

University of Florida  
School of Physician Assistant Studies

**Academic Manual  
2013 – 2014**

**CONTACT INFORMATION**

**OFFICE TELEPHONE NUMBER**

(352) 265-7955

**OFFICE FAX NUMBER**

(352) 265-7996

**MAILING ADDRESS**

School of Physician Assistant Studies  
College of Medicine  
P O Box 100176  
Gainesville, FL 32610-0176

**SHIPPING ADDRESS (UPS)**

1329 S. W. 16<sup>th</sup> Street  
Suite 1160  
Gainesville, FL 32608

**EMAIL ADDRESSES**

ROBERT K. BOBILIN	<a href="mailto:robert.bobilin@pap.ufl.edu">robert.bobilin@pap.ufl.edu</a>
PETAR BREITINGER	<a href="mailto:petar.breitinger@pap.ufl.edu">petar.breitinger@pap.ufl.edu</a>
ELIZABETH A. BROWNLEE	<a href="mailto:elizabeth.brownlee@pap.ufl.edu">elizabeth.brownlee@pap.ufl.edu</a>
SHALON R. BUCHS	<a href="mailto:shalon.buchs@pap.ufl.edu">shalon.buchs@pap.ufl.edu</a>
MELINDA CANTON	<a href="mailto:melinda.canton@pap.ufl.edu">melinda.canton@pap.ufl.edu</a>
PEGGY J. CISSNA	<a href="mailto:peggy.cissna@pap.ufl.edu">peggy.cissna@pap.ufl.edu</a>
RHONDA R. DOUGLAS	<a href="mailto:rhonda.douglas@pap.ufl.edu">rhonda.douglas@pap.ufl.edu</a>
JASON S. FROMM	<a href="mailto:jason.fromm@medicine.ufl.edu">jason.fromm@medicine.ufl.edu</a>
RANDOLPH B. MAHONEY	<a href="mailto:randolph.mahoney@pap.ufl.edu">randolph.mahoney@pap.ufl.edu</a>
KAREN E. MULITALO	<a href="mailto:karen.mulitalo@pap.ufl.edu">karen.mulitalo@pap.ufl.edu</a>
RALPH W. RICE	<a href="mailto:ralph.rice@pap.ufl.edu">ralph.rice@pap.ufl.edu</a>
KERI J. STONE	<a href="mailto:keri.stone@pap.ufl.edu">keri.stone@pap.ufl.edu</a>
AMBER WHITMORE	<a href="mailto:amber.whitmore@pap.ufl.edu">amber.whitmore@pap.ufl.edu</a>

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## ADVISEE GROUPS

### **Robert Boblin**

Josh Beasley  
Jane Buzzell  
Carlee Ettinger  
Leeann Harridsleff  
Jamie Koch  
Alyssa Madanick  
Megan Pemberton  
Laura Powell  
Chris Pratt

### **Petar Breitinger**

Hector Bird  
Cody Hinson  
Megan Iseman  
Olga Levkina  
Tiffany Poisson  
Ashley Skidmore  
Paige Smith  
Mandy Ulan  
Melissa Weaver

### **Randy Mahoney**

Allison DeSloover  
Leslie Fincher  
Winthrop Head  
Alexandra Lanzi  
Amanda Leitz  
Michael Skriletz  
Rebecca Tarin  
Stephanie Wordes

### **Amber Whitmore**

Anna Gapys  
Kimberly Grogan  
Dale Houser  
Katie Lee  
Kristen McCutcheon  
Amy Metz  
Bhumi Patel  
Rachel Reedy  
Colleen Ursic

### **Elizabeth Brownlee**

Awad Abass  
Sara Collard  
Marian Hanhan  
Jenna Johnson  
Rachele Mehl  
Eric Michaelis-Woodard  
Jamie Osborne  
Martha Shepard  
Anna Snell

### **Shalon Buchs**

Kaycee Anderson  
Stephanie Brombacher  
Dexter Burney  
Greg Fenn  
Charlie Jones  
Brittany Lanzi  
Emily Mattai  
Sara Mercier  
Krista Wert

### **Karen Mulitalo**

Ryan Baldeo  
Jessica James  
Ian McComb  
Adri Anne Newton  
John Simonson  
Tori Tran  
Constance Wagner  
Rachel Ware

# UNIVERSITY OF FLORIDA

## SCHOOL OF PHYSICIAN ASSISTANT STUDIES

### MISSION STATEMENT

The mission of the School of Physician Assistant Studies is to recruit and educate high quality students to become exemplary physician assistants who will serve the people of Florida and the nation as part of a multidisciplinary healthcare team.

### SCHOOL OBJECTIVES

The overall objectives of the School of Physician Assistant Studies are:

1. To provide an educational environment which will assure each student an optimal opportunity to acquire the basic knowledge, skills, and attitudes needed to function effectively as an assistant to the primary care physician.
2. To encourage the student's appreciation of social and ethical issues influencing modern health care delivery from the biopsychosocial perspective, as well as increasing his/her understanding of the technical aspects of clinical practice.

To achieve these objectives, the School of Physician Assistant Studies strives to train physician assistants who:

1. Have the clinical knowledge and skills necessary to evaluate, diagnose, and manage common acute and chronic primary health care problems in the emergency, ambulatory care, and hospital setting.
2. Have the ability to screen for disease and counsel patients on issues of health promotion and disease prevention.
3. Have the ability to provide psychological support to patients during episodes of illness or emotional crisis.
4. Utilize community health care resources in a cost effective manner.
5. Communicate and work effectively with other members of the health care team and the patient's family.

# UNIVERSITY OF FLORIDA SCHOOL OF PHYSICIAN ASSISTANT STUDIES

## Competencies for the Physician Assistant Profession

### Preamble

In 2006, the National Commission on Certification of Physician Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, *Competencies for the Physician Assistant Profession*, is a foundation from which each of those four organizations, other physician assistant organizations, and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

### Introduction

The purpose of this document is to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team, and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies<sup>1</sup> for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning and professional growth, and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the setting.

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<sup>1</sup>In 1999, the Accreditation Council for Graduate Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA's Eligibility Committee, with substantial input from representatives of AAPA, APAP and ARC-PA, has modified the ACGME's list for physician assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA's EVP/CEO, Dr. Steve Crane; and NCCPA's own examination content blueprint.

# UNIVERSITY OF FLORIDA SCHOOL OF PHYSICIAN ASSISTANT STUDIES

## **PHYSICIAN ASSISTANT COMPETENCIES**

The PA profession defines the specific knowledge, skills as well as attitudes, required and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

### **Medical knowledge**

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities
- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomy, physiology, laboratory findings, and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions.

### **Interpersonal & communication skills**

Interpersonal and communication skills encompass verbal, nonverbal, and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Physician assistants are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information

- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
- Apply an understanding of human behavior
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

### **Patient care**

Patient care includes age appropriate assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

- Work effectively with physicians and other health care professionals to provide patient-centered care
- Demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Competently perform medical and surgical procedures considered essential in the area of practice
- Provide health care services and education aimed at preventing health problems or maintaining health.

### **Professionalism**

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- Professional relationships with physician supervisors and other health care providers

- Respect, compassion, and integrity
- Responsiveness to the needs of patients and society
- Accountability to patients, society, and the profession
- Commitment to excellence and ongoing professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- Self-reflection, critical curiosity, and initiative.

### **Practice-based learning and improvement**

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access online medical information, and support their own education
- Facilitate the learning of students and/or other health care professionals
- Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

### **Systems-based practice**

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

- Use information technology to support patient care decisions and patient education
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care

- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve delivery of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Use information to support patient care decisions and patient education
- Apply medical information and clinical data systems to provide more effective, efficient patient care
- Utilize the systems responsible for the appropriate payment of services.

# UNIVERSITY OF FLORIDA SCHOOL OF PHYSICIAN ASSISTANT STUDIES POLICIES AND PROCEDURES

## **Class Attendance Policy**

Attendance during physician assistant training is extremely important given the amount of material covered in a short time. Because attendance and participation is very important to your development as a physician assistant, the program requires that students adhere to the attendance policies outlined below.

## **Punctuality**

1. Students are expected to be on time for each scheduled class.
  - a. To be considered 'on time', the student must be seated and prepared to take notes (laptop on, bags under desk) at the time the lecturer is scheduled to speak and ready to begin.
  - b. Students are required to be in their seats 10 minutes prior to the start of the first lecture each day for announcements and roll.

## **Roll**

1. Roll may be taken at the start of each day of class and may be taken at any time thereafter you are expected to be in class.
2. Any time roll is taken and you are not present, it will be considered an absence.
  - a. You will only accrue one absence per day, even if roll is taken multiple times.
3. Any student signing in or posing as another student, for the purposes of taking roll, may risk immediate disciplinary action (that may include dismissal) from the School of PA studies.

## **Absences**

1. Students are allowed 2 days of absence during each of the summer semesters or 3 days during each of the spring and fall semesters.
  - a. Students will be held responsible for content covered during the absence and any assignment or quizzes missed on these days may not be made up.
2. In the case of medical illness, your absence may be waived and not counted toward total absences for the semester.
  - a. Absences for medical reasons must be verified by an NP, PA, MD or DO. Verification should not be from a close relative or domestic partner.

- b. Quizzes and assignments that are missed for medically excused absences on non-mandatory days may be made up. They may not be made up for a non-excused absence.
3. The program does not need to be notified about non-medical absences on non-mandatory days unless the absence is beyond the allowed number for the semester.
4. Absences that are non-medical and beyond the limit for the semester are considered excessive. Students with excessive absences may face disciplinary action (that may include dismissal) by the Professional Standards and Promotions Committee (PSPC).
5. Contact the Director of Didactic Education, Liz Brownlee, for excuse of an absence.

### **Mandatory Attendance Days**

1. Mandatory attendance days are days where you must be in attendance due to the nature of the activity (special lectures, physical examination training, ACLS training, scheduled exams, etc.). Students will be notified of mandatory days by either the weekly calendar or email. Missing a Mandatory attendance day may result in disciplinary action by the PSPC.
2. Any request to excuse an absence on a mandatory attendance day for any reason other than medical or personal emergencies will be denied.
  - a. Denial of request may be appealed. Appeals will be reviewed by the PSPC committee for further review (see 'Absence Report Form')

### **Absence Report Forms**

1. An Absence Report Form must be submitted for official university business, medical absence, and each absence beyond those allowed for the semester.
2. Absence Report Forms should be submitted prior to the absence if possible, or within 24 hours of returning to class, if the reason is medical or personal emergency.
3. The Absence Report Form and the Appeal Form can be found at the end of this manual and the Sakai site.

### **Professionalism During Attendance**

1. Students should be attentive and respectful to lecturers and instructors. Talking, 'surfing the internet', communicating on social networks or causing general disturbances during class time is inappropriate and may be grounds for disciplinary action by the PSPC.

2. Students are expected to participate fully in all learning activities. These activities include, but are not limited to, performing male and female exams on live standardized patients.
  - a. Any student who is unable or unwilling to fulfill or participate in these required components is subject to dismissal by the PSPC.

## TESTING POLICIES

1. Students are expected to take course examinations at the designated time.
2. In the event of illness or personal emergency on the day of an examination:

The **student** must contact the Course Master and the Director of Didactic Education **before** the exam, and inform them that the student is unable to take the test. A student who has missed an examination because of illness or personal crisis will be expected to take the examination within 48 hours, or during the first day back in class (whichever occurs first). If the time period becomes longer than 48 hours, **or** absence was not approved by the Course Master and Director of Didactic Education in advance, the student's grade for the exam will be no higher than the class average.

A student may be required to bring a letter from a physician documenting his/her illness.

3. Students who have a serious and/or prolonged illness will be reviewed individually, and arrangements will be made accordingly.
4. With all courses that are directly conducted by the School of PA Studies, the following guidelines during testing must be followed:
  - A. Students must turn off cell phones and place all personal belongings in the storage bins within the computer testing center.
  - B. Once the exam has begun, the proctor will not answer any questions. Students should remain in their seats at all times until they have finished the examination. Students may be excused during the examination **one at a time** in order to use the rest room.
  - C. The duration of each exam will be determined by the Course Master.
  - D. Keep in mind that all examinations conducted in the computer testing lab are subject to video monitoring. Do not communicate with other students during exams or do anything that could be construed as cheating.
  - E. Upon completing and submitting your exam, please leave the testing area.
  - F. Any questions or discrepancies regarding an exam during the academic year should be addressed in writing, citing the discrepancy and listing references, to the Course Master.

## **QUESTION PERTAINING TO EXAMINATION QUESTIONS**

In the event a student has a question or concern regarding an examination question, the student will address this issue to the faculty member in charge of the examination. The issue must be made in writing within 2 days of the review of the examination; emails are an acceptable form of communicating this.

The student's question or concern must address a specific issue regarding the examination question or assignment, such as having multiple correct answers, having no correct answers, etc. An explanation as to support the student's argument should be made using supporting documents referring to specifics in the assigned readings. The faculty member will consider the student's challenge and will respond in writing (email is acceptable) within 3 days as to their decision regarding the question being challenged.

## **EVALUATION OF COURSES**

Course/instructor evaluations are mandated by the State and must be completed within the time limits set by the School. Section and course grades will not be released until these requirements are met.

**Note:** Comments should be made in a constructive manner, focused on improving the quality of the course. Personal attacks are neither useful nor constructive for the educational goals of any section. Please make an appointment with the School Director for any concerns that may come up during a section rather than using the evaluation as a vehicle to express your frustrations.

## **INSTRUCTIONAL ROLES**

While it is recognized that many students may already possess skills/expertise in a given area taught in the academic year and may at the request and supervision of the course instructor help classmates to learn a given skill, at no time will students replace faculty/course instructors. Likewise, in the clinical year students may not be used to substitute for regular clinical or administrative staff.

## **GRADING SYSTEM**

The following grading system will generally be used for all courses whose primary responsibility rests with the School of PA Studies, except where explicitly described as different in the individual course syllabus. The Course Master may adjust/curve scores for individual exams or courses when appropriate. However, the grading scale will not be increased.

A	=	90 - 100
B+	=	86 - 89
B	=	80 - 85
C+	=	76 - 79
C	=	70 - 75
D+	=	66 - 69
D	=	60 - 65
E	=	59 or below

In the case where the grade is determined to be a fraction, averages will be rounded up to the next highest number when the fraction is 0.50 or greater.

### **ACADEMIC STANDARDS**

Any course grade below a “C” (or a failure in a pass/fail course) may be grounds for dismissal for academic reasons, subject to the decision of the School of PA Studies Professional Standards and Promotions Committee. If the PS&PC determines the student earning a grade below a “C” should be given the opportunity to achieve the program’s academic standards and be allowed to remain enrolled in the School, the student will be placed on probation at that time and will be required to complete any remedial work prescribed by the faculty. The prescribed remediation may include repeating any or all courses as deemed appropriate by the PS&PC to address the student’s weaknesses, including those courses which were previously passed. (Students may only be offered the option of remediating an entire year’s worth of courses one time.) Remediation may result in the student’s delayed graduation depending on the level of remediation and the time frame required for completion. Students will remain on probation until semi-annual review by the Professional Standards and Promotion Committee determines probationary status is no longer needed based on adequate student performance.

### **INTRODUCTION TO MEDICINE I AND II**

Failure of 3 exams within a semester or 4 exams within a year is looked upon as a serious deficit of knowledge. A student who receives a grade below 70 on more than two section examinations in one semester will be either decelerated or dismissed from the School on academic grounds. A student who receives a grade below 70 on more than three section examinations within the academic year will also be subject to deceleration or dismissal from the School on academic grounds.

### **ACADEMIC HONESTY**

The University of Florida expects students to be honest in all of their university coursework. Therefore, students are required to commit themselves to academic honesty by signing the following statement as part of the admissions process.

"I understand that the University of Florida expects its students to be honest in all of their academic work. I agree to adhere to this commitment to academic honesty, and understand that my failure to comply with this commitment may result in disciplinary action, up to and including expulsion from the University."

This statement serves to remind students of the obligations they assume as students at the University of Florida. Matters of pure violations of academic honesty are adjudicated pursuant to University regulations by the Health Science Center Student Conduct Committee.

**Note:** Each student will be assigned a “Turning Point” response device. The use of

another student's "Turning Point" response device is considered a violation of the Honor Code and will be referred for disciplinary action.

## **STUDENT MISTREATMENT**

The University of Florida School of Physician Assistant Studies is committed to treating all members of the college community fairly with regard to both personal and professional concerns. The student mistreatment policy ensures that concerns are promptly dealt with and resolutions reached in a fair and just manner. The School's procedures enable students to bring problems to the attention of the administration in a timely manner. The College of Medicine and the School of Physician Assistant Studies forbids any retaliatory action against students who present concerns and complaints in good faith.

A mistreatment grievance is defined as dissatisfaction occurring when a student believes that any decision, act or condition affecting her or him is illegal, unjust or has created unnecessary hardship. Mistreatment grievances may concern, but is not limited to, the following:

- academic problems (excluding grades, except when there is an allegation of illegal discrimination or where a grade penalty has been imposed without proper authority;
- mistreatment by any university employee;
- wrongful assessment of fees;
- errors in records and registration ; and
- discrimination in student employment because of race, national origin, gender, sexual orientation, marital status, religion, age, or disability.

Mistreatment may take the form of verbal or physical abuse, discrimination for any reason, or a requirement for individual service activity that is independent of requirements for other team members. When such an incident is believed to occur, the student should first discuss the problem with the individual responsible for the perceived negative action or with the Associate Dean for Physician Assistant Studies, Associate Dean for Medical Education, Associate Dean for Student Affairs, or one of the Assistant Deans for Diversity and Health Equity. The individual contacted by the student will then address the concern with the appropriate faculty member who is responsible for the educational activity in which the incident occurred. If the perceived negative action occurred on the Jacksonville Campus, students may also discuss the matter with the Associate Dean for Students Affairs-Jacksonville, who will follow the same plan outlined above. A written record of incidents reported to one of the Associate or Assistant Deans will be maintained by the Associate Dean for Physician Assistant Studies. Once the allegation of mistreatment is elevated beyond the level of the individual responsible for the incident, the reviewing authority should provide a written response to the student within ten business days of being notified of the incident. If the student is not satisfied with the response of the reviewing official, he/she may appeal first to the Senior Associate Dean for Educational Affairs and, subsequently, to the Dean of the College of Medicine.

At any point in the process outlined above, the student also may address his/her concern about mistreatment with the Program Director for Student Counseling and Development. This official may provide counseling to the student but will not be responsible for attempting to redress the grievance.

## **STUDENT DRESS CODE**

As members of a profession whose image is very important, students should be aware that many people, rightly or wrongly, judge an entire group by what they consider appropriate appearance. The professional image you project is very important to both the School of PA Studies and the PA profession. Students should bear this in mind when selecting their attire, even for the academic year.

There is a great variety of settings that the Physician Assistant student will find him/herself in during the two years of training at the University of Florida. Each setting will have its own “appropriateness” of dress and the student will have to adjust accordingly. For example, one should wear old clothes and a lab coat during the Gross Anatomy Lab, since they will not be useable after the course.

In general, the dress code for the School of PA Studies is as follows:

**Classroom Area:** Definition of a classroom area: lecture halls and laboratory.

1. Clean and neat royal blue scrubs and closed toe shoes must be worn at all times.

**Patient Care Areas:** Definition of a patient care area: any area in which patients are examined, evaluated, or rendered care by any means including both inpatient and outpatient settings including the Harrell Center.

1. Short, waist-length white coats (consult) are **REQUIRED** to be worn during the academic year.
2. Business professional attire is required to be worn at all times. For example, men should wear a shirt, tie, dress slacks and shoes. Women should wear a pant suit, blouse and skirt, or a dress suit. Closed toe shoes must be worn at all times.
3. The following items are considered inappropriate:
  - Mini-skirts
  - Tube tops
  - Excessive jewelry
  - Facial piercings
  - Flip flops
  - Open-toes shoes
  - Jeans
  - Low cut tops
  - Shorts

- Tee shirts
- Visible tattoos
- Clothing that reveals shoulders or midriff

## PROFESSIONAL DEMEANOR

1. While you are in patient care areas; the patients, other health professionals and clinical office staff will judge your professionalism by the your grooming and dress, your communication style, your conflict resolution skills, and your work ethic (showing up on time prepared and ready to work). The community of physician assistants and physician assistant employers in the State of Florida is relatively small. Impressions that you make on clinical rotation may influence future employment opportunities and professional licensure. You should all strive to project a positive image of the PA profession and the University of Florida.
2. The School of Physician Assistant Studies expects all students to be professional in their dealings with patients, colleagues, faculty, and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated in the Professionalism Evaluation form by each preceptor during your clinical year rotations. Professional behavior is defined as behavior appropriate to the circumstances. Professional behavior reflects on a student's qualification and potential to become a competent clinician. **Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patients, peers, faculty, preceptors, or staff; misuse of written or electronic patient records (i.e. accession of patient information without valid reason); substance abuse; failure to disclose pertinent information on a criminal background check; or other unprofessional conduct can be grounds for dismissal. Dismissal from the School of Physician Assistant Studies for unprofessional behavior may, subsequently, jeopardize the student's eligibility for admission to any other college in the university.**

Examples of standards for professional behavior include, but not limited to the following: accepting personal responsibility for the care of one's patients; demonstrating appropriate truthfulness and honesty with colleagues; communicating an attitude of caring (empathy) in the course of health care delivery; recognizes personal beliefs, prejudices, and limitations; demonstrates respect for patients, families, members of the health care team, and colleagues; demonstrates initiative in patient care and a consistently good work ethic; and respects patient confidentiality at all times in verbal and written communication with others. Inadequate communication and/or failure to respond to communication initiated by the SPAS is also considered unprofessional, and may result in a substantial reduction in professionalism grade on any given rotation.

The conferring of the degree Master's of Physician Assistant Studies certifies that the student is not only competent to undertake the career as a physician

assistant but possesses the personal traits essential to the profession as judged by the faculty, preceptors, peers, and colleagues.

3. Students who are not in adherence with the professional standards set forth by the School will have a hearing of the Professional Standards and Promotions Committee. If the Committee determines that unprofessional behavior was demonstrated by a student, the following steps may be taken: Depending on the severity of the behavior, the student may be warned in writing that the behavior is unacceptable and that if the behavior is continued, it may lead to their dismissal from school. Such a letter will provide examples about what is or what is not acceptable, and may encourage the student to seek professional help from an appropriate resource. The letter may state that counseling, therapy, and anger management sessions may be considered as options. **Some types of behavior may be so egregious as to justify immediate dismissal of a student. Such behavior might include criminal acts or substance abuse.**

If there is a second documented case of unprofessional behavior, the student must appear before the Professional Standards and Promotions Committee and address why he/she should not be dismissed from school.

4. Appeals of any decisions of the Professional Standards and Promotions Committee must be made in writing to the Associate Dean/Director of the School of Physician Assistant Studies within two (2) business days of receiving official notification of the decision. The Associate Dean/Director will make a decision based on the facts and the written appeal within three (3) days of receiving the appeal. Official written notification will be made to the student of the decision of the appeal.

### **GATORLINK**

All students will be required to obtain and maintain a “GatorLink” account while in the PA Program. All School of PA Studies communications and information will be sent to “GatorLink” addresses **only**. Use of alternative e-mail addresses (e.g., Yahoo, Hotmail, Gmail, etc.) will be limited to the students’ own personal use.

### **EMAIL POLICY**

Student communication with the School of Physician Assistant Studies is routinely accomplished via email communications. This is especially true during the clinical year of education when many students are away from Gainesville. Students will be expected to check their University of Florida email accounts no less than every other day for essential communications. Email responses when necessary are expected in a timely manner. In order to avoid problems with receiving important messages from the School due to exceeding your “Gatorlink” email quota, delete old messages and clear your browser cache on a regular basis. Each student will be responsible for any consequences resulting from the School’s inability to deliver important email due to mismanagement of the email account. Failure to comply with the email policy will reflect

poorly on the student's professional development.

When communicating with the School, it is SPAS policy that only University of Florida email accounts will be recognized for student communication. This is important because e-mails originating from third-party accounts/services, such as Yahoo, Gmail, and others are frequently routed to quarantine folders. In these cases, the recipient may not be notified of the email until a later date when the quarantine folder contents are reviewed. University of Florida policy allows emails to be forwarded to on-campus or alternate e-mail addresses. If a student wishes to use such a service, please assure that when responding to emails the student's GatorLink email account is displayed as the sender's identification. If the sender's identification does not reflect the student's GatorLink account, it may be sent to a quarantine folder and not responded to within an appropriate timeframe. University of Florida policies pertaining to email forwarding and computing resources, including security and privacy issues, can be found at:

<http://www.it.ufl.edu/policies/aupolicy.html>

and

<http://www.it.ufl.edu/policies/forwarding.html>

## **SOCIAL NETWORKING SITES**

The School of Physician Assistant Studies subscribes to the policy pertaining to the use of social networking sites as adopted by the College of Medicine.

This policy, reproduced below, can be found at:

<http://osa.med.ufl.edu/policies/use-of-social-networking-sites/>

The administration of the College of Medicine recognizes that social networking websites and applications, including but not limited to Facebook, MySpace, and Twitter, are an important and timely means of communication. However, students and residents who use these websites and other applications must be aware of the critical importance of privatizing their web sites so that only trustworthy "friends" have access to the websites/applications. They must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from school or resident training.

The following actions are strictly forbidden:

- In your professional role as a care-giver, you may not present the personal health information of other individuals. Removal of an individual's name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual.

- You may not report private (protected) academic information of another student or trainee. Such information might include, but is not limited to: course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.
- In posting information on social networking sites, you may not present yourself as an official representative or spokesperson for the University of Florida College of Medicine.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.
- You may not utilize websites and/or applications in a manner that interferes with your official work commitments. That is, do not tie up a hospital or clinic computer with personal business when others need access to the computer for patient-related matters. Moreover, do not delay completion of assigned clinical responsibilities in order to engage in social networking.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged. Violations of these suggested guidelines may be considered unprofessional behavior and may be the basis for disciplinary action.

- Display of vulgar language
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
- Posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site.

When using these social networking websites/applications, students and residents are strongly encouraged to use a personal e-mail address, rather than their ufl.edu address, as their primary means of identification. Individuals also should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful.

Please be aware that no privatization measure is perfect and that undesignated persons may still gain access to your networking site. A site such as YouTube, of course, is completely open to the public. Future employers (residency or fellowship program directors, department chairs, or private practice partners) often review these network sites when considering potential candidates for employment.

Finally, although once-posted information can be removed from the original social networking site, exported information cannot be recovered. Any digital exposure can "live on" beyond its removal from the original website and continue to circulate in other venues. Therefore, think carefully before you post any information on a website or application. Always be modest, respectful, and professional in your actions.

## **STUDENT ASSESSMENT PROCEDURES**

The School of PA Studies faculty, meeting as the Professional Standards and Promotions Committee (PSPC), will evaluate issues of student compliance with School of PA Studies' requirements, policies, and professionalism. The Committee will review the issue of concern and the circumstances surrounding it and may require the student to appear before the Committee to answer questions or address specific academic/professional concerns.

Students may have an advisor in attendance. The advisor cannot address the PSPC but may be consulted by the student. The student will be offered the opportunity to present an opening and closing statement and to take notes during the meeting. Students will be informed of PSPC action within twenty-four hours of the meeting.

The PSPC will then decide on the appropriate action, which may include dismissal from the School of PA Studies.

## **GRIEVANCE / APPEALS PROCEDURE**

After a decision of the Professional Standards and Promotions Committee has been established, a student has the right to appeal.

1. After the Professional Standards and Promotions Committee makes a decision, the student has the right to appeal. Appeals are made in writing – a personal appearance is made **ONLY** upon request of the person or persons hearing the appeal, and is not automatic. Typically, ground for an appeal include:
  - a. The policies and procedures of the School were not properly applied.
  - b. The findings of fact were incorrect.
  - c. The action exceeded the authority of the PSPC.
  - d. The PSPC demonstrated bias in its action.
  - e. The PSPC considered evidence that should not have been considered, or failed to consider evidence they should have considered.
  - f. The student requested an accommodation for a disability that was not provided.
2. Students may appeal a decision of the PSPC to the Associate Dean/Director of the School of PA Studies in writing within three days of the decision. Actions by the PSPC and the Associate Dean/Director will be final except in cases of dismissal and suspension.
3. In cases of dismissal and suspension actions, an **AFFIRMED** dismissal or suspension decision may be further appealed to the Senior Associate Dean for Educational Affairs. A committee consisting of the Senior Associate Dean for Educational Affairs (chair), the Associate Dean for Medical Education, and the Associate Dean of Student Affairs will consider the appeal. The Committee will undertake one of two actions:
  - **AFFIRM** the decision of the PSPC.
  - **REVERSE** the decision of the PSPC and **REMAND** the case back to them for further consideration. In reversing, the Senior Associate Dean for Educational Affairs will formally advise the PSPC of the reasons for reversal.

Decisions of this committee will be final.

2. For matters involving a question of academic honesty, if the student and School of PA Studies Director do not agree on an outcome, the student can exercise his/her right to a hearing with the Health Science Center Student Conduct Committee. This will be conducted through Student Conduct and Conflict Resolution in the Dean of Students office. Please visit <http://www.dso.ufl.edu/sccr/honorcodes/conductcode.php> to view a copy of the violation and procedures that will be followed.

## **PROMOTION AND GRADUATION**

Promotion from the academic to the clinical year and graduation from the School of PA Studies are based on the student's mastery of essential competencies, academic performance as well as readiness to assume a professional role. While grades are important, the decisions for promotion and graduation are based on the composite picture of academic performance as well as professional growth and development. A student may be dismissed from The School of Physician Assistant Studies if they have failed to demonstrate an attitude of professionalism or if the Professional Standards and Promotions Committee do not believe the student is prepared to assume patient care responsibilities.

The following criteria will be used by the Professional Standards and Promotions Committee as the basis for promoting academic year PA students to the clinical year and for recommending clinical PA students for graduation from The School of Physician Assistant Studies. Students who fail to meet all promotion criteria may be either dismissed from The School of Physician Assistant Studies or required to remediate any deficiencies deemed necessary by the Committee.

- Maintain a grade of "C" or higher (or a "pass" in a pass/fail course).
- Demonstrate acceptable levels of maturity, integrity, and other attitudes and behaviors normally expected of health care professionals as determined by professionalism evaluations and observations by faculty.

Professionalism is one of the core competencies of a physician assistant considered as important to the academic development of students and practicing PAs as medical knowledge, interpersonal and communication skills, patient care, practice-based learning/improvement and systems-based practice. A student who fails to demonstrate an attitude of professionalism or is not prepared to assume patient care responsibilities based on faculty and/or Professional Standards and Promotions Committee evaluations, may be dismissed from the School of PA Studies at any time prior to promotion or graduation.

## RELEASE OF INFORMATION / REFERENCE LETTERS

- A. Throughout the course of your studies, the School of PA Studies may have to release information about any student's academic status to third parties (e.g., information relating to student loan verification, scholarship applications, rotation credentialing, licensure, etc.).
1. If you signed the universal release form at orientation, **then no further releases are usually required.**
  2. If release of information is required, the student **MUST** fill out a release of information form prior to the School's releasing any information.
  3. The School of PA Studies will not release any information without the student's signed consent in compliance with the Buckley Amendment. The form is available in the office and online at the clinical year website.
- B. Reference letters and telephone employment recommendations by School of PA Studies faculty also require prior release from students. Remember to ask the individual first if he/she will be a reference for you. Fill out the UF FERPA Release form in the Appendix of this manual.

## OUTSIDE EMPLOYMENT

Outside employment is strongly discouraged during enrollment in the School of PA Studies. Students are not permitted to work for the School in any manner, either for pay or volunteer status. The School will not consider any application for employment from any student in the program. Physician assistant education is a full time endeavor. However, while School approval is not required for a student to start work, it is essential that the work must not interfere with the student's education. If, in the judgment of the faculty, outside employment is diminishing the student's ability to be an effective learner, the student will be required to reduce or eliminate his/her work.

## WITHDRAWAL

Students withdrawing from the School must submit a withdrawal letter to both the School of PA Studies and the UF Registrar's Office, as well as complete any paperwork needed by either office, and settle any university obligations. UF may refund some portion of the tuition. For details see The University Record (the UF catalog), the section on "Fees and Other Fiscal Information," the "Enrollment and Student Fees," the "Refund of Fees" subsections within it. (Catalogs are available by year online at [www.reg.ufl.edu/catalog.html](http://www.reg.ufl.edu/catalog.html).)

## LEAVES OF ABSENCE

Any request for an extended leave of absence (one month or more) must be submitted to the Director in writing, including the reason and justification for the request. Requests for leave will be considered on a case-by-case basis. An extended absence may require repeating a portion, the entire year, or both years, depending on the individual educational situation. A leave of absence greater than two months may require reapplication to the School of Physician Assistant Studies.

## **ADVISORS**

Each student will be assigned to an SPAS faculty advisor and should meet with them as scheduled at least once during each semester or as otherwise needed. This may be done in small group sessions, on an individual basis and/or by appointment during advisor's office hours. Advisor meetings are a mandatory attendance item.

## **STUDENT COUNSELING AND DEVELOPMENT**

Students within the College of Medicine have the availability of confidential personal and academic counseling at the Health Science Center (Room CG-82). The Program Director, Beverly L. Vidaurreta, Ph.D., can be reached at 352-273-8383, by pager at 352-413-6313, or by email at [dr.vidaurreta@gmail.com](mailto:dr.vidaurreta@gmail.com). Dr. Vidaurreta provides student counseling and student development workshops on topics such as effective study techniques, resume writing, stress management, etc.

## **VISITING THE SCHOOL OF PA STUDIES OFFICES**

In order to maintain a professional atmosphere, appointments must be made with a faculty or staff member in advance unless appearing for posted office hours. This will ensure that academic and personal affairs of each student are kept confidential while abiding by federal and state laws. When arriving for appointments, please let the front desk secretary know whom you need to see and he/she will inform the proper person. Appointments can be made at the discretion of the faculty/staff member.

## **PERSONAL SAFETY**

During orientation and the Summer A semester (just prior to the start of clinical rotations), students are required to attend a briefing by the University Police Department regarding personal safety and security. Students are reminded that they should be aware of their situation and surroundings at all times. Security personnel and local police may be summoned to all sites on campus as needed.

## **NIGHT-TIME ESCORT PROGRAM**

The University Police Department and the Student Government sponsor the Student Night-Time Auxiliary Patrol (SNAP) which is a free door-to-door, night-time campus escort service. SNAP is accessed by calling 392-SNAP about 20 minutes prior to your anticipated departure time. You are encouraged to use this service if you are unable to walk in groups to your cars during night-time hours.

## **LOCKERS**

Student lockers are located in the Communicore Teaching Complex. A fee will be assessed to students in the event of damage to the locker or missing combination locks. Lockers are in a secured area. Anyone found tampering with lockers that are not assigned to the individual is subject to dismissal from the School of PA Studies.

## **STUDENT HEALTH / RISK MANAGEMENT / UNIVERSAL PRECAUTIONS / ENVIRONMENTAL HAZARD EXPOSURE**

The College of Medicine School of Physician Assistant Studies has a solid, long-standing commitment to protect the health and well-being of students, faculty, staff, patients, and the general public. Students in the School of Physician Assistant Studies are required to show proof of appropriate immunity, or documented immunization, prior to matriculation and prior to the onset of actual patient contact. Ultimately, each student is responsible for his/her health and safety in the clinical/educational setting. Therefore, it is the goal of the School of Physician Assistant Studies that all students learn appropriate policies and procedures to follow in the event that they are injured or potentially exposed to blood-borne pathogens or other communicable diseases, as well as exposure to environmental hazards. During the academic year of training, presentations are given on universal blood and body fluid precautions, infection control, and prevention of the spread of communicable disease. In addition, the Student Advocacy Committee monitors student health policies and procedures, in order to insure compliance with institutional and state health requirements.

### **HEALTH AND DISABILITY INSURANCE**

The School of Physician Assistant Studies requires all students to be covered by major medical insurance. It is not sufficient for the student to seek care through the Student Health Care Center, for the SHCC can offer only primary outpatient care. Insurance may be acquired through a family major medical policy, through a private insurance agency, or by purchasing the University of Florida Student Government Health Insurance Plan B. It is highly advisable that the insurance plan chosen, offer appropriate, comprehensive coverage throughout the State of Florida and not simply in Gainesville and Alachua County or at a distant city/county/state only. The student should check with his/her insurance company as to the coverage provided for accidental exposure. It is important for students to realize that medical expenses for care provided by Shands Hospitals and hospitals affiliated with the College of Medicine School of Physician Assistant Studies, including laboratory procedures and emergency care, are the responsibility of the student and not the College of Medicine School of Physician Assistant Studies or the University. Any injury or accidental exposure is NOT considered workmen's compensation since the student is not an employee of the site.

The School of Physician Assistant Studies strongly advises all PA students to acquire disability insurance, to provide protection in the event of a long-term illness or injury.

### **HEALTH AND IMMUNIZATION REQUIREMENTS**

All health and immunization requirements must be up-to-date and documented in the School of PA Studies office. The following are the requirements of the University of Florida and the College of Medicine School of Physician Assistant Studies:

- A. A screening health history form provided by the Student Health Care Center (SHCC).

- B. Proof of current health insurance. Certification of current health insurance is mandatory for each year of enrollment in the School of Physician Assistant Studies (see “Health and Disability Insurance” below).
- C. Proof of two immunizations against measles, mumps, and rubella (MMR) or laboratory evidence of a positive (immune) titer against each of the three infections. In the absence of proof of either immunization or immunity, students must be immunized at the SHCC or your primary care physician.
- D. Proof of a negative PPD skin test for tuberculosis (by Mantoux) within the past year; and, if positive, proof of a chest x-ray negative for active disease. Additionally, the TB skin test must be repeated in Summer A of the academic year and those who tested positive must complete a TB Surveillance Form.
- E. Documentation of two varicella (chickenpox) immunization or proof of positive (immune) varicella titer. In the absence of proof of either immunization or immunity, students must be immunized at the SHCC or your primary care physician.
- F. Proof of the three-dose immunization against Hepatitis B or completion of the three-dose immunization series prior to the completion of the Fall semester of the first year. Immunizations can be given at the SHCC. Proof of completion of the Hepatitis B series or a positive (immune) titer must be completed prior to patient contact.
- G. Meningococcal meningitis vaccine
- H. Seasonal Influenza vaccine
- I. Tdap within the past 2 years

Allergy to formaldehyde and/or latex (previous and subsequent to enrollment) must be verified by a physician. The student must give this information to the College of Medicine - Americans with Disabilities (ADA) office in order for protective mask/cartridge charges to be paid. Otherwise, the student will be responsible for the cost.

Remember that, as clinicians, you bear a responsibility to your patients and colleagues to reduce the transmission of disease, especially to the most vulnerable among us. Refusing vaccination, for whatever reason, puts these people at higher risk of nosocomial infection. Students are strongly advised to consider this when making a decision to not vaccinate.

In accordance with Florida Statutes, any student attending a public educational institution may decline any vaccination, based on religious beliefs/personal tenets. A formal UF Beliefs Exemption must be completed, and the student must meet with a registered nurse at the Student Health Care Center Immunization Clinic for counseling

and information regarding risks associated with such an exemption. Furthermore, if a vaccine-preventable disease occurs on campus, or at a clinical site, students who have not been vaccinated may be excluded from attending classes or participating in other School activities.

While the Beliefs Exemption applies to Florida public institutions, private hospitals and clinics may not accept students who cannot demonstrate either vaccination against or immunity from communicable diseases.

## POLICIES FOR POTENTIAL EXPOSURES TO BLOOD-BORNE PATHOGENS AND COMMUNICABLE DISEASES

**FIRST, USE THE ACCIDENTAL NEEDLE-STICK CHECKLIST IN THE APPENDIX OF THIS MANUAL, THEN CAREFULLY READ THE POLICIES BELOW:**

1. Policies and procedures concerning blood-borne pathogen exposures and exposures to communicable diseases are addressed during the academic year of training.
2. It is the responsibility of the student to report sharp injuries, needle sticks, or other potential exposure to blood-borne pathogens via blood or body fluids immediately to the supervisor at the facility where the accident occurs. The student must also notify the School of PA Studies in the event of an exposure incident within 24 hours of the exposure (see **Report of Accidental Exposure form** in the Appendix of this manual).

In the event that the student contracts a communicable disease which potentially poses a risk to patients or co-workers (e.g., tuberculosis, varicella), steps will be taken to prevent dissemination in accordance with Student Health, Public Health, and/or CDC protocols. Certain communicable diseases may also be reported to county or state health authorities, as required by law.
3. **Potential Blood-borne Pathogen Exposures.** It is the goal of the UF Student Health Care Center to offer timely, state-of-the-art care for students who have experienced potential blood-borne pathogen exposures in the UF/Shands Health System. Time is frequently of the essence in managing blood-borne pathogen exposures. For example, some treatment regimens must be started within two hours of exposure to be maximally effective. In the event of a potential blood-borne pathogen exposure, students should immediately contact a medical provider at the Student Health Care Center at (352) 392-1161; after hours, call 1-866-477-6824. A member of the medical staff is available for phone consultation 24-hours a day. The SHCC medical provider will make recommendations for immediate evaluation and care as follows:
  - a. If the student is within a one-hour radius of Gainesville (including Shands at UF Hospital and Clinics, Shands at AGH, the Gainesville VA Hospital, or other nearby clinical sites), the student should receive his/her care at one of the following Student Health Care Center facilities:
    - The Student Health @ Shands satellite clinic, (352) 392-0627, Room D2-52, located in the 2nd floor Dental Tower, open

Monday through Friday 8:00 a.m. to 5:00 p.m., Fall & Spring semesters.

- The Student Health Care Center (SHCC) at the main Infirmery Building on Fletcher Drive, located next to the Florida Gym, (352) 392-1161. During Fall and Spring semesters, the SHCC is open Monday through Friday 8:00 a.m. to 4:30 p.m. It is closed on weekends and university holidays. During Summer semester and semester breaks, please call the SHCC for hours.
- b. If the student is at an off-site rotation more than one-hour from Gainesville (including UF Health Science Center in Jacksonville and rotations in Orlando), the student should notify his/her rotation supervisor and the UF SHCC (352-392-1161), and then seek care at the Emergency Department or Employee Health Clinic at his/her hospital, or at a nearby hospital emergency center. Subsequently, the student should call to make an appointment at the SHCC @ Shands or the main SHCC @ the Infirmery Building for appropriate follow-up care.
- c. After hours, the student should seek immediate care for potential blood-borne pathogen exposures at the Shands at UF Emergency Department, (352) 395-0050, or at the local Emergency Department for distant off-site rotations. Once again, the student should call to make an appointment at the SHCC @ Shands or the main SHCC @ the Infirmery Building for appropriate follow-up care.

In the event of any potential blood-borne pathogen exposure, the student should obtain the name of the source patient, medical record #, room number, and diagnosis. This information is necessary to assist the medical provider in determining the potential severity of the exposure, and it must be protected in accordance with HIPAA and institutional rules. If initial care is provided outside the SHCC/Shands system, the student should inform the provider that UF physicians follow current CDC guidelines in determining the need for post-exposure HIV prophylaxis. If the provider has questions, he/she could call the SHCC at (352) 392-1161 or the Shands @ UF Emergency Department at (352) 395-0050. Appropriate first aid should be given for the injury and a tetanus booster when indicated.

If a student's health insurance has finally determined that it will not cover a medically appropriate course of prophylactic treatment for the student's potential exposure to HIV (which exposure occurred in the course of the student's college studies and activities), the College of Medicine may assist the student and pay for the treatment. A student may request the College of Medicine's assistance by discussing his/her situation with a representative of the Office of Student Affairs at 352-273-7971.

**D. Students Ill with Communicable Diseases.** By College of Medicine and Shands Hospital policy, students with communicable diseases or conditions may not be allowed patient contact. This restriction may be necessary to protect the health and safety of UF and Shands patients and staff. Persons with the following medical conditions will not be allowed patient contact without a medical clearance:

- Active chickenpox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis
- Oral herpes with draining lesions
- Group A streptococcal disease (i.e., strep throat) until 24 hours of treatment received
- Diarrhea lasting over three days or accompanied by fever or bloody stools
- Draining or infected skin lesions
- Conjunctivitis

If an ill student is unsure whether he/she should participate in patient care, the student should contact the SHCC clinical staff at (352) 392-1161, or the Student Health @ Shands satellite clinic at (352) 392-0627.

**E. Policies Regarding HIV/AIDS and Other Communicable Diseases.** It is the policy of the University of Florida to assess the needs of students or employees with HIV infection or other communicable diseases on a case-by-case basis. If any such infection occurs in a College of Medicine student, any recommendations made or actions taken by the College of Medicine or the Shands Hospitals will respect the confidentiality and welfare of the student, while also recognizing and responding to issues regarding the welfare of patients, the College of Medicine/ School of PA Studies, and the hospital. The College on a case-by-case basis will evaluate each student's situation. With the permission of the affected student, the Director of the Student Health Care Center (a physician) will assist in the coordination of resources and services.

1. Currently, the UF College of Medicine and the Shands Hospital do not recommend the routine HIV testing of patients, students, or healthcare workers. However, it is certainly prudent for individual healthcare workers, including students, to be aware of their own individual HIV status so that they can take appropriate precautions and measures. With current advances in HIV/AIDS treatment, early intervention can be crucial to maintaining well-being and delaying complications of the illness. If future state or federal legislation were to change guidelines or requirements for HIV testing of healthcare workers or healthcare students, the College of Medicine and Shands Hospitals would comply as required.
2. In the event of a potential blood-borne pathogen exposure in a student, the medical provider will recommend HIV testing as a baseline and also follow-up intervals of 6 weeks, 3 months, and 6 months. When testing is

medically advisable, it is subject to informed consent and results are treated confidentially.

3. The best protection is prevention and adherence to Standard Universal Precautions (see below).

**F. Standard Universal Precautions.** When providing patient care, regardless of the real or perceived communicable disease status of the patient, all students and staff should follow Standard Universal Precautions:

- Wash hands before and after patient contact, according to hospital policy, even if gloves are used.
- Wear gloves when exposure to blood, body fluids, excretions, or secretions is likely.
- Use gloves appropriately according to aseptic and/or sterile techniques, and change gloves between patients.
- Wear gowns/aprons when soiling of clothing with blood or body fluids is likely.
- Wear masks, face shields, and eye protection when aerosolization of blood or body fluids may occur.
- Dispose of sharps in designated rigid sharps containers. Never recap by hand.
- Dispose of waste saturated with blood or body fluids in designated red-bag trash containers.

**G. Environmental Hazards/Hazardous Waste.** If exposure to environmental hazards of any kind occurs (either on campus or on clinical rotation), follow all appropriate reporting instructions at your clinical site (if on clinical rotations) and in all cases, the exposure should be reported immediately to the School. If deemed necessary, students should present for medical care at an appropriate facility.

## **HAZARDOUS SUBSTANCES PERSONAL CONTAMINATION PROCEDURES - CHECKLIST**

IF YOU, OR ANOTHER ARE EXPOSED TO A HAZARDOUS SUBSTANCE:

Do what is necessary to protect life. Remain calm.

1. The MSDS (Material Safety Data Sheet) will contain special first aid information.
2. Do not move an injured person unless they are in further danger.
3. Get medical attention and decontamination advice promptly by dialing:
  - a. 911
  - b. 800-222-1222 (Nationwide number to poison control center)
4. For specific instruction regarding personal contamination, contact your rotation supervisor at the site.

5. After following instructions of emergency resources (911 and/or Poison Control), the student should notify his/her rotation supervisor and the UF Student Health Care Center (352-392-1161), and then seek care at the Emergency Department or Employee Health Clinic at his/her hospital, or at a nearby hospital emergency center. Subsequently, the student should call to make an appointment at the SHCC @ Shands or the main SHCC @ the Infirmary Building for appropriate follow-up care.
6. Notify the School of Physician Assistant Studies via email. Complete the "Report of Accidental Exposure" form, and image/FAX it to the School as soon as practicable.

### **NAME CHANGES**

Any PA student who changes his/her name while enrolled in the School of PA Studies (i.e., marriage, divorce) is responsible for filing the appropriate forms with the University of Florida requesting a name change. The School of PA Studies **will not** be responsible for requesting the student's name change. Failure to complete this change may result in grade reports or a degree being withheld by the University of Florida until this process is complete.

### **ADDRESS / PHONE CHANGES**

You may update your current and/or permanent address with UF online at [www.isis.ufl.edu](http://www.isis.ufl.edu). You will need your UFID number and PIN. In addition, you must notify the School of PA Studies office of any address or phone number change.

### **FINANCIAL AID**

Students in the College of Medicine are now able to handle all of their financial aid affairs in the Health Science Center (Room M-128). Ms. Eileen Parris is the Coordinator of Student Financial Aid and can be reached at 273-7939 or at [eparris@ufl.edu](mailto:eparris@ufl.edu). She is available for appointments or can be seen on a walk-in basis for counseling, check disbursement, etc. She has a detailed website at [www.med.ufl.edu/oea/finaid](http://www.med.ufl.edu/oea/finaid).

### **PROFESSIONAL STANDARDS**

1. Physician Assistant students, like students in any professional program, are expected to maintain high standards of honesty and personal integrity. Academic achievement alone will not assure successful completion of the School of Physician Assistant Studies. PA students must demonstrate professionalism, maturity, integrity, and those attitudes and behaviors expected of all health professionals.
2. The School of PA Studies expects all PA students to be professional in their dealings with patients, colleagues, faculty, and staff and to exhibit caring and compassionate attitudes. Professional behavior is defined as behavior appropriate to the circumstance. Attitudes or behaviors inconsistent with compassionate care; refusal by or inability of the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patient groups, peers, faculty, or staff will not be tolerated by the School of PA Studies.

3. No alcoholic beverages are to be consumed during class hours or on University property at anytime.
4. Students are reminded that use of illicit drugs is incompatible with the professional role of the physician assistant. Students who use illicit drugs risk dismissal from the School of PA Studies as well as legal consequences.
5. Students are representatives of the UF School of PA Studies as well as the physician assistant profession as a whole. This should be kept in mind during all interactions with patients, physicians, and other health care personnel in any patient care environment.
6. Employment during enrollment in the School of PA Studies is strongly discouraged. If a student chooses to moonlight, it MUST NOT interfere with academic work.
7. Sexual Harassment:
  - a. In addition to being a violation of state and federal laws, behavior involving unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with faculty, staff, and student status in the University of Florida - School of Physician Assistant Studies.
  - b. Dating current teaching faculty (i.e. physicians, residents, teaching assistants, PA faculty, etc.) is highly discouraged. This can be viewed as a form of sexual harassment.
  - c. Further information regarding sexual harassment policies is outlined in the "Sexual Harassment" policy section below.
  - d. Students should contact the School of PA Studies immediately if they have felt as if they have been harassed.
8. Medical Records and Patient Confidentiality
  - a. All data gathered about a patient and his/her medical condition, including verbal communication from a patient, is privileged information. Students are not to discuss a patient in any manner or situation that would reveal any information about that patient to any person not involved in the patient's health care. Refrain from discussing your patients in public places, such as cafeterias and elevators, where your conversations may be overheard. Remind those who may be inappropriately discussing patient information, about patient confidentiality. In Hospital Practicum, discussion about a patient with your resident/fellow is appropriate.
  - b. If you are asked to present information about a patient's condition never discuss patients in a dehumanizing or insensitive manner. You are required by the School of PA Studies to complete HIPAA training.
9. Students will adhere to ethical principles and use practical reasoning when dealing with patients. Refer to the Guidelines for Ethical Conduct for the

Physician Assistant Profession Policy of the American Academy of Physician Assistants Adopted May 2000 (see page 45).

10. No student should medically treat other PA students, friends, or family members while a student in the UF School of Physician Assistant Studies.

### **SEXUAL HARASSMENT**

It is the policy of UF that sexual harassment will not be tolerated at the university and should not be ignored. It is a violation of federal and state laws and university rules and policy. Sexual harassment is the inappropriate introduction of unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, where sex would otherwise be irrelevant. See the UF Sexual Harassment web page at <http://www.hr.ufl.edu/eo/sexharassment.htm>. If you believe you have been sexually harassed, report it at once to the School of PA Studies. In addition, confidential counseling is available from Beverly L. Vidaurreta, Ph.D., Program Director of the College of Medicine office of Student Counseling and Development. Dr. Vidaurreta can be reached at 352-273-8363, by pager at 352-413-6313 or by email at [dr.vidaurreta@gmail.com](mailto:dr.vidaurreta@gmail.com). Each student is required to complete with a passing score the Sexual Harassment Prevention Training course once yearly. To take the online sexual harassment prevention training course, log on to the "myUFL" system and go to > My Self Service > Training and Development > Preventing Sexual Harassment. Certificates of completion should be downloaded and copies placed in each student's file.

## **CRIMINAL BACKGROUND CHECKS / DRUG SCREENING**

1. If a felony conviction occurs between the date of submission of the CASPA application and matriculation into the School of PA Studies, the specific details including: (1) date of charge(s), (2) type of offense and (3) disposition of the case must be reported to the School Director's office immediately. Any felony convictions that occur subsequent to matriculation or at any time during your enrollment in the School must also be reported immediately providing the same information as previously enumerated. Failure to comply will be grounds for dismissal from the School of Physician Assistant Studies.
2. During the clinical phase of the School of Physician Assistant Studies, students will be required to undergo one or more national criminal background checks, which may include finger printing. Although the costs of the initial background check and drug screening (\$90) are currently included in the financial aid package, some clinical sites used by the School of PA Studies may require additional background checks, fingerprinting, and/or drug screening for students to have practice opportunities at those institutions. The student may be responsible for these costs.
3. A criminal record or failure to pass a drug screen may impede clinical training and may negatively affect a student's status in the School of PA Studies. By accepting admission to the School, a student agrees to submit to national criminal background checks as well as drug screening and to pay any associated expenses.

## **PACKRAT EXAM**

Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) will be taken during each year of the two year program. Students may be required to pay for the cost of the test (~\$40) at some future date without formal announcement. However, at the present time, the School covers the expense of the examination. The School of has received authorization to make an individual copy of each student's performance on the PACKRAT examination as a measure their clinical knowledge base during his/her training. This information may be used to make decisions affecting promotion, clinical rotations, graduation or remediation. The School will maintain the scores in the same confidential manner as with other academic performance information.

## **BLS REQUIREMENT**

All students are required to complete the American Heart Association BLS Healthcare Provider Course prior to the first day of classes and to maintain an active BLS card for the duration of their time in the School. A copy of their current card must be on file in the School of PA Studies office throughout enrollment.

## **ADDITIONAL REQUIREMENTS**

Every student will be required to have a laptop computer that meets the specifications

outlined by the School of PA Studies. In order to take advantage of educational opportunities as they present themselves throughout the course of your education, there may be additional experiences required of all students such as extra classroom sessions, on-line course modules, etc.

## **COMPUTER REQUIREMENTS FOR COLLEGE OF MEDICINE STUDENTS**

1. The following is the official UF policy (modified) on the student computer requirements: Access to and on-going use of a computer is required for all students to complete their degree programs successfully. The University of Florida expects each student, as well as each student new to the university, to acquire computer hardware and software appropriate to his or her degree program. Competency in the basic use of a computer is a requirement. Class assignments may require use of a computer, academic advising and registration can be done by computer, and official university correspondence is sent via e-mail. While the university offers limited access to computers through its computer labs, most students will be expected to purchase or lease a computer that is capable of dial-up or network connection to the Internet, graphical access to the World Wide Web, and productivity functions such as word processing and spreadsheet calculation.
2. The School of Physician Assistant Studies requires students to have laptops for classroom use and recommends a computer no older than 2-3 years. The College of Medicine does not endorse a specific operating system or computer brand. This requirement focuses on function and current open standards. Students should have a current, fully-patched operating system. The following list of capabilities is recommended at a minimum:

### **HARDWARE:**

Processor: Intel Core 2 Duo or AMD Turion 64 X2 minimum 1.8 GHz. Recommend 2.1 GHz or higher.

Memory: 1.5 GB minimum. Recommend 3-4 GB.

Hard Drive: 100 GB 5400 RPM minimum. Recommend 160 GB 5400 RPM or 7200 RPM.

Graphics: Intel GMA 3100 minimum. Recommend discrete ATI or NVIDIA graphics.

Monitor: 1280 x 800 pixels minimum.

Optical Drive: DVD-ROM/CD-RW Combo Drive minimum. Recommend DVD+-R.

Wireless: 802.11g minimum. Recommend 802.11n.

### **SOFTWARE:**

Malware protection

Current, fully-patched operating system

Anti-viral software installed and up to date (essential for all Microsoft operating systems)

Anti-spyware software installed and up to date (essential for all Microsoft operating systems)

Modern, standards-compliant web browser

Explorer, Firefox, Mozilla, and Netscape are good choices

The three major streaming media players/plugin-ins

Real, QuickTime and Windows Media

Standards-based email client

Must be capable of accessing campus Gatorlink email

Standard "run time" environment for Java programs

Software to read/write Microsoft Word, Excel, and Powerpoint formats  
Microsoft Office (version 2003 or later)  
Ability to read PDF files (PDF writing recommended)

***Apple computer products are not supported by the College of Medicine IT department.***

**University of Florida School of Physician Assistant Studies  
Graduate Curriculum (Effective Summer B 2011)**

**ACADEMIC YEAR**

<u>Semester I (Summer B)</u>	<u>Semester Hours</u>	
PAS 5022C	Gross and Radiographic Anatomy for PAs .....	4
PAS 5003C	Medical Communications for PAs .....	<u>2</u>
		6
 <b><u>Semester II (Fall)</u></b>		
PAS 5005	Behavioral and Community Medicine I for PAs .....	1
PAS 5025	Human Physiology for PAs .....	4
PAS 5010	Introduction to Medicine I for PAs .....	6
PAS 5026	Pharmacotherapeutics for PAs .....	4
PAS 5000C	Physical Diagnosis for PAs .....	<u>2</u>
		17
 <b><u>Semester III (Spring)</u></b>		
PAS 5009	Behavioral and Community Medicine II for PAs .....	1
PAS 5004	Clinical Problem Solving/Differential Diagnosis for PAs .....	1
PAS 5007C	Clinical Procedures for PAs .....	1
PAS 5027C	Electrocardiographic Interpretation for PAs/ACLS .....	1
PAS 5020	Introduction to Medicine II for PAs .....	6
PAS 5001C	Patient Evaluation and Hospital Practicum for PAs .....	<u>2</u>
		12
 <b><u>Semester IV (Summer A)</u></b>		
PAS 5008C	Advanced Clinical Practicum for PAs .....	2
PAS 5013	Evidence-Based Medicine for PAs .....	<u>3</u>
		5
	<b>TOTAL CREDITS IN ACADEMIC YEAR .....</b>	<b>40</b>

**CLINICAL YEAR**

<b><u>Semester V (Summer B)</u></b>		
	Two Rotations (2 x 3 semester hours) .....	6
PAS 5930	Special Topics .....	<u>1</u>
		7
 <b><u>Semester VI (Fall)</u></b>		
	Four Rotations .....	12
PAS 5930	Special Topics .....	<u>1</u>
		13
 <b><u>Semester VII (Spring)</u></b>		
	Four Rotations .....	12
PAS 5930	Special Topics .....	<u>1</u>
		13
 <b><u>Semester VIII (Summer A)</u></b>		
	Two Rotations .....	6
PAS 5930	Special Topics .....	<u>1</u>
		7

Rotation Requirements:

PAS 5600	Emergency Medicine	PAS 5300	Pediatrics
PAS 5200	General Surgery	PAS 5400	* Primary Care I
PAS 5701	Intensive Care Medicine	PAS 5401	* Primary Care II
PAS 5100	Internal Medicine	PAS 5125	Psychiatry
PAS (varies)	Internal Medicine Selective	PAS (varies)	Elective
PAS 5500	Obstetrics/Gynecology	PAS (varies)	Elective

\* A minimum of one rotation in any of these areas must be in a rural location and one of the Primary Care rotations must be in Family Medicine

**TOTAL CREDITS IN CLINICAL YEAR ..... 40**  
**TOTAL PROGRAM CREDITS ..... 80**

\*Course master Concept: PA faculty members teach a number of the courses in the PA curriculum, depending on their areas of specialty and their academic and professional interests. In addition to PA faculty, the PA courses are also taught by more than 300 physicians and basic science faculty in the College of Medicine who prepare and deliver classroom lectures in their areas of expertise. When a non-PA provides classroom instruction, a PA faculty member serves as Course master for that course. The Course master attends the lectures, takes notes, and writes the exam questions directed toward the desired knowledge base of a physician assistant. The Course master concept ensures that the classroom education and testing provided to PA students remains at the level expected of physician assistants and also ensures continuity of coverage for all evaluation methodologies. Course syllabi and other information will be provided at the start of the course and/or section.

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**UNIVERSITY OF FLORIDA  
SCHOOL OF PHYSICIAN ASSISTANT STUDIES**

**TEXTBOOK LIST  
SUMMER B SEMESTER- 2013**

Course/Medicine Section	Instructor	Textbook
PAS5002 C Anatomy	Nonabur	Essential Clinical Anatomy, Moore and Agur, Lippincott, Williams and Wilkins, 4th edition. ISBN- 978-0-7817-9915-7 (required)
PAS5002 C Anatomy	Nonabur	Grant's Dissector, P.W. Tank, Lippincott, Williams and Wilkins, 15th edition. ISBN- 978-1-60913-606-2 (required)
PAS5002 C Anatomy	Nonabur	Atlas of Human Anatomy 5th edition. Frank H. Netter. ISBN -978-1-4160-5951-6 Saunders Elsevier (recommended)
PAS5002 C Anatomy/Radiology	Brownlee	Squires Fundamentals of Radiology. Noveline. 6 <sup>th</sup> edition. 2004. Harvard University Press. ISBN- 0674012798
PAS 5003C Medical Communications	Bobilin	Bates'
PAS 5003C Medical Communications	Bobilin	Taber's Cyclopedic Medical Dictionary, 21 <sup>st</sup> edition. F.A. Davis Company. ISBN: 0803615590

**Key:**

Bates'- Bates' Guide to Physical Examination and History Taking by Bickley, L.S. 11<sup>th</sup> Edition ISBN-10: 1609137620

BSIL- Basic Skills in Interpreting Laboratory Data, 5<sup>th</sup> edition. 2013. Lee ISBN-10: 1585283436

Cecil's- Cecil Essentials of Medicine 8<sup>th</sup> Ed. Andreoli, TE. 2010 ISBN 1416061096

CMDT- Current Medical Diagnosis & Treatment (CMDT), 52<sup>nd</sup> Edition. 2013. Papadakis, et al ISBN-10: 007178182X- **Online**

Harrison's- Harrison's Principles of Internal Medicine, 18<sup>th</sup> e. 2011. Longo, et. Al. ISBN 007174889X- **Online**

**Online**- online under Access Medicine

**Online**- online under MD Consult  
Pharmacy

**Online**- Access

**NOTE:** You should also allot enough funds per semester for printing handouts & course materials. This could amount to 100-200 pages per week.

A number of textbooks and journals are available through the Health Center Library electronic resources (<http://www.library.health.ufl.edu/>) and use of this is included in your tuition.

**NOTE:** You should also allot enough funds per semester for printing handouts & course materials.

## TEXTBOOK LIST FALL SEMESTER- 2013

Course/Medicine Section	Textbook
Physical Diagnosis	Bates'
BCM	No Text
Pharmacology	Modcore Postings- <b>Online</b> Basic and Clinical Pharmacology, 12 <sup>th</sup> Edition (2012) Katzung, B.G.; Masters, S.B. and Trevor, A.J. McGraw Hill-Lange  Lippincott's Illustrated reviews: Pharmacology 4 <sup>th</sup> Edition (2009) Harvey, R.A. and Champe, P.C.  Lippincott Williams and Wilkins
Physiology	<u>Human Physiology</u> . 4 <sup>th</sup> Ed. Rhoades, R.& Pflanzer, R. 2003
Medicine – Dermatology	Bates' CMDT- <b>Online</b> <u>Clinical Dermatology</u> by Habif. T. 5 <sup>th</sup> Edition ISBN-10: 0723435413- <b>Online</b> <u>Fitzpatrick's Color Atlas &amp; Synopsis of Clinical Dermatology</u> - 6 <sup>th</sup> Edition - <b>Online</b>
Ophthalmology/Dental	<b>CMDT -Online</b>
Otolaryngology	
Hematology/Oncology	<b>Modcore Postings-Online</b>
Endocrinology	CMDT- <b>Online</b> Cecil's <i>Modcore Postings</i> - <b>Online</b>
Pulmonology	<u>Principles of Pulmonary Medicine</u> . 6 <sup>th</sup> Ed. Weinberger, SE and Mandel, J. 2013 ISBN 1455725323
Cardiology	Harrison's CMDT <u>Rapid Interpretation of EKG's, 6th Ed. Dubin.</u> (recommended)
Urology/Nephrology	CMDT- <b>Online</b> Harrison's- <b>Online</b> Modcore Postings- <b>Online</b>
Gastroenterology/Nutrition	Cecil's CMDT - <b>Online</b>

\*Caveat- The online version may update during the year. We will use the version that is online.\*

Key:

Bates'- Bates' Guide to Physical Examination and History Taking by Bickley, L.S. 11<sup>th</sup> Edition ISBN-10: 1609137620

BSIL- Basic Skills in Interpreting Laboratory Data, 5<sup>th</sup> edition. 2013. Lee ISBN-10: 1585283436

Cecil's- Cecil Essentials of Medicine 8<sup>th</sup> Ed. Andreoli, TE. 2010 ISBN 1416061096

CMDT- Current Medical Diagnosis & Treatment (CMDT). 52<sup>nd</sup> Edition. 2013. Papadakis, et al ISBN-10: 007178182X- **Online**

Harrison's- Harrison's Principles of Internal Medicine, 18<sup>th</sup>e. 2011. Longo, et. Al. ISBN 007174889X- **Online**

**Online**- online under Access Medicine

**Online**- online under MD Consult  
Pharmacy

**Online**- Access

**UNIVERSITY OF FLORIDA  
SCHOOL OF PHYSICIAN ASSISTANT STUDIES**

**MEDICAL EQUIPMENT**

Medical equipment will be required during your training in the School of Physician Assistant Studies. Medical equipment will be utilized during the Physical Diagnosis course in the Fall semester, the Hospital Practicum course in Spring semester, all clinical rotations, and in your practice after graduation.

The School of PA Studies faculty does not make specific recommendations regarding vendors but can answer questions about the required equipment. A list of suggested equipment is provided on the following page. Substantial group discounts are often available from vendors. Your class will have the opportunity to take advantage of group pricing by coordinating their equipment order with the 2<sup>nd</sup> year class to acquire equipment at the lowest cost to each student.

**Local Suppliers of Medical Equipment and Supplies:**

University Medical Bookstore  
Health Science Center  
University of Florida  
Phone: 392-3478

Darrell Johnson  
Representative  
Sun Surgical Supply  
302 NW 6th Street  
Gainesville, FL 32601  
Phone: 373-7933

**Websites for Medical Equipment and Supplies:**

Allheart – America’s Medical Superstore: <http://www.allheart.com/littmannscopes.html>  
Steeles - [http://www.steeles.com/catalog/cata\\_stetho.html](http://www.steeles.com/catalog/cata_stetho.html)  
Medisave USA - <http://www.medisave.net/services.php>

**UNIVERSITY OF FLORIDA  
SCHOOL OF PHYSICIAN ASSISTANT STUDIES  
MEDICAL EQUIPMENT**

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<u>ITEM</u>	<u>APPROXIMATE PRICE</u>
<b><u>Required</u></b>	
Littmann Classic II SE Stethoscope .....	75.00
Reflex (percussion) hammer .....	5.00
Tuning fork (128 Hz) .....	12.00
Tuning fork (512 Hz) .....	12.00
Oral digital thermometer .....	7.00
Tape measure (cm & inches) .....	5.00
Rosenbaum Pocket Screener (near vision screening card) .....	4.00
Pen light .....	5.00
<b>ESTIMATED COST FOR REQUIRED EQUIPMENT .....</b>	<b>\$125.00</b>
<b><u>Optional</u></b>	
Sphygmomanometer (mid-level) .....	40.00
Welch Allyn 3.5 V Standard Diagnostic Set – Model 97150-M (Otoscope-ophthalmoscope diagnostic set **) .....	540.00
Medical bag (optional) .....	30.00-100.00
<b>ESTIMATED COST FOR OPTIONAL EQUIPMENT .....</b>	<b>\$665.00</b>
<b>TOTAL ESTIMATED COST .....</b>	<b>\$790.00</b>

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NOTE: Prices will vary considerably with quality of products, availability of student discounts, and quantities purchased from vendors. When you select equipment, please keep in mind that it will be utilized during your academic and clinical years at the University of Florida and also for several years of employment as a physician assistant after your graduation.

***\*\*The School of PA Studies has 60 otoscope-ophthalmoscope sets that can be checked out to students to use during Physical Diagnosis. However, all other pieces of equipment MUST be purchased.***

The University of Florida School of PA Studies is requiring the following stethoscope for the Class of 2014:

### **3M™ Littmann® Classic II S.E. Stethoscope**

Featuring a two-sided chest piece, this classic stethoscope offers high acoustic sensitivity for superior performance. A tunable diaphragm on one side augments the traditional bell function of the opposite side.

Features:

- Traditional bell combined with a tunable diaphragm that conveniently alternates between low- and high frequency sounds without the need to turn over the chest piece
- Excellent acoustic seal and comfortable fit with patented 3M™ Littmann® Snap Tight Soft-Sealing Eartips
- Comfortably angled, anatomically correct headset
- Patient-friendly, non-chill rim and diaphragm
- Single-lumen tubing in a variety of popular colors
- Three-year warranty

Littmann authorized retailers:

[http://solutions.3m.com/wps/portal/3M/en\\_US/Littmann/stethoscope/purchase/where-to-buy/](http://solutions.3m.com/wps/portal/3M/en_US/Littmann/stethoscope/purchase/where-to-buy/)

*\*Accommodations will be made on a case by case basis for those with documented disabilities.*

**UNIVERSITY OF FLORIDA  
SCHOOL OF PHYSICIAN ASSISTANT STUDIES  
ADDITIONAL COSTS**

	<u>Didactic Year</u>	<u>Clinical Year</u>
<b><u>Tuition &amp; Fees</u></b>		
Florida Resident	\$22,825	\$22,040
Non-Florida Resident	\$56,162	\$22,040* \$55,377
<b><u>Books and Supplies</u></b>	\$ 2,950	\$ 2,445
<b><u>Lodging and Utilities</u></b>	\$ 8,350	\$ 9,200
<b><u>Food</u></b>	\$ 5,580	\$ 5,580
<b><u>Clothing Maintenance</u></b>	\$ 1,750	\$ 1,750
<b><u>Personal/Insurance</u></b>	\$ 2,860	\$ 2,700
<b><u>Transportation</u></b>	\$ 3,750**	\$ 3,750
<b><u>Professional Fees</u></b>	\$ 200	\$ 500***
<b><u>Required Medical Equipment</u></b>	\$ 125	\$ 665
<b>TOTAL</b>		
Florida Resident	\$48,390	\$48,630
Non-Florida Resident	\$81,727	\$81,967

\*Assumes that the appropriate documentation is secured and presented to the Office of the Registrar to obtain residency in the State of Florida.

\*\*Public transportation is free for students. The \$3400 figure represents the estimated cost for operating an automobile.

\*\*\*Includes cost of PANCE (\$450) and drug screening, fingerprinting costs

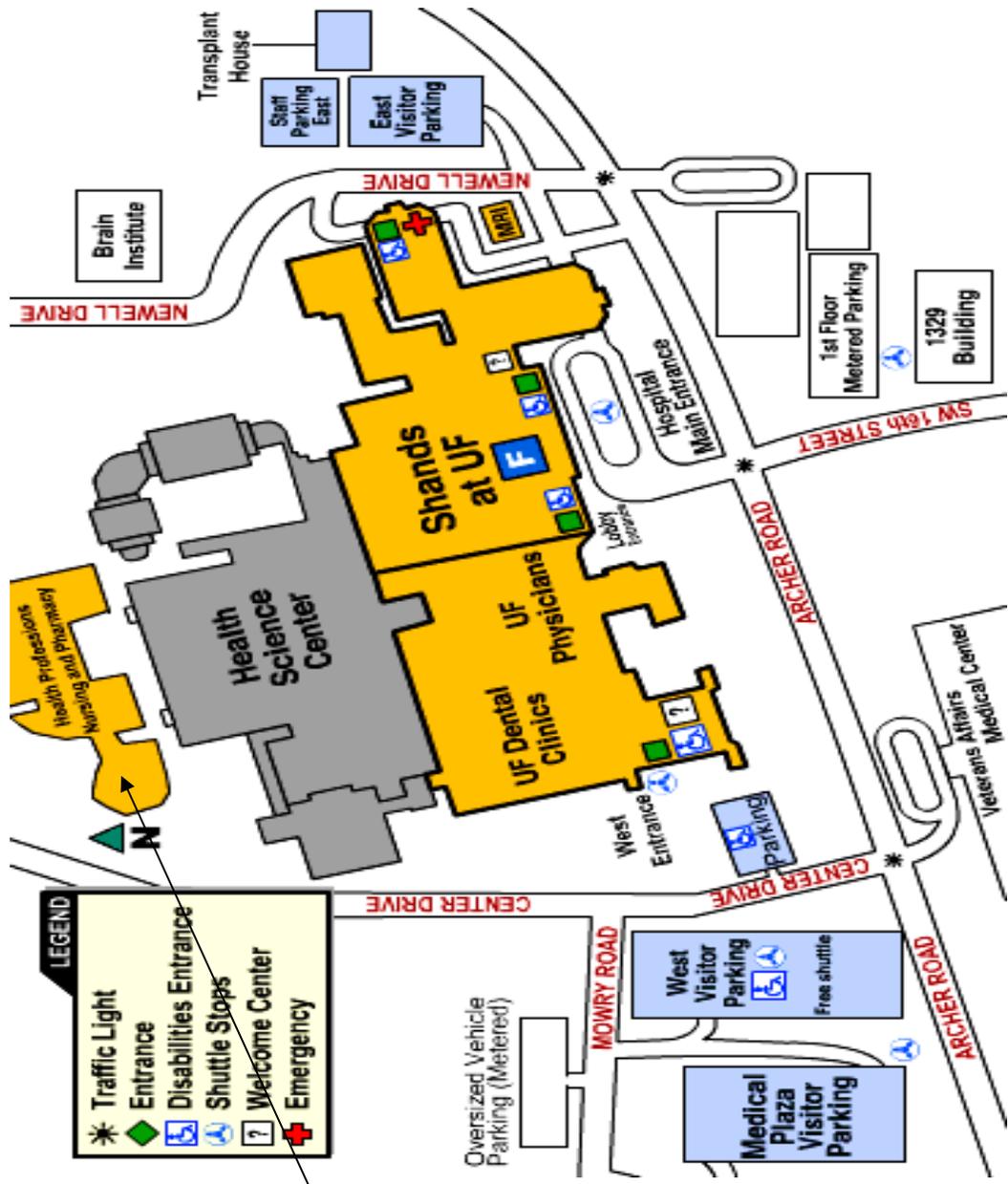
Costs of attendance budgets include only those expenses associated with the student. Living expenses for spouse and/or other dependents are not recognized as part of the student's standard costs of attendance.

Other expenses not directly essential to a student's education or living expenses are the sole responsibility of the student. Examples of this include, but not limited to, attendance at conferences, membership in specialty professional organizations, and optional medical databases or resources.

**NOTE: The costs represent estimates and are based on the costs available at the time of compilation. These figures are subject to change. Additionally these figures may not be the same as what is projected in your loans.**



University of Florida Health Science Center

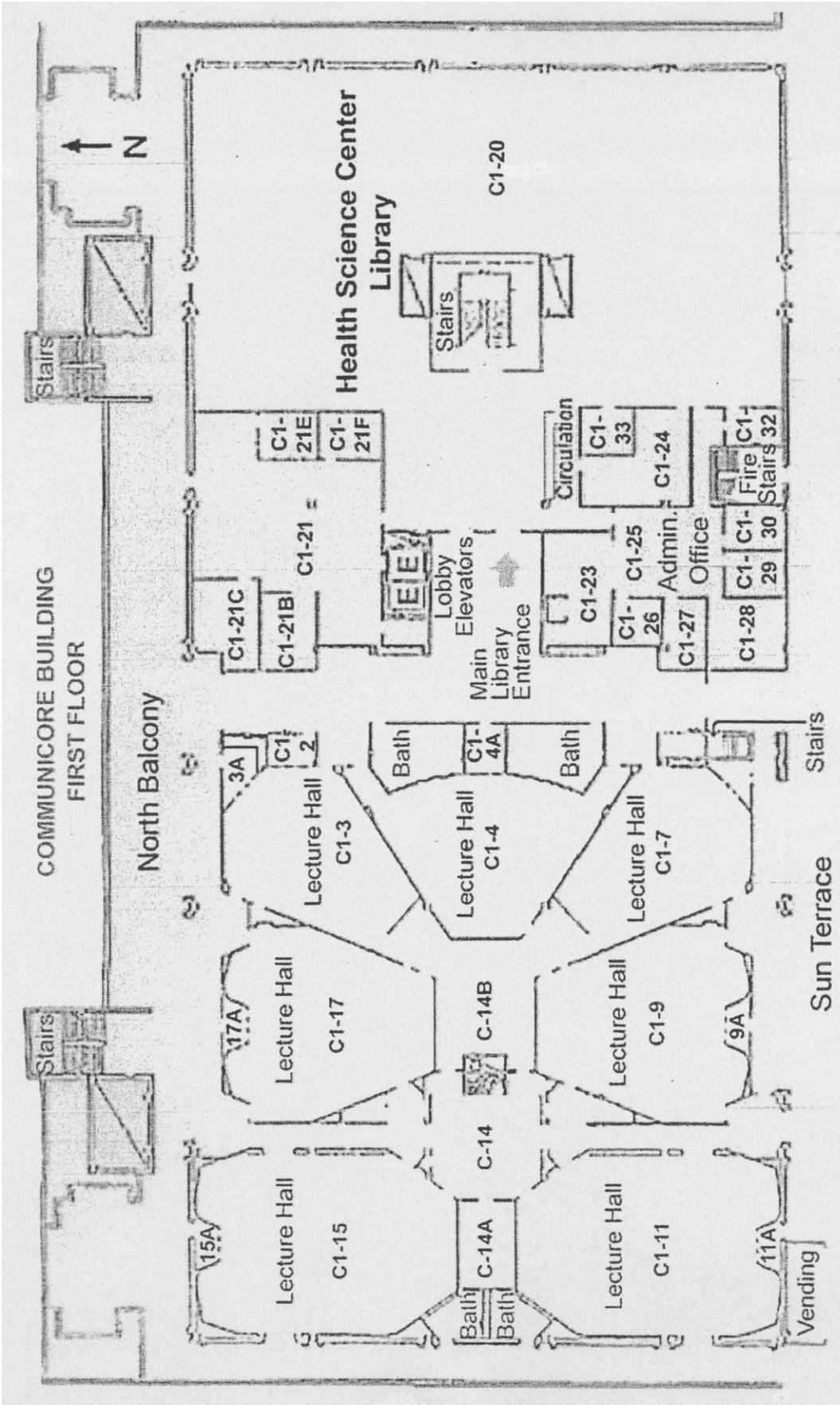


*Lecture Halls for the Summer B Semester while the Communicore is undergoing renovation.*





**First Floor – Communicore Classrooms**



**UNIVERSITY OF FLORIDA**  
**SCHOOL OF PHYSICIAN ASSISTANT STUDIES**  
**GENERAL ACADEMIC OBJECTIVES**

• **PROFESSIONAL BEHAVIORAL OBJECTIVES** •

The student should be able to:

1. Articulate the importance and privileged nature of the patient/provider relationship.
2. Discuss the importance of intellectual honesty and truthfulness in carrying out his/her role as a physician assistant.
3. Discuss the physician-dependent nature of the physician assistant's role.
4. Describe the importance of data contained within established medical care records and the value of these records as the best evidence to assure quality of care and facilitate risk management.
5. Explain the importance and practical application of studies in basic sciences to the understanding of specific aspects of and skills used during the physical examination and in the practice of medicine.
6. Describe the importance of the financial costs and potential hazards which might result from indiscriminate or inappropriate ordering of laboratory tests and procedures as important in patient care and the interaction with the patient.
7. Discuss the increased effectiveness of using a multidimensional / interdisciplinary plan in the care of patients.
8. Discuss the importance of diet and nutrition in the overall health of the patient and in disease prevention and overall care of the patient.
9. Explain how lifestyles influence a person's health and identify his/her belief about the responsibility or obligation of a patient to change these behaviors.
10. Discuss how the biopsychosocial impacts of diseases are important to the overall care of the patient.



*Code of Conduct for Certified and Certifying  
Physician Assistants*

## **Preamble**

The National Commission on Certification of Physician Assistants endeavors to assure the public that certified physician assistants meet professional standards of knowledge and skills. Additionally, NCCPA attempts to ensure that the physician assistants it certifies are upholding appropriate standards of professionalism and ethics in practice. The NCCPA's *Code of Conduct for Certified and Certifying Physician Assistants* outlines principles that all certified or certifying physician assistants are expected to uphold.

Breaches of these principles may be cause for disciplinary review. Disciplinary actions taken at the conclusion of that review may include formal censures, fines, revocation of certification or eligibility for certification and/or other actions as deemed appropriate by NCCPA. Some disciplinary actions are reported to the state licensing authorities and the National Practitioner Data Bank. This *Code of Conduct* represents some, though not necessarily all, of the behaviors that may trigger review under NCCPA's *Disciplinary Policy*.

## **Principles of Conduct**

### **1) Certified or certifying physician assistants shall protect the integrity of the certification and recertification process.**

- a) They shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during or after an NCCPA examination.
- b) They shall not obtain, attempt to obtain or assist others in obtaining or maintaining eligibility, certification, or recertification through deceptive means, including submitting to the NCCPA any document that contains a misstatement of fact or omits a fact.
- c) They shall not manufacture, modify, reproduce, distribute or use a fraudulent or otherwise unauthorized NCCPA certificate.
- d) They shall not represent themselves in any way as a Physician Assistant-Certified (PA-C) designee unless they hold current NCCPA certification.
- e) When possessing knowledge or evidence that raises a substantial question of cheating on or misuse of questions from an NCCPA examination, fraudulent use

of an NCCPA card, certificate or other document or misrepresentation of NCCPA certification status by a physician assistant or any other individual, they shall promptly inform the NCCPA.

**2) Certified or certifying physician assistants shall comply with laws, regulations and standards governing professional practice in the jurisdictions and facilities in which they practice or are licensed to practice.**

- a) Certified or certifying physician assistants shall respect appropriate professional boundaries in their interactions with patients.
- b) Certified or certifying physician assistants shall avoid behavior that would pose a threat or potential threat to the health, well-being or safety of patients apart from reasonable risks taken in the patient's interest during the delivery of health care.
- c) Certified or certifying physician assistants shall recognize and understand their professional and personal limitations.
- d) Certified or certifying physician assistants shall practice without impairment from substance abuse, cognitive deficiency or mental illness.
- e) Certified or certifying physician assistants shall maintain and demonstrate the ability to engage in the practice of medicine within their chosen areas of practice safely and competently.

# Guidelines for Ethical Conduct for the Physician Assistant Profession

(Adopted 2000, amended 2004, 2006, 2007, and 2008)

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# **Guidelines for Ethical Conduct for the Physician Assistant Profession**

(Adopted 2000, amended 2004, 2006, 2007, and 2008)

## **Introduction**

The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice. Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and physician assistants should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

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

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

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

## **Statement of Values of the Physician Assistant Profession**

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

## **The PA and Patient**

### **PA Role and Responsibilities**

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination

Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply

because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

### **The PA and Diversity**

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

### **Nondiscrimination**

Physician assistants should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

### **Initiation and Discontinuation of Care**

In the absence of a preexisting patient-PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

### **Informed Consent**

Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care.

Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on *Confidentiality*.)

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made

are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

### **Confidentiality**

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

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on *Informed Consent*.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

### **The Patient and the Medical Record**

Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist. Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

### **Disclosure**

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the

error to the patient if such information is significant to the patient's interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

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

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

### **Genetic Testing**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided. PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

### **Reproductive Decision Making**

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care. When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

### **End of Life**

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

Physician Assistants should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

### **The PA and Individual Professionalism**

#### **Conflict of Interest**

Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

#### **Professional Identity**

Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

#### **Competency**

Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

## **Sexual Relationships**

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

## **Gender Discrimination and Sexual Harassment**

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

## **The PA and Other Professionals**

### **Team Practice**

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

### **Illegal and Unethical Conduct**

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

### **Impairment**

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

### **PA–Physician Relationship**

Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

### **Complementary and Alternative Medicine**

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

### **The PA and the Health Care System**

#### **Workplace Actions**

Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

#### **PAs as Educators**

All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

#### **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action. Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

### **PAs as Expert Witnesses**

The physician assistant expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

### **The PA and Society**

#### **Lawfulness**

Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well being of the community.

#### **Executions**

Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

#### **Access to Care / Resource Allocation**

Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

#### **Community Well Being**

Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

#### **Conclusion**

The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.



## Exam Content Blueprint

### Task Areas

The list of tasks below include knowledge and skill areas that were identified as important to physician assistant practice through an intensive practice analysis. Many of these knowledge areas and cognitive skills are covered on NCCPA's examinations.

Tasks	% of Exam Content
History Taking & Performing Physical Examinations	16
Using Laboratory & Diagnostic Studies	14
Formulating Most Likely Diagnosis	18
Health Maintenance	10
Clinical Intervention	14
Pharmaceutical Therapeutics	18
Applying Basic Science Concepts	10
	<b>Total: 100%</b>

Each question you encounter will address an organ system (see next section) and a task area from the table at left.

### 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

# NCCPA Exam Content Blueprint

## Organ Systems

The table below illustrates the approximate percentage of exam questions you'll encounter. Other content dimensions cross-sect these categories. For example, up to 20 percent of the questions on any exam may be related to surgery, and up to two percent may cover legal or ethical issues.

<b>Organ System</b>	<b>% of Exam Content</b>
<b>Cardiovascular</b>	16
<b>Pulmonary</b>	12
<b>Endocrine</b>	6
<b>EENT (Eyes, Ears, Nose and Throat)</b>	9
<b>Gastrointestinal /Nutritional</b>	10
<b>Genitourinary</b>	6
<b>Musculoskeletal</b>	10
<b>Reproductive</b>	8
<b>Neurologic System</b>	6
<b>Psychiatry/Behavioral</b>	6
<b>Dermatologic</b>	5
<b>Hematologic</b>	3
<b>Infectious Diseases</b>	3
	<b>Total: 100%</b>

Although not an exhaustive listing, each organ system listed below provides a sample of the diseases, disorders and medical assessments you may encounter during the exam. These lists can provide a foundation for your exam preparation and serve as your blueprint to the exam content.

Each question you encounter will address an organ system and a physician assistant practice task area (see previous section).

## The 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  
• Prinzmetal variant

### **Vascular Disease**

Aortic aneurysm/dissection  
Arterial embolism/thrombosis  
Giant cell arteritis  
Peripheral arterial 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

## The 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

## The 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  
Hypertriglyceridemi

## EENT (Eyes, Ears, Nose and Throat)

### **Eye Disorders**

Blepharitis  
Blowout fracture  
Cataract  
Chalazion  
Conjunctivitis  
Corneal abrasion  
Corneal ulcer  
Dacryoadenitis  
Ectropion  
Entropion  
Foreign body  
Glaucoma  
Hordeolum  
Hyphema  
Macular degeneration  
Nystagmus  
Optic neuritis  
Orbital cellulitis  
Papilledema  
Pterygium  
Retinal detachment  
Retinal vascular occlusion  
Retinopathy  
Strabismus

### **Ear Disorders**

Acute/chronic otitis media  
Acoustic neuroma  
Barotrauma  
Cholesteatoma  
Dysfunction of eustachian tube  
Foreign body  
Hearing impairment  
Hematoma of external ear  
Labyrinthitis  
Mastoiditis  
Meniere disease  
Otitis externa  
Tinnitus  
Tympanic membrane perforation  
Vertigo

### **Nose/Sinus Disorders**

Acute/chronic sinusitis  
Allergic rhinitis  
Epistaxis  
Foreign body  
Nasal polyps

### **Mouth/Throat Disorders**

Acute pharyngitis  
Aphthous ulcers  
Diseases of the teeth/gums  
Epiglottitis  
Laryngitis  
Oral candidiasis  
Oral herpes simplex  
Oral leukoplakia  
Peritonsillar abscess  
Parotitis  
Sialadenitis  
**Benign and malignant neoplasms**

## The Gastrointestinal System/Nutrition

### **Esophagus**

Esophagitis  
Motility disorders  
Mallory-Weiss tear  
Neoplasms  
Strictures  
Varices

### **Stomach**

Gastroesophageal reflux disease  
Gastritis  
Neoplasms  
Peptic ulcer disease  
Pyloric stenosis

### **Gallbladder**

Acute/chronic cholecystitis  
Cholangitis  
Cholelithiasis

### **Liver**

Acute/chronic hepatitis  
Cirrhosis  
Neoplasms

### **Pancreas**

Acute/chronic pancreatitis  
Neoplasms

### **Small Intestine/Colon**

Appendicitis  
Celiac disease  
Constipation  
Diverticular disease  
Inflammatory bowel disease  
Intussusception  
Irritable bowel syndrome  
Ischemic bowel disease  
Lactose intolerance  
Neoplasms  
Obstruction  
Polyps  
Toxic megacolon

### **Rectum**

Anal fissure  
Abscess/fistula  
Fecal impaction  
Hemorrhoids  
Neoplasms

### **Hernia**

### **Infectious and Non-**

### **infections Diarrhea**

### **Vitamin and Nutritional**

### **Deficiencies**

### **Metabolic Disorders**

Phenylketonuria

## The Genitourinary System

### **GU Tract Conditions**

Benign prostatic hyperplasia  
Congenital abnormalities  
Cryptorchidism  
Erectile dysfunction  
Hydrocele/varicocele  
Incontinence  
Nephro/urolithiasis  
Paraphimosis/phimosis  
Testicular torsion

### **Infectious/Inflammatory**

#### **Conditions**

Cystitis  
Epididymitis  
Orchitis  
Prostatitis  
Pyelonephritis  
Urethritis

#### **Neoplastic Diseases**

Bladder carcinoma  
Prostate carcinoma  
Renal cell carcinoma  
Testicular carcinoma  
Wilms tumor

### **Renal Diseases**

Acute renal failure  
Chronic kidney disease  
Glomerulonephritis  
Hydronephrosis  
Nephrotic syndrome  
Polycystic kidney disease  
Renal vascular disease

#### **Fluid and Electrolyte**

#### **Disorders**

Hypervolemia  
Hypovolemia

#### **Acid/Base Disorders**

## The Musculoskeletal System

### **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  
Herniated nucleus pulposus  
Kyphosis  
Low back pain  
Scoliosis  
Spinal stenosis

### **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  
Soft tissue injuries

### **Infectious Diseases**

Acute/chronic osteomyelitis  
Septic arthritis

### **Neoplastic Disease**

Bone cysts/tumors  
Ganglion cysts

### **Osteoarthritis**

### **Osteoporosis**

### **Compartment Syndrome Rheumatologic Conditions**

Fibromyalgia  
Gout/pseudogout  
Juvenile rheumatoid arthritis  
Polyarteritis nodosa  
Polymyositis  
Polymyalgia rheumatica  
Reactive arthritis (Reiter syndrome)  
Rheumatoid arthritis  
Systemic lupus erythematosus  
Systemic sclerosis (Scleroderma)  
Sjögren syndrome

## The Reproductive System

### **Uterus**

Dysfunctional uterine bleeding  
Endometrial cancer  
Endometriosis  
Leiomyoma  
Prolapse

### **Ovary**

Cysts  
Neoplasms

### **Cervix**

Carcinoma  
Cervicitis  
Dysplasia  
Incompetent

### **Vagina/Vulva**

Cystocele  
Neoplasm  
Prolapse  
Rectocele

### **Menstrual Disorders**

Amenorrhea  
Dysmenorrhea  
Premenstrual syndrome

### **Menopause**

### **Breast**

Abscess  
Carcinoma  
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

Vaginitis

## The 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  
Dementias  
Delirium  
Guillain-Barré syndrome  
Multiple sclerosis  
Myasthenia gravis  
Post-concussion syndrome  
Seizure disorders  
Status epilepticus  
Syncope  
Tourette disorder

## Psychiatry/Behavioral Science

### **Anxiety Disorders**

Generalized anxiety disorder  
Panic disorder  
Phobias  
Posttraumatic stress disorder

### **Attention-Deficit/Hyperactivity Disorder**

### **Autistic Disorder**

### **Eating Disorders**

Anorexia nervosa  
Bulimia nervosa  
Obesity

### **Mood Disorders**

Adjustment  
Bipolar  
Depressive

### **Dysthymic**

### **Personality Disorders**

### **Psychoses**

Delusional disorder  
Schizophrenia

### **Somatoform Disorders**

### **Substance Use Disorders**

Abuse  
Dependence  
Withdrawal

### **Other Behavior/Emotional Disorders**

Acute reaction to stress  
Child/elder abuse  
Conduct disorders  
Domestic violence  
Grief reaction  
Suicide

## The 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

## The 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

**UNIVERSITY OF FLORIDA  
SCHOOL OF PHYSICIAN ASSISTANT STUDIES**

**Report of Accidental Exposure**

Student Name: \_\_\_\_\_, PAS II

Rotation Month/Dates: \_\_\_\_\_ Rotation Discipline: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Supervising Preceptor: \_\_\_\_\_

Date and Time of Exposure (As precise as possible): \_\_\_\_\_

Type of Exposure: \_\_\_\_\_

**NOTIFICATIONS (Note date / time / person contacted)**

Rotation site's contact person (immediate): \_\_\_\_\_

PA Program (within 24 hours): \_\_\_\_\_

Narrative description of exposure incident, inclusive of precautions taken (i.e., gloves, gowning, eye protection, cleanup, etc.) and extent of patient contact. Continue on back of form if needed:

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Was treatment initiated? YES / NO / NA

If YES, list medications or prophylaxis given (amount/duration): \_\_\_\_\_

If NO, did student deny treatment? YES / NO List reason: \_\_\_\_\_

If exposure incident (i.e., Tuberculosis) is student cleared for clinical rotation? YES / NO  
**Student MUST provide documentation of clearance to School**

I have reviewed and understand the clinical year manual's universal precaution / exposure incident policy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax this form to the School of PA Studies within 24 hours of an exposure incident: 352-265-7996

**Instructions for Faculty and Staff:** This form may be used when a student requests you, as a school official, to write a letter of recommendation. A signed release is necessary to document written consent from the student. Student consent should include: (1) a description of the information to be disclosed, (2) to whom the information will be disclosed, and (3) the student's signature and date.

. If a letter of recommendation contains **non-directory information**;

- **A written release is recommended** for letters sent to other educational institutions in which the student seeks to enroll, including professional school admission services.
- **A written release is required** for general letters of recommendation sent to an employer or for any other purpose.

**Examples of non-directory information include: disciplinary status, GPA, UFID or social security number, grades/exam scores and standardized test scores.**

**Instructions for Students:** Complete, sign and return to the faculty or staff member.

I give my permission to \_\_\_\_\_ (Faculty or Staff Member Name) to write a letter of recommendation and/or to provide an oral reference to:

All persons or entities listed here: \_\_\_\_\_.

I give my permission for \_\_\_\_\_ (Faculty or Staff Member Name) to include the following non-directory information in this letter of recommendation or oral reference:

- Any information on my UF transcript including my grades and courses taken.
- Any information on the attached curriculum vitae or résumé.
- Any information included in my attached personal statement.
- Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions, (including but not limited to examinations, essays, terms papers, teaching evaluations, graduate committee evaluations, and so forth.)
- Other (please specify)

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I hereby

- Waive
- Do Not Waive

my right to review this recommendation letter or to know the contents of any oral communication .

Student's Name (*please print*) \_\_\_\_\_ UFID: \_\_\_\_\_

(Optional) Student's Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Release for Letter of Recommendation

Instructions for Faculty and Staff: This form may be used when a student requests you, as a school official, to write a letter of recommendation. A signed release is necessary to document written consent from the student. Student consent should include: (1) a description of the information to be disclosed, (2) to whom the information will be disclosed, and (3) the student's signature and date.

- If a letter of recommendation contains non-directory information;
- A written release is recommended for letters sent to other educational institutions in which the student seeks to enroll, including professional school admission services.
- A written release is required for general letters of recommendation sent to an employer or for any other purpose.

Examples of non-directory information include: disciplinary status, GPA, UFID or social security number, grades/exam scores and standardized test scores.

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Any information on the attached curriculum vitae or résumé.
Any information included in my attached personal statement.
Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions, (including but not limited to examinations, essays, terms papers, teaching evaluations, graduate committee evaluations, and so forth.)
Other (please specify)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I hereby

- Waive
Do Not Waive

my right to review this recommendation letter or to know the contents of any oral communication .

Student's Name (please print) \_\_\_\_\_ UFID: \_\_\_\_\_

(Optional) Student's Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIVERSITY OF FLORIDA  
SCHOOL OF PHYSICIAN ASSISTANT STUDIES  
ACADEMIC YEAR ABSENCE REQUEST AND REPORTING FORM**

- The School of PA Studies requires an absence request form for any absence occurring on a mandatory attendance day, as indicated on your schedule, or for any absence beyond 2 days in a Summer semester or 3 days in Fall or Spring semester as per the attendance policy as documented in the academic manual (and revised for the 2013 graduating class)
- The School of PA Studies will approve or deny the request and provide a completed copy of this form to the student and maintain a copy in his/her file.

**1. To be completed by the student. Please print or type.**

Student's Name: \_\_\_\_\_ Date(s) of Absence: \_\_\_\_\_

**Tardy or Absent** (circle one)

List of educational activities missed or will be missed:

Reason for Absence:

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**2. School of PA Studies Decision:**

Absence request approved by School.

Conditions:

Absence request not approved. Explanation (as appropriate):

SPAS Signature \_\_\_\_\_ Date \_\_\_\_\_

- The student has the option to appeal the decision made by the School of PA Studies. In this case, the student's appeal will be taken before the entire faculty for decision.

**3. Appeals. To be completed by the student. Please print or type.**

**Reason for appeal:**

**4. School of PA Studies Decision for the appeal:**

- Appeal granted by the school.

Conditions:

- Appeal not granted by the School of PA Studies. Explanation (as appropriate):

SPAS Director Signature \_\_\_\_\_ Date \_\_\_\_\_

SPAS Faculty Signatures \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_