



**SIU MEDICINE**  
PHYSICIAN ASSISTANT  
PROGRAM

# **Student Handbook**

## **Phase I**

### **PA 2027**





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## A Message from the Director:

On behalf of the SIU PA Program, I would like to welcome you to our Program and congratulate you on beginning your career in medicine. The next 26 months will be extremely intense and rigorous, but full of personal, intellectual, and professional growth. We look forward to mentoring, guiding, and teaching you as you make this journey from a student to a certified physician assistant.

The Program utilizes the Problem-Based Learning (PBL) format to deliver the curriculum. We blend this specialized curriculum with a more traditional approach to develop our students' clinical and problem-solving skills. The Program is committed to keeping up with medical advances and educating competent, professional Physician Assistants who are well-prepared to provide exceptional patient care.

This handbook will help you learn more about the SIU PA Program's mission, goals, and competencies. Within this manual, you will find an overview of the entire curriculum, the Program's honor and conduct codes, Student Progress documents, exit objectives, and forms you may need during Phase I. I encourage you to read and understand the material contained within this manual.

The content in this handbook is considered accurate; however, the Program may change specific procedures and guidelines after the handbook is completed. These changes will supersede what is contained in the handbook, and you will be responsible for complying with them. The Program will make every effort to update you in a timely manner regarding changes.

Again, I want to welcome you to the SIU PA Program. The faculty, staff and I look forward to getting to know you better as you matriculate through the Program. Congratulations, and good luck!

Sincerely,

**M. Kate Scott**  
**DMSc, PA-C, CPAAPA**  
**Program Director**

# SIUC Physician Assistant Program's Mission, Goals, and Competencies

**Mission:** The mission of the Southern Illinois University School of Medicine Physician Assistant Program is to educate medical professionals who provide care to all populations with an emphasis on medically underserved, rural, and health professional shortage areas. We enhance healthcare by preparing medical providers dedicated to both the community and the profession. We promote an all-inclusive environment that fosters creative thinking and communication skills in our pursuit of excellence.

## **Goals:**

1. Educate PAs to be lifelong learners proficient in acquiring and applying knowledge to optimize patient care.
2. Provide underserved populations with respectful, ethical, professional, and competent clinicians, thus addressing the needs of the rural and health professional shortage areas.
3. Prepare PAs who can effectively work in teams with other healthcare professionals, patients, and their families.

## **Competency Expectations**

*In 2023 the SIU PA Program Competency working group developed and updated program required competencies for the entry level PA. These competencies are consistent with and adapted from the competencies defined by the PA profession. The following competency domains and competencies are linked to specific course objectives in program syllabi, problem-based learning issue lists, and evaluation tools.*

## **Program Domains of Competency:**

### **Patient- Centered Practice Knowledge (PCPK):**

Patient- Centered Practice Knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention.

### **Interpersonal and Communication Skills (ICS):**

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information.

### **Patient Centered Care (PC):**

Patient care includes patient- and setting-specific assessment, evaluation, and management.

### **Professionalism (P):**

Professionalism is the expression of positive values and ideals as care is delivered.

### **Practiced-based Learning and Improvement (PBLI):**

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-improvement.

### **Systems-based Practice (SBP):**

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered.

## **Program Specific Competencies**

**C1.** Understand and apply **Patient- Centered Practice Knowledge** in the areas of basic science principles, clinical medicine, pharmaceutical therapeutics, behavioral and social sciences issues, medico-legal issues, health maintenance and formulate differential diagnoses to build the foundation for **professional** physician assistant practice. (PCPK, P)

- C2.** Develop the **technical skills** necessary for critical review of the literature. (PBLI, PC)
- C3.** Apply **knowledge** and exercise autonomy in medical decision making to provide a broad range of diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed **clinical** judgment. (PCPK, PC)
- C4.** Utilize **interpersonal and professional** skills to work effectively with physicians and other health care professionals to provide quality, efficient patient-centered care. (ICS, PC, P, SBP)
- C5.** Demonstrate independent thinking, while reinforcing the concept of team practice, when making diagnoses, **clinical** decisions, and constructing patient management plans. (ICS, PC)
- C6.** Use **interpersonal** skills to create and sustain a **professional**, compassionate, and ethically sound relationship with patients and their families. (ICS, P, PC)
- C7.** Use effective **interpersonal and communication skills** to elicit information and provide education to patients and their families. (ICS, PC)
- C8.** **Professionally** embrace and promote equity and inclusion in race, ethnicity, gender identity, sexual orientation, disability or special health care needs, socioeconomic status, and religion while addressing system biases that contribute to health care disparities. (P, SBP)
- C9.** Use **knowledge** gained through education, research, and administrative activities in the provision of services within primary and specialty care, medical and surgical practice, and in rural and urban areas. (PCPK, PC, SBP)
- C10.** Actively seek to expand **knowledge** by utilizing **technical** and self-directed learning skills to keep current with research and advances in medicine appropriate to the role and responsibilities of the certified physician assistant. (PBLI, PCPK)
- C11.** Use **interpersonal and problem-solving skills** to recognize and appropriately resolve ethical issues encountered when practicing as a certified physician assistant, such as diversity, confidentiality, genetic and reproductive decision-making, **professionalism**, and medical ethics as they relate to the physician assistant in clinical practice. (P, ICS)
- C12.** Demonstrate attitudes that promote **professional** relationships with collaborating physicians and other health care professionals as a member or leader of the health care team. (ICS, P)
- C13.** Apply **innovative technology** in web-based education and distance learning to meet future career goals, including continuing medical education, practicum, or work experience in medicine. (PBLI)
- C14.** Utilize **clinical and technical skills** to provide quality, cost-effective patient care and advocate for equitable distribution of health care resources. (SBP, PC)
- C15.** Understand the principles and content of the discipline and use **professional behaviors and interpersonal skills** to advocate for and enhance the role and utilization of physician assistants in the health care system. (P, SBP)

## Matriculation Requirements

Students must meet the Technical Standards of the Physician Assistant Program ([see Appendix A](#)) to be enrolled in and continue in the Program. If the student cannot meet these standards on a temporary basis, they may be asked to take a leave of absence from the Program.

Physician assistant students must possess the cognitive, auditory, fine/gross motor skills, interpersonal, and problem-solving skills to meet the demanding nature of patient care. If it is determined that a student will be unable to meet any of these technical standards for an extended period of time, or on a permanent basis, they will not be allowed to continue in the SIUC PA Program.

## Program Curriculum Overview (See Appendix B)

### **Phase I- Didactic Studies**

Phase I consists of 5 Units (three semesters) and is completed on campus in Carbondale, Illinois. Students participate in Problem-Based Learning (PBL) groups with a trained faculty facilitator during this time. PBL groups will encounter patient problems carefully designed to address various primary care concerns and core knowledge areas including: formulating diagnoses, anatomy, clinical anatomy, physiology, pathophysiology, microbiology, biochemistry, genetics and molecular basis for health and disease, behavioral and social sciences, medico-legal issues, pharmaceutical therapeutics, health maintenance, patient education, counseling, population health, history taking and physical exam, laboratory and diagnostic studies, and clinical intervention. Students will be assessed on knowledge, clinical reasoning, self-directed learning, and interpersonal and group skills.

Additional courses and resource sessions occur throughout the didactic year and include the study of behavioral science; clinical anatomy and integrated sciences; diagnostics; diversity; embryology; Evidence-Based Medicine; genetics; growth and development; immunology; laboratory techniques; legal and ethical issues; microbiology; nutrition; pathophysiology; documentation; pharmacology; physical exam and history taking skills; patient education, physiology; preventive medicine; radiology; and the role of the physician assistant.

Students have access to the PA Program and an extensive Medical Resource Center (MRC) shared with the medical students. Students attend various resource sessions and labs provided by experts in their respective fields. During the first year, students spend one-half day each week in a mentor clinic with a primary care practice provider mentor at designated sites in surrounding communities. This increases the students' clinical understanding of the knowledge, skills, and attitudes needed as a practicing physician assistant.

At the conclusion of Phase I, students must have satisfactorily completed all Phase I courses and the Phase I Summative Exam.

### **Phase II- Clinical Rotations**

Students understand that relocation will most likely be necessary to fulfill the requirements of their clinical year in the Program. During Phase II of the PA Program, students relocate to one of ten clinical Hubsites in central and southern Illinois and Southeast Missouri to complete their clinical training. Students are assigned *by lottery* to clinical Hubsites during Phase I to provide ample time for planning and relocation.

Clinical Hubsites are associated with the Southern Illinois University Family Medicine Residency Programs in Carbondale, Decatur, Quincy, and Springfield, and in hospital Hubsites in Belleville, Champaign, Mattoon, Olney, and Peoria. The Southeast Missouri hubsite is located in Cape Girardeau, MO, and is affiliated with Mercy Hospital Southeast and St. Francis Medical Center. The program makes every effort to place students within their hubsite domain; however, students may be required to complete some Rotations outside their hubsite. Please refer to the Clinical Rotation Acknowledgement form for additional details.

During Phase II, students complete nine, five-to-six-week clinical Rotations in emergency medicine, family medicine, general surgery, musculoskeletal, internal medicine, women's health, pediatrics, behavioral health, and an elective of their choice. Students are responsible for the knowledge outlined in the Rotation objectives and the supervised clinical practice experience during each Rotation. Students are evaluated at regular intervals within their Hubsites. Periodically, Phase II students return to SIUC for professional development and evaluation activities.

Phase II students continue to participate in a one-half day per week continuity clinic in primary care assigned at their clinical Hubsites.

Students participate in PBL groups at their clinical Hubsite one-half day per week.

With the conclusion of Phase II, students must have satisfactorily completed all Phase II courses, as well as satisfactorily complete the Phase II Summative Exam.

### **Phase III- Preceptorship**

Students complete an eight-week Preceptorship during the final phase of the Program. The Preceptorship is designed to simulate the clinical practice of the physician assistant graduate more closely. Students must notify the Program of their choice of Preceptorship sites by early December during Phase II of their graduation year. The Preceptorship must be approved by the Phase II/III Clinical Coordinator and Program faculty. Additionally, students will participate in an on-line Health Care Systems course.

With the conclusion of Phase III, students must have satisfactorily completed both Phase III courses and Phase III Summative Exam.

### **Master's Project**

Students prepare for the Master's Project in Phase I with PA 547 (Research Methods and Evidence-Based Medicine) and PA 599 (Master's Seminar). During Phase II, students will select a topic and, identify central themes for their Master's Project and pursue the completion of their Master's Project with the assistance of their Master's Project Chair.

The purpose of the Master's Project for the SIUC Physician Assistant Program is to allow students the opportunity to demonstrate their Evidence-Based Medicine and clinical reasoning skills as well as their professional growth.

Students may not proceed to graduation from the Program without satisfactorily completing all requirements associated with the Master's Project.

### **Summative Exams**

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires all accredited physician assistant programs to evaluate students with a summative exam. The SIUC PA Program chooses to accomplish this in two ways. At the completion of Phase I and Phase II students will be evaluated using The Clinical Skills Practicum (CSP). The CSP is intended to help Phase I and Phase II Physician Assistant students review and assess physical exam skills and problem-solving skills before entering practice.

The CSP consists of a Problem-Orientated Physical Examination (POPE). Students must successfully complete the CSP to move forward within a graduate program. The second type of Summative Exam comes at the close of Phase III as students take a Physician Assistant Education Association created computer-based cumulative end-of-curriculum exam designed to simulate the PANCE Boards exam in climate, content, and consequences. Students must achieve a 1400 cumulative score on this summative exam to be eligible to graduate from the Program.

### **Student Progress System**

The SIUC Physician Assistant Program Student Progress Committee (SPC) is responsible for monitoring the progress of all students' academic and professional achievement throughout all Phases of the curriculum. The SPC also functions to identify and assist those students who have deficiencies in knowledge or skills. Finally, it is the responsibility of the SPC to determine if the standards of academic progress have not been met and make recommendations to the Program Director.

The SPC comprises representatives from the School of Medicine (SOM) and PA Program faculty. Before making decisions on the student's status within the Program, SPC Members review students' performance, including assignment scores, exam scores, clinical evaluation scores, clinical evaluation comments, previous academic performance, and previous professional performance.



The Student Progress Committee's operating parameters are outlined in the Student Progress System Document. This document provides the procedural requirements for all actions taken by the SPC with regard to student academic and professional status within the Program. This document is available to all students.

## Professionalism Expectations

Students are expected to maintain the ethical and professional standards of the PA profession at all times. The end of this section provides the entire ethical and professional expectations for practicing physician assistants defined by the American Academy of Physician Assistants. Please see Appendix D.

In addition to the expectations set by the profession, SIUC PA Program students are bound by the ethical and professional guidelines of the University Student Conduct Code and the School of Medicine Standards of Conduct.

### SIUC

[http://policies.siu.edu/other\\_policies/chapter3/](http://policies.siu.edu/other_policies/chapter3/)

### School of Medicine (SOM)

<https://www.siumed.edu/student-handbook-standards-conduct.html#c>

Students within the SIUC Physician Assistant Program are also expected to adhere to the following Program specific ethical and professional standards:

1. **Respect:** Students are expected to treat all patients, faculty, staff, clinical mentors/preceptors, health care workers, and fellow students with dignity and respect. The PA and PA-student role demands teamwork and the ability to carefully follow directions from faculty, staff, and clinical supervisors. Conflicts should be resolved in a diplomatic, reasoned manner. Students shall deliver health care services to patients without regard to their race, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, or political beliefs. PA training involves a close working environment with other students and includes physical examination of fellow students and discussion groups that may reveal personal information. These situations must be approached with respect for the privacy, confidentiality, and feelings of those involved. Students should offer feedback or suggestions in a thoughtful and reasoned manner that fosters respect and trust.
2. **Integrity:** Students must display the highest ethical standards expected of a healthcare professional. Unethical behavior such as cheating, forgery, collusion, plagiarism, harassment, accepting money or gifts, personal involvement with patients, falsification of logs/evaluations or medical records, falsification or misuse of medications/prescriptions, or other inappropriate behaviors will be referred to the SIUC Physician Assistant Program SPC and result in disciplinary action or dismissal from the Program.
3. **Flexibility:** PA training involves instruction from practicing clinicians with unpredictable schedules. Upon occasion, lectures or clinical session times may need to be adjusted with short notice. The Program believes the advantage of utilizing practicing clinicians outweighs this inconvenience and asks students to be flexible.
4. **Timeliness:** Students must report to all classes, labs, seminars, and clinical sites at the scheduled time. Students must also return messages from the PA Program, faculty, clinical preceptors, patients, and clinical sites within 24 hours.
5. **Preparedness:** Students must report to all Program activities and clinical sites fully prepared for the day's activities and assignments.

6. **Impairment:** Students shall not appear at the University, Program sponsored events, or Clinical Sites while impaired. Students may be required to undergo drug testing at random times during the Program and at the request of clinical sites. This testing will be at the student's expense. Although Marijuana is now legal for recreational use in Illinois, many of our clinical affiliates follow Federal guidelines or receive federal funding. Some clinical affiliates will require clean drug screens before allowing students to perform supervised clinical practice experiences within their organizations. Therefore, students should not use any drugs, including marijuana, that are not prescribed for them.
7. **Health and Safety:** Students shall not exhibit any behavior that may jeopardize the health and safety of patients, faculty, or fellow students. Students are not permitted to carry firearms or other weapons to the University, Program activities, or clinical sites.
8. **Care of University/Program Equipment:** Students are expected to ensure proper care is given to all University/Program-owned equipment. Students will be charged for any equipment they check out that is returned broken or is lost. Additionally, all items borrowed from the MRC Annex must be returned promptly.
9. **Personal Appearance:** Personal appearance is critical in acceptance of the PA profession by other health professionals and patients. Therefore, the following dress code terms are defined:

Dress Code	Examples	Location
Casual	Jeans, Shorts, T-shirts, leggings, sweatpants, sneakers, sandals, crew necks	PBL, Faculty-led resource sessions, skills and physical exam training
Business Casual	Dress pants, collared shirts, knee length or longer skirts/dresses, blouses, cardigans, loafers, flats, heels	Guest speakers, Interprofessional events, community events
Professional	Blazer, business suit, tie, tailored dress, close-toe shoes	As instructed by faculty
Clinical	<b>Short-white coat, name tag and school identification, closed-toe shoes</b> (flats, loafers, etc), dress pants, collared shirts, button-up long-sleeve shirts, blouses, <i>*Some clinical rotations may require color specific scrubs*</i>	Clinic, simulated patient encounters
<b>Note:</b> If you are unsure if your attire is appropriate, please ask a faculty member or clinical preceptor. Be aware of hemlines including tops and shorts.		

Hairstyle, beards, mustaches, jewelry, and other personal hygiene/attire should reflect a positive image of you, the Program, and the profession. Certain piercings and tattoos may be offensive to patients and other professionals; thus, students may be requested to remove or cover them for clinical/academic activities.

#### **General Notes:**

If you are unsure what to wear for the session, ASK. You will not be allowed to attend sessions if appropriate dress is not worn. This will constitute an unexcused absence, and consequences will follow. You represent the SIUC Physician Assistant Program and the PA profession at all times.

## Program Expectations

### Communication

It is mandatory for Phase I students to check their Program email and Desire2Learn accounts a minimum of once daily for communications from the Program, Unit Coordinators, PBL Group Facilitators, Clinical Coordinator(s), Course Instructors and/or the SPC Chair. Specifically, any Program announcements, changes, additions, or other communications will most likely be emailed. Not checking email is not a valid excuse for failing to adhere to Program communication. When communicating with the Program and Program representatives, students must use their siumed.edu email. Students should know that email communication should always reflect a respectful and professional tone.

Students may access evidence-based medicine resources electronically during clinic hours. **However, accessing your personal email account(s), social media, or web surfing is prohibited during clinic hours, PBL group, or other Program-sponsored learning activities.**

Students should refer to the *Reporting Pathway for Student Concerns* (Appendix C) if they have questions or concerns about any aspect of their educational experience at the SIUC Physician Assistant Program. This chart will guide students to the appropriate person(s) to contact.

### Legal and Designated Holidays

Legal and designated holidays and administrative closure dates will be acknowledged throughout the year. Due to ongoing updates, dates of University closures and important Program dates will be given to PA Program students in documents separate from this Handbook. The PA Program does not follow routine University breaks or testing schedules. The Unit Coordinator will provide schedules at the beginning of each Unit.

**Absence Policy**Planned absence requires the following:

1. Complete the Absence Request Form.
2. Submit to the Unit Coordinator a minimum of 2 weeks in advance.
3. **If approved**, make appropriate arrangements with the PBL group, course instructors, and Mentor Clinic to make up for missed information and/or clinical time.

**Unplanned absence** requires the following:

1. Call the Unit Coordinator, PBL group facilitator, PBL group members, course instructor, and clinical site as indicated.
  - a. Student failure to notify the appropriate person(s) will result in an unexcused absence.
2. Follow-up calls with an email to the Unit Coordinator within 24 hours after the missed event.
3. Contact all missed Program entities to make appropriate arrangements for making up time.
4. Complete the Absence Request Form and submit it to the Unit Coordinator within 48 hours after the missed event.

**Unexcused absences** will become SPC professionalism concerns and may, depending on circumstances, become SPC academic concerns.

**Students should be aware:**

- Unit Coordinators will look at each absence on an individual basis.

- An approved absence, whether planned or unplanned, does not excuse students from making up hours or content missed.
- The Absence Request Form submission does not guarantee your absence will be approved.
- It is the student's responsibility to pursue the response.
- Students who incur unexcused absences, unprofessional behavior, tardiness, repetitive excused absences, non-compliance to assignment requirements, or failure to meet deadlines may be required to complete additional didactic and clinical hours. These extra hours will be determined on an individual basis.
- Excessive absences may subject the student to review by the Student Progress Committee (SPC) and may result in the repetition of a Unit. This could, in turn, lengthen the duration of the Program and prolong Program completion. University tuition is required to maintain malpractice insurance coverage for students. Students who need to extend their time in the Program will be responsible for additional tuition costs.

### **Master's Project Symposium Absences**

Students are to follow the above procedures for both anticipated and unanticipated absences from the Master's Project Symposium, except that permission should be sought from the PA 599 Course Instructor.

### **Extended Leave of Absence**

If a student in good standing with the Program requires an extended leave of absence, the Program Director may be petitioned. The Program Director will determine the validity and feasibility of the student's request and set the student's absence timeline and make-up responsibilities. The SPC will formally acknowledge the start, end, and terms of a Leave of Absence approved by the Program Director.

The Program Director/SPC may require a student to take a leave of absence if it is determined to be in the student's best interest.

### **Absence for Observation of Religious Holidays**

The SIUC PA Program reasonably accommodates the religious observance of individual students regarding admissions, class attendance, and scheduling of examinations and work requirements. If a student plans to take time from scheduled curriculum activities to practice religious beliefs, the student is required to follow the protocol stated under the Planned Absence section, with the exception the recipient of the Absence Request form should be the PA Program Director.

### **Visitor Policy**

The SIUC PA Program understands the importance of family, support systems, and obligations. PA education is demanding and requires full attention and much study. To preserve the learning environment of the classroom, PBL groups, and clinics, students are not allowed to bring their **children, friends, or family** to PA learning activities. In the event of an emergency, a student may find it necessary to have a child accompany them to school. However, this should not occur regularly. *All visitors, including children or family members, must be cleared for attendance by a PA Program faculty member before class.*

## **Malpractice Insurance Coverage**

PA students are provided malpractice insurance coverage through the University. If a Mentor needs insurance coverage verification, contact the Program at 618-536-0299, and a Certificate of Insurance will be provided. You must be enrolled in the appropriate PA Program courses to be covered. In the event you have failed to enroll properly within the appropriate PA Program courses, you must immediately contact the Program Academic Advisor (618-453-5527) and resolve the matter.

## **Phase I Courses**

### **Phase I Registration**

Deadlines for adding or withdrawing from classes, payment of tuition and fees, and refunds are published each semester in the SIUC Schedule of Classes. Information on these topics will also be emailed to students via SIUC throughout the semester. Other important information regarding the policies for admissions, tuition, academic requirements, graduate curricula, student services, and additional University policies is published on the SIUC webpage. Students are encouraged to register as early as possible and to double-check course entries within the registration system. Students may also consult the Program's Academic Advisor (618-453-5527) for further information regarding these topics.

Students need to be aware of the specific time frames for course withdrawals. If withdrawal is early in the semester, a full refund is possible. Once this window of opportunity is closed, a refund is not possible. Please consult the SIUC Schedule of Classes or contact the Program's Academic Advisor for specific dates.

### **Problem-Based Learning – PBL Groups (PA 501, 502, 503, 504, 505)**

Phase I students participate in a 3-day-per-week PBL group, engaging in problem-based learning. This course is designed to foster independence in clinical reasoning and knowledge synthesis by working through patient problems and improving the application of knowledge to clinical practice. The course numbers correspond to the Unit numbers and correspond with the university-designated semesters, such that PA 501 is in the Summer semester, PA 502 and 503 are in the Fall semester, and PA 504 and 505 are in the Spring semester. Along with the end-of-unit evaluations, students are also evaluated by their PBL Group Facilitator using the PBL Group Evaluation form.

Students in these courses are expected to actively pursue Self-Directed Learning (SDL) strategies while processing through each case and generating Learning Issues (LIs).

## **PBL Group Member Expectations**

### **Learner responsibilities**

1. Accept responsibility for your own learning.
2. Share your areas of expertise. (education, life experience, medical experience, etc)
3. Develop group goals and leave them displayed all unit.
4. If you are quiet, offer to read or scribe.
5. If you are more outgoing, listen and let others speak.

### **When encountering the problem**

1. Read chief complaint. Write Differential Diagnosis (DDx) individually.
6. Share DDx one at a time with the other students to create the group DDx list.
7. Each student should justify their Differentials to improve clinical reasoning.

8. Ask questions
9. Identify what you need to know. (Learning Issue)
10. Do a Learning Issue (LI) on every lab or diagnostic test the first time it is encountered.
11. Challenge yourself by choosing LIs outside of your expertise.
12. Bring back (BB) LIs are only allowed if the student did the LI themselves.
13. Revise and apply each BB to the current case.

### **Problem Follow-up**

1. Summarize the problem.
2. DISCUSS what you learned, don't present.
3. Ask questions to gain understanding.
4. Refine DDx list.
5. Mind your knowledge gap.
6. Identify new learning issues.
7. Monitor your own performance.
8. Provide constructive feedback to your peers.

### **Use of Electronics, phones, and watches**

1. Electronic devices should be CLOSED when opening a case to develop clinical reasoning.
2. Electronic devices may be used after opening the case for PBL activities ONLY.
3. Use phones and smart watches respectfully.
4. Use social media responsibly, lock quizlets, etc.

## **Required & Recommended Texts**

<https://libguides.siumed.edu/mrc-pa-resources/home>

### **Resource Courses**

Although most of the curriculum is processed through the PBL Group courses, the Program provides several resource courses to enhance the information covered. Each course will have a separate syllabus representative of the Unit and/or Semester requirements and expectations.

**Introduction to the PA Profession (PA 500):** This course is designed to provide students with an understanding of the professional issues of the certified Physician Assistant. Students are introduced to the history of the PA profession, laws and regulations regarding professional practice and conduct, licensure and certification, the PA relationship with the physician and other health care providers, policy issues that affect practice, professional organizations, credentialing, coding and billing, documentation of care, principles of medical ethics, professional conduct, and provider wellness. This course occurs in Unit 1, Summer semester.

**Behavioral Science/Patient Education (PA 506):** This course explores behavioral science and patient education as it applies to the practice of medicine, as well as the maintenance of health and prevention of illness. This course occurs in Units 2-5 and in both the Fall and Spring semesters.

**Diversity in Medical Practice (PA 507):** Students examine issues that may arise when delivering medical services to persons of diverse cultures, ethnicities, races, sexual orientations, gender, and socioeconomic status, as well as other topics. Implications for providing medical services to persons who have experienced discrimination and disadvantage are discussed. Students register for this course in the Fall semester but continue longitudinally throughout the remaining units in Phase I. Grades for this course are deferred until the completion of Unit 5.

**Pharmacology (PA 511, 512, 513, 514, 515):** This series of courses introduces students to the therapeutic agents most commonly used in practice involving topics focused on within Units 1-5. The practical aspects of dosage, schedules, therapeutic effects, adverse reactions, metabolism, method of action, and excretion are investigated.

**\*Clinical Anatomy and Integrated Sciences (CAIS) (PA 521, 522, 523, 524, 525):** This series of courses involve the study of anatomical structures with cadaveric materials, clinical applications, physiology and pathophysiology of selected systems, as they relate to the Units' focus. Radiology, Point of Care Ultrasound (POCUS), microscopy, and embryology issues are included. Anatomy Lab Guidelines can be found in the CAIS Syllabi.

**\*Patient Evaluation (PA 531, 532, 533), Clinical Procedural Skills (PA 534), EKG & Advanced Cardiac Life Support (PA 535), & Introduction to Surgical Setting (PA 536):** This series of courses focuses on building the skills necessary to thoroughly evaluate a patient, from taking the history, to conducting the physical exam, performing necessary procedures, facilitating patient health in pre/post-operative care, and developing thorough medical documentation skills. See the course syllabus for a complete list of procedures taught in the PA 534 course.

**\*Incidental Findings:**

It is possible that during a learner's course of study, incidental medical findings may be noted.

These incidental findings may include previously known or previously unknown pathological findings or normal variants. These discoveries may occur during physical examination, point of care ultrasound, or laboratory sessions, among other educational settings. When an incidental finding is noted, faculty will maintain confidentiality and instruct the student to follow up with their primary care provider, student health, or emergency services, as indicated for consideration of diagnosis and management. Any student privy to a peer's incidental finding due to engagement in the curricular activity that led to the finding must also maintain confidentiality.

**Research Methods (PA 547) & Master's Seminar (PA 599):** These courses work together to integrate the concepts of Evidence-Based Medicine into the clinical reasoning process. Students begin with PA 547 in the summer semester of Phase I, then take PA 599 in the fall and spring semesters.

**Clinical Mentoring – Phase I (PA 550):** Students begin Mentor Clinic with Unit 2 (Fall semester) and continue with the same mentor clinic through the end of Phase I. This course allows students to gain clinical experience in the community setting by participating in a continuity clinic in primary care with a designated Mentor. Students are evaluated by their Mentor at the close of every Unit. Students evaluate their Mentor Clinic site at the close of every Unit.

The student must plan and anticipate the Mentor's vacation/absences and adjust their schedule accordingly. Check with your Mentor at the start of each Unit to determine necessary adjustments to your schedule. Students are to notify the Phase I Clinical Coordinator of any adjustments to their schedule. Each unit will have 16-20 hours of clinical time.

**Students are not required to provide or solicit clinical sites or preceptors. Students may recommend clinical sites or preceptors to the director of clinical education, who is responsible for evaluating the site and preceptor for potential use by the PA program.**

### **The Student-Mentor Relationship**

At the initial meeting (and at the start of each subsequent Unit) with their Mentor, students should discuss:

- Unit objectives and current learning issues in the event cases come up fitting those particular objectives;
- Student's goals and expectations;
- Any schedule concerns (e.g., University-approved holidays);
- The importance of a mid-unit evaluation so weaknesses can be corrected;
- A tentative time to review the final written evaluation (Students should bring a copy of the Mentor Evaluation Form so Mentors can become familiar with the criteria.);
- A copy of contact information for both the student (home, telephone, cellular phone, and email) and the Phase I Clinic Coordinator(s) (work telephone, cellular phone, and email).

Students should expect to be quizzed at their Mentor site each day. Some ask questions to stimulate learning issues, some write out questions for students to answer, while others take a more casual discussion approach. Regardless of how the Mentor structures the clinical experience, students are responsible for generating learning issues from the Mentor Clinic and those generated in the PBL group.

Students should not solicit personal medical advice or treatment from their preceptors or mentors. Students should contact the Student Health Services on the SIUC campus or their personal healthcare provider for personal medical treatment.

### **Mentor Responsibilities**

A Preceptor Handbook is provided to all Mentors.

All mentors will:

- be licensed practitioners in good standing with their regulatory boards;
- provide medical opportunities to learn both the art and the science of the physician/physician assistant practice;
- provide opportunities for supervised procedural experiences;
- provide regular feedback to the student regarding the student's performance. Mentors should undertake mid-unit conferences to formally discuss strengths, weaknesses, etc.;
- forward concerns about each student's progress to the Director of Clinical Education to help establish a plan of remediation;
- formally evaluate the student's progress at the end of each Unit using the Program approved evaluation tool.  
**Note:** Students must complete the documentation at the top of each form (name, clinic type, facility name, and Unit number) then allow for Mentor privacy and adequate time to complete the forms.
- ensure that students are adequately supervised as outlined in the Preceptor Handbook under the section entitled "Supervision".

### **Supervision Requirements**



Students should be supervised at all times. It is recommended that students receive two to three days of orientation to the practice to familiarize themselves with clinic practices, policies, and patient management strategies and philosophies. When/if the mentor assigns the student to evaluate assigned patients independently, students may not order tests or treatments; instead, they should discuss each patient's history, objective findings, further testing, and treatment plans with their Mentor. Whether in the hospital or outpatient setting, Physicians, PA-Cs or Nurse Practitioner's should always examine patients prior to discharge.

## Student Role

With mentor supervision, students may do the following:

- perform H&Ps;
- round on inpatients and write progress notes;
- author hospital orders **with MD, DO, PA or NP supervision and co-signature**;
- evaluate inpatients and outpatients, then propose and write orders for diagnostic and therapeutic treatment plans; **with MD, DO, PA or NP supervision and co-signature**;
- observe and perform as many procedures as possible;
- interpret lab and diagnostic study results;
- participate in team meetings, grand round, lectures, etc., as feasible;
- participate in patient education programs and patient counseling;
- provide follow-up patient care;
- provide documentation that is legible, neatly written, and large enough to read;
- **PA-S cannot be abbreviated, instead script as Physician Assistant-Student or PA-Student**;
- Use only hospital-approved abbreviations;
- computer documentation is acceptable with the approval of the Mentor/Preceptor and appropriate training with a personal login from the facility. **DO NOT use someone else's login!**

Students are **NOT** to replace a paid employee while fulfilling Mentor Clinic obligations.

## Student Identification and Representation

Role and title confusion about PAs are commonly encountered. You should be aware of this and be prepared to explain your role and position to patients and individuals in other healthcare professions. If you have questions, please discuss them with the Director of Clinical Education.

1. In professional interactions with patients and others, you should introduce yourself and identify yourself as a "physician assistant student". Use proper titles when addressing faculty, staff, guest speakers and patients. Maintain professionalism in all patient interactions and ensure you confirm how the patient would like to be addressed.

2. You should use the appropriate designation "PA–Student I, II, or III" following all notations in charts, records, and other medical forms. The mentor/preceptor must cosign all written and dictated notes in the medical record. Should a student dictate a note, the student and preceptor must sign the final transcription.
3. In all professional communications, including paging or beepers, you should be introduced as "physician assistant student." No student or PA-C should casually accept the page or introduction of "doctor." Misrepresentation of student status may result in dismissal from the Program (see PA Student Conduct Code later in this document).

## **Confidentiality of Medical Records**

All data gathered about patients' illnesses and histories are considered privileged information.

1. Students should not discuss patients' records in a manner or in a situation that would reveal any information about patients or their records to anyone not involved in the patients' health care. Any chart work submitted to the Program must have the patient's name and identifying information removed or blackened out for confidentiality purposes.
2. Students must complete Program HIPAA online training before attending any clinical training.
3. Charts or any of their contents are not to be removed from the facility where they are located.
4. Electronic Medical Records (EMR) should be treated with the same privacy. Do not remove printed materials from the facility without consent from the patient.
5. Students are prohibited from accessing their personal medical records utilizing EMR credentials and logins.
6. Any breach of the above may subject you to a grade of unsatisfactory evaluation by the SPC, a professional warning, and application of institutional policies at the clinical site.

## **Patient Encounter & Clinical Procedures Logs**

Students are expected to document each clinical patient encountered and each clinical procedure performed throughout the entirety of their matriculation through the SIUC PA Program. Logs documenting students' clinical experience is an accreditation requirement of the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA). Additionally, these logs can be useful for students asked to validate clinical experience for prospective employers. Finally, these logs also track attendance and clinical progress daily and then weekly, allowing Clinical Coordinators to assess students' individual performance and the quality of the mentor/preceptor site. Students are trained on the correct method of documenting these encounters in a program that provides a documentation software system. Questions regarding documentation of patient encounters should be directed to the Director of Clinical Education.

In Phase I, students must log patients and procedures in each of the four Units within a few days of the clinic visit. Failure to record in a timely fashion may lead to a loss of records.

***All patient encounter information should be entered into the Program's documentation software by 8:00 a.m. on the first day of end of Unit evaluations. Students should be aware that failure to appropriately record all patients encountered and all procedures completed is considered both an academic and professional issue.***

## Grading & Remediation Policies

Each student will be expected to achieve a grade of Satisfactory or equivalent (see table below) on all components of each Unit, including Unit components, Evaluation components, Physical Examination and Patient Evaluation (PE) performance skills, and Course grades.

**Unit Components:** Unit components may include, but are not limited to: Email assignments, SOAP notes, History and Physical written assignments, Patient Evaluation quizzes, physical exam skills, other clinical written assignments, independent Diagnostic Reasoning (DxR) modules, mentor logs, article critiques, and clinical questions. At the beginning of each Unit, the Unit Coordinator and Unit Course Faculty will inform students of any graded assignment. All Unit assignments are expected to be completed satisfactorily.

**Mid-Unit Components:** During Unit 1 of Phase I, there will be a Mid-Unit Evaluation. Components of the Mid-Unit evaluation may include, but are not limited to: PBL Group Assessments; oral stations; written or computer format exams; practical exams; written assignments; Standardized Patient (SP) encounters; PE skills performance; and Diagnostic Reasoning (DxR) computer exams.

If the student receives a less than satisfactory grade on more than one Mid-Unit component, they will receive a change of Program status letter from the SPC as outlined below. In addition, if a student receives a less than Satisfactory grade on any one component during the Mid-Unit Evaluation and does not demonstrate improvement by the End-of-Unit 1 Evaluation, then a trend of poor performance will be noted. A change of Program status letter from the SPC will be sent per the grading and status criteria cited below.

**Evaluation Components:** Evaluation components may include, but are not limited to: PBL Group Assessments; written or computer format exams; practical exams; written assignments; oral exams; Standardized Patient (SP) encounters; PE skills performance; and Diagnostic Reasoning (DxR) computer exams.

**NOTE: All Evaluation components, regardless of placement within the Unit, are weighted twice that of Unit components.**

**Course Grades:** Each PA Program Course, whether Unit long (e.g. 501-505, 511-515, etc.) or Semester-long (e.g. 506, 507, etc.), requires a passing grade to progress to the next Unit or Semester. Therefore, failing a Course, regardless of the number of marks accrued within the Unit/Semester or of the current Program status, will initiate the deceleration process.

### **End of Phase I Exams**

ARC-PA requires all accredited physician assistant programs to evaluate students with a summative exam. At the completion of Phase I, students will be evaluated using The Clinical Skills Practicum (CSP). The CSP is intended to help Phase I Physician Assistant students review and assess physical exam skills and problem-solving skills before entering practice. The CSP consists of a Problem- Oriented Physical Examination (POPE) Students must successfully complete the CSP to move forward in the Program.

### **Phase I Grading Criteria**

Courses within the Master's Curriculum follow one of two possible grading scales: either Satisfactory/Unsatisfactory or Traditional (ABC) Graded scale. Grading particulars of each course may be found within the appropriate course syllabus. The Patient Evaluation (PA 531-533) course follows a Traditional (ABC) grading but uses a somewhat different scale. All of these are stated in the table below, as well as grade equivalents between the two types of grading scales.

The CSP is considered a summative evaluation using the grading scale of Satisfactory/Unsatisfactory, where a Satisfactory = 75% or above and an Unsatisfactory = less than 75% (see table).

Grading Scale				
	General PA Courses	Physical Exam Course	Physical Exam Skills	Cumulative Exam (CSP)
<b>Satisfactory (S)</b>	A = 88% - 100% B = 75% - 87%	Grade parameters dependent upon number of PE Skills taught within the Unit. See syllabus for full details.	S = 90% - 100%	S = 75% - 100%
<b>Unsatisfactory (U)</b>	C = 65% - 74% D = 50% - 62% F = < 49%		U = $\leq$ 89%	U = $\leq$ 74%

## Remediation

The purposes of remediation are these:

1. To augment the educational or professional objectives of the PA Program.
2. To allow the student to demonstrate that they can learn and understand the missed concept(s). This will:
  - a. Enhance the student's self-confidence.
  - b. Allow the faculty insight into the source of the student's deficit.
  - c. Allow the faculty to assess the level of knowledge attained.
3. To provide faculty with more information regarding decisions for progression within the PA Program.

All deficient areas require remediation. This means that any unit or unit evaluation component earning a grade less than satisfactory will require remediation, as per faculty instructions. Remediation requirements will vary depending on the component area to be remediated and the student's performance. Regarding deficient evaluation components, a remediation plan will be decided by the faculty, and in most cases, the student will receive this individualized remediation plan during the End-of-Unit advisement appointment.

Remediation components are graded; however, the remediation grade does **NOT** replace the original grade, and all grades are retained in each student's academic file. Faculty recommendations and SPC actions are based on the original grade, though the remediation grade is also considered. In cases where the remediation grade is also less than satisfactory, the student may be required to repeat curricular segments or may progress toward dismissal proceedings (as per the SPS document).

In certain instances, such as when one area of study is significantly deficient, multiple areas need remediation, or where patterns of poor performance have been noted, the student's remediation may involve a more extensive plan. In certain circumstances, where deficiencies are significant and remediation goals may not be attainable, that student may be dismissed as per the SPS document. Under such circumstances, a student may not be allowed to remediate. These include:

- When a student is seen to remediate repeatedly, either in one discipline across Units or in multiple disciplines within one Unit or across multiple Units. The Units need not be successive.

- When a student has failed to meet the requirements of the Programmatic Remediation (as outlined in the SPS document).

Decisions in such instances consider the student's, the PA Program's curriculum goals, and future patients' best interests.

## **SIUC Graduate School Requirements**

The SIUC Graduate School also has academic standards requiring adherence. A brief summary of those is noted here:

- Students must maintain a Grade Point Average (GPA) of 3.0 or better.
- If a student's GPA falls below 3.0, then that student will be placed on academic probation through the graduate school.
- The graduate school allows two major semesters to bring their GPA up to 3.0.
- Major semester means Spring or Fall (does not include summer).
- Any department can release students from their program due to less than satisfactory progress, and the program is allowed to have more stringent guidelines than the graduate school (but vice versa is not allowed).
- The program can petition for the student to be allowed an additional semester to bring their GPA to 3.0.

## **Accessing Graded Work**

Students or unauthorized persons must not have access to the academic records or the confidential information of other students or faculty.

Students can access their personal academic file stored within the Curriculum Coordinator's office. These folders are stored in a dedicated file cabinet, securely maintained via a strict locking policy and limited key access.

Students are allowed access to their Program Academic Folder whenever desired by the student, which coincides with key-holding personnel's availability. Further, students review their Program Academic Folder before meeting with their Phase I Faculty Advisor at the close of each evaluation period. Students are held to the following ethical and professional standards when accessing their Academic Folder:

1. Students may only request and review their own Program Academic Folder
2. Contents of individual student Program Academic Folders should not be shared between students.
  - a. Specifically, this behavior is considered a violation of academic honesty in the form of collusion. Evidence of such behavior will be viewed as a breach of professionalism and brought before the SPC.
  - b. When reviewing Program Academic Folders following an evaluation period, students must review their folders independently and quietly.
3. Contents of individual student Program Academic Folders may not be duplicated in any way.
  - a. When reviewing their Program Academic Folder, cell phones, scanners and cameras are not allowed in the student's possession.
  - b. Notes taken for the scholastic improvement may only express the content type to be remediated/more thoroughly explored, and may not duplicate evaluation items, situations, scenarios, etc.
4. Students may not leave the area of Program Academic Folder reviewing with their Program Academic Folder. Further, if notes were taken during their reviewing session, students must present their notes for review by the Program Staff member monitoring the reviewing session.

## Program Status

Each student will receive a letter from the SPC Chair at the conclusion of each Unit evaluation period. The letters denote academic and professional status within the PA Program. Students who continually receive satisfactory grades and demonstrate appropriate professionalism will remain in good standing. Students whose progress is less than satisfactory repeatedly or who demonstrate unprofessional behavior may lose their good standing and be placed on Programmatic Remediation/Probationary status (as per the SPS document).

SPC recommendations are based on each student's performance within the unit and across phases. Overall performance is noted, as are trends within specific or re-subject areas. A **trend** of poor performance is noted if more than one less than satisfactory grade is received in any one subject area or in related subject areas across Units or Phases.

### SPC Letters:

Be aware that the criteria for SPC letters and program status are written using the S/U grading scale. However, grade equivalents should be substituted, as noted in the table above, for grades reported under the Traditional (ABC) grading scale.

**Letter of Satisfactory Status:** A Letter of Satisfactory Status denotes overall satisfactory performance both academically and with regard to professional conduct.

**Letter of Concern:** A Letter of Concern from the SPC will be sent to any student who meets the following criteria in any given Unit regardless of remediation work completed.

1. 2 Unsatisfactory Unit Evaluation grades
2. 4 Unsatisfactory Unit component grades
  - a. Note: All Unit components are weighted half that of Unit Evaluations
3. A combination of Unsatisfactory Unit Evaluation and component grades that would equate mathematically to the first two situations listed above.
4. A Letter of Concern may also be issued if a trend of less than satisfactory work is noted in any content area of the Unit components or Evaluation components within or across Units.

**Letter of Warning:** A letter of Warning will be issued from the SPC to any student who meets the following criteria in any given Unit regardless of remediation work completed.

1. 3 Unsatisfactory Unit Evaluation grades
2. 6 Unsatisfactory Unit component grades
  - a. Note: All Unit components are weighted half that of Unit Evaluations
3. A combination of Unsatisfactory Unit Evaluation and component grades that would equate mathematically to the first two situations listed above.
4. A letter of Warning may also be issued if a letter of Concern has already been issued and a trend of repetitious Unsatisfactory work continues within or across Unit or Evaluation components.

**Programmatic Remediation/Probationary Status (PR) (loss of Good Standing):** Students may be placed on Programmatic Remediation when:

1. They have exceeded the number of Unsatisfactory marks allowable for any of the Program statuses above;
2. They have exhibited a trend of poor performance across evaluation periods;
3. They are already at a Letter of Warning and accrue additional Unsatisfactory marks or
4. They have failed a Course and are unable to progress in the Program.

**Letter of Dismissal:** Students consistently failing to achieve Satisfactory scores throughout the course of Phase I or students who fail to meet the requirements set before them while under Programmatic Remediation/Probationary Status may be asked to leave the Program (see SPS document).

**Professional Misconduct, Warning and Dismissal:** In addition, a Letter of Concern for Professional Reasons, a Letter of Professional Warning, or a Letter of Dismissal may be sent. Immediate Dismissal from the PA Program may occur if unprofessional behavior warrants such actions. The protocol outlined in the SPS document will be followed, as well as recommendations written within the SIU Student Conduct Code and the SIU PA Program Honor Code.

**Additional Notes:**

Students should be aware that program status is not based on a step-wise progression. This means that it is not necessary to be at a Letter of Concern before one is placed on a Letter of Warning, etc.

Student performance in Phase I will be considered during decisions made in Phases II and III.

**Appealing SPC/Program Status Decisions:**

Recommendations made by the SPC and approved by the Program Director may be appealed in writing to the Chair of the Department of Family and Community Medicine of the SIU School of Medicine. If either party is unwilling to accept the decision of the Department Chair, they may file a further appeal in writing to the Dean, School of Medicine. Those who choose to file appeals should follow the procedures contained in the Southern Illinois University Physician Assistant Program Student Progress System document.

## Academic Support Services

### Libraries:

#### Medical Resource Center, Carbondale

The Medical Resource Center (MRC) provides curriculum support for Medical, MEDPREP, and Physician Assistant students. It is the primary library for the Physician Assistant program and is located on the main campus in Lindegren Hall (rm. 301). The collection includes print and medical models in basic and clinical sciences to meet the program's information needs. The MRC, in collaboration with the Medical Library (Springfield), also provides reference services and access to health science databases and resources. Patrons are expected to follow the MRC's circulation policies and return/renew items promptly. Failure to comply with these policies may result in loss of circulation privileges.

#### Morris Library

Morris Library holds more than 2.6 million volumes, 36,000 current periodicals and serials, and over 3.6 million microform units. It provides access to I-Share (the statewide automated library system) and a comprehensive array of databases and other electronic data files.

Morris Library has librarians designated to be experts in specific fields. The current Health Sciences Librarian is Amber Loos (618-453-1448). Students are encouraged to take advantage of these services.

## Medical Library, Springfield

The Medical Library in Springfield features an integrated information system called Primo VE and the authentication system OpenAthens. These systems provide patrons with access to information resources. The library's collection consists of archival, book, journal, media, and reserve materials (both electronic and print). Additionally, patrons can access reference services, including fee-based mediated or cost-free literature searching.

## Student Resources

***The following resources are available to assist you. Please utilize them early in the development of any issues that may cause problems in your personal life or with your academic or professional performance. Do not wait for your performance to suffer before you ask for help.***

### Student Health Program

For personal medical treatment, you should contact the Student Health Services on the SIUC campus or your personal medical provider. *The Student Health Center is located @ 374 East Grand Avenue. You can access a complete listing of the Student Medical Insurance Plan services online at <http://shc.siu.edu> or call 618-453-3311 for after-hours care via the Dial-a-Nurse Program. The website offers links to non-emergency, emergency, and after-hours care and links to other on and off-campus resources. **The SIUC Physician Assistant Program Medical Director, Program Director, core faculty, and Hubsite faculty cannot participate as healthcare providers for students in the Program.***

Student health records are not accessible to any program faculty or staff. Student health records are maintained at the Student Health Center. Immunizations and TB screening records are maintained by the students on Certiphi and release may be initiated by the student to places where students are completed supervised clinical practical experiences. The Director of Clinical Education and Program Director may access immunizations and screening records from Certiphi to ensure compliance.

### Counseling Services

Stress can be a serious detriment to health and well-being. There are various services available at SIUC. These include the Student Health Center (SHC) and programs housed inside the SHC including but not limited to the SIUC Counseling Center on the second floor of the SHC (453-5371), The Wellness Center in the SHC (536-4441), and the Mental Health Clinic in the SHC (for appointments to see a psychiatrist and/or psychologist walk-in or phone 453-4346). Other services can be found through the Student Recreation Center (453-1277), the Wham Clinical Center (453-2361), and the Saluki Cares Program (<http://salukicare.siu.edu> or call 453-5714). For Academic Support, contact Director of Learning Support Services (453-2422) and the SIU PA Program faculty advisor system. Additional information or contact information may be obtained by contacting your faculty advisor. Services are available off campus as well.

### Emergency After-Hours Mental Health Services

Emergency services to people needing immediate attention are available at the SIUC Counseling Center (by telephone – 453-5371 – or in person) Monday through Thursday 8:00 A.M. – 5:00 PM, Friday 8:00 AM – 4:30 PM through the Counselor-On-Duty (COD). At night or on weekends, crisis services are provided by going to the ER at Carbondale Memorial Hospital at 305 W. Jackson St. (549-0721). Their crisis counselors from the local community mental health center will come to the ER to provide services. Further information on Counseling Center services is available on SIUC's Web Site at <https://shc.siu.edu/counseling/>

### Access and Accommodations (OAA)

Evaluation and support services for students with disabilities are available through the Office for Access and Accommodations (OAA). Students should contact the office at 453-5738 for an appointment. It is the responsibility of the student to seek services from OAA. Further information on these support services is available at <http://disabilityservices.siu.edu/>.



## Health Care Benefits

If the student is covered by a private family plan outside of the university policy, you may be eligible for a refund of the insurance portion of the policy. This refund is available for the student's first summer semester and all fall and spring semesters. To obtain the refund, you must have proof that you are enrolled in a reputable health insurance plan and must download, complete, and mail a form or go to the Student Insurance Office at 374 East Grand Ave, Carbondale (453-4413) to complete the form in that office. The refund will be deducted at the Bursar's Office. *You have to reapply each semester for the refund.*

For further information on health care services, eligibility, and schedule of benefits, refer to the Student Medical Insurance Plan or contact the Student Insurance Office at the address and phone number above. The Website information on the Student Medical Insurance Plan can be found at <https://shc.siu.edu/health-insurance/>

## Exposure Policy/Protocol

SIU Physician Assistant Students (PAS) will adhere to the SIU School of Medicine, Department of Family and Community Medicine (FCM) exposure plan. This exposure plan is also available on Dropbox.

Students should recognize their Mentors are made aware of the Program policies regarding exposure via the Preceptor Handbook. Mentors are specifically tasked with the responsibilities to ensure that students are complying with the exposure protocol requirements.

## ANY EXPOSURE:

### Student's Immediate Actions:

1. Report the incident to the unit/clinic supervisor at the specific site, Director of Clinical Education, and Employee Health Nurse 217-492-2446. If after hours, call the on call Infectious Disease physician at 217-545-8000.
2. Note that the patient or source should not be allowed to leave until the requirements for samples are determined.
3. The written protocol of the facility where the incident occurred should be followed.
4. Labs will be processed at the facility where the incident occurred. Please include the SIU HC billing address. Results should be sent to Student Health.

Please refer to the detailed written policies addressing student exposure to infectious and environmental hazards. These detail the procedure for care and treatment after exposure, as well as the financial responsibility (billed to the School of Medicine). The intent of this policy is to expedite any treatment required to assist with student safety and ensure that learning may continue uninterrupted. In the unlikely event of serious exposure sequelae, the Program will work with the student to complete the program of study promptly if possible, and determine the best course of action on a case-by-case basis.

### SIU Occupational Exposure Control Plan can be referenced on the Hive at:

[x?subsection=4624&utm\\_source=interact&utm\\_medium=quick\\_search&utm\\_term=occupational+exp](https://hive.siu.edu/?xsubsection=4624&utm_source=interact&utm_medium=quick_search&utm_term=occupational+exp)

## Mistreatment, Sexual Harassment & Grievance Policy

Mistreatment arises when a behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, or discrimination based on race, religion, ethnicity, gender, age, or sexual orientation.

Southern Illinois University at Carbondale is committed to creating and maintaining a community in which students, faculty, and staff can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation.

Sexual harassment, like harassment based on race or religion, is a form of discrimination expressly prohibited by law. The University will take whatever action is needed to prevent, stop, correct, or discipline behavior that violates this policy. Disciplinary action may include, but is not limited to, oral or written warnings, demotion, transfer, suspension, or dismissal for cause.

Concerns in this area should be forwarded to the director of Human Resources at the University and to the PA Program director. All reports will be investigated to determine whether a violation of University policy has occurred.

Additional information can be found at:

<https://policies.siu.edu/personnel-policies/chapter4/ch4-all/discrimination-sexual-harassment-complaint-procedures.php>

Grievance link: <https://siu.edu/complaints/>

## **Working While in the Program**

Physician assistant education is rigorous and requires much time for curriculum obligations and studying. Therefore, students are discouraged from working while enrolled in the PA Program. If employment is necessary, students must realize that Program requirements come first. Students may be asked to resign from their jobs if it is determined that a student is at risk of unsatisfactory progression through the Program or dismissal from the Program.

Physician Assistant students are not allowed to work *within* the PA Program. Students may assist with equipment set-up, speaker-ready assistance, etc. Although students are discouraged from working on other jobs while in the PA Program, they are allowed to work in other University programs, per the University's hiring guidelines. For any employment, the student's work schedule should NOT interfere with PBL Group sessions or Program activities.

Furthermore, students cannot function as instructional faculty within the PA Program. Students are allowed and encouraged to share experiences and skills with each other in the PBL process.

## **Financial Aid**

Contact the Financial Aid Office representatives (618-453-4334, [FAO.SIU.EDU/](mailto:FAO.SIU.EDU/)) regarding options available for financial assistance.

Morris Library houses information resources for scholarship and funding sources. Most recurring scholarship announcements and application materials are made available to students as they are received in the Program office. Copies of scholarship/grant materials (if any) are kept on file with the Program Academic Advisor.

## **Student Services**

Various services are also available both on and off campus in order to improve academic performance. They are as follows: SIU Writing Center, Center for English as a Second Language (CESL), specific tutorial courses, Sylvan Learning Center, audit specific classes, and improve test-taking skills via ESL or seek evaluation of your test-taking skills at the SIU Clinical Center. We encourage students to discuss options for additional services with their Faculty Advisor or other PA faculty.

## **Emergency Preparedness**

To receive information about SIUC campus-wide alerts and inclement weather closures, please verify your contact information & update it in SalukiNet. Additional information can be found at: <https://siu.edu/emergency/> Instructions to add your cell # can be found at <https://oit.siu.edu/salukitech/emergency/cell-number.php>. We **STRONGLY** encourage all students to enroll in the SIUC Alert system.

Because the SIUC campus-wide alerts are not specific to the SIU Medicine facility, the PA Program will utilize a platform called Remind, a school communication tool for email and SMS messaging, for emergent communications, such as an active shooter, weather-related building closures, or other emergencies requiring immediate action or

notification. During Orientation, you will be provided with a QR code to join the "PA Program Class" within Remind, which also consists of the program faculty and staff. **Please wait until you are provided with the QR code specific to the PA Program before downloading the app or creating an account on Remind.**

Should a tornado warning be issued while you are in the 300 West Oak facility, please promptly proceed to the 1<sup>st</sup> floor and use the door located to the left of the registration area to access the main interior hallway, which runs north and south.

- Use the access code 6621# to open the door located off the main registration area and close it behind the last person.
- Then, proceed straight ahead through the next doorway, which leads to the main interior hallway.
- Once it is clear to exit the designated area, please exit via the same route and be sure to shut all the doors behind the last person out.

### **Violence Prevention Training**

The SIU Department of Public Safety offers free monthly Violence Prevention and Response training for students, faculty, and staff. The training is held at DPS in Trueblood Hall's lower level training room in the afternoon on the first Wednesday of each month at 3 PM. This training consists of a presentation, a viewing of the "Run, Hide, Fight" video, and a discussion. The video can be found here: <https://emergency.siu.edu/as/>

Seating is limited, and spaces will be filled on a first-come-first-served basis. Interested faculty, staff, and students should call or email Lt. Ryan House (ryanh@dps.siu.edu) or Officer Kevin Cox (kevinc@dps.siu.edu) at (618) 453-3771.

### **After-Hours Building or Security Issues**

If you are here after-hours and encounter issues related to the building that is emergent in nature (e.g. gas smell, water pipe breaking, broken window, etc) or need an escort to your vehicle or have a safety concern, please contact SIH by calling 618-549-0721 and ask for security. Then contact Dr. Diemer, Program Director, via text & inform him of the issue. However, he does not need to know if you request an escort to your vehicle. **If you smell gas, you should first exit the facility before calling SIH.**

### **SIUC Graduate Catalog**

The Southern Illinois University Carbondale Graduate Catalog contains vast amounts of information regarding University policies and procedures. Students should refer to it as a primary source for University information but only as a secondary source for PA Program information. You can access the catalog at: <http://www.gradschool.siu.edu/about-us/grad-catalog/index.html>.

### **SIUC Guide to Important Information**

The Southern Illinois University Carbondale Office of the Dean of Students website contains the "Guide to Important Information," which relates to student-related policies, information, and resources for each academic year. Students should refer to it as a primary source for University information but only as a secondary source for PA Program information. You can access the website & guide at: <https://dos.siu.edu/>

## Professional Organizations

### **AAPA**

American Academy of Physician Assistants  
2318 Mill Road, Ste 1300  
Alexandria, VA 22314  
Phone: 703-836-2272  
Fax: 703-684-1924 (Membership)  
Email: [aapa@aapa.org](mailto:aapa@aapa.org)  
Website: <http://www.aapa.org>

### **NCCPA**

National Commission on Certification of Physician Assistants  
12000 Findley Rd, Ste 100  
Johns Creek, GA 30097  
Phone: (678) 417-8100  
Fax: (678) 417-8135  
Email: [nccpa@nccpa.net](mailto:nccpa@nccpa.net)  
Website: <http://www.nccpa.net>

### **PAEA**

Physician Assistant Education Association 655 K  
Street NW, Suite 700  
Washington, DC 20001-2385  
Phone: (703) 548-5538  
Fax: (703) 548-5539  
Email: [info@PAEAonline.org](mailto:info@PAEAonline.org)  
Website: [www.paeaonline.org](http://www.paeaonline.org)

### **IAPA**

Illinois Academy of Physician Assistants  
100 East Washington Street  
Springfield, IL 62701  
Phone: (217) 528-9970  
Website: <http://www.illinoispa.org>

## **Illinois Department of Financial & Professional**

### **Regulation**

Professional Regulation Division of Professional Regulation  
Phone: (888) 4REGUL8  
Toll-free Phone: (800) 560-6420  
Toll-free for all Professional Licensing and Real Estate questions  
TTY: 1 (866) 325-4949  
Website: <http://idfpr.illinois.gov>

### **IDFPR Springfield Office:**

320 West Washington St.\*  
Springfield, IL 62786  
(217) 785-0820

### **IDFPR Chicago Office:**

100 West Randolph, 9th Floor\*  
Chicago, IL 60601  
(312) 814-4500

## Appendix A:

### Technical Standards | SIUC Physician Assistant Program

A variety of skills and abilities are required to function as a medical provider. Students must be able to meet these standards to be admitted to, continue in, and graduate from the SIUC School of Medicine Physician Assistant (PA) Program. The student must be able to complete tasks in all areas below in a reasonable amount of time.

A candidate for the PA Profession must have the following abilities and skills: observation, communication, motor, intellectual-conceptual, integrative, and quantitative and behavioral social attributes. Technological compensation can be made for some disabilities in certain of these areas, but candidates should be able to perform in a reasonably independent manner.

The **essential** technical standards for the SIUC School PA Program are as follows:

#### **Senses**

Successful candidates for the Program must have somatic sensation and the functional use of the senses of vision and hearing. Candidates' diagnostic skills will be lessened without the functional use of the senses of equilibrium, smell, etc. Additionally, candidates must have sufficient exteroceptive sense (touch, pain, temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, vibratory) and sufficient motor function to permit them to carry out the activities described below. Candidates must be able to integrate all information received by whatever sense(s) employed, consistently, quickly, and accurately, and must have the intellectual ability to learn, integrate, analyze, and synthesize data in a reasonable amount of time.

#### **Visual**

Candidates must be able to observe and participate in experiments in the basic sciences (for example, physiologic and pharmacologic demonstrations and microscopic studies of microorganisms and tissues).

In order to make proper clinical decision, candidates must be able to observe a patient accurately. Candidates must be able to acquire information from written documents, films, slides or videos. Candidates must also be able to interpret X-ray and other graphic images, as well as digital or analog representations of physiologic phenomena, such as EKG's, with or without the use of assistive devices. Thus, functional use of vision is necessary.

#### **Oral-Auditory**

Candidates must be able to communicate effectively and sensitively with patients. Candidates must also be able to communicate effectively and efficiently with other members of the health care team. In emergency situation, candidates must be able to understand and convey information essential for the safe and effective care of patients in a clear, unambiguous, and rapid fashion. In addition, candidates must have the ability to relate information to, and receive information from, patients in a caring and confidential manner.

#### **Motor**

Candidates must possess the motor skills necessary to perform palpation, percussion, auscultation, and other diagnostic maneuvers. Candidates must be able to execute motor movements reasonably required to provide general and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, and application of pressure to control bleeding. These skills require coordination of both gross and fine muscular movements, equilibrium, and integrated use of the senses of touch and vision.

#### **Cognitive**

In order to effectively solve clinical problems, candidates must be able to measure, calculate, reason, analyze, integrate, and synthesize in a timely fashion. In addition, they must be able to comprehend three-dimensional

relationships and to understand the spatial relationships of structures. As the profession demands strong cognitive skills, students must be able to complete tasks in a reasonable amount of time.

### **Social**

Candidates must possess the emotional health required for the full utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and for the development of effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and function effectively under stress. They must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties and stress inherent in the management of the clinical problems of patients. They must be able to function effectively in small groups to work through problem-based learning activities.

Accommodations may be made for disabilities in accordance with recommendations from the office for Access and Accommodations.

## Appendix B: PA Program Curriculum

### SIUC Physician Assistant Program | MSPA Curriculum Plan

**Master of Science Degree in Physician Assistant Studies (90 Credit Hours, 26 Months)**

### PHASE I

#### Semester 1 – Summer Unit 1

#### Semester 2 – Fall Units 2 & 3

#### Semester 3 – Spring Units 4 & 5

Course	Num	CH	Course	Num	CH	Course	Num	CH
Introduction to the Profession	PA 500	1						
PBL, Unit 1	PA 501	3	PBL, Units 2 and 3	PA 502 PA 503	3 3	PBL, Units 4 and 5	PA 504 PA 505	3 3
			Patient Education/ Behavioral Science	PA 506	1	Patient Education/ Behavioral Science	PA 506	1
			Diversity In Medical Practice	PA 507	1			
Pharmacology	PA 511	1	Pharmacology II, III	PA 512 PA 513	1 1	Pharmacology IV, V	PA 514 PA 515	1 1
Clinical Anatomy & Integrated Science	PA 521	2	Clinical Anatomy & Integrated Sciences II, III	PA 522 PA 523	2 2	Clinical Anatomy & Integrated Sciences IV, V	PA 524 PA 525	2 2
Patient Evaluation	PA 531	2	Patient Evaluation II, III	PA 532 PA 533	2 2	Clinical/ Procedural Skills	PA 534	2
						ACLS/EKG	PA 535	2
						Introduction to the Surgical Setting	PA 536	1
			Clinical Mentoring - PI	PA 550	2	Clinical Mentoring – PI	PA 550	2
Research Methods	PA 547	1	Master's Seminar	PA 599	2	Master's Seminar	PA 599	2
<b>TOTAL CREDIT HOURS:</b>	<b>10</b>		<b>TOTAL CREDIT HOURS:</b>	<b>22</b>		<b>TOTAL CREDIT HOURS:</b>	<b>22</b>	

### PHASE II

#### Semester 1 – Summer Rotations 1 & 2

#### Semester 2 – Fall Rotations 3, 4 & 5

#### Semester 3 –Spring Rotations 6, 7, 8 & 9

Course	Number	CH	Course	Number	CH	Course	Number	CH
Clinical Mentoring PII	PA 551	1	Clinical Mentoring – PII	PA 551	2	Clinical Mentoring – PII	PA 551	2
PBL Group PII	PA 580	1	PBL Group – PII	PA 580	2	PBL Group – PII	PA 580	2
Clinical Rotations I	PA 581	3	Clinical Rotations II	PA 582	6	Clinical Rotations III	PA 583	6
Master's Seminar	PA 599	1	Master's Seminar	PA 599	2	Master's Seminar	PA 599	2
<b>TOTAL CREDIT HOURS:</b>	<b>6</b>		<b>TOTAL CREDIT HOURS:</b>	<b>12</b>		<b>TOTAL CREDIT HOURS:</b>	<b>12</b>	

### PHASE III

#### Semester 7 – Summer

#### Elective Courses

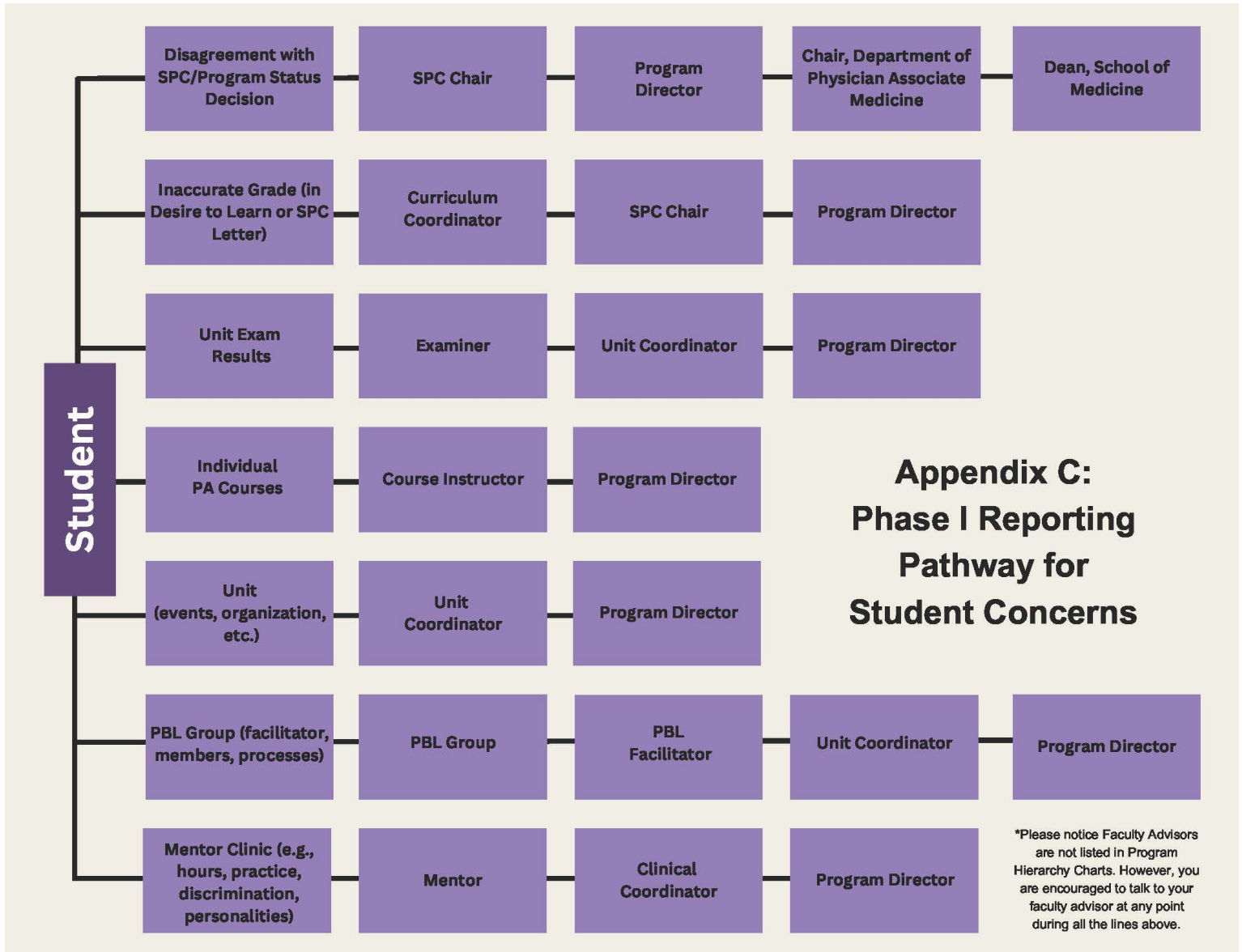
Course	Number	CH
Health Care Systems	PA 545	3
Preceptorship	PA 596	3

Independent Study	PA 585	1-6
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## Appendix C:

### Reporting Pathway for Student Concerns





## Appendix D: AAPA Code of Ethics

### **Guidelines for Ethical Conduct for the PA Profession**

(Adopted 2000, reaffirmed 2013, 2023, amended 2004, 2006, 2007, 2008, 2018, 2024)

### **Executive Summary of Policy Contained in this Paper**

Summaries will lack rationale and background information and may lose nuance of policy.

You are highly encouraged to read the entire paper.

- 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 the 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 ensure 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.

## **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*

### **Online Conduct for Physician Associates (PAs)**

PAs should maintain the same level of ethical conduct online as is expected in the workplace [when representing themselves as PAs]. It is important for PAs to remember their actions online may impact their reputation with patients and colleagues, as well as have consequences for their medical careers.

In the digital world, where interactions can quickly reach a wide audience, PAs are responsible for maintaining behavior that reflects respect, empathy and ethical standards expected of healthcare professionals. By adhering to these guidelines, PAs ensure that their online presence aligns with the dignity of the profession and the trust placed in them by patients and their colleagues.

All PAs shall refrain from engaging in or endorsing any communication that disparages any group based on characteristic such as race, ethnicity, gender, sexual orientation, nationality, religion, or other characteristic.

### **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 in 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 and Well-being.*

### **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 changes 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-10640.*

#### **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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6. AAPA Policy Papers:

Guidelines for the PA Serving as an Expert Witness

(Adopted 1977, reaffirmed 2004, 2009, amended 1987, 1991, 2001, 2014, 2018, 2023) Cited at HP-5520

PA Impairment and Well-being

(Adopted 1990, reaffirmed 2004, 2014 amended 1992, 2009, 2019, 2024) Cited at HP-7244

Use of Medical Interpreters for Patients with Limited English Proficiency (Adopted 2003, amended 2018, reaffirmed 2008, 2013, 2023) Cited at HP-8223 Acknowledging and Apologizing for Adverse

## Outcomes

*(Adopted 2007, amended 2013, 2018, reaffirmed 2012, 2023) Cited at HP-7444*

Health Disparities: Promoting the Equitable Treatment of All Patients *(Adopted 2011, amended 2016, reaffirmed 2021) Cited at HP-8248*

PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers *(Adopted 2017, amended 2018, 2021, 2022) Cited at HP-4248*

Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression *(Adopted 2017, reaffirmed 2022) Cited at HP-10440*

## Glossary

**Case study** - shortened, structured presentation of an actual patient problem with information presented to students in segments, see PBLM.

**Case report** - the formal presentation of a patient encounter, conforming to the publication guidelines for the intended journal.

**Case wrap-up** - end of case session with expert regarding the primary diagnosis of the PBLM case study. Unit Coordinator/faculty arrange case wrap-ups for the class.

**Continuity Clinic/ Mentor Clinic**- simultaneous clinical activity with community PAs, NPs, physicians. Students complete during Phase I and II.

**Core faculty** - Full-time PA Program faculty who are housed primarily at SIU Carbondale.

**Course Instructor** - PA Program faculty or a Hubsite Coordinator who is responsible for a specific course in any Phase of the program.

**Desire2Learn** - Online service provided by University used to deliver curriculum information/tests for Phase I, II, and III.

**DxR** - computer based case studies that allow students to obtain historical information as well as perform physical exams, tests and diagnostics.

Additionally, allows for assessment of treatment plans, learning issues, and multiple-choice questions. Students complete these in PBL groups and independently.

**EPBLM (Electronic Problem-Based Learning Module)** - an actual patient problem in electronic form that presents the case as it actually occurred. All PBLMs follow the same format. Students are able to use free- inquiry in investigating the problem.

**Evidence-Based Medicine** - The conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise... [and patient values] ...with the best available external clinical evidence from systematic research. – Sackett, 1996

**Faculty observer** - faculty trained to observe and evaluate student during simulated patient encounters.

**Hubsite** - a remote clinical site utilized in Phase II of the Program where students complete their Supervised Clinical Practice Experiences and Phase II PBL.

**Hubsite Coordinator** - A person or persons affiliated with the PA Program who coordinate the Hubsite Rotations, serve as PBL Group facilitators, and in some cases, serve as Phase II Course Instructors.

**Introduction to the Profession** - A series of resource sessions during Phase I that familiarize students with the PA profession.

**Learning Issues (LI)** - topics that students identify as areas needing further study to augment their learning.

**Master's Project** - An Evidence-Based Medicine supported poster presentation completed during Phase II. A Master's Project Symposium is held at the Carbondale campus annually.

**Medical Resource Center (MRC)** - medical library, supported and managed by SIU School of Medicine, housed in Lindegren Hall for medical and physician assistant students.

**Mentor** - clinician who teaches the student the art of medicine through weekly clinical experiences throughout Phase I and/or II.

**OSCE Stations** - Objective Skills Clinical Evaluation stations used during End-of-Unit examinations.

**PBL (Problem Based Learning)** - a type of curriculum using actual patient cases as a basis for learning required information. Curriculums vary widely in their use of this learning method.

**PBLM (Problem-Based Learning Module)** - an actual patient problem in bound form that presents the case as it occurred. All PBLMs follow the same format. Students can use free-inquiry in investigating the problem.

**Phase I** - The first 12 months of the program completed in Carbondale. Consists of 5 Units following a Systems approach. This phase is similar to the "didactic" phase of other traditional programs. Students also participate in a variety of Program activities and a clinical mentoring experience.

**Phase II** - The second 12 months of the program are completed at assigned Hubsites. During this phase, students complete clinical rotations in medical specialties, rotation objectives and Program activities.

**Phase III** - the final 2 months of the program (termed the *Preceptorship*) completed in a primary care specialty area that simulates the practice of a practicing PA. The student also completes evaluative requirements during this phase.

**Preceptor** - clinician who provides training to students in their area of specialty for a 5-6-week time period during Phase II.

**Program Specific Competencies** - Overall exit objectives that detail areas/items of expected student competencies upon graduation from the Program.

**Remediation Plan** - individualized student plan for remediation of unsatisfactory work.

**Remediation Policy** - the PA program remediation policy for Phase I and Phase II addresses various levels of action taken by the Program faculty or SPC regarding less-than-satisfactory student work.

**Rotation** - clinical experience in various medical specialty areas occurring in Phase II. These include emergency medicine, family medicine, musculoskeletal, internal medicine, women's health, pediatrics, behavioral health, surgery, and an elective.

**Rotation objectives** - specific educational goals (tied to NCCPA Blue Print) for each Rotation in Phase II (available on Desire2Learn).

**Simulated patient (SP)** - a person trained to present an actual patient's problem in a manner so convincing that a clinician cannot differentiate them from an actual patient.

**SPC (Student Progress Committee)** - faculty & community committee that meets to assess the progress of each student and to formulate remediation plans based on the Program expectations and requirements.

**Systems approach** - organization of curriculum units by body systems, i.e. cardiovascular, respiratory, etc.

**Facilitator** - faculty member tasked with assisting students during the PBL Group in PBL curriculum.

**PBL Group** - A group comprised of students and a facilitator that meets to work through medical problem-solving. The PBL group is the basic unit from which the curriculum is delivered in Phase I. Each member is expected to participate in discussion, investigation, and information dissemination and identify and critique resources.

**Facilitator meeting** - a weekly meeting of Unit Facilitators to discuss upcoming cases, learning issues, and schedules. This meeting serves as a

resource for tutors in problem-solving PBL group difficulties.

**Unit** - curricular segment consisting of 8-9 weeks at the end of which a comprehensive evaluation is completed. Phase I has 5 Units.

**Unit Coordinator** – faculty member who is in charge of organizing the curriculum of the Unit, including the cases, calendar, simulated patients, and special resources if applicable. Also directs the unit meetings and tutor meetings.

**Unit meeting** – meeting that occurs regularly during units comprised of the Unit Coordinator, tutors, faculty, and students to discuss upcoming events, problems, etc.