



ROCKY
MOUNTAIN
COLLEGE



Master of Physician Assistant Studies Program

Class of 2022 Student Handbook

PREFACE

Welcome to the Rocky Mountain College (RMC) Master of Physician Assistant Studies Program (MPAS). This program-specific MPAS Student Handbook is published as an addendum to the RMC Catalog to aid students who are applying, preparing to begin Physician Assistant (PA) training at RMC, or actively engaged in two challenging years of career pursuit. The handbook must be used in conjunction with the following:

- Current edition of the Rocky Mountain College online catalog, which may be accessed at: www.rocky.edu (click on ACADEMICS and then COURSE CATALOG)
- Internet posting of RMC policies found at: <https://www.rocky.edu/academics/course-catalog>
- PA Program Clinical Practice Preceptor Handbook
- Program Web Site: <https://www.rocky.edu/pa>

Each applicant and student needs to clearly understand both the College and Program-specific policies. Please read these sources carefully and contact the PA Program with any questions or concerns you may have with respect to these important documents and how they apply to you.

Occasionally, updates, corrections, additions, or other changes to this handbook become necessary. The PA Program reserves the right to alter the contents of this handbook as needed and at any time. Any changes apply to all current and prospective students. The faculty reserves the right to alter the curriculum, schedule of required courses, exams, and other regulations affecting admission and graduation requirements. Every effort will be made to keep students well informed with respect to any changes.

Validation of college registration implies the student's acceptance of the published academic rules and regulations found in this and any other official program or college publication.

FROM THE PROGRAM DIRECTOR

Welcome to the Rocky Mountain College Physician Assistant Program. We are dedicated to the education and training of Physician Assistants who will provide health care that is safe, current, evidence-based, and specifically targeted to primary care in rural areas.

Our faculty is committed to providing you with high- quality education with patient safety as our top priority. We will be your mentors, advisors, and colleagues in fostering a culture of transparency, integrity, professionalism, and teamwork.

We wish you every success in your pursuit of a wonderful profession. We are grateful to be a part of your training.

Adam Mattingly, MPAS, PA-C
Program Director
Master of Physician Assistant Studies Program



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GENERAL INFORMATION

The Role of a Physician Assistant

The physician assistant is a health care professional licensed to practice medicine under the supervision of a physician. The role of the physician assistant is to perform medical duties from basic primary care to technically advanced procedures in emergency medicine or within medical specialties. The typical duties of a physician assistant include taking a patient medical history; performing complete physical examinations; ordering and interpreting laboratory tests; diagnosing and treating medical illnesses; assisting physicians in surgery; performing routine medical procedures, such as suturing and wound care; and prescribing medications. This is a team approach to medicine and health care, augmenting the needs and growing shortages within the current American health care delivery system.

Physician assistant education is based on the medical model to emphasize the collaboration of the PA-physician team. It is primary care oriented and prepares the physician assistant to be professionally competent and able to identify with physicians in terms of thought, patterns of action, and dedication to ethical and legal values and concerns.

The physician assistant's work setting varies from practice at a rural clinic, an office-based practice, within inpatient or long-term care facilities, or in industrial settings. They also work in education, health care administration, and research.

Physician Assistant Professional Oath

(Source: Student Academy of the American Academy of Physician Assistants, May 30, 2007)

“I pledge to perform the following duties with honesty and dedication:

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

These duties are pledged with sincerity and upon my honor.”

Student Academy of the American Academy of Physician Assistants
950 North Washington Street, Alexandria, Virginia 22314-1552
Phone: 703/636-2272 Fax: 703/684-1924 E-mail: students@aapa.org
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OUR PROGRAM

Rocky Mountain College Mission Statement

Rocky Mountain College educates future leaders through liberal arts and professional programs that cultivate critical thinking, creative expression, ethical decision-making, informed citizenship, and professional excellence.

Master of Physician Assistant Studies Program

Vision

Our vision is to excel as a center of health care education dedicated to providing medical services to the underserved and rural populations of this intermountain region.

Mission

The mission of the Rocky Mountain College Master of Physician Assistant Studies program (MPAS) is to educate primary care providers who embody a combination of academic talents of evidence-based medicine, clinical skills and professionalism while providing compassionate health care services, particularly to those in rural and underserved areas of this region. Our graduates distinguish themselves through an emphasis on patient safety and quality improvement.

Goals

The MPAS Program aims to provide a high-quality medical education experience which will challenge you to:

- Develop core medical knowledge
- Practice safe medicine
- Develop valuable observational skills, as well as technical abilities
- Attain fluency in the language of medicine
- Master electronic information literacy and technology
- Become analytic thinkers dedicated to life-long learning

Our History

Rocky Mountain College took its first steps toward creating a Physician Assistant Program in early 1993. Billings is the most populous city in Montana and the site of two major medical complexes: The Billings Clinic and St. Vincent's Hospital and Health Center. The largest medical center in an 800-mile radius, Billings is also the hub for educational interactive video technology, distance medical conferencing, and referrals from rural hospitals and clinics throughout the intermountain region.

Montana is a frontier state with 76% of its residents living in rural communities. Even though it is geographically the fourth largest state in the nation, encompassing 145,552 square miles, the population is just over 1 million, which is the sixth least populous state in the country. There are many designated health professional shortage areas. Transportation is a major hurdle, and public transportation is spotty and non-existent in most of the rural communities. Therefore, many Montanans seeking primary and emergency health care face enormous access barriers.

It remains challenging to recruit and retain non-physician, primary health care providers to serve in Montana's extremely rural and medically underserved areas. Numerous health care entities need physician assistants: Certified Rural Health Clinics, Indian Health Service Units, Medical Assistance Facilities, Migrant Health Clinics, as well as physicians and clinics in rural areas.



In 1993, after establishing the need for physician assistants in Montana's sparsely populated rural areas, Rocky Mountain College faculty, trustees, and members of the local medical community began discussing the feasibility for a Physician Assistant Program in Montana.

A program located in Montana would provide access for Montana natives who are more likely to remain in the state to practice, and it would help meet the great need that exists in Montana's health care delivery system for primary health care providers. Rocky Mountain College was and remains a comprehensive four-year liberal arts college with an enrollment of approximately 1000. The College's strong core sciences program helped place increasing numbers of students in graduate medical programs around the country. Expanding its science curriculum to include the Physician Assistant Program was a logical next step.

Accreditation

Rocky Mountain College is accredited by the Northwest Commission on Colleges and Universities (NWCCU). Full accreditation of the Physician Assistant Program was first awarded by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in October 1998.

The Program currently holds active accreditation from the ARC-PA (Accreditation Review Commission on Education for the Physician Assistant). Only graduates from ARC-PA accredited PA programs are eligible to sit for the PANCE (Physician Assistant National Certifying Examination). The PANCE is an entry-level requirement for individual state licensure.

In 2002, NWCCU gave approval to Rocky Mountain College to begin awarding the Master of Physician Assistant Studies degree (MPAS). In March 2003, ARC-PA acknowledged the change in degree

status. The matriculation of the MPAS charter class in July 2003 launched RMC's first graduate degree program.

Faculty and Staff

The full-time program faculty coordinate, direct, and oversee the curriculum, as well as monitor and evaluate students' academic and professional progress. You will work closely with each of these individuals throughout the 26-month curriculum. Program leadership, faculty, and staff maintain an open-door policy to enhance accessibility, communication, and professional exchange.

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Application

CASPA

The Rocky Mountain College Physician Assistant Program participates in the Central Application Service for Physician Assistants (CASPA) of the Physician Assistant Education Association (PAEA). Students who wish to apply to the Rocky Mountain College MPAS Program must follow the application instructions available online at the CASPA website www.caspaonline.org.

It is the applicant's responsibility to:

1. Keep the Coordinator of Admissions for Health Professions informed of any changes in contact information. This must be done in writing (e-mail is acceptable).
2. Ensure program's receipt of all required application materials including **official GRE score by the October 1st deadline**.
3. If all pre-requisite requirements have not been met, the Coordinator of Admissions for Health Professions must be informed in writing of your plans to complete the missing course(s). Include school name, course name and number, and number of credit hours. Your application will not be analyzed until this information has been received. Courses must be completed before matriculation.

Admissions

Admission to the Physician Assistant Program is competitive and multi-faceted.

Admission Requirements <https://www.rocky.edu/academics/academic-programs/graduate/masterphysician-assistant-studies/admission-requirements>

Required for admission:

- Bachelor's degree required upon matriculation to MPAS
- Science GPA of 3.0 - no science prerequisite may be lower than a “C-“
- Cumulative GPA 3.0 minimum
- Prerequisite Biology and Chemistry coursework may not be taken by an online or correspondence format
- Biology coursework to include 15 credits:
 - Two semesters of Human Anatomy & Physiology w/lab (from a biology, physiology, zoology department, or an allied health program) (8 credits)
 - One semester of Microbiology w/lab (3 credits) ◦ One semester of Genetics (3 credits)
- Chemistry coursework to include 8 credits:
 - Organic Chemistry – 2 semesters (1 year sequence) **OR** ◦ Organic Chemistry AND Biochemistry - 1 semester of each (1 year sequence) **OR**
 - General, Organic, and Biochemistry – (1 year sequence including ALL these topics such as found in a nursing program)
- Medical Terminology (online course acceptable) (1 credit)
- Minimum combined score (verbal + quantitative) of 291 on the Graduate Record Examination (GRE)
- Mathematics coursework to include 6 credits:
 - Pre-calculus (functions, trigonometry, exponents, and logarithmic functions) or higher AND
 - Statistics/Probability course
- Psychology - 1 semester (*developmental or abnormal highly recommended*) (3 credits)
- Social Science – 1 semester (*other than Psychology*) (3 credits)

- Examples: Sociology, Geography, Anthropology, Political Science, or Economics
- English Composition -1 semester (3credits)
- 1500 hours of paid direct hands-on patient care before you submit your CASPA application. ○ The higher the quality of patient care experience, the more competitive the applicant will be judged. For example, a certified nurse assistant, medical assistant, or phlebotomist will be less competitive than an emergency room technician, licensed practical nurse, or a paramedic. A registered nurse or a master's trained dietician is more competitive than the former professions. However, all applicants with direct patient care and high quality patient interactions are encouraged to apply.
- Students must use CASPA to submit an application to Rocky Mountain College.
- One of the three reference letters submitted to CASPA **must be** from a Health Care Provider (**preferably from a Physician Assistant**). Note: Letters from family members will not be accepted.
- TOEFL score must meet standard requirements of Rocky Mountain College for all applicants if English is not the first language. (Visit our website at <https://www.rocky.edu/pa>).

We highly encourage 1 year of undergraduate physics or additional quantitative courses and/or laboratory experiences. We also highly recommend additional writing classes.

Graduates of Rocky Mountain College who have met all the requirements for admission, and have earned a Bachelor's degree with *a minimum of 60 credits earned at RMC*, will be granted an automatic interview. Please note, this interview DOES NOT guarantee acceptance into the program—students will compete with all other interviewing students for matriculating status.

Failure to complete the program prerequisite courses with a grade of "C-" or higher prior to the matriculation date of the class for which application is being made will result in withdrawal of conditional offer.

Official Transcripts

In accordance with Rocky Mountain College admissions policies and procedures, those students selected for admission to the PA program are required to submit ***official transcripts*** from all colleges/universities previously attended. These transcripts must be received directly from the college/university. Student-submitted copies are not acceptable. Copies submitted to CASPA do **NOT** fulfill this requirement. Transcripts should be mailed directly to:

Rocky Mountain College
Attn: MPAS Admissions
1511 Poly Drive
Billings, Montana 59102

Transcripts must be received prior to the scheduled class matriculation date or class standing will be revoked.

Failure to submit the mandatory transcripts or fulfill any other requirements specified in a conditional offer of admission to the program prior to the scheduled class matriculation will result in withdrawal of conditional offer.

Advanced Placement

No advanced placement or transfer credit may be applied toward fulfilling the MPAS curriculum.

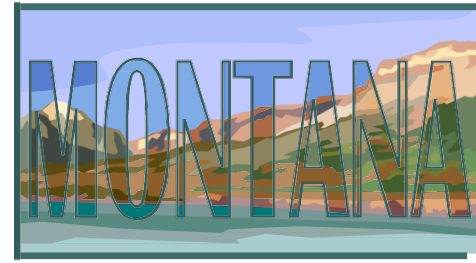
Selection Process & Preferences

All completed applications undergo a preliminary selection screening process, which evaluates and awards admission points based upon the following program preferences:

- **Past Academic Performance (60%).** This includes a thorough review and scoring for:
 - Cumulative and science GPAs. A minimum cumulative college GPA of 3.0 is required. A minimum science GPA of 3.0 is required. Documented completion of all program-specific prerequisite courses before the scheduled class matriculation date. Students who have previously earned a Bachelor's degree are required to provide evidence of the awarded degree and completion of the program-specific prerequisite courses.
 - Grade improvement in repeated courses.
 - Graduate Record Examination (GRE) score. A minimum combined verbal and quantitative GRE of at least 291 is required for applicant consideration.
- **Geographic Regionality (10%).** In accordance with the stated mission of this Program to prepare health care providers to meet the needs of this very rural region, applicants are awarded admissions locality preference points based upon the following:
 - Permanent address within the Program's stated region:
Montana, Wyoming, Colorado, North or South

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Dakota, Utah, or Idaho. (2 points possible) ○ Population of the location in which the applicant graduated from high school (rural preference - 2 points possible)



- **Clinical Work Experience** (20%). The quantity and quality (direct patient care) of past clinical work experience as well as any formal health career training (EMT, CNA, LPN, RN, RT, MT, etc) are assessed as part of each applicant's screening evaluation. Candidates with clinical experience are clearly more competitive.
- **Personal Statements** (5%). Applicants are evaluated for their ability to express themselves in written communication as evidenced by the required personal statements.
- **Letters of Recommendation** (5%). The letter writer's assessment of the applicant's ability to be a future physician assistant is the basis for this evaluation.

Applications are ranked according to the number of points awarded during the selection screening process. Those with the admission minimum-required score for a rolling admissions interview are considered to be invited to complete the second phase of the selection process: a campus visit and personal interview with the Admissions Committee. Not all qualified candidates will be invited to interview.

Costs/Financial Aid

Deposit

Upon notification of acceptance to the Rocky Mountain College Physician Assistant Program, applicants are required to submit a \$1000 non-refundable admissions deposit. This deposit, which must be received within seven days (excluding Saturdays, Sundays, and holidays) of being notified of acceptance, will be applied toward the first summer term tuition and fees.

Tuition/Fees

First Summer Term:	\$ 7,623
Fall Semester:	\$15,389
Spring Semester:	\$15,389
Summer Semesters:	\$15,389

Fall Clinical Semester:	\$15,389*
Spring Clinical Semester:	\$15,389*
Summer Clinical Semester:	\$15,389*

**Reflects tuition costs for cohort beginning July 2018. Tuition is subject to change for the three semesters of clinicals.*

Living Expenses/Travel/Transportation

Students are responsible for arranging their own housing accommodations, transportation, and any expenses associated with travel and relocations performed as a requirement of the Program.

During the first year of the Program, students will occasionally be commuting to clinics and hospitals throughout the Billings area.

During the second year, much longer distances of travel and extended periods of time away from Billings may be required (depending upon the location(s) of the individual clinical practice rotations). All Program participants can anticipate temporary relocation for at least one of their required clinical practice experiences during the final year of the Program.

Students who elect to perform clinical practice rotations outside the Program's primary geographic area (Montana, Wyoming, Colorado, North Dakota, South Dakota, Idaho, and Utah) will also be financially responsible for any costs associated with site visits performed by Program faculty during a clinical rotation at these more distant locations.

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Financial Aid

For details on financial aid opportunities for Physician Assistant Students, refer to the following Rocky Mountain College Financial Aid web page: <https://www.rocky.edu/sites/default/files/special-lettermpas.pdf>

Required Supplies

✓ Textbooks and Information Resources

Each student will be required to purchase textbooks (a list will be provided for all incoming students). The approximate cost for textbooks will be \$300 per semester. A trainee subscription to *UpToDate* (\$164.00 per year), an online evidence-based peer reviewed medical information resource, is also recommended.

✓ **Personal Computer**

Each student must have a laptop computer **no older than one year** for use through the entire 26-month curriculum. It must have current generation technology to include wireless (PC) capabilities and Microsoft Office (it must be able to run the full version of MS Office or MS Office for MAC). No iPads or tablets are allowed.



✓ **Medical Equipment**

The Program requires that each student obtain the following medical equipment prior to the beginning of the first Fall Semester following matriculation:

- Stethoscope: We strongly recommend you invest in a high quality stethoscope as this will have a profound effect on your technical ability to hear the subtle and significant physiologic sounds of the human body
- White lab coat, half-length ONLY (no full length coats are allowed)

Equipment costs vary widely, depending upon individual preferences. The total cost for quality equipment may range from \$250 to \$400.

Health Insurance

Students **MUST** carry and maintain health insurance throughout the Program. Proof of insurance must be submitted to the Coordinator of Admissions for Health Professions prior to matriculation.

Students will not be allowed to participate without proof of health insurance

Worker's Compensation Insurance

An increasing number of clinical practice sites are requiring students to provide proof of compensation coverage in addition to personal health insurance coverage. If you elect to perform a clinical rotation at a facility that mandates this added insurance, the cost of purchasing the required policy must be borne by the student.

Background Investigation

A background check will be required during the admission process and again before the start of the clinical year. All clinical rotation sites require a background investigation as

part of their clearance procedures for both prospective students and employees. Many states have also added this requirement for licensure of health care providers. As a result, you will be required to complete a background check through Verified Credentials, an online provider. We employ the same panel of background checks as used by Montana State University School of Nursing including: HIPPA compliance, JCAHO compliance, immunization tracker, documentation of health insurance, CPR certification and proof of malpractice insurance. Information regarding how to obtain a background check will be sent to you during the acceptance process. The student is responsible for the fee associated with this.

Drug testing will be required prior to the start of clinical rotations and again for each site requiring it. It is impossible to anticipate this requirement, so all students should expect it

In the event your Background Investigation reveals evidence/history of criminal activity that may disqualify you from full participation in the required training experiences of the Program or future licensure to practice medicine as a Physician Assistant, you may be dismissed from the Program (see Completion/Graduation Requirements).

Health Screening

Physical Examination

All students accepted for admission to the Physician Assistant program are required to submit a completed *Health History Questionnaire*

form (see Appendix 3) prior to matriculation. In order to insure confidentiality, this documentation must be submitted directly to the Rocky Mountain College Student Health Services. DO NOT send any health screening information to the PA Program.

The Student Health Services physician is responsible for evaluating the health information provided to determine the applicant's ability to complete the entire educational program without risk to her/himself or the patients. In order to maintain confidentiality of the information submitted, a *Certificate of Health Compliance* is the only documentation provided to the Program following completion of the health screening performed by the Student Health Services.

Tuberculosis Screening

Applicants must provide documentation of tuberculosis screening through PPD testing, unless contraindicated, within the 6 months preceding program matriculation. For individuals with a history of previous positive PPD test results, documentation regarding follow-up evaluation (including results of last chest x-ray) and any treatment taken must be provided. PPD testing is available through the Rocky Mountain College Student Health Services and repeat testing will be required prior to the beginning of clinical practice rotations. Some clinical sites have stricter tuberculosis screening requirements, including two-step testing or testing within a specific period of time of rotation onset. In these cases, additional PPD testing may be required.

Immunizations

Students must provide documentation demonstrating current immunization or laboratory evidence of immunity for those infectious conditions required by the State of Montana or prospective clinical practice rotation site-specific requirements and/or those recommended by the CDC for Health Care Workers. These immunizations include:

- Polio (3 dose series)
- MMR (Measles, Mumps, Rubella - 2 dose series)
- Varicella (Chickenpox Vaccine or Titer)
- DTap (primary series)
- Tdap (in last 10 years)
- Hepatitis B (3 step series)
- Influenza
- Tuberculin (TB skin test)



During the clinical practice rotations, the Clinical Coordinator receives sporadic requests for verification of a student's immunization status in addition to the immunization tracker on the certified background report. Student applicants will also be required to sign a Health Information Release form (Appendix 4). The Program will maintain this information in a secure individual student file until completion of all clinical practice rotations.

Academic Advisement

Students will be assigned an academic (faculty) advisor at matriculation. All faculty advisors are members of the program's core faculty. Students should maintain regular communication with their advisor, especially if academic, technical, or professional difficulties are identified.

One of the academic advisor's specific responsibilities is to work with each student on developing professionalism. Professionalism is just as crucial to your ability to succeed, as is your acquisition of the basic medical, clinical, and social sciences knowledge base.

Students are responsible for meeting with their advisor at least twice each semester, at midterm and during finals week. Advisors will provide feedback about current academic standing (especially at midterm), and will review the faculty evaluations of the students at the end of fall and spring semesters.

Responsibilities of the faculty advisors include but are not limited to:

- Closely monitoring the students' academic progress. If concerns arise, the faculty advisor will schedule individual conferences to address specific performance problems and develop a plan for remediation/correction.
- Addressing concerns about individual professionalism or academic issues that are raised by other faculty, staff, or students.

Program Overview

The pace across the 26-month program is fast, and the volume of material to be learned is high. Students need to learn to think analytically, critically, and logically while demonstrating a demeanor of compassion and empathy.

The Program *STRONGLY* encourages a spirit of cooperation between students, and places a heavy emphasis on teamwork in and out of the classroom. You are encouraged to establish study groups and learn to work in a collaborative fashion, utilizing the broad range of knowledge and clinical skills brought by your student colleagues. By working

together as teams, each person contributes strengths and expertise to the learning process. Your ability to interact and work cooperatively with your student colleagues for the benefit of each other is a critical determinant of your future success as a Physician Assistant. The Physician-PA team concept is at the very foundation of this profession.

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As part of the professional development component of the program, students are encouraged to actively participate in the program's Physician Assistant Student Society as an official branch of the Student Academy of the American Academy of Physician Assistants (SAAAPA). This is a great opportunity to get involved in your new profession and to become acquainted with your future colleagues.

National PA Certification (PANCE) Results

Only graduates from ARC-PA accredited PA programs are eligible to sit for the PANCE (Physician Assistant National Certifying Examination) and become licensed to practice. The PANCE is the entry-level exam that PA's must pass to become nationally certified. Pass rates for program graduates can be found at MPAS page: <https://www.rocky.edu/academics/academic-programs/graduate/masterphysician-assistant-studies/policies-forms/national-pa>

Didactic Curriculum

The first 14 months of the program includes the fundamental behavioral, basic biomedical, and clinical sciences required for the professional course of study, as well as courses designed to better prepare the students for expanded health care roles that meet the developing needs of today's society. A total of 61 semester hours of credit are presented using a combination of lecture, demonstration, discussion, and laboratory formats. **Students must successfully complete all components of the didactic phase prior to advancing to the clinical instruction phase.**

Upon graduation from the program students will have completed 103 semester credits - 61 during the Didactic year and 42 during the Clinical year.

The program posts and maintains a detailed day-to-day schedule of educational activities electronically. Students are responsible for checking the class schedule frequently as the schedule is subject to change at any time.

Course Schedule

First summer term (7 semester hours)

<u>Course #</u>	<u>Title</u>	<u>Credits</u>
PHA 508	Biostatistics	1
PHA 538	Clinical Human Anatomy and Physiology	4
PHA 575	Genetics & Molecular Basis of Health & Disease	2

Fall semester (18 semester hours)

<u>Course #</u>	<u>Title</u>	<u>Credits</u>
PHA 501	Introduction to Clinical Medicine	1
PHA 505	Evidence-Based Medicine	3
PHA 509	Professional and Medical Practice Issues	1
PHA 518	Allergy and Immunology	2
PHA 520	Physical Assessment	3
PHA 522	Hematology	2
PHA 533	Infectious Disease	2
PHA 543	Endocrinology	2
PHA 547	Ophthalmology	2

Spring semester (18 semester hours)

<u>Course #</u>	<u>Title</u>	<u>Credits</u>
PHA 509	Professional and Medical Practice Issues	1
PHA 523	Pulmonology	2
PHA 524	Cardiology	2
PHA 527	Nephrology	2
PHA 531	Behavioral Dynamics	2
PHA 535	Gastroenterology	1
PHA 539	Neurology	2
PHA 546	Pediatrics	2
PHA 549	Oncology	1
PHA 550	Introduction to Clinical Practice	2
PHA 557	Otorhinolaryngology	1

Summer semester (18 semester hours)

<u>Course #</u>	<u>Title</u>	<u>Credits</u>
PHA 509	Professional and Medical Practice Issues	1
PHA 551	Urology	2
PHA 556	Surgery	2

PHA 561	Obstetrics and Gynecology	2
PHA 562	Orthopedics	2
PHA 572	Dermatology	1
PHA 574	Rheumatology	1
PHA 610	Emergency Medicine	3
PHA 621	Problem Based Clinical Correlation	2
PHA 641	Geriatrics	2

Course Descriptions

PHA 538: Clinical Human Anatomy and Physiology (4 semester hours)

This course is designed to teach students the essentials of gross anatomy and physiology pertaining to clinical practice. Cadavers and cadaveric specimens will play a fundamental role as we relate lecture/discussions to laboratory study. Students will learn to relate anatomical structures in the human body, skeletons, and models to imaging studies. The surface anatomy component introduces the student to the clinical setting and describes the visible and palpable anatomy that forms the basis of physical examination. Through laboratory workshops, students will learn to visualize how their interaction with the body's surface interplays with internal anatomy. Additionally, a thorough review of concepts of physiology as they pertain to health and disease will be provided with a focus placed on each major organ system. Both portions of this course are designed as a focused review and an approach to ensure physician assistant students entering the clinical medicine courses have a firm grasp of anatomical and physiological concepts and begin to apply physiological reasoning to clinical situations.

PHA 508: Biostatistics (1 semester hour)

This course is designed to acquaint the student with the basics of biostatistics and emphasizes how an understanding of these areas is important in clinical medicine. An understanding of biostatistics is important not only for analyzing the results of research, but also for understanding and reducing errors. This course centers on basic techniques of investigating the association of variables and significance of results in a clinical and epidemiological setting.

PHA 575: Genetic & Molecular Basis of Health & Disease (2 semester hours)

The focus of this course is to gain an understanding of the biochemical, molecular, and genetic basis for health and disease with an emphasis on clinical applications. The purpose of this course is to provide students with a knowledge base that can be applied throughout their study of medicine.

PHA 501: Introduction to Clinical Medicine (1 semester hour) This course will introduce the student to the study of clinical and laboratory medicine, and pharmacology. Through this course students will begin to build the foundation to foster critical thinking skills used in the practice of medicine.

PHA 518: Allergy and Immunology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Allergy and Immunology.

PHA 522: Hematology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Hematology.



PHA 533: Infectious Disease (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Infectious Disease.

PHA 543: Endocrinology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Endocrinology.

PHA 547: Ophthalmology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Ophthalmology.

PHA 505: Evidence-Based Medicine: Research, Communications and Applications (3 semester hours)

This class integrates concepts of epidemiology, health information literacy, patient education, search and appraisal of scientific literature, and evidence based medical practice including National Patient Safety measures and protocols.

PHA 520: Physical Assessment (3 semester hours)

This course prepares students to master the art of taking medical histories and performing physical examinations. The focus is on recognition of “normal” and the significance of “abnormal” findings. A systems approach is used and the material is taught using a lecture, demonstration, and lab practicum format. A laboratory session is scheduled weekly to incorporate/practice skills presented in the lectures.

PHA 509: Professional Issues I, III, III

The Professional Issues course series extends over three semesters and is designed to prepare the student for professional medical practice. This course covers a wide range of topics to build a solid foundation of ethical,

professional, and communication principles necessary for successful practice as a Physician Assistant.

PHA 523: Pulmonology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Pulmonology.

PHA 557: Otorhinolaryngology (1 semester hour)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Otorhinolaryngology.

PHA 524: Cardiology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Cardiology.

PHA 527: Nephrology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Nephrology.

PHA 535: Gastroenterology (1 semester hour)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Gastroenterology.

PHA 539: Neurology (2 semester hour)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Neurology.

PHA 549: Oncology (1 semester hour)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Oncology.

PHA 531: Behavioral Dynamics (2 semester hours)

This course will introduce the student to the complexities of the practice of Psychiatry including neurobiology, epidemiology, diagnosis and management of a variety of behavioral health and substance use disorders.



Additionally, there is an introduction to the concepts of death, dying and bereavement.

PHA 546: Pediatrics (2 semester hours)

The course will examine infant and child health and development, focusing on major common pediatric illnesses and their signs, symptoms, and management relative to the primary health care provider. This course introduces the student to the evaluation and care of a child from birth through adolescence from the perspective of the primary care provider. The main focus of this course is on the management of healthy children as well as the recognition and management of illnesses, disorders, and conditions that are unique to childhood. Students will learn to perform and demonstrate a neonatal history & infant exam. Specific strategies for physical examination of the pediatric patient will be learned and practiced on live patients in a skills lab.

PHA 550: Introduction to Clinical Practice (2 semester hours)

This course introduces the student to the practice of medicine through simulated patient care experiences using standardized patients in a mock clinical examination room. This course builds on the student's physical exam, history taking and communication skills developed in the Physical Assessment course. Proper medical documentation will be emphasized. Critical thinking skills are strengthened as students encounter a variety of case scenarios and must determine the medical management of acute and chronic medical problems for patients across the life span.

PHA 610: Emergency Medicine (3 semester hours)

This course introduces the student to the practice of Emergency Medicine. Instruction is focused on the identification and management of acute illnesses and injuries that necessitate emergency care in patients across the life span. Techniques and procedures to support the care of patients with life threatening illnesses or injuries is an integral part of this course. Stabilization and disposition of emergent patients is also emphasized.

PHA 621: Problem-Based Clinical Correlation (2 semester hours) This course is designed to assist students in becoming critical thinkers who can apply the concepts of medical decision-making and problemsolving. The course utilizes a Problem-Based Learning (PBL) approach to teach students to critically evaluate and apply the clinical information they derive through medical history, physical examination, diagnostic testing, and pertinent medical literature to the real-life resolution and management of health care problems.

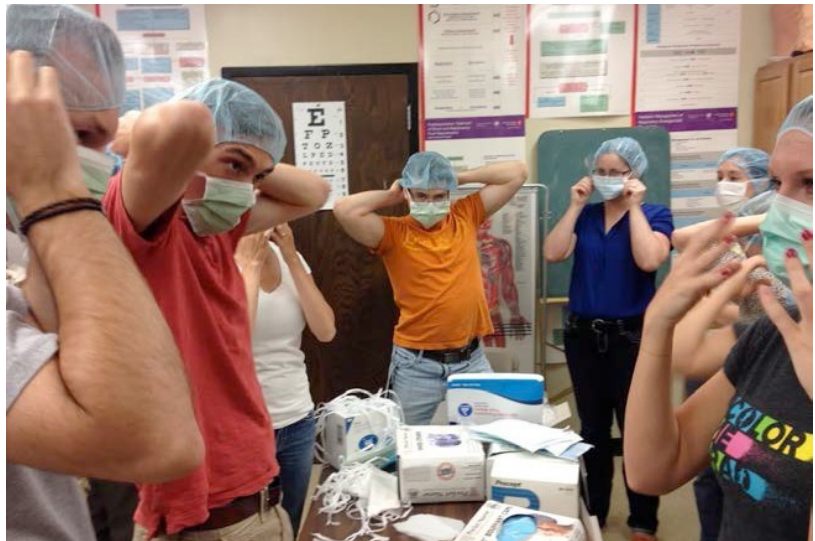
PHA 641: Geriatrics (2 semester hours)

This course provides an introduction to gerontology, with an emphasis on the normal biological, sociological, behavioral, and environmental changes that occur with age. Consequences of aging from the perspective of primary health care providers will be presented. Principles and methods of multidimensional assessment relative to the recognition and management of medical disease and mental illness with an emphasis on maximizing functional independence is discussed. The skills of history taking and physical assessment in the geriatric population with hands on experience in nursing homes will be taught. Students will understand the end-of-life issues and ethics in palliative care, with review of the model of advanced care planning. Hospice care and advanced directives will be presented.

PHA 551: Urology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Urology.

PHA 556: Surgery (2 semester hours) This course introduces the student to the practice of General Surgery and will cover all aspects of the evaluation and care of surgical patients in addition to wound physiology, burn care, and anesthesia techniques. The basic practical skills expected of a physician assistant in surgical practice will be practiced in the skills labs. This module is designed to prepare the first year PA student to be successful in their clinical year surgical rotations by giving them a surgical foundation in which to build upon.



PHA 561: Obstetrics/Gynecology (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Obstetrics/Gynecology.

PHA 572: Dermatology (1 semester hour)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Dermatology.

PHA 562: Orthopedics (2 semester hours)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Orthopedics.

PHA 574: Rheumatology (1 semester hour)

This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Rheumatology.

Clinical Practice Curriculum

The final 12 months of the program constitute an extended period of clinical practice experience under the supervision of a physician or physician assistant, and, in rare instances, a nurse practitioner (under the supervision of a physician). The emphasis during this year is primary care in which the year is divided into 8 rotations. Our clinical training sites are located throughout a vast geographic area, most of which are rural. ***Students must be able to travel to accomplish their clinical practice rotations.***

All arrangements for and expenses associated with travel and living accommodations during the clinical phase of the program are the responsibility of the student.

Students are ***NOT*** allowed to establish their own clinical practice rotations. Students who wish to recommend a possible new preceptor must do so in writing using the *Preceptor Recommendation* form. The Program will evaluate the suitability of all prospective clinical preceptors to insure adequate and comparable clinical experiences are provided by all preceptors utilized by the program.

All clinical experience preceptorships ***MUST*** be scheduled by the Director of Clinical Education (DCE) or other official Program representative.

Under no circumstances will students personally contact prospective or established program preceptors, nor take any actions toward establishing their own clinical practice rotations without written permission. Doing so will be considered a violation of program policy that may lead to dismissal from the program as evidence of unacceptable unprofessional behavior.

Once a rotation is confirmed, no student requests for changes to the scheduled rotation will be accepted. The program reserves the right to change an established student's clinical rotation schedule at any time and without notice. These types of changes do not occur frequently, but are sometimes necessitated when the program receives last-minute notification from a scheduled preceptor of a change in his/her availability. Any attempt by a student to change a confirmed clinical rotation will be considered a violation of program policy that may lead to dismissal from the program based upon unacceptable unprofessional behavior.

Students on clinical rotations must be prepared to work any and all hours designated by their preceptor and must be available a minimum of 40 hours per week. Preceptors determine the student's schedule and clinical activities (inpatient rounds, outpatient clinic, surgical cases, etc.) throughout the assigned clinical rotation, which may include weekends, evenings, nights and/or being on-call. Any student who fails to fully comply with the designated schedule or fails to complete the program's minimum requirements established for a specific clinical rotation (as outlined in the course syllabi) will receive a failing grade (F) for the rotation and will be subject to dismissal in accordance with the Program Retention Standards.

Prior to any clinical exposure, all students must successfully complete the program-provided Health Insurance Portability and Accountability Act (HIPAA) and Blood Borne Pathogens (BBP) training. The Program will maintain copies of your certificate of training. Specific site orientation is also required by some clinical affiliates. Student participation in clinical practice orientation programs is mandatory. Failure to comply will result in dismissal from the Program.

Course Schedule

<u>Semester</u>	<u>Course #</u>	<u>Description</u>	<u>Credits</u>
Fall	PHA 651	Clinical Rotations I	12
Spring	PHA 652	Clinical Rotations II	12
Summer	PHA 653	Clinical Rotations III	12
Summer	PHA 636	Patient Safety – Unifying Themes	3
Summer	PHA 638	Case Study & Community Education Project	3

Course Descriptions

PHA 651, 652, and 653: Clinical Rotations I, II, and III

Student Handbook

Students complete clinical rotations as assigned by the physician assistant program

<u>Clinical Rotation</u>	<u># Weeks</u>
Family Practice	6
General Internal Medicine	6
Emergency Medicine	6
General Surgery	6
Obstetrics/Gynecology (Women's Health)	6
Psychiatry	6
General Pediatrics	6
Elective	6

One rotation must be performed in a rural area.

Family Practice Rotation: This core rotation of 6 weeks is structured to provide an understanding of various medical disorders and their complications experienced by patients of all age groups. Within this setting, the emphasis is on the accurate collection, assessment, and presentation of patient data for physician review, indications for laboratory and imaging diagnostics, and the education of patients regarding health risk behaviors and therapeutic regimens.

Emergency Medicine Rotation: This core rotation of 6 weeks is designed to provide an in-depth exposure to the illnesses and injuries sustained by children and adults that necessitate emergency care. The educational experiences emphasize the focusing of interview and examination skills and the performance of techniques and procedures essential to the proper management of life-threatening illnesses and injury. Ventilatory assistance, cardiopulmonary resuscitation, fluid and electrolyte replacement, and acid-base balance are stressed.

General Internal Medicine Rotation: This core rotation of 6 weeks is designed to provide clinical practice experience with the various acute and chronic medical disorders/complications that necessitate hospitalization and further evaluation for patients of adult patients, with special emphasis on geriatric patients and the care provided in both acute and long-term care facilities.

General Pediatrics Rotation: This required core rotation of 6 weeks is structured to provide the student with an in-depth exposure to the assessment and management of children and adolescents. Included will be a focus on the newborn physical,

well-child care, and those acute processes unique to the pediatric patient.

Obstetrics/Gynecology (Women's Health) Rotation: This core rotation of 6 weeks provides exposure to the spectrum of problems and issues associated with women's health care, as well as routine prenatal, intrapartum, and postpartum obstetrical care. Learning experiences will also include family planning and birth control, recognition and treatment of sexually transmitted infections, cancer detection, and evaluation of common gynecological problems.

General Surgery Rotation: This core rotation of 6 weeks provides an orientation to patients of various ages with surgically manageable diseases. The emphasis of the learning experiences are on the preoperative evaluation and preparation of patients for surgery, assistance during the intraoperative period to develop an understanding of team member roles and operative procedures, and post-operative patient management and care of surgical wounds and complications.

Psychiatry Rotation: This core rotation of 6 weeks is designed to provide an understanding of the behavioral components of health, disease, and disability. Exposure to patients with a variety of emotional illnesses and disabilities are used to develop informed history taking and mental status examination skills, the ability to recognize and categorize psychiatric disturbances, and techniques for early intervention and psychiatric referral.

Elective Rotation: This rotation of 6 weeks is designed to give students an opportunity to explore professional options as Physician Assistants and may include additional clinical practice in any of the core rotations, any medical or surgical subspecialty, or experiential learning in academic medicine.

Syllabi have been developed for common elective rotations. A student who desires to complete an elective rotation that is not included among those previously developed needs to have prior approval by the program director. An appropriate syllabus will be developed and must be approved by the Program Curriculum Committee before the rotation begins.

Student Handbook

Course Descriptions

PHA 636: Patient Safety – Unifying Themes (3 semester hours) Students will employ the Institute of Healthcare Improvement Open School modules on leadership, patient safety, and quality improvement. Building upon concepts and discussions begun during the didactic year regarding evidence-based medicine, ethics, and professionalism the student will leave the

program with a focus on enhancing patient safety through communication, data gathering, and quality improvement techniques.

PHA 638: Case Study & Community Education Project (3 semester hours)

Students will apply skills learned from Evidence-Based Medicine: Research, Communications and Applications and Professional and Medical Practice Issues to choose a case study developed and researched during the clinical year. The course will conclude with an oral presentation to the faculty of a literature supported case study and a written 3-5 page paper. Case study development will be mentored by the Director of Clinical Education and supported by the core faculty. Presentations will be delivered the week of graduation.

Program Academic Calendar

For a **tentative** academic calendar based on **Financial Aid distribution**, please visit <https://www.rocky.edu/academics/academicprograms/graduate/master-physician-assistant-studies/additional-programinfo/mpas>.

A more detailed academic calendar will be available at orientation.

Clinical Experience Rotations

For the schedule of clinical experience rotations, please visit <https://www.rocky.edu/academics/academic-programs/graduate/masterphysician-assistant-studies/curriculum/clinical-phase-0>.



PROGRAM STANDARDS OF PERFORMANCE

Academic Standards

Academic Integrity

Students in the Physician Assistant Program must comply with the RMC Academic Integrity Policy. Dishonesty in any form will not be tolerated in our Program. In addition to the ethical issue of honesty, as a professional program, we hold all our students to the AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession.

These guidelines can be found at the following website:
<https://www.aapa.org/>

Honesty and scholarship require that a person exercise care to make proper acknowledgement when using another's intellectual work. Disregard of this standard of morality and scholarship lays a person open to charges of plagiarism or cheating. Refer to the RMC Catalog for details on standards for academic integrity.

Scholastic Achievement

Grades: Course grades are calculated on a percentage basis as outlined in the respective course syllabi. All final course grade percentages are rounded to the nearest integer as follows:

- XX.45% or higher is rounded up to the next higher integer
- XX.44% or less is rounded down

Final course grades are assigned according to the following academic standards:

Didactic & Research Courses	
<u>Percent Grade</u>	<u>Letter Grade</u>
90 – 100	A
80 – 89	B
70 – 79	C
Less than 70	F

Clinical Rotations

<u>Grade</u>	<u>Percent Grade</u>
	90 – 100
	80 – 89
	Less than 80

Grades are considered a reflection of how well a student has done in comparison to the expectations.

- A – indicates that a student has exceeded the program's expectations
- B - indicates that a student has met the program's expectations
- C - indicates that a student has not met the program's expectations

An “I” may be temporarily awarded to individuals who fail to complete course requirements within the defined time period of the course. Students must submit a written request for an “I” to the program director for approval **BEFORE** the end of the semester in which the “I” designation is being requested. If an “I” is not requested or not approved by the program director, the course grade will be calculated based upon that portion of the course that has been completed.

According to campus policy, all required course work **MUST** be completed within one year (12 months) of the date on which the incomplete grade is posted. **After one year any “I” grades will be permanently changed to an “F.”** A final grade of “F” in any PA course is a non-passing grade and results in automatic and immediate dismissal from the PA Program.

Assessments

Student assessments of learning and academic/scholastic achievement take several forms during the Physician Assistant Program. These include:

- **Examinations:** Frequent written evaluations are conducted throughout the program to assess each individual’s acquisition of the required knowledge base to practice medicine as a Physician Assistant. These examinations occur on a frequent basis during the didactic phase and at the end of each clinical practice rotation during the clinical phase.
- **Clinical Skills Assessments (CSA):** Students must demonstrate acquisition of the diagnostic, clinical, and interpretive skills needed to fulfill the Technical Standards of Performance.
- **Objective Standardized Clinical Evaluations (OSCE):** These practical assessments are designed to evaluate each student’s skills and abilities to obtain a patient’s medical history, appropriately perform physical examinations, critically analyze the diagnostic dataset to establish a problem list/differential diagnosis, formulate a treatment plan, and provide appropriate patient education.
- **Faculty/Preceptor Evaluations of Student Performance:** These are prepared at the end of each semester during the didactic year and at the end of each clinical practice rotation during the clinical year. The assessments are primarily used to evaluate professionalism, participation, communication skills, and overall performance.
- **A Comprehensive Summative Evaluation:** This evaluation is conducted at the end of both the didactic and clinical components of the program. Each of these evaluations contains multiple clinical skills assessments and one or more OSCE(s) using trained patient models. The comprehensive summative evaluation conducted at the end of the didactic phase is used to provide each student with a detailed assessment of their mastery of the professional competencies (listed below). Grades obtained on the didactic phase comprehensive evaluations are not used to calculate any course grades. ***However, students must pass the CSA and OSCE components of the summative***

evaluations at the end of the didactic component to move on to the clinical phase. Students who fail any component of the summative evaluation will require remediation and retesting of the failed component prior to graduation. A second failure will result in the student being given a grade of “Incomplete” (I) for their final clinical rotations course/semester. They will be immediately placed on academic probation and a plan for remediation will be developed which may include (but is not necessarily limited to) additional assigned clinical practice experience.

Academic Progress

Students are required to maintain a minimum cumulative grade point average (GPA) of 3.0 and achieve a course letter grade of “C” or better in all didactic and research courses. A clinical rotation letter grade of “B” or better is required in all clinical practice rotations to remain in good academic standing and to progress within the program. Failing any end-of-rotation examination must be satisfactorily remediated. Any student failing two end-of-rotation exams will be placed on academic probation and the third failure of end-of-rotation exams will result in program dismissal.

The program core faculty will review academic progress at the end of each semester. Any individual who does not meet the specified end-of-semester cumulative GPA requirements will be placed on academic probation for one semester. The cumulative GPA must be raised to the minimum requirement during the probationary semester. Failure to meet the minimum GPA at the end of the probationary semester will result in immediate dismissal from the program. Students are also required to achieve a semester GPA of 3.0, regardless of their cumulative GPA. Any student who does not achieve a semester GPA of 3.0 will also be placed on academic probation regardless of their cumulative GPA. Any student who has two subsequent semester GPAs of less than 3.0 may be dismissed from the program, regardless of their cumulative GPA.

Competencies Mastery

The National Commission on Certification of Physician Assistants (NCCPA), in conjunction with the AAPA, PAEA and ARC-PA, has developed a document entitled *Competencies for the Physician Assistant Profession* (originally adopted in 2005; revised and updated in 2012), available at <https://www.nccpa.net/Uploads/docs/PACompetencies.pdf>. This document serves as a foundation by which physician assistants can chart their individual course toward attaining the fundamental competencies of the PA profession.

The Rocky Mountain College PA Program has adopted this manuscript as a resource for defining the basic knowledge, clinical skills, and professional attitudes and behaviors individuals enrolled in this program should strive to attain and demonstrate throughout their course of

study. Students in the RMC PA Program must demonstrate competence in the following six categories:

1. Medical knowledge, which includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention
2. Interpersonal and communication skills, which encompasses verbal, Nonverbal, and written exchange of information
3. Patient care, including age-appropriate assessment, evaluation, and management
4. Professionalism manifested through:
 - a. The expression of positive values and ideals as care is delivered
 - b. Prioritizing the interests of those being served above one's own
 - c. Knowing one's professional and personal limitations
 - d. Practicing without impairment from substance abuse, cognitive deficiency, or mental illness
 - e. Demonstrating a high level of responsibility, ethical practice, and sensitivity to patient diversity and adherence to legal and regulatory requirements
5. Practice-based learning and improvement by engaging in critical analysis of one's own practice experience, the medical literature and other information resources for the purpose of self-improvement in order to assess, evaluate, and improve personal patient care practices
6. Systems-based practice demonstrates a provider's awareness of, responsiveness toward, and work to improve the larger system of health care, encompassing the societal, organizational, and economic environments in which health care is delivered, to provide patient care that is of optimal value

Additionally, the NCCPA has created a blueprint for entry-level physician assistant certification in which the examination content is divided into two critical dimensions:

1. Knowledge of clinical skills physician assistants should exhibit when confronted with diseases and disorders
2. Knowledge of organ systems and the diseases, disorders, and medical assessments physician assistants encounter within those systems

The following tables have been extracted from the NCCPA website at <http://www.nccpa.net/> to illustrate the breadth of competency expected of those who are seeking entry into the PA profession.

Knowledge of Clinical Skills

History Taking & Performing Physical Examinations

Knowledge of:

- Pertinent historical information associated with selected medical conditions
- Risk factors for development of selected medical conditions
- Signs and symptoms of selected medical conditions
- Physical examination techniques
- Physical examination findings associated with selected medical conditions
- Appropriate physical examination directed to selected medical conditions
- Differential diagnosis associated with presenting symptoms or physical findings **Cognitive**

skills in:

- Conducting comprehensive and focused interviews
- Identifying pertinent historical information
- Performing comprehensive and focused physical examinations
- Associating current complaint with presented history
- Identifying pertinent physical examination information

Using Laboratory & Diagnostic Studies

Knowledge of:

- Indications for initial and subsequent diagnostic or laboratory studies
- Cost effectiveness of diagnostic studies or procedures
- Relevance of common screening tests for selected medical conditions
- Normal and abnormal diagnostic ranges
- Risks associated with diagnostic studies or procedures
- Appropriate patient education related to laboratory or diagnostic studies **Cognitive skills**

in:

- Using diagnostic equipment safely and appropriately
- Selecting appropriate diagnostic or laboratory studies
- Collecting diagnostic or laboratory specimens
- Interpreting diagnostic or laboratory studies results

Formulating Most Likely Diagnosis

Knowledge of:

- Significance of history as it relates to differential diagnosis
- Significance of physical findings as they relate to diagnosis
- Significance of diagnostic and laboratory studies as they relate to diagnosis **Cognitive**

skills in:

- Correlating normal and abnormal diagnostic data
- Formulating differential diagnosis
- Selecting the most likely diagnosis in light of presented data

Health Maintenance

Knowledge of:

- Epidemiology of selected medical conditions
- Early detection and prevention of selected medical conditions
- Relative value of common screening tests
- Appropriate patient education regarding preventable conditions or lifestyle modifications •
Healthy lifestyles
- Prevention of communicable diseases
- Immunization schedules and recommendations for infants, children, adults and foreign travelers
- Risks and benefits of immunization
- Human growth and development
- Human sexuality
- Occupational and environmental exposure
- Impact of stress on health
- Psychological manifestations of illness and injury
- Effects of aging and changing family roles on health maintenance and disease prevention
- Signs of abuse and neglect
- Barriers to care

Cognitive Skills in:

- Using counseling and patient education techniques
- Communicating effectively with patients to enhance health maintenance
- Adapting health maintenance to the patient's context
- Using informational databases

Clinical Intervention

Knowledge of :

- Management and treatment of selected medical conditions
 - Indications, contraindications, complications, risks, benefits and techniques for selected procedures
 - Standard precautions and special isolation conditions
 - Sterile technique
 - Follow-up and monitoring of therapeutic regimens
 - Conditions that constitute medical emergencies
 - Indications for admission to or discharge from hospitals or other facilities
 - Discharge planning
 - Available community resources
 - Appropriate community resources
 - Appropriate patient education
 - Roles of other health professionals
 - End-of-life issues
 - Risks and benefits of alternative medicine
- Cognitive skills in:**
- Formulating and implementing treatment plans
 - Recognizing and initiating treatment for life-threatening emergencies
 - Demonstrating technical expertise related to performing specific procedures
 - Communicating effectively
 - Using counseling techniques
 - Facilitating patient adherence and active participation in treatment
 - Interacting effectively in multidisciplinary teams

Pharmaceutical Therapeutics

Knowledge of:

- Mechanism of action
 - Indications for use
 - Contraindications • Side effects
 - Adverse reactions
 - Follow-up and monitoring of pharmacologic regimens
 - Risks for drug interactions
 - Clinical presentation of drug interactions
 - Treatment of drug interactions
 - Drug toxicity
 - Methods to reduce medication errors
 - Cross reactivity of similar medications
 - Recognition and treatment of allergic reactions
- Cognitive skills in:**
- Selecting appropriate pharmacologic therapy for selected medical conditions
 - Monitoring pharmacologic regimens and adjusting as appropriate
 - Evaluating and reporting adverse drug reactions

Applying Basic Science Concepts

Knowledge of:

- Human anatomy and physiology
- Underlying pathophysiology
- Microbiology and biochemistry

Cognitive skills in:

- Recognizing normal and abnormal anatomy and physiology
- Relating pathophysiologic principles to specific disease processes
- Correlating abnormal physical examination findings to a given disease process
- Correlating abnormal results of diagnostic tests to a given disease process

Knowledge of Organ Systems

Cardiovascular System

Cardiomyopathy

Dilated
Hypertrophic
Restrictive

Conduction Disorders

Atrial fibrillation/flutter
Atrioventricular block
Bundle branch block
Paroxysmal supraventricular
tachycardia Premature beats
Sick sinus syndrome
Ventricular tachycardia
Ventricular fibrillation
Torsades de pointes

Congenital Heart Disease

Atrial septal defect
Coarctation of aorta
Patent ductus arteriosus
Tetralogy of Fallot
Ventricular septal defect

Heart Failure/Hypertension

Essential
Secondary
Hypertensive emergencies

Hypotension

Cardiogenic shock
Orthostatic hypotension

Coronary Heart Disease

Acute myocardial infarction
• Non-ST-segment elevation
• ST-segment
Angina pectoris
• Stable
• Unstable

Vascular Disease

• Prinzmetal variant
Aortic aneurysm/dissection
Arterial embolism/thrombosis
Giant cell arteritis
Peripheral artery disease
Phlebitis/thrombophlebitis
Varicose veins Venous
insufficiency

Venous thrombosis

Valvular Disease

Aortic stenosis
Aortic regurgitation
Mitral stenosis
Mitral regurgitation
Mitral valve prolapse
Tricuspid stenosis
Tricuspid regurgitation
Pulmonary stenosis
Pulmonary regurgitation

Other Forms of Heart Disease

Acute and subacute bacterial
endocarditis Acute pericarditis
Cardiac tamponade
Pericardial effusion

Pulmonary System

Infectious Disorders

Acute bronchitis
Acute bronchiolitis
Acute epiglottitis
Croup
Influenza
Pertussis
Pneumonias
• Bacterial
• Viral
• Fungal
• HIV-related
Respiratory syncytial
virus infection
Tuberculosis

Neoplastic Disease

Carcinoid tumors
Lung cancer
Pulmonary nodules

Obstructive Pulmonary Disease

Asthma
Bronchiectasis
Chronic bronchitis
Cystic fibrosis
Emphysema

Pleural Diseases

Pleural effusion
Pneumothorax

Pulmonary Circulation

Cor pulmonale
Pulmonary embolism
Pulmonary hypertension

Restrictive Pulmonary Disease

Idiopathic pulmonary fibrosis
Pneumoconiosis
Sarcoidosis

Other Pulmonary Disease

Acute respiratory distress
syndrome
Hyaline membrane disease
Foreign body aspiration

Endocrine System		
Diseases of the Thyroid Gland Hyperparathyroidism Hypoparathyroidism Hyperthyroidism Hypothyroidism Neoplastic disease Thyroiditis	Diseases of the Adrenal Glands Corticoadrenal insufficiency Cushing syndrome Neoplastic disease Diseases of the Pituitary Gland Acromegaly/gigantism Diabetes insipidus Dwarfism Neoplastic disease Pituitary adenoma	Diabetes Mellitus Type 1 Type 2 Lipid Disorders Hypercholesterolemia Hypertriglyceridemia
EENT (Eyes, Ears, Nose and Throat)		
Eye Disorders	Ear Disorders	
Blepharitis	Acute/chronic otitis media	
Blowout fracture	Acoustic neuroma	Nose/Sinus Disorders
Cataract	Barotrauma	Acute/chronic sinusitis
Chalazion	Cholesteatoma	Allergic rhinitis
Conjunctivitis	Dysfunction of eustachian tube	Epistaxis
Corneal abrasion	Foreign body	Foreign body
Corneal ulcer	Hearing impairment	Nasal polyps
Dacryoadenitis	Hematoma of external ear	Mouth/Throat Disorders
Ectropion	Labyrinthitis	Acute pharyngitis
Entropion	Mastoiditis	Aphthous ulcers
Foreign body	Meniere disease	Diseases of the teeth/gums
Glaucoma	Otitis externa	Epiglottitis
Hordeolum	Tinnitus	Laryngitis
Hyphema	Tympanic membrane perforation	Oral candidiasis
Macular degeneration	Vertigo	Oral herpes simplex
Nystagmus		Oral leukoplakia
Optic neuritis		Peritonsillar abscess
Orbital cellulitis		Parotitis
Papilledema		Sialadenitis
Pterygium		Benign and malignant
Retinal detachment		Neoplasms
Retinal vascular occlusion		
Retinopathy		
Strabismus		

Gastrointestinal System/Nutrition

Cryptorchidism	Orchitis	Glomerulonephritis
Erectile dysfunction	Prostatitis	Hydronephrosis
Hydrocele/varicocele	Pyelonephritis	Nephrotic syndrome
Incontinence	Urethritis	Polycystic kidney disease
Nephro/urolithiasis	Neoplastic Diseases	Renal vascular disease
Paraphimosis/phimosis	Bladder cancer	Fluid and Electrolyte Disorders
Testicular torsion	Prostate cancer	Hypervolemia
	Renal cell carcinoma	Hypovolemia
	Testicular cancer	Acid/Base Disorders
	Wilms tumor	
GU Tract Conditions	Infectious/Inflammatory Conditions	Renal Diseases
Benign prostatic hyperplasia	Cystitis	Acute renal failure
Congenital abnormalities	Epididymitis	Chronic kidney disease

Genitourinary System

Benign Conditions of the GU Tract	Infectious/Inflammatory Conditions	Renal Diseases
Benign prostatic hyperplasia	Cystitis Epididymitis	Acute/chronic renal failure
Cryptorchidism	Orchitis Prostatitis	Glomerulonephritis
Erectile dysfunction	Pyelonephritis	Nephrotic syndrome
Hydrocele/varicocele	Urethritis	Polycystic kidney disease
Incontinence	Neoplastic Diseases	Electrolyte and Acid/Base Disorders
Nephro/urolithiasis	Bladder carcinoma	Hypo/hypermagnesemia
Paraphimosis/phimosis	Prostate carcinoma	Hypo/hyperkalemia
Testicular torsion	Renal cell carcinoma	Hypo/hypercalcemia
	Testicular carcinoma	Hypomagnesemia
	Wilms' tumor	Metabolic alkalosis/acidosis
		Respiratory alkalosis/acidosis
		Volume depletion
		Volume excess

Reproductive System

Uterus Dysfunctional uterine bleeding Endometrial cancer Endometriosis Leiomyoma Prolapse Ovary Cysts Neoplasms Cervix Cancer Cervicitis Dysplasia Incompetent Vagina/Vulva Cystocele Neoplasm Prolapse Rectocele Vaginitis	Menstrual Disorders Amenorrhea Dysmenorrhea Premenstrual syndrome Menopause Breast Abscess Cancer Fibroadenoma Fibrocystic disease Gynecomastia Galactorrhea Mastitis Pelvic Inflammatory Disease Contraceptive Methods Infertility Uncomplicated Pregnancy Normal labor/delivery Prenatal diagnosis/care	Complicated Pregnancy Abortion Abruptio placentae Cesarean section Dystocia Ectopic pregnancy Fetal distress Gestational diabetes Gestational trophoblastic disease Hypertension disorders in pregnancy Multiple gestation Placenta previa Postpartum hemorrhage Premature rupture of membranes Rh incompatibility
Musculoskeletal System		

Herniated nucleus pulposus Kyphosis Lower back pain Scoliosis Spinal stenosis	Soft tissue injuries Infectious Diseases Acute/chronic osteomyelitis Septic arthritis Neoplastic Disease Bone cysts/tumors Ganglion	syndrome) Rheumatoid arthritis Systemic lupus erythematosus Systemic sclerosis (Scleroderma) Sjögren syndrome
Disorders of the Shoulder Fractures/dislocations Soft tissue injuries Disorders of the Forearm/Wrist/Hand Fractures/dislocations Soft tissue injuries Disorders of the Back/Spine Ankylosing spondylitis Back strain/sprain Cauda equina	Disorders of the Hip Avascular necrosis Development dysplasia Fractures/dislocations Slipped capital femoral epiphysis Disorders of the Knee Fractures/dislocations Osgood-Schlatter disease Soft tissue injuries Disorders of the Ankle/Foot Fractures/dislocations	Osteoarthritis Osteoporosis Compartment Syndrome Rheumatologic Conditions Fibromyalgia Gout/pseudogout Juvenile rheumatoid arthritis Polyarteritis nodosa Polymyositis Polymyalgia rheumatica Reactive arthritis (Reiter

Neurologic System

Diseases of Peripheral Nerves Complex regional pain syndrome Peripheral neuropathies Headaches Cluster headache Migraine Tension headache Infectious Disorders Encephalitis Meningitis	Movement Disorders Essential tremor Huntington disease Parkinson disease Vascular Disorders Cerebral aneurysm Intracranial hemorrhage Stroke Transient ischemic attack	Other Neurologic Disorders Altered level of consciousness Cerebral palsy Concussion Neurocognitive disorders (Dementias) Delirium Guillain-Barré syndrome Multiple sclerosis Myasthenia gravis Postconcussion syndrome Seizure disorders Status epilepticus Syncope Tourette disorder
Psychiatry/Behavioral Science		
Anxiety Disorders/ Trauma- and Stressor-Related Disorders Generalized anxiety disorder Panic disorder Phobias Adjustment disorder Post-traumatic stress disorder Attention-Deficit/Hyperactivity Disorder Autism Spectrum Disorder (Autistic Disorder) Feeding and Eating Disorders (Eating Disorders) Anorexia nervosa Bulimia nervosa Obesity	Depressive Disorders/Bipolar and Related Disorders (Mood Disorders) Bipolar disorders Major depressive disorder Persistent depressive disorder (Dysthymic disorder) Personality Disorders Schizophrenia Spectrum and Other Psychotic Disorders Delusional disorder	Somatic Symptom and Related Disorders (Somatoform Disorders) Substance-Related and Addictive Disorders Use Dependence Withdrawal Other Behavior/Emotional Disorders Acute reaction to stress Child/elder abuse Conduct disorder Domestic violence Grief reaction Suicide
Dermatologic System		
Eczematous Eruptions Dermatitis Dyshidrosis Lichen simplex chronicus Papulosquamous Diseases Drug eruptions Lichen planus Pityriasis rosea Psoriasis Desquamation Erythema multiforme Stevens-Johnson syndrome Toxic epidermal necrolysis Vesicular Bullae Bullous pemphigoid Acneiform Lesions Acne vulgaris Rosacea	Verrucous Lesions Actinic keratosis Seborrheic keratosis Insects/Parasites Lice Scabies Spider bites Neoplasms Basal cell carcinoma Kaposi sarcoma Melanoma Squamous cell carcinoma Hair and Nails Alopecia Onychomycosis Paronychia Viral Diseases Condyloma acuminatum Exanthems Herpes simplex Molluscum contagiosum Varicella-zoster virus infections Verrucae	Bacterial Infections Cellulitis Erysipelas Impetigo Fungal Infections Candidiasis Dermatophyte infections Other Acanthosis nigricans Burns Hidradenitis suppurativa Lipomas/epithelial inclusion cysts Melasma Pilonidal disease Pressure ulcers Urticaria Vitiligo
Hematologic System		

Anemias Anemia of chronic disease Aplastic anemia Folate deficiency G6PD deficiency Hemolytic anemia Iron deficiency Sickle cell anemia Thalassemia Vitamin B12 deficiency	Coagulation Disorders Clotting factor disorders Hypercoagulable states Thrombocytopenia • Idiopathic thrombocytopenic purpura • Thrombotic thrombocytopenic purpura	Malignancies Acute/chronic lymphocytic leukemia Acute/chronic myelogenous leukemia Lymphoma Multiple myeloma
Infectious Diseases		
Fungal Disease Candidiasis Cryptococcosis Histoplasmosis Pneumocystis Bacterial Disease Acute rheumatic fever Botulism Chlamydia Cholera Diphtheria Gonococcal infections Salmonellosis Shigellosis Tetanus	Mycobacterial Disease Atypical mycobacterial disease Tuberculosis Parasitic Disease Helminth infestations Malaria Pinworms Toxoplasmosis Spirochetal Disease Lyme disease Rocky Mountain spotted fever Syphilis	Viral Disease Cytomegalovirus infections Epstein-Barr virus infections Erythema infectiosum Herpes simplex HIV infection Human papillomavirus infections Influenza Measles Mumps Rabies Roseola Rubella Varicella-zoster virus infections

Technical Standards

Technical standards refer to those physical, cognitive and behavioral abilities required of all Physician Assistant candidates. Students admitted to the Physician Assistant Program must meet certain basic/essential requirements (technical standards) that are necessary to perform as a Physician Assistant. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis; but, an applicant must possess the intellectual, ethical, physical, and emotional capabilities required to independently undertake and complete the full program curriculum and achieve the required level of competence in the time period allotted by program design/policy.

Candidates for the physician assistant profession must have use of all somatic sensations and the functional use of vision and hearing. Diagnostic skills will be lessened without the use of the senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibration), and motor function to permit them to carry out the activities described in the sections that follow. Candidates must be able to integrate all information received by whatever sense(s) employed, consistently, quickly, and accurately, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

Technological compensation can be made for some disabilities in certain areas, but such a candidate should be able to perform in an independent manner. Students with disabilities are responsible for requesting

accommodations under the Americans with Disabilities Act through the procedures outlined in the Rocky Mountain College catalog. (See *Accommodations/Disabilities* in the General Policies and Procedures section of this handbook.)

Applicants will be required to sign a verification statement that they meet the Technical Standards as part of the Program-specific application Supplemental Materials (Appendix 1). Students in the Rocky Mountain College Physician Assistant Program will subsequently be evaluated each semester by faculty or clinical preceptors as to their ability to perform these Technical Standards throughout their educational experience. Individuals who do not satisfactorily demonstrate the required skills and abilities outlined in the Technical Standards will be placed on Academic Probation, provided remediation and academic counseling, and reassessed at the end of the subsequent semesters and/or clinical rotations for evidence of improvement. Failure to demonstrate satisfactory progress in future assessments will result in dismissal from the program.

The granting of an entry level master's degree signifies that the holder has developed the basic clinical skills requisite to perform their professional role, under the 'supervision' of a Doctor of Medicine or Osteopathy, in accordance with the laws of medical practice. The services they provide must, for the safety and welfare of the patient, be of the same professional quality that would be rendered by their supervising physician. The PA Program has the responsibility to assure its graduates are fully competent and capable of complying with the Hippocratic Oath "*to benefit and do no harm*" to the public they will serve.

See Appendix 1.

A candidate for the physician assistant profession must possess the skills and abilities defined in the following five categories:

1. **Observation Skills**

The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision, hearing, olfaction, and somatic sensation.

2. **Communication Skills**

A candidate should be able to speak, hear, and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team and

patients.

3. **Motor Skills**

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to do basic laboratory tests, carry out diagnostic procedures, and read EKGs and X-ray films. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment of patients. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

4. **Intellectual-Conceptual, Integrative, and Quantitative Abilities**

These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physician assistants, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

5. **Behavioral and Social Attributes**

A candidate must possess the emotional health and stability required for full utilization of her/his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admission and educational processes.

Technological compensation can be made for some disabilities in certain areas, but such a candidate should be able to perform in an independent manner. Students with disabilities are responsible for requesting accommodations under the Americans with Disabilities Act through the procedures outlined in the Rocky Mountain College catalog. (See *Accommodations/Disabilities* in the General Policies and Procedures section of this handbook.)



Professional Standards - Code of Ethics

Students are required to demonstrate professional behavior throughout the duration of their enrollment at Rocky Mountain College – both in the didactic setting, as well as in clinical practice rotations.

Professional behavior means having and demonstrating respect for everyone, holding oneself to ethical and moral standards of behaviors, and developing the knowledge and skills that enable one to provide competent and compassionate care for their patients. At a minimum, Rocky Mountain College Physician Assistant students are required to abide to the professions Code of Ethics.

Code of Ethics

The Rocky Mountain College Physician Assistant Program recognizes its responsibility to prepare its graduates to maintain the highest standards in the provision of quality health care services. To that end, this program teaches, endorses, and strives to adhere to the American Academy of Physician Assistants (AAPA) code of ethics. See AAPA website to view code of ethics.

1. Physician assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all humans.
2. Physician assistants shall extend to each patient the full measure of their ability as dedicated empathetic health care providers, and shall assume responsibility for the skillful and proficient transaction of their professional duties.
3. Physician assistants shall deliver needed health care services to health consumers without regard to sex, race, age, creed, socio- economic, and political status.
4. Physician Assistants shall adhere to all state and federal laws governing informed

- consent concerning the patient's health.
5. Physician Assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge, or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation.
 6. Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.
 7. Physician Assistants shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
 8. Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.
 9. Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.
 10. Physician Assistants shall strive to maintain and increase the quality of individual health care services through individual study and continuing education.
 11. Physician Assistants shall have the duty to respect the law, to uphold the dignity of the Physician Assistant profession and to accept its ethical principles. The Physician Assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the Physician Assistant profession, and shall expose without fear or favor any illegal or unethical conduct in the medical profession.
 12. Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.
 13. Physician Assistants shall place service before material gain and must guard against conflicts of professional interest.
 14. Physician Assistants will strive to maintain a spirit of co-operation with their professional organization and the general public.

Specific Program Standards of Conduct

- Students will be required to conduct themselves in a manner that emulates the professional code of ethics defined by the AAPA.
- Students are expected to conduct themselves in a manner that indicates respect toward other students, faculty, and patients.
- Students must refrain from any behavior that would bring harm or abuse to any person or property.
- Any behavior that significantly disrupts teaching, research, administrative, or student functions is considered unprofessional.
- Any student whose behavior at a clinical site jeopardizes or leads to the loss of that site for future student clinical experiences will receive a failing grade for the rotation.

Failure to demonstrate any of the qualities defined in the AAPA Professional Code of Ethics or the Specific Standards of Conduct listed above will serve as grounds for dismissal.

Evaluation of Professional Behavior

Formal evaluation of professional behavior will be performed by the program's faculty and/or clinical practice preceptors at the following points in the Physician Assistant curriculum:

- At the end of fall and spring (program faculty evaluation)
- Near the end of each clinical practice rotation (clinical preceptor evaluation)

The first time a student receives an unsatisfactory rating on any professionalism evaluation, he/she will be placed on Academic Probation that will continue until the next regularly scheduled evaluation. Any subsequent unsatisfactory professionalism evaluation will result in immediate dismissal from the program.

Completion/Graduation Requirements

The Master of Physician Assistant Studies degree will be granted to all students who have completed the requirements for graduation as specified in this Student Handbook and the corresponding Rocky Mountain College Catalog, and are recommended for graduation by the program's core faculty. Successful candidates for graduation must have completed the following:



Didactic Year (Must be completed as a condition of eligibility to begin the clinical practice year)

- Successfully complete, with a minimum grade of a C in each course, the entire program didactic curriculum and achieve the required minimum cumulative grade point average (GPA) of 3.0. Additionally, students must successfully complete the Objective Standardized Clinical Evaluation (OSCE) and Clinical Skills Assessment (CSA) components of the comprehensive summative evaluation conducted at the end of the didactic year.

Clinical Year

- Successfully complete all the clinical practice experiences with a minimum grade of B in each rotation.
- Pass (with a minimum score of 70%) all end-of-rotation examinations. Failing any end-of-rotation examination must be satisfactorily remediated. Any student failing two end-of-rotation exams will be placed on academic probation, and the third failure of end-of-rotation exams will result in program dismissal.
- Maintain the required minimum cumulative GPA of 3.0.
- Demonstrate professionalism and competency to practice medicine as a physician assistant as evidenced by the preceptor evaluations of student performance.
- Pass all components of the summative evaluation (including the clinical skills assessments and objective standardized clinical evaluations) administered near the end of the clinical practice year.
- Complete clinical skills competency checklist signed off by preceptors.
- Complete, to the satisfaction of the program faculty, a Case Study and Community Education Project and the Healthcare Improvement Open School modules.

Completion Timeframe

All program requirements must be finished within 12 months of the student's scheduled program completion date (calculated on the basis of the original program matriculation date).

Retention Standards/Changes in Student Status

Earning an MPAS Degree is predicated on the faculty's determination that a student is *suitable* for the practice of medicine in terms of his/her personal professionalism, personal conduct, and academic achievement. ***Grades alone are not sufficient to warrant promotion to the next semester, clinical phase, or graduation.*** The faculty reserves the right to dismiss any student when the student's documented behavior is not in keeping with the standards of the medical profession, or when the student's presence in the PA Program is considered detrimental to the student in question, the other students in the college, or to society in general.

Leave of Absence: A leave of absence for medical or personal reasons from the PA Program may be granted by the program director. Requests for leaves of absence must be made in writing to the program director. Such students will be permitted to resume course work upon receipt of documentation that satisfactory resolution of the problem necessitating the leave of absence has occurred. Repetition of course work previously and satisfactorily completed prior to the leave of absence will not be required provided resumption in training occurs within one academic year from the date the leave of absence begins.

Withdrawal: Students may voluntarily withdraw from the program in accordance with college policies and procedures. (Consult the current Rocky Mountain College Catalog for details.) Written notice of intent to withdraw must be provided to the program director prior to initiating the formal college withdrawal process.

Probation: Being placed on probation is a warning to the student that his/her performance is below the minimum requirements of the program. During probation, a student must raise his/her grade point average or correct other identified problems to the required minimum standard or risk dismissal from the program.

- This change in program status is imposed by the program director in accordance with the Standards of Performance policies and procedures outlined in this Student Handbook.
- The minimum length of probation is one semester.
- A student on probation will be subject to dismissal for failure to resolve the deficiency OR the occurrence of any other violation which mandates program dismissal.

Suspension: Any student may be suspended from continued participation in the program to allow sufficient time to investigate allegations of unprofessional behavior, violations of academic integrity, or other claims of personal misconduct. Suspension will be imposed by the program director.

Dismissal: Dismissal is a permanent separation from the program. The following is a list of conditions under which students will be dismissed from the Rocky Mountain College Physician Assistant Program:

- Violation of any college or program rules, regulations, policies, or procedures with regards to academic integrity.
- Failure to achieve the required minimum grade point average (GPA) of 3.0 after having been on Academic Probation for one semester.
- Failure of more than 2 modules/courses in any single academic semester of the didactic year regardless of overall GPA.

- Refusal or failure to satisfactorily complete a remediation plan for any course, module, or clinical rotation.
- Judged to be professionally unfit for the practice of medicine (as determined by the formal end-of-semester or end-of-clinical rotation Faculty/Preceptor Evaluation of Students) by at least two different faculty and/or clinical rotation preceptors.
- Students on probation or on an extended curriculum (i.e., their projected program completion date is extended beyond the originally scheduled program completion date for their class based upon their date of matriculation) are subject to immediate dismissal upon receipt of a failing rotation/course grade or violation of any of the terms of their probation.
- Receipt of a failing grade in two clinical rotations.
- Failure of a third clinical practice end-of-rotation written examination.

Dismissal from the Rocky Mountain College Physician Assistant Program for any of the above conditions will be final, subject only to the Program's Academic Appeal Policies and Procedures.

Refunds

When a student withdraws before 60% of the semester elapses, the College must return to the Department of Education any unearned federal financial aid funds up to the unearned percentage of institutional charges for the portion of the period the student did not complete. Federal dollars that need to be returned will be applied in the following order: unsubsidized federal Stafford loan, subsidized federal Stafford loan, federal Perkins loan, federal PLUS loan, federal Pell grant, federal Supplemental Education Opportunity Grant, and Leveraging Educational Assistance Partnership program. The calculation of the return of these funds may result in the student owing a balance to either the College and/or the federal government.

If the student owes a balance to the College, the amount is due at the time of withdrawal. Arrangements for monthly payments may be set up if the student cannot pay the total amount. The student will not be able to validate his or her enrollment, attend future classes, or obtain transcripts or diplomas, until the balance is either paid in full or satisfactory payment arrangements have been made. If the student owes an overpayment to the Department of Education, the College will report the amount owed to the Department of Education through the National Student Loan Data System (NSLDS). The student will not be eligible for future federal financial aid funds until payment arrangements have been set up with the Department of Education or until the overpayment has been paid in full.

The withdrawal calculation for those students receiving institutional assistance or those receiving no assistance, who withdraw

from the College before they have completed 60% of the term, will be evaluated in the same manner as a student receiving federal financial aid.

Readmission

Any individual who has been previously offered admission into the program but failed to matriculate in the designated class will be required to initiate a new application for admission.

POLICIES AND PROCEDURES

Academic Policies and Procedures

Attendance

Students are expected to attend all scheduled lectures, laboratories, clinical rounds, problem-based learning/case study activities, etc. Tardiness, early departure, and absence from classes are not conducive to optimal learning. It is the responsibility of students to arrive on time, to be prepared for class, and to remain for the entire class period. Any unprofessional conduct may lead to dismissal from the program.

Absences from any scheduled program activity are excused only at the discretion of the course/module director and/or the program director. Any foreseeable or planned program absence should be made known to the course/module director and/or program director at the earliest possible time, in writing (e-mail is acceptable).

Students can be assigned a failing course grade for not completing all scheduled course activities or for unexcused absences.

An extended illness (more than three days) at any time during the program must be “cleared” through the program and will require notification of any clinical preceptor(s) that may be involved as well. Any such absences may require specific make-up work as designated by the program and/or the clinical preceptors.

For any extended illness, a leave of absence from the program may be considered. Reasonable efforts will be made by the administration and faculty to provide a means for remediating deficiencies incurred during periods of excused absence without penalty to the student.

Following any absence (excused or unexcused) from the program, a health care provider’s documentation of the reason for absence and/or fitness to return to full program activity may be required by the program director. Failure to do so or information provided by a health care provider suggesting the absence was not necessary and/or appropriate will be considered evidence of unprofessional

behavior and will be grounds for evaluation of the individual's fitness to continue in the program.

Liability Insurance

The program maintains group liability insurance coverage for enrolled students in the amount of \$1,000,000 per claim/\$3,000,000 aggregate. An individual student policy is not required.

Participation of Students as Human Subjects

We require the participation of students as living subjects, as well as examiners (in an interchangeable fashion), during selected courses of the preclinical phase. We expect students in this program to willingly participate in all aspects of physical exam training in a professional and cooperative manner. At various times, students will be asked to wear clothing that will easily allow physical examination by another student. Females will be asked to wear a modestly appropriate sports bra and shorts, and males will be asked to wear shorts.

Generally, students learn these examination techniques and skills in teams of two or three with the guidance of an experienced instructor. ***ALL*** students are required to participate in these critical educational activities by submitting to physical examination (including inspection, auscultation, palpation, and percussion) by their classmates.

An important part of any physical examination technique is learning appropriate draping of patients during the examination procedure to maintain patient dignity, preserve patient modesty, and limit embarrassment. This will be taught, performed, and stressed throughout these student laboratory experiences. When playing the role of a patient, students will be provided gowns to wear and appropriate draping will be emphasized. Consequently, students should plan ahead for scheduled physical exam activities, and wear clothing that will be easy to get in and out of to facilitate the exchange of roles during the training experiences.

Unprofessional behavior (including but not limited to inappropriate physical contact or unsuitable verbal comments) will not be tolerated during physical examination experiences.

Such behavior may result in a failing grade for the course.

Evaluation/Progress Reviews

Each member of the program's faculty (including clinical preceptors) participates in systematic evaluation of student progress throughout the program with regards to academic, technical, and

professional performance. When deficiencies are observed, individual student counseling is performed and a plan for remedial training is developed.

Evaluation of student performance and progress is an ongoing process. Student evaluations are completed at the end of each semester and clinical rotation. Successful completion of each training segment is a requirement for continuation within the program.

Testing Policies

Examinations: Frequent evaluations are performed throughout the 26-month program to evaluate each student's progress and acquisition of the knowledge and clinical skills needed to become a Physician Assistant. The format of these evaluations may include written examinations, clinical skills assessments, essays, written reports, and oral examinations. Most of the written examinations will be computer-administered.

Computerized testing: Whenever technology is involved in a given process, technologic failures are inevitable. Computerized testing is no exception. Fortunately, these occurrences are rare, but when they occur the program makes every effort to be equitable in making decisions about how to adjust for these technical difficulties. Students are required to adhere to program decisions if these events occur.

Test Policies

No personal materials, notes, books, headphones, food or drinks, calculators, phones, etc., may be present during testing without permission from the course/module director. You may bring a pen/pencil. Clean scratch paper will be provided and must be returned to the test proctor before you leave the testing area.

- The wearing of baseball caps, visors, or other eye-shading headwear is not permitted during the examination.
- All computer programs must be closed before logging in to the test site. Do not attempt to access any other software programs during testing.
- Tests are ***TIMED***.
- No questions may be asked of the testing proctor while the test is being administered.
- Once you complete your test, you must leave the testing area until all students have completed their individual examinations.
- Your test score will be determined by the course director, and will be posted within 24 hours after completion of the test.

Test Absences

Students are expected to take examinations at the designated time. In the event of an illness, the student must contact the course/module director and/or the program director ***BEFORE*** the test to inform her/him

of the anticipated absence. A student who has missed an examination due to excused illness or personal crisis will have ***NO MORE*** than 48 hours in which to complete that examination or the first day back in classes, whichever occurs first. Students with a prolonged illness or personal crisis will be reviewed individually by the program director and arrangements made accordingly.

Student absences from scheduled examinations and laboratory sessions will be excused only under extraordinary circumstances. Examinations will not be administered prior to the scheduled examination time without the approval of the program director.

Post-test Reviews

We believe tests are a learning experience, and therefore tests need to be reviewed so that students understand important concepts and principles. Post-test reviews are conducted following examinations. As in all areas of your professional training, the faculty member makes the final decision on the validity of any test question or answer.

Remediation

Remediation is the program's "process for addressing deficiencies in a student's knowledge and skills, such that the correction of the deficiencies is measurable and can be documented" ([*ARC-PA Standards, 4th edition: DEFINITIONS*](#)).

Remediation is required whenever a faculty member or clinical preceptor identifies and documents any deficiency in a student's knowledge, skills, abilities, or professionalism on the required Student Evaluations. These may be identified during classroom activities, campus-based clinical skills training, clinical practice rotations, academic advising, remedial instruction, or other formal program instructional and/or student assessment activity.

Remediation will be required whenever a failing grade is earned on any formal examination or clinical skills assessment.

When the need for remediation is identified, the student will meet with the corresponding course/module director **within two (2) school days** of written notification. (The posting of a failing grade on a written examination on Moodle will be considered written notification of the student.)

The course/module director will be responsible for developing a formal documented remediation plan, which may include any or all of the following learning activities or any other actions that will assist the student in overcoming the identified deficiencies. Examples of remedial activities include:

- a. Examination review/analysis
- b. Individual or group tutorial instruction
- c. Assigned topic(s) literature search and written abstraction, or summation of the information learned
- d. Assigned case studies with written responses to study questions
- e. Oral re-assessment
- f. Other learning activities (videos, CME programs, etc.)

The student must also meet with their assigned faculty advisor within two days of the notification of need for remediation. The purpose of the meeting is to assess the student's overall program status and discuss/identify any external influences that may have contributed to their unsatisfactory progress. If a specific need for assistance is identified, the advisor will assist the student in locating/scheduling the needed assistance.

A deadline for completion of the remediation activities will be established by the course/module director. Failure to successfully complete the required remediation will result in the assignment of a failing grade (F) for the course in which the remediation was required.

The completed documentation of remediation and academic advising activities performed will be filed in the student's program record. Remediation does not ensure that the student will successfully attain the required level of performance, but it serves to support the student in their attempt at skill mastery.

Grade Assignment

All grades are assigned by the program core faculty. Clinical preceptors **DO NOT** assign grades to students during their clinical practice experiences/rotations. Preceptors **EVALUATE** student performance (academically, clinically, and professionally) and provide the program with a written evaluation that is used by the program faculty to determine a final grade. Students are encouraged to discuss the preceptor's evaluation of their performance during the mid-rotation and end-of-rotation weeks (at a minimum).

Once the evaluation has been submitted to the program faculty for review/grading, **UNDER NO CIRCUMSTANCES** is the student to approach a preceptor for further explanation of their evaluation. If a student approaches a past preceptor for any review of the evaluation after the grade has been assigned to it by the program faculty, the student will be placed on probation or dismissed from the program (if already in a probationary status).

Students wishing to appeal a grade and pursue a grade change (including any clinical rotation grade) must follow the Grade Grievances procedure outlined below.

Grade Grievances

When a grade concern arises, it is the student's responsibility to resolve the issue with the faculty module/course director who was responsible for assigning the grade. If the matter cannot be resolved to the student's satisfaction with the instructor, the student should contact his/her advisor for assistance. If still unresolved, a written appeal to the program director may be made within 5 days of the grade assignment. The program director will independently evaluate the situation and render a decision. The decision of the program director is final.

Academic Appeals

The Physician Assistant Program recognizes due process and the rights of a student to appeal program decisions/actions affecting student progress within the program. Student's appeals must be based upon the program's failure to follow established policies or procedures. Students must present evidence that supports their appeal of a program decision/action according to the appeal process as defined herein:

1. All appeals must be submitted to the program director, in writing, within 5 working days of the occurrence that is the subject of the grievance.
2. Appeals will be reviewed during a meeting of the program core faculty, and a decision will be rendered to the student within 10 working days of receipt of the appeal. Students will be invited to attend the faculty meeting at which the appeal is considered to present their case and respond to any questions the faculty may have. As this meeting is a purely an academic proceeding, no legal counsel will be allowed to attend or participate. The appellant student may, however, request participation by other students or non-program faculty with approval of the program director. Proceedings may not be recorded in any manner (audio, video, digital, etc.)
3. Students who wish to challenge the program's appeal decision may initiate a subsequent appeal to the Office of the Provost/Academic Vice President. This appeal must be initiated within 10 working days of the program's appeal decision and must be submitted in writing.
4. All academic appeal decisions rendered by the Provost/Academic Vice President are final.

Personal Attire

It is the responsibility of the student to dress appropriately, remaining clean and well-groomed at all times. Students are required to wear their Rocky Mountain College nametag and a white lab coat at all

times in patient care areas. Patient care areas are defined as any setting in which patients are examined, evaluated, or provided care by any means including inpatient, outpatient, and campus settings.

The following are not appropriate in the clinic setting:

- Sandals, open-toed shoes, or tennis/running shoes
- Shorts and above-the-knee skirts
- Revealing clothing or clothing deemed unprofessional by the faculty

Identification

Each student will receive a campus photo identification card during orientation. Prior to participation in any clinical site, each student will be given a special program identification badge which must be prominently displayed at all times during clinical rotations or clinic shadowing experiences. Each student is responsible for this badge and, if lost, is responsible for the cost of a replacement badge.

Clinical Experience Logging

Students are required to keep accurate records of their participation in clinical rotations. Minimum requirements (in terms of patient encounter hours, numbers of patients seen, patient age groups, clinical settings, etc.) are established for each specific rotation. Failure to meet the minimum requirements, as specified in the rotation syllabus, will result in a failing (F) grade for that rotation.

To facilitate recording, data collection, and program review of each student's clinical experiences, an online software system called TYPHON is used. Students are encouraged to record each patient encounter as soon after it occurs as possible, but no later than 48 hours. **All patient encounters must be recorded within 72 hours of the last day of each clinical rotation.** All TYPHON recorded reports and data available at the 72-hour time limit will be used to establish whether the student has met the minimum requirements of the rotation.

General Policies & Procedures

Accommodations/Disabilities

Rocky Mountain College and the Physician Assistant Program are committed to providing courses, programs, services, and facilities that are accessible to students with disabilities. Students with disabilities are responsible for identifying themselves, providing appropriate documentation, and requesting reasonable accommodations. In order to ensure provision of needed accommodations/support services from the onset of participation in the Physician Assistant Program, students with disabilities are encouraged to contact the Rocky Mountain College graduate student Section 501/ADA Coordinator immediately after

accepting a position in the program to provide/initiate the necessary documentation to establish an accommodations plan. Refer to the most recent edition of the Rocky Mountain College Catalog for further information.

Name and Contact Information Changes

It is every student's responsibility to keep the program administrative assistant informed of current contact information throughout their program application and enrollment. Changes must be reported within seven days of occurrence and updated by the end of the first week of each new clinical practice rotation. The contact information that must be kept current includes:

- Name changes
- Mailing address
- Telephone number(s)
- E-mail address

The program will not be held responsible for consequences incurred as a result of our inability to contact students in a timely manner due to contact information changes that were not reported to the program, or for e-mail or other correspondence that goes unread.

Enrolled students are responsible for checking the e-mail account, Moodle correspondence, and phone voice messages at least daily.

Drugs and Alcohol

Physician Assistant students must follow the RMC policies on drug and alcohol abuse. These policies are found in the RMC Catalog. The MPAS Program is concerned about drug and alcohol abuse by any enrolled student and, upon reasonable evidence, may require that a student undergo evaluation and treatment by a licensed substance abuse counselor in order to remain in the program. Other appropriate measures including, but not limited to, random spot testing for drugs and alcohol may be necessitated upon individual circumstances.

Employment During the MPAS Program

Students are strongly discouraged from seeking or maintaining employment while enrolled in the program. If a student does work and encounters academic and/or disciplinary problems, the student may be counseled to cease employment. Under no circumstances will employment be considered as a reason for excused absence from the student's didactic or clinical education commitments, nor will student employment considerations mitigate evaluation of outcomes.

Matriculated PA students will not be employed by the Physician Assistant Program under any circumstances. Students will not be allowed to perform clerical or administrative work for the program.

During clinical rotations, students will not be used to substitute for regular clinical and/or administrative staff. If a student is asked to substitute for regular staff on a rotation, he/she should inform the clinical coordinator or program director immediately.

Grievance Procedures

Students are encouraged to pursue informal resolutions to conflicts in a professional manner. Grievances of a non-academic nature, if formally pursued, must follow the policies and procedures described in the Rocky Mountain College Catalog (available online).

Nondiscrimination/Harassment

The following are specific policy statements of Rocky Mountain College:

1. EOE/AA Policy -- It is the policy of Rocky Mountain College to afford equal opportunity in employment and admissions to all individuals. No person, on the basis of race, color, national origin, sex, religion, age, sexual orientation, or handicap shall be excluded or denied benefits or otherwise discriminated against in employment or admission or participation in education programs or activities. Discrimination shall not be tolerated in any service or operation including, but not limited to, recruiting, testing, counseling, awarding financial aid, research, etching, assignment of work-study and assistantships, granting of degrees, or participation in RMC sponsored student recreation or organizational activities.
2. Sexual Harassment Policy -- It is the policy of the College to provide a working, learning, and teaching environment free from unlawful harassment of any kind, including sexual harassment. Sexual harassment of any student, on or off campus, is prohibited and will not be tolerated. Retaliation against a person who reports or complains about harassment, or who participates in the investigation of a harassment complaint, is also prohibited.

Each member of the College community is responsible for adhering to and implementing these policies. Employees and students will be subject to disciplinary action for violation of these policies.

Printed copies may be obtained through the RMC personnel office.

Program Evaluations

Students are required to complete all module, course, rotation, program, and instructor/faculty/preceptor evaluations. Student input is a

vital and integral component of the program's ongoing self-assessment and improvement process, and is an absolute requirement for program accreditation. All mandatory evaluations provided by students are completed in a confidential manner. Many of the evaluations have been computerized (Moodle) providing for easy statistical analysis of the survey results and tracking, while maintaining student anonymity. A student's history of completing course evaluations is a component of professional evaluation.

Security and Safety

Rocky Mountain College and the MPAS Program strive to assure the security and safety of students in all locations in which instruction occurs throughout the curriculum. Student safety is also considered in the development and approval of clinical sites. Students should assume responsibility for notifying the program and/or college when security or safety concerns arise.

RESOURCES

Facilities

Classroom

The program has a dedicated classroom used exclusively by the Physician Assistant students. Each student is provided with an individual desk and a comfortable executive chair. Audiovisual support is available for presentations. Faculty and students have access to the classroom computer, and the room is equipped with a secure wireless Internet connection for personal laptop computer use. An assortment of printed medical sources (textbooks and PA journals) is maintained for easy reference. Access to the classroom (and other program dedicated resources described below) is provided to students on a 24/7 basis throughout the length of the program.

Physical Assessment Labs

Six individual physical assessment rooms are equipped like typical outpatient clinic examination rooms to provide skills in patient interviewing and physical examination techniques. There is also a room that simulates an Emergency Department in which to practice emergency and inpatient skills. Students practice physical assessment on trained patient models during the two semesters of the didactic program.

Clinical Skill Equipment, Simulators, and Mannequins

The program has and continues to acquire an assortment of clinical skills equipment, patient simulators, and anatomic mannequins that assist students in learning and practicing important physical assessment, diagnostic, life-saving interventional, and therapeutic skills. These resources must NOT be removed from the classroom. Students have access to all of these training materials on a 24/7 basis. (Among the resources available are simulators used to provide practice performing lumbar puncture (LP) procedures, chest tube insertions, cricothyroidotomy, pericardiocentesis, intraosseous infusions, nasogastric intubations, and endotracheal intubation.)

Cadaver and Anatomy Laboratory

The Rocky Mountain College Biology Program maintains a cadaver laboratory, which is utilized by the PA students throughout their didactic course work. The laboratory also maintains a collection of anatomic models and preserved human organs that demonstrate a myriad of normal and pathologic conditions.

Conference Rooms

Multiple conference rooms are available on campus for student and program use, including two in the Fortin Education Center.

Computer Laboratories

Several computer laboratories are located on campus. The one closest to the classroom is found in the Educational Resource Center (ERC). This library-based computer lab has 36 desktop computers with printer access. Students are provided a Rocky Mountain College user profile during orientation to utilize any of the campus provided computer terminals and printers.

Libraries

In addition to the Educational Resource Center (ERC), students have access to more resources through the Billings Area Health Science Information

Consortium, a group of public and private libraries dedicated to meeting the needs of students and professionals. These librarians are specifically trained in the needs of PA students and, thus, are excellent sources of information on how to access medical literature.

Student Health Services

The campus Student Health Services, located in the southeast corner of the Fortin Education Center, provides examinations, diagnosis, and treatment of minor illnesses, and primary treatment of injuries at no charge to students. Vaccinations are available for a nominal fee. The student is financially responsible for any costs associated with

prescriptions, referred laboratory work, x-ray film, and/or referrals to other physicians.

Student Handbook

All student health records, including those submitted as a requirement of the Physician Assistant Program, are confidential and maintained by the college Health Services staff. Faculty and staff do not review or have access to this information, except for immunization and tuberculosis screening results. Records are retained for five years at which time they are destroyed.

Physician Assistant Program faculty do not participate in provision of Health Services to students enrolled in the Program. **Internet Addresses**

Rocky Mountain College: http://www.rocky.edu Campus Mail: http://mail.rocky.edu/openwebmail Campus Moodle: http://basalt2.rocky.edu Program Website: pa.rocky.edu
--

Professional Organizations

American Academy of Physician Assistants (AAPA)
<http://www.aapa.org/>

Student Academy of the AAPA (SAAAPA)
http://www.aapa.org/your_pa_career/pa_students.aspx

Montana Academy of Physician Assistants (MTAPA)
<http://www.mtapa.com/>

Wyoming Association of Physician Assistants (WAPA)
<http://www.wapa.net/>

Accreditation Review Commission on Physician Assistant Education (ARC-PA)
<http://www.arc-pa.org/>

National Commission for Certification of Physician Assistants (NCCPA)
<http://www.nccpa.net/>

Physician Assistant Education Association (PAEA)
<http://www.paeonline.org/>

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Appendix 1: Technical Standards Statement

I understand that individuals applying to the Rocky Mountain College Physician Assistant Program must meet certain basic/essential requirements (referred to as the *Technical Standards*) that are necessary for obtaining employment and performing as a Physician Assistant. The *Technical Standards* each student must master include cognitive, physical and behavioral characteristics. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis; but, a candidate must be able to perform in an independent manner. All students must possess the intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the program core faculty. The following skills are required of each Physician Assistant student, with or without accommodation:

1. Observation Skills

The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

2. Communication Skills

A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

3. Motor Skills

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to do basic laboratory tests, carry out diagnostic procedures, and read EKGs and X-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment of patients. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

4. **Intellectual--Conceptual, Integrative and Quantitative Abilities**
These abilities include measurement, calculation, reasoning, analysis and synthesis. Problem solving, the critical skill demanded of physician assistants, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three dimensional relationships and to understand the spatial relationships of structures.
5. **Behavioral and Social Attributes**
A candidate must possess the emotional health and stability required for full utilization of her/his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, the development of mature, sensitive and effective relationships with patients. Candidates must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admission and education processes.
- I declare that I am able to meet the program's *Technical Standards* as described above.

Signed _____
Signature

Date

Appendix 2: Participation as Human Subjects

PARTICIPATION OF STUDENTS AS HUMAN SUBJECTS

Functional anatomy and physical diagnosis are best learned through the study of living subjects.

We require the participation of students as living subjects, as well as examiners (in an interchangeable fashion), during selected courses of the preclinical phase. We expect students in this Program to willingly participate in all aspects of physical exam training in a professional and cooperative manner. At various times, students will be asked to wear clothing that will easily allow physical examination by another student. Females will be asked to wear a modestly appropriate sports bra and shorts, and males will be asked to wear shorts.

By signing below, I am hereby signifying that I understand this policy and agree to abide by it.

Student _____
Date _____

Signature _____

Appendix 3: Health History Questionnaire

Today's Date _____
 Name _____
 All previous occupations _____
 Education: Years in high school _____ Degrees _____
 college _____
 Birthplace _____
 Single _____
 Married _____
 Widowed _____
 Separated _____
 Years in _____
 Date of Birth _____

Note: This is a confidential record of your medical history and will be kept in the RMC Health Suite Office. Information contained here will not be released to any person except when you have authorized us to do so. Please call (406) 657---1068 if you have any questions.

Family History	If Living		If Deceased		blood d or had:		
	Age	Health	Age at Death	Cause	Check if yes	Relationship Yes	if
Father							
					Allergies		
Mother					Asthma		
					Arthritis		
(Circle) 1. Brother/Sister					Glaucoma		
2. Brother/Sister					Cancer		
					Tuberculosis		
3. Brother/Sister					Diabetes		
					Heart Trouble		
4. Brother/Sister							
					High Blood Pressure		
Spouse					Stroke		
					Epilepsy/Seizures		
(Circle) 1. Son/Daughter					Substance Abuse		
					Depression/Emotional Prob.		

2. Son/Daughter					Suicide		
					Kidney Trouble		
3. Son/Daughter					Birth Defects		
					Sickle Cell Anemia		
4. Son/Daughter					Mental Retardation		

PERSONAL HISTORY: Please complete blanks in sections below

Date _____ of last physical examination: _____
Health Care

Provider: _____

HOSPITALIZATIONS: List all for illness or surgery, beginning with the most recent:

Date	Reason	Hospital	Health Care Provider

CURRENT MEDICATIONS:

Circle those you use
 Laxatives Birth Control Pills
 Aspirin Decongestants
 Vitamins Nasal Sprays
 Tranquilizers Cortisone
 Hormones Diet Pills
 Antacids Diuretics/Water Pills
 Cold/Allergy Pills

ADDITIONAL MEDICATIONS:

EKG (or treadmill)
 DATE OF LAST: Stool test (Blood)
 Pap Smear _____
 Mammogram _____
 Cholesterol _____
 Date _____
 Result _____

HAVE YOU HAD X-
 --RAYS OF: _____
 Chest _____

WEIGHT: _____ Now
 1 yr. ago
 Desired _____

ALCOHOLIC

BEVERAGES:

Never _____
 Less than 6 drinks/week
 7---24 drinks/week _____
 Over 24/week _____

Ever treated for alcoholism? _____

RECREATIONAL Marijuana

Cocaine

Heroin _____
 Other _____
 Ever treated for drug _____

HABITS: Use seat belts? _____
 TOBACCO: _____ Never
 Cigarettes _____
 _____ packs/day
 Cigars _____

Pipe _____
 Age started smoking _____
 Age stopped smoking _____
 Snuff _____

Chewing tobacco _____
 ANY SPECIAL DIET? _____

Type: _____

EXERCISE?Type: _____

Frequency, distance or amount: _____

Stomach _____ (Upper GI) _____
 Dependency? _____
 Colon/Barium Enema _____

NAME: _____

(Please Print)

PERSONAL HISTORY --- Circle any of the items listed below
 that apply to you (past or present):

		MEN				ONLY:				Have	
		you				ever		had		swellings of	
		or				lumps		on		testicles?	
						Yes				No	
		you				do		regular		testicular	
--exam?								Yes		Do self-	
						No					
WOMEN	ONLY:	Do	you	do	regular	breast	self---exam?			Yes	
		No									

Menstrual History						Pregnancies					
Age	at	onset	_____			Total	Number	_____			
		Date	of	last	period	How	many	children	born	alive	
Cycle	(from	start	to	start)	_____	How	many	stillbirths	_____		
Usual	duration	of	flow	_____	days	How	many	premature	_____		
Usual	duration	of	flow	_____	days	How	many	Cesarean	sections	How	many
	_____			Heavy	_____	Flow	is			_____	miscarriages
Medium	_____	Light				How	many	abortions	_____		
Pain	or	cramps	_____								
Period	irregular	_____									
Have	had	vaginal	infections	or	frequent						
discharge	_____										
Have	taken	birth	control	pills	or	used					
an	IUD	_____									

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Have	had	abnormal	PAP	_____
Date	of	last	PAP	_____

EXPOSURES: Have you

been exposed to:

Lead

DES

Asbestos

Others

(Chemicals, Noise, etc.)

ALLERGIES:

allergic to

Are you

Penicillin, sulfa, other antibiotics

Aspirin, codeine or morphine

other medicines?

Any

bites or stings

Insect

foods?

Any

Health Care Provider's Signature

Date

Name: Birthdate: Today's date:

(Please Print)

LABORATORY EXAMINATION DATA (within the past year):

Hemoglobin or Hematocrit

WBC

Urine:

Sugar

Protein

Microscopic:

PHYSICAL EXAMINATION:

Temperature

"✓✓"

Pulse			General	Appearance	Lungs
Respiration			Mental	Status	Heart
Blood	Pressure:			Skin	Abdomen
				Right	
Height			Eyes	Vagina	Left and Cervix
Weight			Fundi	Pelvic	Contents
Vision:			Ears	Rectal	
			OD		
			OS		
Color		Vision		Throat	Peripheral
Hearing:			Teeth	Neurological	
					Right
					Left
		Breasts			

Appendix 4: Immunization

Information

Release Form

IMMUNIZATION REQUIREMENTS:

from original physician records. to complete Montana State documentation of two following the law requires all applicants, born after January 1, 1957, to provide Proof must be from a physician, school, or other official records. If no record is available, immunizations may be performed by the RMC Student Health Service, before health registration.

Immunizations			Date of Last Vaccine (DD/MM/YY)	Serologic Immunity (DD/MM/YY)	Source
Polio	Vaccination	#1			Must attach copy of official documentation
Polio	Vaccination	#2			Must attach copy of official documentation
Polio	Vaccination	#3			Must attach copy of official documentation
Diphtheria---Tetanus---Pertussis					Must attach copy of official documentation
Varicella	(Chickenpox vaccine OR titer)				Must attach copy of official documentation
*MMR (rubella)	(measles, #1 mumps, vaccination)				Must attach copy of official documentation
*MMR (rubella)	(measles, #2 mumps, vaccination)				Must attach copy of official documentation
Hepatitis B	vaccination #				Must attach copy of official documentation
Hepatitis B	vaccination #				Must attach copy of official documentation
Hepatitis B	vaccination #				Must attach copy of official documentation
Tuberculin six Skin Test (PPD Date: within the last Result: _____)					

HEALTH CARE PROVIDER'S COMMENTS

Health	Care	Provider's	Signature: _____							Phone: _____		
			Date: _____									
Print	Name: _____		Address: _____									
		Please mail the completed form to: Rocky Mountain College, Student Health Services, 1511 Poly Drive, Billings, MT 59102										

Appendix 5: Declaration of Understanding

Declaration of Understanding

I have read and understand the document entitled “Rocky Mountain College (RMC) Master of Physician Assistant Studies Student Handbook” for the class of 2017---18 which is a program specific addendum to the RMC Catalog containing requirements, rules and regulations, policies and procedures, and expectations of students enrolled in the RMC Master of Physician Assistant (MPAS) program. I further understand that all policies and procedures described therein will be applied to all phases of my education and evaluation and I agree to uphold and comply with said policies and procedures for the duration of my enrollment in the RMC --- MPAS program.

I understand that the Physician Assistant (PA) program reserves the right to alter the contents of said handbook at anytime without notice and that I will be provided written notification of any such changes.

I understand that my failure to meet any requirements set forth in this MPAS Student Handbook addendum may result in my dismissal from the program at any time. I understand discovery of any confirmed misrepresentations or omissions in my PA program application will constitute grounds for immediate dismissal without appeal.

Responsibilities Regarding Health and Patient Care

I affirm that I understand the importance of recognizing personal medical conditions, which might potentially endanger the health of patients and others. I understand that procedures and the need for complying with universal precautions when interacting with patients. I understand the importance and necessity of promptly seeking medical advice if, during my contact with patients or others, I suspect I may have developed a condition which potentially endangers others. I understand that I should restrict my interactions with patients and others, pending medical evaluation, or any potentially transmittable disease conditions that I might incur.

Acknowledgement

I hereby acknowledge receipt and attest that I have read and understand the policies and procedures described in the Master of

Physician Assistant Studies Student Handbook and agree to abide by them.

Student Name (please print):

Student Signature: Date:

be asked to wear clothing that will easily allow physical examination by another student. Females will be asked to wear a modestly appropriate sports bra and shorts, and males will be asked to wear shorts.

By signing below, I am hereby signifying that I understand this policy and agree to abide by it.

Student
Date

Signature

Appendix 6: Authorization to Use Photographs

Authorization to Use Photograph

I, _____ (print name) hereby give my permission to Rocky Mountain College (RMC) and the Master of Physician Assistant Studies (MPAS) program to use individually, group and classroom photographs for its publications, for advertisements, promotions, the RMC website, biographical profile, or whatever purposes they deem necessary.

Signature

Date Signed

Appendix 7: Professional Dress Guidelines

Rocky Mountain College Master of
Physician Assistant Studies

Advanced notice will be given when these guidelines are in effect:

- Heels no taller than 2 inches
- No flip flop style shoes - nothing between the toes
- No gym or athletic shoes for men
- No white socks with dress pants/shoes
- Top button of shirt buttoned with tie
- Shirt must be pressed
- Face must be shaved. Mustache/beard acceptable if kept trimmed
- No jeans or “carhart material” for pants
- No cargo pants
- No skirts above the knee
- Tights or nylons are preferred with skirts vs. bare legs
- Dresses should not be excessively form-fitting
- Leggings tolerated with appropriate top (if you are concerned don’t wear it) - top should cover thighs
- No open neckline shirts for women
- No open back/ see-through back/ or lace back shirts □ No see through shirts with camisole underneath
- No halter tops/no bra straps showing
- No bare midriff shirts or shirts shorter than hip length
- No bare shoulders
- Interview style jewelry - no large bulky costume jewelry. Wrist jewelry must not interfere with hand hygiene
- No facial piercings including nose, lip, eyebrow, or tongue
- Limit to 2 piercings per ear. No gauges or discs in ear
- Hair color should be in the realm of shades of natural human hair color
- Hair styles should adhere to what is professionally acceptable for gender and age
- Make-up should be modestly applied
- Every effort should be made to conceal tattoos when in a professional atmosphere
- No artificial finger nails of any kind and no nail polish

Appendix 8: Policy for Needle Stick Injuries



ROCKY MOUNTAIN COLLEGE
Master of Physician Assistant Studies Program

Rocky Mountain College Master of
Physician Assistant Studies

Policy for the management of needle stick injuries and blood borne pathogen exposures

First Aid /Blood borne Pathogen Adequate first aid material must be stocked, readily available, and easily accessible in any areas where hazardous material and chemicals are stored, handled, or prepared for disposal. Assessment of these areas to determine type and quantity of first aid materials must be accomplished prior to each semester, along with replenishing any used or outdated materials. Reserve replacement first aid items must either be in stock or immediately accessible in the event an accident occurs. first aid minimum requirements, summarized below:

- One absorbent compress, 32 sq. in. (206 sq. cm.) with no side smaller than 4 in. (10cm)
- 16 adhesive bandages, 1 in. x 3 in. (2.5cm x 7.5cm)
- One roll adhesive tape, 3/8 in. x 5 yd. (457.2cm) minimum
- 10 antiseptic, 0.14 fl. Oz. (0.5g)
- Burn treatment
, 1/32 oz. (0.9g)
- Two pair medical exam gloves
- Four sterile pads, 3 in. x 3 in. (7.5cm x 7.5cm)
- One triangular bandage, 40 in. x 40 in. x 56 in. (101cm x 101cm x 142cm)

Additional first aid materials should be included where deemed necessary. An inventory of materials should also be included with each first aid kit, to facilitate replenishment.

While risk of exposure to blood borne pathogens due to normal activity at RMC is limited, exposure can be greatly increased when handling hazardous materials and chemicals. Contact with these substances can cause immediate bodily harm with associated exposure to blood borne pathogens and body fluid. Please consult Rocky Mountain College's comprehensive Blood borne Pathogen Policy found at http://rocky.edu/academics/faculty_web/PoliciesProcedures.php

Students are required to fill out the Needle stick/ Blood Borne Pathogen incident report. This can be accessed in the office of Student Health. Students are then referred to Riverstone Health for follow-up. Students are

financially responsible for all costs incurred with the evaluation and treatment of needle stick injury and/or exposure to blood borne pathogens.

By signing below I state I have read and understand the above policy.

Name:_____ Date:_____