
- Hair color should be natural looking.
- Chewing gum, eating, and drinking are not allowed in patient care areas.

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*Dress like a health care professional in training.*

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The final determination of appropriate or inappropriate dress is at the discretion of the faculty and Program Director. Students not properly attired may be sent home from the classroom or clinical rotation and may receive professional sanctions.

## **Guidelines for Use of Social Media**

As a student beginning your professional career, remember that social networking sites are public forums and whatever information you share will be viewed by others, including other students, faculty, preceptors, colleagues, and patients. The electronic images/information about you which can be found on the Internet reflect your values, morals, ethics, and professionalism. All laws and ethical guidelines related to privacy, confidentiality, and HIPAA apply to posts on social media sites. Violation of these guidelines will result in professional sanctions, see section on [Admissions & Progressions Committee](#). The following guidelines are applicable:

- You should not post material that is profane, libelous, obscene, threatening, abusive, harassing, hateful, defamatory, or potentially embarrassing to another person or entity (including a fellow student, the university, Program, faculty, preceptors, rotation sites)

- At no time should you discuss a patient outside of appropriate clinical conversations, even if you think that the patient, patient's family, preceptor, or facility could not be identified or even if the patient, patient's family, preceptor or facility has given you verbal consent.
- At no time should you take a picture and/or post to social media of a patient, patient's family, or body parts, even if the patient, patient's family, preceptor or facility has given you verbal consent.
- You should NOT post any reference to your rotation schedule, preceptors/employers, patients, facilities, etc.

## Academic Advising

During the first fall semester, you will be assigned a faculty member who will serve as your academic advisor throughout the Program. Faculty advisors meet with advisees at various times throughout the Program and assist with academic, clinical, and professional issues. Your faculty advisor will also monitor your progress throughout the curriculum. If an issue arises concerning academic or professional performance, you will be asked to meet with your assigned advisor (and/or course instructor), and a written record of such will be maintained in your academic file. A plan for remediation of identified issues may be recommended if appropriate. Policies regarding standards of academic and professional performance, academic integrity, and academic/professional sanctions are found in separate sections of this handbook. In addition to meeting individually with academic advisors, time may be allocated for students and faculty to meet as a group to discuss Program issues.

## Counseling Services

The [WSU Counseling & Prevention Services \(CAPS\)](#) provides professional, academic, and mental health counseling services to students. Located at the WSU Student Wellness Center Steve Clark YMCA [(316) 978-4792]. The center also offers programs on topics promoting personal and professional growth. Services are low cost and confidential. If you have a mental health emergency during the times that the WSU Counseling & Prevention Services is not open, please call COMCARE Crisis Services at (316) 660-7500.

The [WSU Campus Assessment Response Evaluation \(CARE\) Team](#) is a collection of WSU staff committed to promoting wellness and academic success. The CARE Team provides a proactive and supportive multidisciplinary team approach to prevention, assessment and intervention for a variety of situations that may interfere with an individual's functioning to their full potential or an individual at risk of harm to self or others.

## Proper Use of Course Materials & Copyright

Course materials are not intended to serve as complete disease/treatment resources and do not discuss every aspect of the diseases/topics presented. Medicine constantly evolves due to ongoing research and clinical experience and is often subject to interpretation. Medical decisions must be based on independent judgment of the clinician, evolving evidence as reflected in the literature, clinical guidelines, and evolving medical practice. Course materials represent the intellectual property of the instructor and are protected by US copyright law [Title 17, US Code]. Video or audio recording of lectures or review sessions without instructor consent is prohibited. Unless explicit permission is obtained from the instructor, recordings may not be modified, transferred, or transmitted in any way. Materials presented in an educational context are for personal use and study and may not be shared, distributed, or sold in print, digitally, or any other format without permission from the instructor.

## WSU PA Student Society & Class Officers

The WSU PA Student Society is recognized by the American Academy of Physician Associates (AAPA) associated with the Kansas Academy of PAs (KAPA). Students are encouraged to join and support both KAPA and AAPA since these professional organizations represent both practicing and student clinicians. For more information on these organizations, see [Appendix B](#). The PA Student Society is recognized by the WSU Student Government Association. Students meet early in the fall semester of the first year to elect class officers. Class officer positions include President, Vice President, Secretary, Treasurer, Diversity Office, Historian/Director of Student Communications and two AAPA Student Academy/KAPA Representatives. Information about specific job duties, Society purpose, membership, and class officer duties can be found in the Society's Constitution and Bylaws. Class Officers must keep the faculty advisor informed of planned meetings and activities.



## Working during the Program

Students should not expect to be able to work while in the Program. Students who choose to work typically have difficulty keeping up with their coursework and have a significantly increased risk of academic difficulties. PA students must not accept payment for “moonlighting” as a PA while on rotation.

## Enrollment, Tuition, & Fees

Students are notified of the specific classes scheduled for each semester and are responsible for their own enrollment. Students who do not enroll will not be allowed to continue attending class or will be withdrawn from the clinical site. Tuition rates/fees are subject to change. Current information regarding exact tuition and fees is available in the PA Information Packet, Graduate Catalog, or on the [WSU Tuition and Fees](#) website.

## Commencement

PA students may participate in WSU commencement activities at the end of the spring semester of their 2<sup>nd</sup> year even though they do not complete the Program until the end of the summer semester. You must complete an online application for degree early in the spring prior to the University graduation ceremony.

# Formative & Summative Student Evaluation

## Standards of Academic & Professional Performance

All grading and evaluation are based on the student’s ability to attain the competencies within the objectives outlined for each area of study. It should be emphasized that, although standards of academic performance are based upon the attainment of minimum competencies, most students perform at a level that exceeds these minimum standards. A student whose performance falls below the minimum acceptable standard for that area of study will be notified by the faculty instructor or Program Director as soon as evidence of such sub-standard performance is available. If appropriate, a personalized remediation plan will be developed by a faculty member(s) in consultation with the student. Failure to comply with conditions of the remediation plan or continued poor academic or professional performance, regardless of individual course grades or cumulative Program GPA, will result in referral to the APC for a determination regarding options for continued progression in the Program versus dismissal, see section on [Admissions & Progressions Committee](#).

## Student Evaluation – Didactic Year

Course learning objectives act as a guide and should be considered as a baseline of required information. Although evaluation of learning will be based on the objectives, it will not necessarily be limited to these. Exceptional performance, as indicated by the grades of A and B, will require additional research, study, integration, and application by the student beyond the minimal learning objectives. Evaluation of learning will be determined utilizing various formats (e.g., objective testing, case studies, homework, oral presentations, small group work, and performance of clinical skills).

Generally, grades will be assigned using the following scale:

<b>A</b>	92.00 – 100%	<b>C-</b>	70.00 – 71.99%**
<b>A-</b>	90.00 – 91.99%	<b>D+</b>	68.00 – 69.99%
<b>B+</b>	88.00 – 89.99%	<b>D</b>	62.00 – 67.99%
<b>B</b>	82.00 – 87.99%	<b>D-</b>	60.00 – 61.99%
<b>B-</b>	80.00 – 81.99%	<b>F</b>	< 60%
<b>C+</b>	78.00 – 79.99%		
<b>C</b>	72.00 – 77.99%		

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*Course grades of “C-” or lower  
CANNOT be used to satisfy  
Program requirements.*

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Rounding does NOT apply. For example, a score of 91.997 will result in an A-, not an A. To receive an A, students must achieve 92.00 or above.

**\*\*Course grades of “C-” or lower in any course CANNOT be used to satisfy Program requirements. A single course grade of “C-” or lower will result in referral to the Admissions & Progression Committee (APC) for a determination regarding options for continued progression in the Program versus dismissal, see section on [Admissions & Progressions Committee](#).**

Student evaluation and grade determination are the responsibility of the course instructor. Faculty reserve the right to review all student concerns regarding evaluation and will determine the final outcome. If a student wishes to contest a particular test question, the question must be submitted in writing to the course instructor and include acceptable logic and references.

## **Student Evaluation – Clinical Year**

### **Clinical Skill Achievement and Assessment of Proficiency**

Students must attain basic proficiency in performance of basic clinical skills and procedures based on current professional practice. Achieving competency in these basic skills is essential for the graduating PA. Demonstration of proficiency in basic clinical skills is required for students prior to Program completion.

### **Preceptor Evaluation of Student**

Each student will receive an evaluation from their preceptor at the conclusion of each clinical rotation assessing the student’s competency with regards to stated Program learning outcomes in medical knowledge, patient care skills, interpersonal and communication skills, professionalism, evidence-based practice and self-improvement, and responsiveness to the larger system of healthcare.

### **Evaluation (CPE)**

In addition to the preceptor evaluation of the student for each rotation, preceptors will evaluate each student for basic competency in assessment and management of patients in each of the program required core rotation specialty experiences (Rotations 801 – 807). Demonstration of competency in each specialty area is required for students prior to Program completion.

### **Patient Encounter & Procedure Tracking**

PA students are required to record and submit patient encounter data, including care setting, type of care, gender, age, primary diagnoses, and procedures observed or performed (if applicable) for each patient they see while on rotation within the online EXXAT database. No patient names or other identifying data are collected. This information is required as a means to evaluate the breadth and depth of clinical experiences as well as determine if the student has met Program benchmark encounters in order to graduate.

### **Clinical Rotation Course Grade**

Students will receive a grade for each rotation reflecting the various components of the clinical year evaluation process. These components include but are not limited to preceptor evaluation of student, end of rotation (EOR) examinations, assessment activities (e.g., clinical skills, labs, simulation, OSCE), completion/submission of required clinical data, and submission of clinical site/preceptor evaluations and surveys. All components of the evaluation process must be successfully completed to be eligible for graduation from the WSU PA Program.

Questions regarding the assigned rotation grade, should be discussed with the Director of Clinical Education, not your preceptor. *You may NOT contact the preceptor following completion of the rotation to discuss the rotation evaluation. Doing so will result in professional sanctions.* See section on [Admissions & Progressions Committee](#)

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*You may NOT contact the preceptor following completion of the rotation to discuss the rotation evaluation.*

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## Unsatisfactory Clinical Rotation Evaluation

Any student who receives an overall rotation grade of “C-” or lower; a failing preceptor evaluation; has excessive absences, and/or is asked to leave a rotation by the preceptor or Program faculty as a result of poor or inadequate clinical or professional performance, will be required to meet with the Director of Clinical Education. The Director of Clinical Education may contact the site preceptor to gather additional information about the situation. The Director of Clinical Education may also refer the situation to the APC for a determination regarding options for continued progression in the Program versus dismissal, see section on [Admissions & Progressions Committee](#). Consideration for progression include reasons for the unsatisfactory grade, performance on other rotations, past academic performance and student potential for improvement, and successful completion of the Program.

## Academic Sanctions (Probation / Warnings / Remediation)

In order to successfully practice in the medical field, PA students must demonstrate superior medical knowledge and critical thinking skills as well as the ability to comprehend and synthesize large quantities of new knowledge quickly and accurately. Academic problems have a way of multiplying themselves and making repercussions felt in other courses in a cumulative way. Students must address all academic difficulties promptly. Under all circumstances, it is the student’s responsibility to notify the Program of any academic problems and initiate procedures to obtain academic or other assistance. Because the PA Program is charged with determining which students can successfully practice medicine, the academic assessment of each student not only includes assessment of overall course grades, but assessment of performance on individual exams.

1. ***GPA requirements:*** Students must maintain a cumulative Program GPA of 3.0 during all phases of the Program. Failure to do so will result in academic probation with the Program and with the Graduate School.
2. ***Low performance (Remediation):*** A student who demonstrates low performance (< 80%, but ≥ 72%) on any course examination must contact the course instructor to identify deficiencies and complete a remediation process. Low performance exam scores are tracked by the Program. In the event a student accumulates five (5) scores of low performance, an academic warning is administered, and the student must meet with the Program Director. An academic warning is administered each time an additional five scores of low performance accumulate at any point throughout the Program. Remediation details vary between courses, as described in each course syllabus, but general remediation guidelines are described in item 4, “Remediation for failing or low performance.”
3. ***Failing performance (Academic Warnings):*** A student who demonstrates failing academic performance (<72%) on any course examination will receive an academic warning, must contact the course instructor to identify deficiencies, and must meet with the Program Director. The student is required to complete a remediation process. Remediation details may vary between courses, as described in each course syllabus, but general remediation guidelines are described in item 4, “Remediation for failing or low performance.” Other designated assessments (e.g., OSCEs, simulation assessments) may also be subject to academic warnings for failing performance and may require remediation at the discretion of the course instructor. Completion of this remediation will not change the original score and will not rescind the academic warning. Receipt of three (3) academic warnings at any point within the Program will result in Program academic probation. Receipt of four (4) academic warnings will result in referral to the APC for a determination regarding options for continued progression in the Program vs. dismissal, see section on [Admissions & Progressions Committee](#).
4. ***Remediation for low or failing performance:*** Students will be required to complete an individualized remediation process for either failing or low performance as previously described. If the initial remediation exam score is < 80%, a second remediation exam will be required and will add to the accumulated remediation count. A student will continue to receive additional remediations until a score of ≥ 80% is achieved. The goal of remediation is to identify and correct deficiencies in medical knowledge and skill, to maximize student preparation for clinical practice. Therefore, remediation exams will cover the same

course content and/or objectives as the original exam, with a similar level of difficulty, and will be administered by the faculty responsible for the course, or by a designee appointed by that faculty. The remediation should be completed within two weeks of the original exam; however, exceptions may be approved by the Program Director. The student must wait 48 hours before completing remediation unless an exception is approved by the Program Director. The remediation exam scores will not change the original score or the overall grade in the course.

5. *Didactic Year: First academic sanction (Warning or Remediation)*: Students will be given grace on the first low performance that occurs at any point during the didactic year. If the first low performance results in an academic warning, the warning will convert to a remediation. If the first low performance results in a remediation, the remediation will be forgiven. The original examination score will not be replaced, and the original score will be used to calculate the course grade. The student will still be expected to remediate the material, but the low performance will not be counted in the number of academic sanctions recorded. This applies to the first low performance only. Retroactive starting May 31, 2023.

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*Minimum GPA = 3.00*  
*Remediation < 80%*  
*Academic Warning < 72%*  
*5 Remediations =*  
*Academic Warning*

## **Clinical Year Remediation**

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Remediation processes in the clinical phase primarily mirror the didactic phase policies and processes, other than as noted below:

### **End of Rotation (EOR) Examination:**

1. Students who receive a score of 75% will be allowed to forego remediation/retake for their first occurrence.
2. Students that receive a failing score (65%, or a second 75%) on their EOR examination will be required to retake the examination. This remediation test must be taken within two weeks of the previous test. Students must have adequate time to remediate material and study for their repeat exam. Thus, repeat examinations should not be given sooner than one week from the initial examination.
  - a. If on repeat examination the student receives 65%, this will constitute a failed grade for the course and will require a meeting with the program's Admissions & Professions Committee (APC) to determine next steps. At minimum, the APC will require the course to be repeated; however, per their purview can choose up to, and including, deceleration or removal from the program. Repeated rotations will be added on to end of the student's normal schedule (i.e after Rotation 9). Repeated rotations will not be added into breaks that normally occur during the clinical year (exp: winter shutdown).
  - b. If on repeat examination, the student receives a 75%, the student will be required to meet with the Admissions & Professions Committee (APC) to determine next steps. The APC may allow for a passing rotation, pending the student passes the course based on their overall score (see syllabi). The APC may also require the student to repeat the course; however, per their purview can choose up to, and including, deceleration or removal from the program. Repeated rotations will be added on to end of the student's normal schedule (i.e after Rotation 9). Repeated rotations will not be added into breaks that normally occur during the clinical year (exp: winter shutdown).
  - c. If on a repeat examination, the student receives an 85% or above, no further action is warranted, however, if this happens more than once the DCE will refer the student to the APC for decisions regarding continued progression versus deceleration or dismissal.

3. While the student must remediate exams as above, only the initial score will be recorded in the gradebook and calculated in their final grade.

### **Preceptor Evaluation:**

An unsatisfactory preceptor evaluation is defined as:

1. An overall mean evaluation score <2.8, **or**
  - a. A single score of “1,” regardless of overall evaluation or rotation grade, **or**
  - b. More than two scores of “2,” regardless of overall evaluation or rotation grade
  - c. Receiving a “No” for the question “Is this student performing at a level appropriate for his/her current stage of professional education?”
  - d. Any score of (1) “Needs improvement with additional supervision” on the student’s CPE form
2. In the event the above occurs, the Director of Clinical Education, or designee, will contact the preceptor to confirm the evaluation is an accurate representation of the student’s performance. If the scores do not change subsequent to this conversation the student will be required to meet with the program’s Admission & Professions Committee (APC). If the APC chooses to have the student remediate the entire rotation, this will delay graduation. Repeated rotations will be added on to end of the student’s normal schedule (i.e after Rotation 9). Repeated rotations will not be added into breaks that normally occur during the clinical year (exp: winter shutdown).

### **Other Causes of Unsatisfactory Rotation Performance:**

1. Overall rotation grade of C- (72%) or below.
  - a. In the event the above occurs, the student will be required to meet with the program’s Admission & Progressions Committee (APC). If the APC chooses to have the student remediate the entire rotation, this will delay graduation. Repeated rotations will be added on to end of the student’s normal schedule (i.e., after Rotation 9). Repeated rotations will not be added into breaks that normally occur during the clinical year (e.g.,: winter shutdown).
2. Students that fail their second attempt at a rotation will automatically trigger a failure of their clinical year and will be referred to the program’s Admissions & Professions Committee (APC) to determine next steps. The APC may only choose to dismiss the student from the program or allow them to repeat the clinical or didactic year.

### **Professional Sanctions (Probation / Warnings / Counseling)**

The Program expects all PA students to model professional behavior, in both the classroom and clinical setting. Examples of professional behaviors and conduct include:

- Making a commitment to your education
- Showing up on time every day ready to learn
- Demonstrating flexibility, accountability and reliability
- Being respectful of your colleagues, faculty, guest speakers, Program and University
- Being friendly and welcoming – promoting a team environment
- Listening and seeking to understand the perspectives of others
- Being known for your manners and courtesy
- Maintaining your personal image
- Appropriately balancing time management and stress management
- Critical thinking skills
- Developing good problem-solving skills
- Focusing on a positive outlook, adaptability, and good communication skills
- Maintaining required documentation such as immunizations, absences, disabilities, etc.

- Attending all clinical skills workshops

Examples of unprofessional behavior are also discussed within the Academic Honesty and Standards of Professional Conduct. A student who demonstrates unprofessional behavior will be subject to professional sanctions such as professional counseling, professional warning, and/or dismissal from the Program depending upon the significance and severity of the behavior. A *professional counseling* serves as documentation of unprofessional behavior that does not rise to the level of a professional warning. The counseling alerts the student to the behavior and provides counseling as to how to improve behavior. A *professional warning* will be issued to a student who demonstrates unacceptable professional behavior or who does not modify behavior following receipt of a professional counseling. Receipt of professional sanctions may result in remediation.

Receipt of two (2) professional warnings at any point within the Program will result in professional probation. Receipt of three (3) professional warnings will result in referral to the APC for a determination regarding options for continued progression in the Program vs. dismissal, see section on [Admissions & Progressions Committee](#). A single event of unprofessional behavior may be severe enough to warrant dismissal from the Program.

## Student Responsibilities Regarding Formative Evaluation

All your efforts must be directed toward completion of requirements for graduation. To graduate, all courses must be taken and successfully completed in their regularly scheduled sequence. Program requirements will not be waived for any person. Likewise, experiential credit toward professional coursework or advanced standing (e.g., credit for domestic or foreign medical coursework/residency/degrees) will not be granted. Ongoing formative components of student evaluation during the *didactic year* include, but are not limited to, monitoring performance on individual course exams and remediation outcomes, Y1 Clinical Integration Exam, Y1 PACKRAT, OSCE, and other simulation activities. Ongoing formative components of student evaluation during the *clinical year* include, but are not limited to, monitoring performance on EOR exams and remediation outcomes, simulation activities, EOR assessment activities, preceptor evaluations, and clinical experience logging data. As soon as issues are identified, the student must contact the appropriate faculty member(s) for counseling, feedback, and/or a plan of remediation. It is better to request assistance than to let a problem progress until it is too late to correct. It is particularly important that a PA student be capable of recognizing both strengths and weaknesses in his/her academic and clinical backgrounds, education, and training. Any student having academic difficulty should meet with the course instructor to identify problem areas and appropriate resources and/or methods of resolving them.

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*Recognize your strengths & weaknesses and ask for help.*

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## Y1 & Y2 Summative Evaluations

***Y1 Summative Evaluation:*** Within the final four months of the didactic year, each student will receive a Y1 Summative Evaluation by the PA Admission and Progression Committee (APC) which includes an overall assessment of the student's cognitive and clinical skills, interpersonal skills, and professionalism to verify that each student is prepared to enter clinical rotations. The components of this Y1 Summative Evaluation include:

1. Program GPA and overall performance within each course
2. Individual exam performance and remediation outcomes
3. Performance on key summative assessments (e.g., Comprehensive Pharmacology Exam, Y1 OSCE, Comprehensive Calculations Exam, and others)
4. Professionalism, self-awareness, and commitment to increasing competency
5. Experiential Learning Passport progress (PA850)

Due to the increased level of obligation to patient safety during clinical training, students with potential academic or professional deficits cannot be allowed to provide care to patients, even in a supervised, educational environment. Therefore, any student not meeting minimum standards in items 1-5, will be referred to the APC for a determination regarding options for continued progression in the Program vs. dismissal. The remediation plan may or may not result in delayed graduation and may require enrollment in additional credit

hours. If faculty determine that severe deficiencies exist, *deceleration or dismissal may be deemed appropriate.* See [Admissions & Progressions Committee](#).

**Y2 Summative Evaluation:** In January of the clinical year, each student will receive a Y2 Summative Evaluation by the APC which includes an overall assessment of cognitive and clinical skills, interpersonal skills, and professionalism to verify that each student is progressing adequately through the clinical year and to re-verify competency to continue on through the final rotations. Components of the Y2 Summative Evaluation include:

1. End-of-Rotation (EOR) exam performance
2. Performance on key summative assessments (e.g., Preceptor evaluation of student scores, progress on patient encounter benchmarks and clinical skills, Y2 OSCE, and others)
3. Professionalism, self-awareness, and commitment to increasing competency
4. Experiential Learning Passport progress (PA850)

Due to the increased level of obligation to patient safety during clinical training, students with identified academic or professional deficits cannot be allowed to provide care to patients, even in a supervised, educational environment. Therefore, any student not meeting one or more minimum standard in **items 1-5**, will be referred to the APC for a determination regarding options for continued progression in the Program vs. dismissal. The remediation plan may or may not result in delayed graduation and may require enrollment in additional credit hours. If faculty determine that severe deficiencies exist, *deceleration or dismissal may be deemed appropriate.* See [Admissions & Progressions Committee](#).

**End-of-Program Summative Evaluation:** Within the final four months of the Program, each student will receive an End-of-Program Summative Evaluation by the APC to verify that each student is prepared to enter clinical practice. The assessments used for this evaluation correlate with the didactic and clinical components of the Program curriculum and measures that the student has the knowledge, interpersonal skills, patient care skills, and professionalism required to enter clinical practice. Components of this Summative Evaluation include:

1. PAEA End of Curriculum Exam -- [End of Curriculum Blueprint, Content Areas, and Core Task & Objectives](#)
2. A program summative OSCE that covers the [Program Learning Outcomes](#)
3. A clinical and technical skills evaluation that covers components of our [Program Learning Outcomes](#)
4. Master's Research Project (paper and oral defense)
5. End-of-Program Professional Development Self-Assessment

Due to the increased level of obligation to patients and to society, students with potential academic or professional deficits cannot be allowed to graduate, even after passing individual required Program courses. Therefore, any student not meeting minimum standards in **items 1-4**, may not be approved for graduation and will be subject to *remediation, deceleration, or dismissal* as determined by the APC. See section on [Admissions & Progressions Committee](#).

**PAEA End of Curriculum Exam:** The PAEA End of Curriculum exam consists of 300 questions delivered in 5 sections. It is scored as "limited, satisfactory, or advanced performance." A score of  $\geq$  "satisfactory" is required to meet the Summative End of Program requirement. If a student does not score  $\geq$  "satisfactory" on the exam, the student will be required to retake the PAEA End of Curriculum exam after a minimum wait of 60 days (per PAEA policy) from the original test date. A student who does not achieve a "satisfactory" score on the second exam, will be referred to the APC to determine whether the student will progress, be decelerated, or be dismissed.

**Program Summative OSCE:** Students will complete a single comprehensive OSCE that evaluates our [Program's Learning Outcomes](#). The OSCE will be completed within one day and will be broken into three sections. A satisfactory score must be obtained to demonstrate competency. If students do not pass the OSCE, they will be required to complete remediation. A student who does not pass the remediation will be referred to the APC to determine whether the student will progress, be decelerated, or be dismissed.

Comprehensive Clinical and Technical Skills Assessment: Each student will complete a variety of different technical or clinical skills in one day. Faculty will provide a list of skills that should be evaluated in respect to the classes they teach, which will align with our [Program's Learning Outcomes](#). Students will have access to this list to allow for preparation. A satisfactory score must be obtained to demonstrate competency. If a student does not pass the clinical and technical skills assessment, they will be required to complete remediation. A student who does not pass the remediation will be referred to the APC to determine whether the student will progress, be decelerated, or be dismissed.

#### Accommodation for Learning, Mental, or Physical Disability

**Reasonable accommodation for a physical, mental health, or learning disability will be provided with approval by the WSU Office of Disability Services (ODS).**

If you have a learning, mental, or physical disability that may impact your ability to carry out assigned course work, you are encouraged to contact ODS; Grace Wilkie Annex, room 150, (316) 978-3309 (voice/tty) (316-854-3032 videophone). ODS will review your concerns and determine, with you, what academic accommodations are necessary and appropriate for you. All information and documentation of your disability is confidential and will not be released by ODS without your written permission.

In order to qualify for services, students must present written evidence from a qualified professional verifying their disability to the Director of ODS. All documentation received by ODS is kept confidential. The federal definition is as follows:

A person with a disability:

1. has a mental or physical impairment which substantially limits one or more of such person's major life activities,
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

“Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

ODS requires differing types of documentation based on the specific disability or disabilities. Detailed eligibility guidelines as well as documentation guidelines adopted by the Kansas Association of Higher Education and Disability are available on the [ODS website](https://www.wichita.edu/services/disability-services/Students/servicepolicies1.php). (<https://www.wichita.edu/services/disability-services/Students/servicepolicies1.php>)

Due to the nature of activities performed in many clinical settings, ODS will work directly with the clinical site to identify reasonable accommodations for the student.

**It is the student's responsibility to request a consideration of accommodation by contacting WSU Office of Disability Services.**

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*The WSU Office of Disability Services provides students with learning, mental, or physical disabilities an equal opportunity to attain their academic and personal goals to the fullest of their abilities!*

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# Admissions & Progressions Committee

## **Roles/Responsibilities of the Admissions & Progressions Committee (APC)**

The APC is comprised of all principal Program faculty. The APC is charged with making admission and progression-related decisions including but not limited to items discussed within this section. The APC makes determinations regarding options for continued progression in the Program versus dismissal in compliance with Program, College, and University Policies and Procedures. Consideration for progression include reasons for the unsatisfactory performance, performance within other aspects of the Program, past academic/professional performance and/or patterns of behavior, student potential for improvement, student potential for success as a practicing PA, and potential for successful completion of the Program.

All students are reviewed by the APC during the Y1 Summative Evaluation, Y2 Summative Evaluation, and End-of-Program Summative Evaluation. Individual students may also be referred to the APC for academic or professional reasons at any time during the Program including, but not limited to:

- Overall Program GPA < 3.00
- Receipt of a single course grade of “C-” or below during the didactic or clinical year
- Receipt of four (4) academic warnings at any point during the Program, even if the student has passed the courses overall
- Receipt of three (3) professional warnings
- As referred by the Director of Clinical Education for unsatisfactory clinical rotation performance (e.g., rotation grade of C- or lower, failing preceptor evaluation, asked to leave a rotation by the preceptor or Program faculty as a result of poor or inadequate clinical/professional performance)
- Failure to complete remediation as required within a prescribed time-period or if quality of remediation is unsatisfactory
- Failure to comply with University and/or Program requirements for attendance, ethical conduct, academic integrity, patient safety, academic standards, technical standards ([Appendix A](#)) or professionalism.
- Abuse of controlled substances (e.g., prescription pain medications) and alcohol; use of illegal substances (e.g., marijuana – even if legal in other states, cocaine). Rotations may require random testing for these and other substances. Student compliance is required.
- Dismissal from the WSU Graduate School

Decisions of the APC may include any one or combination of the following:

- Development of an individualized remediation plan (e.g., additional study in specific content areas, referral to a faculty member for review of deficit areas)
- Requiring successful completion of additional examination(s), assessment(s), clinical rotation(s), or additional remedial coursework
- Referral to the WSU Testing Center or WSU Counseling Services
- Receipt of an academic and/or professional warning
- Placing the student on academic or professional Program probation
- Repeating of one or more clinical rotations or extending the length of one or more clinical rotations
- Repeating academic coursework
- Delayed graduation (see section on [Delayed Graduation](#))
- Mandatory deceleration (see section on [Mandatory Deceleration](#))
- Dismissal from the Program (see section on [Dismissal](#))
- Other actions deemed appropriate by the APC specific to the individual student/situation

Following a progressions-related decision, the student will be notified in writing by the Program Director within 10 business days of the APCs decision. See section on [Program Appeal Policy](#).

## Voluntary Withdrawal

Students may voluntarily withdraw from the Program at any time. The student must notify the Program Director in writing of their request to withdraw from the Program. All voluntary withdrawals are effective at the time the request is received. Any student who voluntarily withdraws from the Program will not automatically be readmitted at a later date. To be considered for possible readmission, the student must reapply through CASPA.

## Voluntary Leave of Absence

A leave of absence may be requested due to extenuating circumstances such as illness, pregnancy, personal or family issues, military leave, etc. The student must submit a written request for a leave of absence to the Program Director. Approval of the leave of absence and how it will affect future matriculation will be decided by the APC and depends upon the academic standing of the student at the time of the request, length of the requested absence and timing of the absence in relation to the curriculum.

- **Didactic Year:** *A leave of absence during the didactic phase is considered to be  $\leq 2$  weeks in duration.* The student is responsible for all missed lectures, assignments, exams, and clinical skill activities during that time. Only two (2) leave of absences will be approved during the didactic year and no more than one (1) per didactic semester. Because the curriculum is rigorous, fast-paced, and sequential, the student will not be able to make up missed work from a leave of absence  $> 2$  weeks in duration. In this situation, the student must request a voluntary deceleration to remain enrolled in the Program. The student will not be allowed to begin clinical rotations until all missed coursework has been completed. This may result in delayed graduation.
- **Clinical Year:** Because of the short duration of each clinical rotation and required number of contact hours, a leave of absence during the clinical year is not available. If the student needs to take a leave of absence, the rotation will be cancelled and rescheduled which will result in delayed graduation. See section on [Attendance Expectations](#) for more information regarding absences during the clinical year.

## Voluntary Deceleration

Deceleration occurs when a student is moved from one cohort to another cohort of students. Voluntary deceleration may be requested due to extenuating circumstances such as illness, pregnancy, personal or family issues, military leave, etc. that will impact successful progress through the curriculum. The student must submit a written request for voluntary deceleration to the Program Director. Approval of deceleration and how it will affect future matriculation will be decided by the APC. Voluntary deceleration is considered a proactive decision on the part of the student before experiencing academic difficulty and is only granted when extenuating circumstances justify the deceleration. The PA curriculum is designed as an integrated, cumulative, lockstep program where students begin and end the Program as a single cohort. Therefore, approval of deceleration allows the student to resume coursework with another cohort of students. The decelerated student must comply with any revisions in curricular requirements, changes in fees/tuition, and changes to the Student Handbook of their new graduating cohort. A student voluntarily decelerating from the didactic year will repeat the full curriculum, including any components and courses already successfully completed, and is expected to pay full tuition for the repeated components. A student voluntarily decelerating from the clinical year will repeat the full clinical year, including any components and rotation courses already successfully completed, and is expected to pay full tuition for the repeated components.

## Delayed Graduation

Delayed graduation occurs when the student remains in his/her original cohort of students, but graduation is delayed. Delayed graduation most often occurs as a result of a voluntary leave of absence or the need for additional remediation. Delayed graduation will typically not be granted beyond the Fall semester of that student's expected graduation date. Thus, all Program requirements must typically be completed within 30 months of starting the Program. The inability to complete all Program requirements within 30 months of starting the Program will result in mandatory deceleration or dismissal.

## Mandatory Deceleration

Deceleration occurs when a student is moved from one cohort to another cohort. APC may require mandatory deceleration to remediate deficiencies or as a preventive measure to avoid further academic or professional difficulty. The PA curriculum is an integrated, cumulative, lockstep program where students begin and end the Program as a single cohort. Therefore, deceleration requires the student to resume coursework with another student cohort. The decelerated student must comply with any revisions in curricular requirements, changes in fees/tuition, and changes to the Student Handbook for the new cohort. The decelerated student will repeat the full curriculum as determined by the APC (Y2 only or Y1 and Y2), including any components, clinical rotations, and courses already successfully completed, and is required to pay full tuition for the repeated components. Deceleration during or at the end of the didactic year typically requires the student to restart the coursework with either the next cohort of incoming students or, depending upon individual circumstances, the subsequent cohort. Deceleration during or at the conclusion of the clinical year typically requires the student to resume coursework with either the next cohort of incoming students, or depending upon individual circumstances, the subsequent cohort. Where significant deficiencies exist that are determined to require not only repetition of the clinical year but also the didactic year to rebuild clinical skills as well as the foundational knowledge for those skills, the APC may require deceleration to the beginning of the didactic year.

## Dismissal

The APC may dismiss a student from the Program for academic and non-academic grounds. Where significant deficiencies exist, and the student is deemed unsafe to practice medicine as a PA and deceleration is not deemed to be in the best interest of the Program or the PA profession or attempts at remediation have failed, the APC may dismiss the student from the Program.

## Program Appeal Policy

Students of the Program have the right to appeal to the APC regarding course grades, actions resulting from grades, academic and professional sanctions, and decisions/actions of the APC. Academic disputes (e.g., exam scores, course grades) should begin with the course instructor. Disputes related to professional sanctions should begin with the instructor issuing the sanction. Students should make every effort to resolve problems with the faculty member before filing an APC appeal. Appeals of academic/professional disputes resulting from decisions of individual faculty start at the Program level with the APC. A written appeal stating extenuating circumstances justifying the appeal must be submitted to the Program Director within 5 business days of receiving the appealable decision. An APC appeal hearing will occur within 15 business days of receiving the written appeal. Documents relevant to the appeal, including written statements must be submitted to the Program Director at least two (2) business days prior to the hearing. The APC decision will be communicated in writing to the student within 10 business days after the APC hearing.

In some cases, the initial academic or professional action/decision is not determined by an individual faculty member, but rather a decision of the APC itself (e.g., Y1 Summative, Y2 Summative, End-of-Program Summative Evaluations, Academic Integrity Violations). When the APC is potentially considering delayed graduation, deceleration, or dismissal, the student will have the opportunity to provide a written statement and to meet with the APC before a final decision is rendered. Decisions and actions of the APC unresolved at the Program level may be appealed to the Graduate School. Appeal to the Graduate School is the final step in the appeals process – decisions of the Graduate School are final.

Continuance in the Program during appeal: During the appeal process, the student will generally be allowed to continue in their didactic coursework. However, in cases where there is a reasonable concern that injury or harm may come to patients, faculty, staff, students, or facility if the student continues in the Program, immediate suspension will occur. Because of the increased obligation to patient safety, cases involving dismissal during the clinical year, whether academic or professional, will generally result in immediate suspension, even if the student is in the appeals process.

“Business days” are defined as Mon through Fri, except for federal/state holidays and winter/holiday shut down.

# PA Program Office Policies

## PA Department Office Policy

- Unless otherwise requested by the faculty/staff member, students should check-in with the office staff when entering the PA Department front office.
- Students should avoid unnecessary interruptions of the administrative office staff, including excessive/loud conversation in the office area. Excessive/loud conversations in hallways near classrooms and faculty offices should also be avoided.
- Students are not permitted to enter the mailbox/copier work area without permission.
- Personal phone calls to the Department office will not be forwarded to students except in emergency situations.
- The office copier and fax machine are not for student use in copying personal documents or class notes, etc.
- Any request for information from a student file must be made in writing and will need approval from the Program Director. Student requests for copies of information from their student file will be charged \$0.05/page with a minimum charge of \$5.00.

## Faculty Office Hours

In addition to teaching, faculty have other administrative, College, University, research, and clinical responsibilities. Time spent with faculty should be for counseling, advisement, questions, or other concerns related to Program performance. If extended time is needed, please request an appointment with the appropriate faculty member.

For students on clinical rotations, keep in mind that the Director of Clinical Education will be periodically away from the office on site visits/meetings/vacation, etc. If an urgent situation exists and you are not able to contact the Director of Clinical Education, attempt to contact the Program Director, Clinical Coordinator, your faculty advisor or office staff for assistance. Always leave a number where you can be reached since most rotations have multiple places where you might be (hospital, office, satellite clinic, etc.). Should an emergency arise after hours, you may call the Director of Clinical Education or Program Director through their emergency contact numbers. Please reserve these calls for **emergency situations only** such as death of a loved one, serious illness, or another emergency.

## Faculty as Personal Medical Providers

Faculty members are not allowed to serve as your health care providers or give personal medical advice. *In the same way, asking guest lecturers for personal/family medical advice is unprofessional and not appropriate.*

## Student Contact Information

***It is imperative that your current telephone number, address, and emergency contact information be on file in the PA Department. If this information changes, you must notify the Program within 48 hours.***

## Communication with Program & Faculty

Email is a primary and important means of communicating with students during both years of the Program. All students will be assigned a WSU email account upon admission to the University. You may forward your WSU email address to a private account if desired; however, **all Department communication to the students will be directed to WSU email accounts.** Make sure you regularly empty your WSU email account to avoid email interruption. Students are responsible for checking email regularly and frequently. Unless otherwise requested by the faculty/staff member, electronic communication should occur through email rather than text messaging or other social media accounts.

# Campus & Student Safety

## Building Access after Normal Hours

Your WSU picture ID is required to gain access to Ahlberg Hall and WSU Old Town building (213 N. Mead). The WSU Old Town building is generally open Monday through Friday from 7:00 a.m. to 10:00 p.m. during the semester periods. Campus security will maintain a PA Program generated list of students to allow for weekend access to the building, when appropriate.

### Rules regarding building access after normal hours:

1. Your WSU ID card must be available to gain access to Ahlberg Hall and WSU Old Town building.
2. Students will need to use their WSU ID cards to gain access into the building through the exterior doors and through the interior vestibule doors.
3. Guests or non-PA students are not to be in the building after hours, nor are they to be utilized for practice of physical exam skills during these hours.
4. Never prop doors open for students arriving late or without their proper WSU ID badge.
5. Students are advised not to be in the building alone after normal business hours. Be alert and aware of your surroundings and always protect your valuables from theft.
6. There must be at least two students working together in any given area when in the building after hours.
7. Students are not to be in the WSU Old Town facility **after 10 p.m.** Students are encouraged to use Ablah Library or the Rhatigan Student Center (RSC) on the main WSU campus for study when the Old Town location is closed.

## Emergency Alert System “Shocker Alert System”

The [Shocker Alert System](#) is the quickest way on campus to transmit emergency messages. In a designated emergency or inclement weather, a message will be sent to email accounts or via text messaging. The service is free, and students may sign up at <http://www.wichita.edu/alert>.

## Tornado Emergency Shelter

### DESIGNATED EMERGENCY SHELTERS: **B128, B129 and C124**

- When city sirens sound or a tornado WARNING is in effect, quickly, but safely go to the designated emergency shelters. Take as little as possible as it may hinder another’s path to safety. DO NOT use cell phones while exiting. Stay focused and alert. Stay away from outside doors and windows.
- Pair up. The best way for a head count or to alert others that a rescue may be needed is for each person to have a buddy while exiting to the emergency shelter areas.
- Assist those with an obvious handicap if you are capable.



## Fire Emergency or Drill

### EVACUATE THE BUILDING WHEN FIRE ALARM SOUNDS

- Quickly, but safely exit the building using the nearest exterior door. Take as little as possible with you as it may hinder another’s flight to safety. DO NOT use cell phones while exiting. Stay focused and alert.
- Pair up. The best way for a head count or to alert others that a rescue may be needed is for each person to have a buddy while evacuating the building.
- Assist those who may be present with an obvious handicap if you are capable.
- Do not return to the building until the all-clear has been sounded.

## Earthquake Emergency Shelter

**WHEN AN EARTHQUAKE OCCURS, AVOID FALLING OBJECTS BY CRAWLING UNDER A TABLE OR DESK, STANDING IN A DOORWAY, OR MOVING TO AN OPEN AREA OUTSIDE**

- If you are inside, quickly, but safely, find cover to avoid falling objects. Crawl under a table or desk or stand in a doorway, away from windows, mirrors, overhead fixtures, filing cabinets, bookcases and electrical equipment.
- If you are outside, quickly, but safely, move to an open area away from buildings, trees and power lines and find cover. If you are forced to remain near a building, find cover to avoid falling objects.
- Pair up. The best way for a head count or to alert others that a rescue may be needed is for each person to have a buddy while evacuating the building.
- Be prepared for aftershocks. Make sure to open doors carefully and avoid falling objects.
- Be guided by emergency personnel. If an evacuation is ordered, proceed to the nearest clear exit.
- Assist those who may be present with an obvious handicap if you are capable. Do not move seriously injured persons unless they are in obvious immediate danger (of fire, building, collapse, etc.)
- DO NOT return to the building until the all-clear has been sounded.
- DO NOT use matches or lighters.

## Active Shooter

Students are encouraged to review the Armed Intruder or Active Shooter and other important information related to campus safety available online at the [Campus Safety](#) site. More specifically, visit the information regarding an [Active Shooter](#).

## Infectious, Occupational, & Environmental Hazards

PA students train in a variety of settings, and like the health care professionals in these settings, PA students are at risk for a number of health and safety issues including exposure to blood-borne pathogens, chemical and drug exposures, hazards associated with radioactive material, and other personal injury. The Program will inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake educational activities that may place them at risk of exposure. The Program's policy and educational materials used to inform students of these risks are in accordance with OSHA regulations. The Program will inform and educate students regarding:

- a. Methods of prevention
- b. Protocols for HIV post-exposure prophylaxis and procedures for care and treatment after exposure to environmental/infectious hazards
- c. Students' financial responsibility for any costs associated with environmental/infectious hazard exposure during clinical encounters/training
- d. Potential effects of exposure or disability on student learning which may include (but are not limited to): 1) personal illness or injury, including long-term disability and death, 2) delayed graduation, 3) withdrawal from the Program, and 4) Financial liability for costs of personal healthcare
- e. Requirement for students to notify PA faculty if they are known to have an infectious condition that may pose risk of serious illness to patients if accidental exposure occurs (e.g., HIV, hepatitis)
- f. Existence and location of institutional policies at the rotation settings to which the student is assigned as well as the student's responsibility to follow those policies

The Program will communicate potential hazards and protective measures to students prior to engaging in any activities that place them at risk as follows:

- a. The anatomy instructor will inform students of potential risks related to anatomy lab verbally and through the course syllabus as part of the orientation to the class.
- b. The instructor of record for the clinical laboratory component will inform students of potential risks related to hands-on laboratory activities verbally and through the course syllabus as part of the orientation to the class as well as specific safety procedures prior to each new activity.

- c. The Program Director/designee will inform students of potential risks related to the general health care setting during the new student orientation. Students will sign a release acknowledging that they have been informed of the potential for risks, that they were directed to written information and policies in the student handbook, and that they will receive further learning opportunities regarding universal precautions and OSHA guidelines in the future. The student handbook discusses universal precautions, protocol for needle stick or blood exposure, students' responsibility for costs associated with exposure/injury, and the potential impact on student learning and Program completion.
- d. At this time the Program Director/designee will also direct students to information regarding other WSU safety policies (e.g., inclement weather and procedure for adverse weather conditions, building evacuation, fire/medical/police services, and the Shocker Alert System).
- e. Students will complete a self-paced, online tutorial covering blood-borne and infectious pathogens and universal precautions. Documentation of competency will be an online assessment with 100% accuracy. This must be completed in the didactic year, prior to beginning any observational experiences.
- f. The Program will educate students regarding potential occupational and environmental exposures such as blood-borne pathogens, potential chemical and drug exposures, hazards associated with radioactive materials, and other types of personal injury with an emphasis on prevention during the clinical prep day prior to starting clinical rotations. In addition, the Program Director/designee will also discuss the existence of institutional policies at the clinical rotation settings, direct students to the information specific to their assigned rotations and discuss the students' responsibility to follow those policies.

Activities through which students gain knowledge and experience in minimizing and/or preventing exposure through appropriate safeguard measures include: 1) clinical skills/laboratory activities (e.g., anatomy lab, suturing, injections, IV starts, clinical laboratory), 2) observational experiences, and 3) clinical rotations.

## Universal Precautions

Universal Precautions is an approach to prevent and control infection. All human blood and certain human body fluids should be treated as if known to be infectious for HIV, Hepatitis B, and other blood-borne pathogens. Blood-borne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans. Universal Precautions shall be observed in all patient care settings to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Hand Washing: Any part of your body that comes into contact with blood or body fluids should be washed immediately (or as soon as possible) with soap and water after removal of gloves or other protective equipment. Splashes of blood or other potentially infectious material into the eyes, nose, or mouth should be immediately irrigated or flushed with water.

Contaminated Needles: Contaminated needles and other contaminated sharps should not be bent, recapped, or removed unless there is no feasible alternative. Any bending, recapping, or needle removal must be accomplished through use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited. Immediately, or as soon as possible after use, contaminated sharps shall be discarded in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

Procedures: All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Specimens of blood or other potentially infectious materials should be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

Gloves: Gloves should be worn when it can be reasonably anticipated that persons may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing access procedures; and when handling or touching contaminated items or surfaces. Disposable (single use) gloves, such as surgical or examination gloves, should be replaced as soon as practical when contaminated or as soon as

feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Gloves are required for phlebotomy when the phlebotomist has cuts, scratches, or other breaks in the skin and/or when hand contamination with blood may occur (for example, when performing phlebotomy on an uncooperative individual, or when the person performing phlebotomy is receiving training).

*Masks, Eye Protection, Gowns and Caps:* Masks, in combination with eye protection such as goggles or glasses with solid side shields or chin-length face shields, should be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots should be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery). *Adapted from OSHA Regulations: Blood-borne Pathogens.*

Complete regulations concerning blood-borne pathogens may be found on the internet at:  
<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>

## Blood-borne Pathogen Exposure Procedure (Needle Stick or Blood Exposure)

Exposures must be reported to Student Health using the online Exposure Report ([Sharps Injury Log. 29 CFR 1904](#)) Health professions students may be at a higher risk of exposure due to their inexperience. PA students should practice extreme care and universal precautions when handling any potentially contaminated instruments and needles. These blood-borne pathogens include HIV, Hepatitis B, and Hepatitis C. An exposure is generally defined as a percutaneous injury (e.g., needle stick or cut with a sharp object); contact of mucous membrane; or non-intact skin with blood, tissue, or body fluids that are contaminated with visible blood. Urgent attention is critical since initiation of post-exposure prophylaxis against HIV should ideally begin within 2 hours of exposure for optimal efficacy. You should keep the Post-Exposure Pocket Card with you at all times during patient care and observation and you should also add the associated contact numbers into your cell phone. Extra cards can be obtained from the Program office.

1. Immediately & thoroughly wash exposure site.
2. Promptly notify your supervising Preceptor.
3. Seek immediate medical attention where the exposure occurred and follow that facility's policy for treating exposures.
4. ***Within 1 hour of exposure***, contact the NCPEP Hotline at 888-448-4911 for a post-exposure evaluation that includes a risk assessment of the potential for HIV transmission based upon your specific situation and CDC guidelines. If indicated, prophylaxis with HIV medications should be started **within 2 hours** of exposure for best efficacy.
5. The facility should make arrangements to evaluate the person whose was the source of exposure.
6. Contact WSU **Student Health Services 316-978-4792** for assistance and to document the exposure. Exposures must be reported to Student Health using the online Exposure Report ([Sharps Injury Log. 29 CFR 1904](#)).
7. Notify the PA Program 316-978-3011 for further assistance.
8. **Report incident to the Director of Clinical Education within 24 hours.**
9. *Students are responsible for all related expenses.* All expenses incurred for testing, counseling, and/or post-exposure prophylaxis that are not otherwise covered by the institution in which the exposure occurred are the responsibility of the student – not the preceptor, facility, or PA Program. You are not covered by Workman's Compensation. Provide private health insurance card to the facility.

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*ACT QUICKLY!! Within 1 hour of exposure, contact the NCPEP Hotline.*

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**National Clinicians' Post-Exposure Prophylaxis (NCPEP)  
Hotline at 888-448-4911**



# **Student Health & Related Rotation Requirements**

## **Student Health Information & Insurance**

Students are *required* to have health insurance coverage in effect throughout the entire Program. Copies of your health insurance plan must be uploaded to EXXAT and updated when expired or changed. Expenses related to any illness or injury (including needle stick or blood-borne pathogen exposure) are the responsibility of the student – not of the preceptor on rotation, facility, or the PA Program.

## **Physical Examination / Immunizations**

Throughout the Program, students have potential contact with infectious patients / materials, putting them at risk for transmission of diseases, some of which are vaccine preventable. Likewise, patients may be at risk from contact with an infected student. Maintenance of immunity and health is an essential part of infection prevention and control. All students must provide evidence of good physical health and current immunizations in congruence with Program policies and the CDC recommendations for health care providers. Students must provide an annual physical exam showing evidence of good health, annual proof of TB screening and annual influenza vaccine; documentation should be done on Program forms and uploaded into myRecord Tracker. If CDC immunization requirements change, students will be notified and expected to update immunizations accordingly. Failure to comply with these requirements will result in professional sanctions and/or withdrawal from clinical observations or rotations and may prevent the student from completing the Program.

Students must also meet the requirements of each assigned rotation clinical site and thus may need additional immunizations or screenings if required by that site. Students who elect an international clinical rotation may have other immunization requirements and must review the CDC traveler's web site <http://wwwnc.cdc.gov/travel> to determine additional needed immunizations as well as view any travel advisories.

## **Background Checks / Drug Screening**

Students *must* obtain, pay for, and successfully pass a background check (e.g., criminal, sex offender) as a condition of acceptance into the Program. Prior convictions reported by the student will be reviewed on an individual basis. Failure to disclose appropriate information on the application may result in dismissal.

All clinical sites require students to pass background checks as a condition of participating in patient care activities. Some sites require additional background checks if one year has passed. Verification of your background check may be sent to clinical sites requesting this information.

Prior to starting the clinical year, all students are required to complete and pass a 10-panel drug screen. In addition, clinical sites may also require students to undergo random serum or urine drug testing. Students are expected to fulfill these requirements in order to participate in the clinical rotation. Refusal to submit to a routine clinical site's requested random testing will require the Program to suspend (and ultimately dismiss) the student from the Program. Furthermore, if a student is unable to fulfill the clinical experience required by the Program because of a failed background check or positive drug testing, the student may be dismissed.

## **Student Health Services**

Student Health Services is an on-campus healthcare facility providing confidential primary care services. An appointment is required for most services. It is located in the YMCA on the main campus; 978-4792. Personal health expenses are your responsibility. Preceptors are not responsible for expenses related to illness or injury of students on clinical rotations, including accidental injury or exposure to blood-borne pathogens.

## **Malpractice Insurance**

Student malpractice insurance must be maintained while enrolled in the Program. This is available through the College. Certificates of coverage are sent to the clinical sites by the Clinical Coordinator. Students are expected to keep a copy of their malpractice policy with them during their clinical rotation year.

# Guidelines for the Didactic Year

## Physical Exams & Clinical Skills

Students are required to learn various physical exam and clinical skills (e.g., suturing, insertion of IV lines, casting, surgical scrub techniques, and injections). Students are expected to volunteer as patients for their classmates (except suturing). During these exams/skills labs, students are expected to act professionally and respectfully. Attendance at these workshops is mandatory for Program completion. Any student who has concerns regarding a particular skills lab should consult the course instructor.

## Blackboard (Bb) & Class Handouts

Faculty place most class handouts on Bb prior to lecture for download. If you want a paper copy, it is your responsibility to print PRIOR to class at your own expense. Do not expect to be able to print from WSU printers just prior to starting class. Printers are located outside the PA classroom. Students have a "Papercut" account to which money can be added by using a debit or credit card.

## Testing Guidelines

Students should be in their seats, with areas cleared of all textbooks, notes, computers/tablets not being used for exam, smart watches, and cell phones, at the scheduled time of a test. Cell phones should be turned off. There should be no talking or other distracting noises during testing. After completing the test, students should quietly leave the room and not re-enter until all students have finished. Be quiet while in the hall when others are testing.

Student attendance on the date/time of a scheduled test is expected. A student who is unable to take a test at the scheduled time because of significant personal illness/injury or death in the immediate family must notify the Administrative Assistant and the appropriate faculty member prior to the test. Faculty have the right to request specific medical release for an illness-related absence or other documentation of the nature of the circumstance involved in the absence, e.g., obituary or funeral announcement.

If a student is unable to take the original test as scheduled, the "make-up test" will be given in a proctored setting such as the WSU Testing Center, or through other means arranged by faculty. Additional student fees for this proctoring may apply. Make-up tests must be taken no later than the second day of the student's return to class. Make-up test format and degree of difficulty do not have to match the original test.

## Classroom Guidelines

One of our greatest Program assets is our strong medical community support from across Kansas from physicians, PAs, and other health care professionals who serve as the backbone of our didactic and clinical Program. Many volunteer to teach both Y1 and Y2 students. They volunteer to participate in PA education because they are interested in PA students, our Program, and our profession. Students should respect this commitment by being prepared to start class on time and maintaining attentive and professional behavior during class.

The following guidelines should be observed for all classes:

- Be in your seat at the time class is to begin whether or not the instructor is present.
- Round tables at the back of the room are not to be used as desks during class.
- Guest instructors should be greeted and assisted with AV needs and thanked at the end of their presentation.
- Electronic devices are only allowed for the purpose of taking notes; not for sending instant messages, surfing the internet, emailing, etc. Cell phones must be *turned off* during scheduled classes.
- Eating is not allowed in the classroom except at the back round tables. Students are encouraged to spend breaks outside the classroom in designated eating areas. Drinks must be in spill-proof containers.
- Students are responsible for maintaining the appearance of the classroom. Keep backpacks and other belongings not used during class in lockers. Do not sit on tables or lean back in chairs.
- Food and drinks are not allowed in the laboratory classrooms.

# Guidelines for the Clinical Year

## Goals of the Clinical Year

Clinical rotations are designed to provide students with supervised clinical experiences that build on pathophysiologic assessment, analysis, and application of didactic coursework to train students to perform the role of a PA, competently and safely. This includes taking a history and performing physical exams, using laboratory and diagnostic studies, formulating the most likely diagnosis, recommending pharmaceutical therapies and other clinical interventions, and applying concepts of basic science. Clinical rotation sites may be in inpatient or outpatient settings. Students are expected to augment their clinical experiences with a regular program of reading, concentrating on topics and problems they have encountered with their assigned patients. Goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in healthcare delivery
- Prepare for the PA National Certification Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

## Self-Directed Learning during the Clinical Year

***Required Reading / Studying:*** Students are expected to augment their clinical experiences by reading evidence-based resources such as medical textbooks, journal articles, consensus guidelines, and point-of-care resources (e.g. UpToDate) as appropriate to optimize care for assigned patients, as requested by the preceptor, and to build and expand their breadth and depth of knowledge related to the listed course objectives, type of clinical rotation/setting, preparation for EOR exams, and preparation for PANCE. A complete listing of recommended resources for the clinical year is available on the PA Student Information Blackboard page.

***Seeking Educational Opportunities:*** Students must assume a degree of responsibility for patient care as part of an interprofessional team. Students are expected to become familiar with the expectations of each rotation site, functioning within the healthcare team and presenting patients based on the preferences of the preceptor. Students are expected to attend all rounds, house-calls, nursing home visits, and conferences as applicable to the medical service in which the student is involved. Initiative, intellectual curiosity, commitment to excellence, and self-reflection to identify knowledge gaps and limitations is necessary to make the most of each clinical rotation.

## Required Clinical Rotation Experiences

The first priority when assigning rotations is to ensure that every student meets the instructional objectives of the clinical year. The clinical year consists of 9 rotations individually scheduled by the Program to provide students with:

- exposure to medical care in a variety of settings (outpatient, emergency department, inpatient, and operating room),
- opportunities to develop technical skills in performing procedures relevant to current professional practice,
- patient exposures to acquire competencies needed for clinical PA practice in the areas of preventive, emergent, acute, and chronic patient care, and across the lifespan of the individual patient (infant and child, adult and older adult), and
- breadth and depth of patient exposures to prepare the student for the clinical practice of medicine.

To meet the Program's Guiding Principles of responding to the need for primary care providers in Kansas and encouraging healthcare for rural and underserved populations, an individualized rotation schedule is developed for each student to ensure that the student will experience patient care in a variety of settings, specialties, locations and types of care. In addition, each student will be exposed to various basic clinical skills and is expected to gain proficiency in these skills during the clinical year. In addition to 3 required rotations in a primary care specialty (family medicine, pediatrics, internal medicine) and 2 required rotations in a rural or underserved setting, each student is required to have rotation experiences in the following settings, types of care and specialties. In addition, each student is required to experience a variety of patient exposures across the lifespan, as well as in surgery, behavioral health and women's health. **Total Rotation Weeks:** approximately 47 – 49

An individualized clinical rotation schedule is developed for each student in order for each student to meet the following clinical rotation requirements:

#### 1. Rural / Underserved

- A minimum of two (2) rotations in either a rural setting (outside of the major urban centers) or underserved setting. Designation of a rotation as "rural" is determined by the Program.

#### 2. Health Care Settings <sup>B3.04</sup>

- Emergency department
- Inpatient
- Outpatient
- Operating room

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*Practicing in rural and underserved areas allows WSU PA students to "see it all" and really connect with patients and communities.*

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#### 3. Types of Care <sup>B3.03</sup>

- Preventive
- Emergent
- Acute
- Chronic

#### 4. Patient Exposures

- Medical care across the lifespan (to include infants, children, adolescents, adults and older adults)
- OBGYN (to include prenatal and gynecologic care)
- Care for conditions requiring surgical management (to include preoperative, intraoperative and postoperative care)
- Care for behavioral and mental health conditions

#### 5. Medical and Surgical Disciplines <sup>B3.07</sup>

- PA 801 Family Medicine
- PA 802 Pediatric Medicine
- PA 803 OBGYN
- PA 804 Internal Medicine
- PA 805 Behavioral Health
- PA 806 Surgery
- PA 807 Emergency Medicine

Students are notified of their rotation schedule before the end of the first spring semester. Students must remain flexible during the clinical year as schedules are subject to change based on the needs of the preceptors and site. Some rural sites offer housing for the student; however, this is not a requirement or an expectation. Students must realize they will be responsible for finding housing at some sites.

## Student Evaluation of Clinical Site / Rotation Preceptor

At the completion of each rotation, students are required to complete an evaluation of the site which also includes an evaluation of the clinical preceptor. All evaluations are reviewed by the Director of Clinical Education to assess the appropriateness and effectiveness of the rotation site and preceptor.

Students must observe the rules and regulations of both the WSU PA Program and the individual clinical site. The goal of PA education is to provide each student with similar – not equivalent – experiences. There are many variables present during each rotation. Students should not expect to have exactly the same experiences that their colleagues had. It is important for students to remember their experience may change with each clinical site or clinical preceptor.

**If at any time the student has a concern about their personal safety while at a clinical site, they should contact the Director of Clinical Education or Program Director immediately.**

## Incident Reports

Most problems occur when students try to extend beyond their current level of expertise. If asked to perform an unfamiliar task, students are obligated to tell the preceptor that they have never performed that task or that additional training in the procedure is needed. Students should never undertake a procedure that they feel uncomfortable doing. Remember: above all, do no harm.

Should an incident occur that has in some way endangered a patient or involves the possibility of malpractice, the preceptor and Director of Clinical Education should be notified immediately. The student may be requested to submit a written account of the incident to the Program.

Any incident that involves violation of institutional policy at a hospital, clinic, or other facility at the training site should be reported immediately.

If, in the opinion of any preceptor or member of the PA faculty, a student is determined to be of danger to patients for whatever reason, the student will be suspended from all clinical activities. This suspension will continue until proper review and resolution of the case has occurred through the Director of Clinical Education, Program Director, and/or the APC.

## Changing or Canceling Rotations

Once the schedule has been completed and each student receives his/her individual rotation schedule, a written commitment is made by the Program with each preceptor. Because of the many variables involved and the advance planning that is required of preceptors before taking students, rotations will not be changed or canceled by the Program unless absolutely necessary. When deemed appropriate, the Director of Clinical Education or Program Director has the authority to remove, change, or add any rotation(s) including but not limited to replacing electives.

Should the student have the need for a special arrangement or have an unusual circumstance which affects the student's ability to fully participate in the clinical experience, the student should notify the Director of Clinical Education as soon as possible. **DO NOT CONTACT THE PRECEPTOR DIRECTLY.** If necessary, any special arrangements will be arranged by the Director of Clinical Education. For accommodations requested secondary to potential student disability it is the student's responsibility to contact the Office of Disability Services (refer to section "Accommodation for Learning and/or Physical Disability" of this handbook).

## Rotation Planning – When, Where & What

Clinical rotations are an important part of the Program curriculum. While away from the University, remember that you are still a student representing your University, Program and the PA profession. Therefore, convey a sense of professionalism and willingness to learn. This year will be as successful as you make it!

- Always be on time
- Dress as a health care professional
- Act in a pleasant and professional fashion
- Discover the site's preferences and become part of their health care team
- Take responsibility for your behavior and actions
- Respect the site's patients
- Volunteer to help the staff at the clinical site
- Be a team player
- Always be honest
- Treat all patients with respect and adhere to confidentiality requirements
- Be self-motivated and self-directed
- Behaviors: enthusiastic, empathetic, efficient, prepared, open to change and criticism, inquisitive, respectful of the unique opportunity you've been given

Several weeks prior to your clinical experiences, you must complete site specific paperwork. If a rotation changes, you must make sure that any site-specific paperwork is completed at the time you are notified.

### **When and where should you report?**

- Prior to the start of rotations, students will complete an individual profile in EXXAT.
- **Two (2) weeks** prior to the rotations, you should update your EXXAT profile info and rotation goals and send the profile link to your preceptor. You will also contact your preceptor and receive information as to when and where to meet the preceptor on the first day, where housing keys may be picked up, and any other questions you might have.
- Introduce yourself as "John/Jane Doe, the WSU PA student for the next rotation."
- In many cases you will talk with someone other than the physician or PA, such as the contact person listed on your preceptor list.
- If the contact information has changed, please notify the Program to update information.
- If your site includes visits to hospitals, make sure you also check in with the Medical Education Department or other appropriate department at the hospital to receive orientation for the facility. In some of the larger hospitals, you will be required to wear a hospital picture ID that identifies you as a PA student or complete additional paperwork.

**NOTE:** Student housing provided by the preceptor is for the student only. The student may not invite his/her spouse, significant other, children, pets, or any other person(s) to stay overnight in rotation-provided housing (weekends included). Violation of this policy may result in dismissal from the Program. Rotation provided housing should be kept clean and organized.

### **WHAT should you bring?**

Items needed for each rotation include:

- Appropriate dress, including lab coats and name badge
- EOR study aids, textbooks, clinical resources
- Evidence of current immunizations and any other essential personal items
- Most out-of-town rotations (that provide housing) provide sheets, pillows, and towels; however, it is wise to ask about these items when calling a new rotation site prior to arriving. Usually, living quarters will be small; therefore, light packing is the best guide.
- You may not bring your pets/children to the rotation site.
- You may not bring portable appliances or other large furniture to rotation provided housing.

### **What do you need to do when you leave a site?**

- Make sure you have met with your preceptor, discussed your evaluation and thanked the preceptor and his/her health care team who participated in your learning opportunity.
- Remember to return any key, badge, or swipe card that you were provided by the clinical site. These must be returned to the appropriate person.
- If you have been using housing provided by the clinical site, remember to leave it clean and ready for the next visitor.

**NOTE: the program must know how to reach you at all times. Make sure the Program has your cell phone number and read your e-mails daily.**

## **Guidelines for Clinical Activity**

It is intended that PA students experience and participate in as many clinical experiences as possible. However, in the best interest of patients, students, and preceptors, guidelines must be followed. (See Bb for *Kansas Statute and Regulations for PAs*)

As a PA student you MAY NOT provide patient care without adequate preceptor supervision. PA students, like all students, have varying degrees of skill and experience and must be assigned and supervised accordingly. As a PA student, you do not have a medical license and you are not a credentialed provider; therefore, your services are not eligible for reimbursement by patients or third-party payers. You must observe the following guidelines:

1. Your treatment decisions and procedures must always be approved by the preceptor prior to implementation. Any written order in a medical document must be immediately co-signed by your preceptor. You may not transmit a verbal order for treatment/medication.
2. You may not admit or discharge patients without direct preceptor oversight and guidance.
3. You may not be the sole practitioner to diagnose and treat a patient. This applies to any setting including the emergency room. A licensed and credentialed practitioner (physician, PA, or ARNP) must always see the patient prior to dismissal. A telephone conversation with the preceptor is not sufficient. You must inform the Director of Clinical Education/Program Director immediately if you are asked to be the sole practitioner seeing a patient.
4. You must not return to a rotation after the rotation has officially ended. In addition, you should not contact former preceptors to discuss rotation issues (i.e., grades, performance), nor should you start a rotation before it is scheduled to begin. Your student malpractice insurance is in effect only when you are within the scheduled dates of rotations and under the guidance of affiliated preceptors.
5. You are not allowed to “moonlight.” You are not a credentialed provider and have no legal status as a health care provider.
6. Students who are foreign-trained physicians are not permitted to pursue medical residency while concurrently enrolled as a PA student.
7. You must not have contact with patients while under the influence of alcohol or any substance (including prescription medication) which impairs your ability or judgment. Any violation of this rule will be referred to the APC and will likely result in dismissal from the Program.
8. You are expected to be at the rotation site during the hours the clinical preceptor is typically at the site. Some rotations may require > 40 hours per week including evenings, weekends and on-call. You will be expected to take calls, as arranged, along with the preceptor with whom you are working. Some sites offer opportunities for additional time, such as weekends and evenings in ER. In order to maximize the clinical experience, you are strongly encouraged to take advantage of these opportunities.

9. During your clinical experience, you will be expected to:
  - Obtain detailed histories, conduct physical exams, develop differential diagnoses, formulate assessment and treatment plans, give oral presentations, and document findings.
  - Perform and/or interpret common lab and diagnostic studies.
  - Educate and counsel patients across the lifespan regarding health-related issues.
  - Attend clinical rotations as scheduled including grand rounds, lectures, conferences, and travel to associated satellite clinics.
  - Adhere to professional conduct including respect, honesty, trustworthiness, accountability, integrity, and cultural competency.
  - Complete site-specific training or paperwork in a timely manner.
  - Make an appointment with the preceptor at rotation mid-point and one week prior to the end of the rotation to discuss the preceptor's evaluation.

**NOTE: If the preceptor schedules a vacation or time off during the rotation, you are not allowed to take this time off. Arrange through your preceptor to work with another provider who will provide supervision in the absence of the primary preceptor. The Director of Clinical Education must be notified of the preceptor's vacation and change in supervision.**

## Transportation

It is your responsibility to provide transportation to and from clinical sites which will include both local and out-of-town sites. Transportation difficulties will not excuse you from attending rotations. If transportation or weather problems delay your arrival, you should notify both the preceptor and the Program as soon as possible.

## Patient Encounter & Procedure Tracking – EXXAT

You are required to record and submit patient encounter data, including, age, diagnosis, and procedures (if applicable) for each patient that you evaluate and treat – including patient encounters that are observation only. Instructions for recording and submitting this information will be given to you prior to starting your clinical observation experiences during the first year. This information is required as a means of evaluating the breadth and depth of your clinical experiences as well as determining if you meet Program standards to graduate. You will not be allowed to continue clinical rotations or receive a grade for the rotation until all patient data has been submitted. During the clinical year you are expected to upload the Clinical Progress Worksheet into EXXAT at the end of each rotation for review by the Director of Clinical Education. Consistent failure to log data in a timely manner will result in professional sanctions. Failure to document an adequate number of patient encounters and experiences may result in delayed graduation and additional rotation assignments.

## Program Responsibilities to the Preceptors

**The Program will:**

1. Assure that the student will maintain professional liability insurance in the amount of \$1,000,000/\$3,000,000 at no expense to the preceptor.
2. Assure that the student will maintain health insurance and appropriate immunizations per Centers for Disease Control and Prevention (CDC) recommendations.
3. Designate and communicate who will liaison between the preceptor and the Program. The Director of Clinical Education and the Clinical Coordinator will be responsible for coordination of clinical assignments and other student activities.
4. Be responsible for withdrawing any student from a clinical site when his/her work, conduct, or health may be deemed detrimental to patients or clients.
5. Provide the preceptor with appropriate forms for evaluation of student performance.
6. Be responsible for maintaining student educational records and grades in accordance with the Family Educational Rights Act of 1974.



## Student Responsibilities to the Preceptors

### Students will:

1. **Always conduct themselves as a WSU PA student representing both program and the university.**
2. Notify the WSU PA Program and the preceptor immediately of any absence from the rotation.
3. Always maintain professional behavior.
4. Always dress appropriately, including wearing a white coat in all clinical settings and at all times.
5. Always interact appropriately with patients, staff, and preceptors.
6. Wear the official WSU PA name badge with the student's name clearly visible.
7. Be responsible for arranging travel, room, and board for all rotations unless otherwise provided by the clinical preceptor.
8. Be sure all financial obligations are satisfied before leaving a rotation site (e.g., room-key, deposits, badges).
9. Demonstrate emotional resilience and stability, adaptability, and flexibility.
10. Maintain appropriate professional boundaries including social activities and personal relationships outside of the professional learning environment. Contact through web-based social networking sites (e.g., Facebook, Myspace, Twitter, Snapchat) should be avoided until you fully matriculate through the education program or complete that specific rotation.

## Program Expectations of the Preceptors

### The preceptor will:

1. Provide careful supervision of student activities, ensuring the highest standards for patient care and safety while maintaining a sound educational experience for the student.
2. Not provide gifts in the form of money or material goods in return for student assistance.
3. Be responsible for introducing the student and informing appropriate personnel in the hospital and/or clinic of the student's arrival and role. This also includes orienting students with the practice/site policies and procedures.
4. Not discriminate against any student because of race, religion, color, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a veteran, genetic information, or disability.
5. Participate in evaluating the student's performance by providing verbal and written feedback to the student and the PA Program as needed, not just at the completion of the rotation. The preceptor will inform the PA Department if significant problems develop (of a personal or professional nature) which require faculty attention, knowledge, or consultation. At the completion of the rotation, a performance evaluation and assessment of clinical skill proficiency will be promptly completed online.
6. Be aware that student assignments may be subject to last-minute changes. The Department cannot guarantee student appointments on a continuous, year-round basis.
7. Comply with current laws, regulations, and standards of educational and medical practice. All orders, chart entries, etc., must be countersigned by the preceptor. The student should not be expected to initiate or terminate patient care, which is not supervised or directed through hospital service algorithms (written or verbal) for the specific problem.
8. Be responsible for the student during the rotation. This arrangement does not preclude the student being assigned to other staff physicians, PAs, or nurse practitioners for teaching purposes. We encourage a broad exposure to different styles in the art and practice of medicine.
9. Notify the Program of any unauthorized student absences and provide work schedules for the students. The student is assigned to the rotation with no limitations to the number of work hours per day or week. It is expected that the student will work a schedule similar to the preceptor and be on call for emergencies at any time they occur. Students are expected to travel to any associated satellite clinics to which the preceptor may travel.

## **Inclement Weather During the Clinical Year**

As it relates to inclement weather, if WSU is shut down or goes remote due to inclement weather then students should **not** be going to their clinical sites in Wichita or the surrounding area *even* if the clinical site is open. It is difficult to follow weather patterns throughout the state and safety is of course our primary concern, so for those outside of Wichita or the surrounding area, we ask that you follow the local weather patterns and/or pay attention to the closing of local schools or other local services within that area or community – if there is any concern of personal safety then do **not** go the clinical site even if they are open. If you're unsure what to do then reach out to the Director of Clinical Education (DCE) or Program Director (PD). When the university is shutdown entirely (for example over winter break or on Sundays) we ask again that you follow the local weather patterns and/or pay attention to the closing of local schools (if able) or other local services within that area or community – if there is any concern of personal safety then do **not** go the clinical site even if they are open. If you are unable to make it to your clinical site, you need to notify your preceptor and the DCE. Any days missed that are contributed to inclement weather will **not** count as official absences; however, these hours will need to be made up and the DCE will coordinate that with you. Again, safety is our number one priority and if you have any concerns or questions with inclement weather please reach out to the PD or the DCE.

## **Experiential Learning Passport**

### **Professional Development in the PA Curriculum**

Professional development is the process of life-long learning expected of all PAs: continually progressing and refining your character; being aware of the decisions that you make and how you handle different situations; and being aware of your untapped potential as a PA and continuously working to grow and improve. Students learn about the PA profession within the Professional Issues course and are expected to engage in experiential learning opportunities throughout the Program as documented within the PA850 Experiential Learning Passport. Professional development activities allow students to acquire skills and knowledge expected of a PA including but not limited to supporting the growth and development of the PA profession, supporting professional organizations, and maintaining high standards of competency and knowledge, ethics, integrity, maturity, accountability, leadership, and social responsibility. Professional behavior is evaluated on every clinical rotation.

### **Service Learning (Community Service) in the PA Curriculum**

To provide excellent healthcare, you must attempt to meet and understand the needs of the patient, family, and community. We are proud of the fact that every PA student performs volunteer service learning and community service activities. Ideal service-learning activities require the learner to take initiative, make decisions, and be actively engaged intellectually, emotionally, socially, and/or physically. A variety of faculty-led initiatives occur throughout the program and every year our students leave their mark by taking the initiative to develop their own opportunities to engage with and support the community. Our definition of service learning is when community needs are met through direct service that is meaningful or relevant, students help others and give of themselves, and students are better prepared for their careers.

### **Student Research in the PA Curriculum**

Clinical research has the power to improve patient's lives. The high quality of care you will be able to provide to your patients was built upon by decades of clinical research conducted by health care professionals. The research component begins in the fall semester with PA800 Research Methods for EBP of the didactic year and is completed just prior to graduation. PA800 helps you develop foundational and advanced knowledge and skills in research methods to prepare you to develop research studies and locate, appraise, and apply health related research to answer clinical questions. PA800 meets the WSU Graduate School requirements for research ethics and professional and scholarly integrity training. The research component continues in subsequent semesters

as PA 896 Directed Study in Research I (fall of clinical year) and PA 897 Directed Study in Research II (spring of clinical year).

## **Interprofessional Education (IPE) in the PA Curriculum**

Providing excellent healthcare requires a patient-centered, evidence-based, interprofessional team approach. Competency in interprofessional, collaborative practice requires experiential training, personal growth and reflection. Students receive focused didactic and experiential training within PA834 Interprofessional Evidence-Based Practice and throughout the Program as documented within PA850. The Program uses the World Health Organization's definition of IPE, "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." Faculty work diligently to coordinate a variety of compelling and meaningful IPE activities throughout the Program.

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*Becoming an excellent PA involves more than treating disease. The Experiential Learning Passport provides skills to help you be the change you want to see in the healthcare system!*

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## **Appendix A – Academic & Technical Standards**

All the academic and technical skills necessary to practice medicine as a PA in an effective and safe manner are incorporated into the program curriculum. To successfully complete and meet all graduation requirements, the student must be able to meet all academic and technical standards in a satisfactory manner. Program faculty will meet with each student periodically to assess progress in the Program and implement a plan for improvement if necessary.

### **Academic Standards**

Academic Standards *required for admission* to the Program:

- completion of a bachelor's degree from a regionally accredited U.S. college or university (Transcript analysis of foreign degrees is required to determine equivalency.)
- completion of all program course prerequisites
- a minimum GPA of 3.00 (4.0 scale) is required for both overall and prerequisite courses

Academic Standards *required for progression* in the Program:

- maintain acceptable academic performance as outlined in the PA Student Handbook.

### **Technical Standards**

The WSU PA Program curriculum incorporates the teaching of technical skills necessary for the practice of medicine. Students must be able to perform successfully in a wide variety of clinical situations, and therefore are required to have adequate ability in physical, cognitive and behavioral areas. Students are expected to confirm their ability to meet the following standards (with or without reasonable accommodations consistent with applicable law) upon admittance to the program.

#### **Physical abilities required for satisfactory completion of curriculum:**

- The ability to observe demonstrations and other forms of instruction, as well as the observation of patients for physical evaluation is necessary. Observation necessitates the functional use of vision both at a distance and close at hand. Other sensory modalities, such as touch and smell enhance observation.
- The ability to communicate effectively in English is necessary. Communication necessitates the ability to speak, hear and perceive nonverbal communication. Writing, reading, interpreting graphs and diagrams,

as well as computer literacy, are also essential for effective communication throughout the PA Program curriculum and in patient care.

- The ability to perform physical exams, diagnostic tests, surgical procedures, and treatment modalities for general and emergent medical care requires sufficient sensory and motor function. The curriculum requires that students have coordination of both gross and fine muscular movements, equilibrium and other sensory function to perform tasks such as intubation, catheterization, suturing, cast application, palpation, auscultation, administration of intravenous medication, basic life support (BLS), advanced cardiac life support (ACLS), etc.

**Cognitive abilities required for satisfactory completion of curriculum:**

- Analytical reasoning, problem solving, critical thinking, and the ability to intellectually grasp and apply a large volume of information are essential for successful completion of the curriculum. These skills include understanding of measurements and calculations. Students are required to integrate information from patient histories, exams, and diagnostic tests and then relate it to medical knowledge to form diagnoses and treatment plans.

**Behavioral abilities required for satisfactory completion of curriculum:**

- The ability to maintain appropriate relationships with colleagues, faculty, patients and other health care professionals conducive to quality medical care and services is necessary. This requires emotional intelligence, compassion, concern for others, and motivation to service.
- The ability to demonstrate maturity, initiative, dependability and reliability, ethical and professional behavior, and use of clean and tactful language is necessary.
- The ability to practice good judgment when providing patient care, identify one's limitations and seek help when necessary, and willingness to take responsibility for decisions and actions is necessary.
- The curriculum includes a demanding schedule, changing clinical environments, and uncertainties inherent to medical care; therefore, students must be able to demonstrate flexibility and function effectively under stress.

If you have questions about these technical standards or your ability to meet them, you are encouraged to discuss them with the Wichita State University ODS prior to the interview process. ODS resource can be accessed at [www.wichita.edu/disabilityservices](http://www.wichita.edu/disabilityservices). Any student with an ability limitation or in need of special accommodation should notify the Program Director in writing prior to the beginning of didactic coursework or immediately upon obtaining knowledge, awareness or diagnosis of such a condition requiring accommodation.

**Reasonable Accommodations**

WSU's Office of Disability Services (ODS) provides students with learning, mental, or physical disabilities an equal opportunity to attain their academic and personal goals to the fullest of their abilities. A "qualified individual" with a disability is one who, with or without reasonable accommodations, meets program academic requirements and Technical Standards. Students wishing to request reasonable accommodations must contact the Wichita State University ODS. ODS determines qualified disability status and assists students in obtaining appropriate accommodations and services. ODS requires differing types of documentation based on the specific disability or disabilities. Detailed eligibility guidelines as well as documentation guidelines adopted by the Kansas Association of Higher Education and Disability are available on the [ODS website](http://www.wichita.edu/services/disability-services/Students/servicepolicies1.php). (<https://www.wichita.edu/services/disability-services/Students/servicepolicies1.php>). Decisions regarding reasonable accommodation are determined on a case-by-case basis taking into consideration each student's disability-related needs, disability documentation, and program requirements. While the program will make every effort to work with students with a disability to accommodate their disability-related needs, the program is not required to provide accommodations that fundamentally alter or waive essential program requirements. Students should contact OSD directly at [disability.services@wichita.edu](mailto:disability.services@wichita.edu) or 316-978-3309.

## Appendix B – Descriptions of Professional PA Organizations

### **National Commission on Certification of PAs (NCCPA)**

The NCCPA is the only certifying organization for the PA profession in the US. The NCCPA is dedicated to assuring the public that certified PAs meet established standards of clinical knowledge and skills upon entry into practice and throughout their careers. NCCPA is responsible for establishing eligibility requirements for examinations, establishing passing standards for the examinations, issuing and verifying certificates, and establishing and maintaining criteria and standards governing maintenance of certification including CME.

[NCCPA Website \(http://www.nccpa.net\)](http://www.nccpa.net)

### **PA Education Association (PAEA)**

PAEA is the only accrediting organization for PA educational programs in the US. The PAEA is dedicated to assuring that PA educational programs meet established standards. These standards are known as the Accreditation Review Committee on Education for the PA (ARC-PA). The PAEA and NCCPA work together closely.

[PAEA Website \(http://www.paeonline.org\)](http://www.paeonline.org)

### **American Academy of Physician Associates (AAPA)**

AAPA is the only national professional society of PAs. AAPA advocates and educates on behalf of the profession and the patients PAs serve. They work to ensure professional growth, personal excellence and recognition of PAs to advance the profession and promote quality, accessibility, and cost-effectiveness in patient-centered healthcare. The official journal of the organization is the *Journal of American Academy of Physician Associates* (JAAPA). The associated national student organization is known as the Student Academy of AAPA (SAAAPA). The WSU PA Student Society is registered with SAAAAPA. Students are encouraged to join AAPA now and maintain their membership after graduation to help support and promote the profession nationally.

[AAPA Website \(http://www.aapa.org\)](http://www.aapa.org)

### **Kansas Academy of PA (KAPA)**

KAPA is a state-level affiliate of AAPA. KAPA serves as the official representative voice of Kansas PAs. The KAPA mission is to enhance the quality of medical care for the citizens of Kansas by providing medical education to PAs, other health professionals, legislative and governing bodies, and to the public. Students are encouraged to join KAPA now and after graduation to help support and promote the profession throughout Kansas.

[KAPA Website \(http://www.kansaspa.com\)](http://www.kansaspa.com)

# Appendix C – Guidelines for Ethical Conduct for the PA Profession

(Adopted 2000, reaffirmed 2013, amended 2004, 2006, 2007, 2008, 2018, 2023)

- Individual PAs must use their best judgment in a given situation while considering the preferences of the patient, the healthcare team, clinical information, ethical principles, and legal obligations.
- The four main bioethical principles which broadly guided the development of these guidelines are patient autonomy, beneficence, nonmaleficence, and justice.
- The statement of values within this document defines the fundamental values the PA profession strives to uphold. The primary value is the PA's responsibility to the health, safety, welfare, and dignity of all human beings.

## **Introduction**

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy, as written, reflects a point in time and should be reviewed through that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by going a step further and describing how these tenets apply to PA practice. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the healthcare team, clinical information, ethical principles, and legal obligations. Context and/or casuistry (extracting reasoning from case study), often play key roles in decision making. Four main bioethical principles broadly guided the development of these guidelines: patient autonomy, beneficence, nonmaleficence, and justice.

- Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.
- Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.
- Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.
- Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

PAs are expected to behave both legally and morally. They should know and understand the local, state and federal laws governing their practice. Likewise, they should understand the ethical responsibilities of being a healthcare professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

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 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.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

## **Statement of Values of the PA Profession**

- 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 do not discriminate; PAs treat equally all persons who seek their care.
- PAs hold in confidence the patient-specific information shared in the course of practicing medicine.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine. PAs assess their personal capabilities and limitations, striving always to improve their practice of medicine.
- PAs work with other members of the healthcare team to provide compassionate and effective care of patients.
- PAs use their knowledge and experience to contribute to a healthy community and the improvement of public health.
- PAs respect their professional relationship with all members of the healthcare team.
- PAs share and expand clinical and professional knowledge with PAs and PA students.

## **The PA and Patient**

### **PA Role and Responsibilities**

The principal value of the PA 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. PAs are professionally and ethically committed to providing nondiscriminatory care to all patients. 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 healthcare. 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. PAs should always act in the best interests of their patients and as advocates when necessary. While respecting the law, PAs should actively resist policies that restrict free exchange of medical information whether the restrictions are coming from their institution, regulators or legislators. For example, 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**

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

### **Nondiscrimination of Patients and Families**

PAs should not discriminate against classes or categories of patients in the delivery of needed healthcare. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation. *See also section on Nondiscrimination in the Workplace and Classroom.*

### **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, when necessary, 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. Care can be discontinued for many reasons, some positive (such as retirement or a new position) and some negative (such as threatening behavior by the patient or demonstrating non-compliance with recommended medical care). A professional relationship with an established patient may be discontinued as long as proper procedures are followed. The patient should be provided with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. In the event that discontinuation is the result of a problematic relationship, discontinuation 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. Many regulatory boards have rules or position statements addressing termination of care. PAs should understand any regulatory requirements before taking action.

### **Informed Consent**

PAs have a duty to protect and foster an individual patient’s free and informed choices. The doctrine of *informed* consent means that a PA provides adequate information that is comprehensible to a patient or patient surrogate who has medical decision-making capacity. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs are expected to be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational and personal factors. *See also, AAPA policy paper, Use of Medical Interpreters for Patients with Limited English Proficiency.*

In caring for adolescents, the PA must understand all of the laws and regulations in the PA’s jurisdiction that are related to the ability of minors to consent to or refuse healthcare. Adolescents should be encouraged to involve their families in healthcare decision making. The PA is expected to understand consent laws pertaining to emancipated or mature minors. *See also, the section on Confidentiality and AAPA’s policy paper, Attempts to Change a Minor’s Sexual Orientation, Gender Identity, or Gender Expression.*

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. This may require the use of additional resources, such as an ethics committee.

### **Confidentiality**

PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

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 institutional policies and local, state and federal laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. *See also, the section on Informed Consent.*

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 use and advocate for 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 understand the institutional policies and local, state and federal laws and regulations that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in the patient's 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. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

### **Disclosure of Medical Errors**

A patient deserves complete and honest explanations of medical errors and adverse outcomes. The 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.

*See AAPA policy paper, Acknowledging and Apologizing for Adverse Outcomes.*

### **Care of Family Members and Co-workers**

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches is contextual (2)(3) and casuistic (extracting reason from case study). For example, it might be ethically acceptable to treat one's own child for a case of otitis media, but it probably is not acceptable to treat one's spouse for depression. 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. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider. 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**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests or have access to the results as a consequence of patient care, they should assure that appropriate pre- and post- test counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests from 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 healthcare services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive healthcare. When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.



## **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. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits. PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs. While respecting patients' and their family's wishes for particular treatments when possible, PAs also must weigh their ethical responsibility to withhold futile treatments and to help patients understand such medical decisions. The same is true for evaluating a request to provide assistance in dying. A PA should not make these decisions in a vacuum. Prior to taking action, the PA should review institutional policy and legal standards. A PA should also consider seeking guidance from the hospital ethics committee, an ethicist, trusted colleagues, a supervisor, or other AAPA policies. *See also, AAPA policy paper, End-of-Life Decision Making.*

## **The PA and Individual Professionalism**

### **Conflict of Interest**

PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include 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. Before accepting a gift or financial arrangement, PAs should consider the guidelines of the American College of Physicians, "What would the public or my patients think of this arrangement?" (4)

### **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 healthcare providers. Providing competent care includes seeking consultation with other providers and referring patients when a patient's condition exceeds the PA's education and experience, or when it is in the best interest of the patient. PAs should also strive to maintain and increase the quality of their healthcare knowledge, cultural sensitivity, and cultural competence through individual study, self-assessment 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. The legal definition may vary by jurisdiction, but key third parties are generally individuals who have influence over the patient such as spouses or partners, parents, guardians, or surrogates. PAs should be aware of and understand institutional policies and local, state and federal laws and regulations regarding sexual relationships.

Sexual relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties. However, there are some contexts where a strict moratorium, particularly when extended to third parties, may not be feasible (3). In these cases, the PA should seek additional resources or guidance from a supervisor, a hospital ethics committee, an ethicist or trusted colleagues. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

### **Nondiscrimination in the Workplace and Classroom**

It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile, inequitable or intimidating work or learning environment. This includes, but is not limited to, discrimination based on sex, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation. *See also, the sections on Nondiscrimination of Patients and Families, and Sexual Harassment*

### **Sexual Harassment**

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is 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 creating an intimidating, hostile or offensive work or academic environment, or
  - Accepting or rejecting such conduct affects or 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.
- See also, the section on Nondiscrimination in the Workplace and Classroom.*

### **The PA and Other Professionals**

**Team Practice:** PAs should be committed to working collegially with other members of the healthcare team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other healthcare professionals, their organizations, and the general public. The PA should consult with all appropriate team members whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another healthcare professional.

### **Resolution of Conflict Between Providers**

While a PA's first responsibility is the best interest of the patient, it is inevitable that providers will sometimes disagree when working as members of a healthcare team. When conflicts arise between providers in regard to patient care, it is important that patient autonomy and the patient's trusted relationship with each member of the healthcare team are preserved. If providers disagree on the course of action, it is their responsibility to discuss the options openly and honestly with each other, and collaboratively with the patient. It is unethical for a PA to circumvent the other members of the healthcare team or attempt to disparage or discredit other members of the team with the patient. In the event a PA has legitimate concerns about a provider's competency or intent, those concerns should be reported to the proper authorities. PAs should be aware of and take advantage of available employer resources to mitigate and resolve conflicts between providers.

### **Illegal and Unethical Conduct**

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

### **Impairment**

PAs have an ethical responsibility to protect patients and the public by recognizing their own impairment and 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 any member of the healthcare team and should seek assistance from appropriate resources to encourage these individuals to obtain treatment. *See also, AAPA policy paper, PA Impairment.*

### **Complementary, Alternative and Integrative Health**

When a patient asks about complementary, alternative and/or integrative health approaches, the PA has an ethical obligation to gain a basic understanding of the therapy(ies) being considered or used and how the treatment will affect the patient. PAs should do appropriate research, including seeking advice from colleagues who have experience with the treatment or experts in the therapeutic field. If the PA believes the complementary, alternative or integrative health is not in the best interest of 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.

### **The PA and the Healthcare System**

#### **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, ultimately, 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**

All 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 that they will have the information necessary to participate in their healthcare and wellness. *See also, AAPA policy paper, PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers.*

#### **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research must be reported to maintain the integrity of the available data in research. PAs are encouraged to work within the oversight of institutional review boards and institutional animal care and use committees as a means to ensure that ethical standards are maintained. PAs involved in research must be aware of

potential conflicts of interest. Any conflict of interest must be disclosed. The patient's welfare takes precedence over the proposed research project. PAs are encouraged to undergo research ethics education that includes periodic refresher courses to be maintained throughout the course of their research activity. PAs must be educated on the protection of vulnerable research populations. Sources of funding for the research must be included in the published reports. The security of personal health data must be maintained to protect patient privacy. 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 they believe 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.

*See also, AAPA policy paper, Guidelines for the PA Serving as an Expert Witness.*

#### **The PA and Society**

**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, as healthcare professionals, should not participate in executions because to do so would violate the ethical principle of beneficence. *See also, AAPA policy HX-4100.1.9.*

**Access to Care / Resource Allocation:** PAs have a responsibility to use healthcare resources in an appropriate and efficient manner so that all patients have access to needed healthcare. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. (1) 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. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. When confronted with this situation, a PA may seek guidance from a supervisor, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. 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 contribute to an improved community.

#### **Conclusion**

AAPA recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible healthcare. PAs wrote these guidelines for themselves and other PAs. 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.

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  - PA Impairment (Adopted 1990, reaffirmed 2004, 2014 amended 1992, 2009, 2019) *Cited at HP-3700.1.3*
  - End-of-Life Decision Making (Adopted 1997, reaffirmed 2004, 2014, amended 2009, 2018) *Cited at HP-3700.1.4*
  - Use of Medical Interpreters for Patients with Limited English Proficiency (Adopted 2003, reaffirmed 2008, 2013, amended 2018) *Cited at HP-3300.2.10*
  - Acknowledging/Apoloizing for Adverse Outcomes (Adopted 2007, reaffirmed 2012, amended 2013, 2018) *Cited at HP-3800.2.2*
  - Health Disparities: Promoting Equitable Treatment of All Patients (Adopted 2011, amended 2016) *Cited at HX-4600.1.6.1*
  - PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers (Adopted 2017, amended 2018, 2021) *Cited at HP-3200.1.6*
  - Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression (Adopted 2017) *Cited at HX-4200.6.2*