



## **School of Allied Health Professions**

### **Master of Physician Assistant Studies**

### **Clinical Handbook**

**Revised: 3/2023**

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## Introduction and Purpose

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This Clinical Handbook is a reference for Physician Assistant students and others seeking information concerning the policies, rules, expectations, and regulations of LSUHSC-NO Master of Physician Assistant Studies Program (PA Program) Clinical Year. These policies and procedures are in place to maximize student success and help students maintain the high academic and professional standards necessary to be a Physician Assistant.

Failure to read the PA Program Clinical Handbook, PA Program Student Handbook, the School of Allied Health Professions (SAHP) Student Handbook and the LSUHSC-NO General Catalog/Bulletin does not excuse the student from any of the policies described in these publications. In the event the policies and procedures are different from those posted in other University publications, SAHP publications, and MPAS publications, the PA Clinical Handbook supersedes those in other publications during the entire phase of the clinical year.

Students can access the School of Allied Health Student Handbook and the General Catalog/Bulletin from the links below:

[LSUHSC SAHP Student Handbook](#)

[LSUHSC Catalog](#)

## Disclaimer

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This Handbook reflects current policies and procedures of LSUHSC-NO and the PA Program for all Clinical Year students. However, they are subject to amendment and change without prior notice. The University and PA Program reserve the right to change policies, procedures, and programs. Minor changes will be posted directly to the Handbook. When major changes occur, a notification will be sent to all PA students.

**It is the responsibility of each student enrolled in the LSUHSC-NO Master of Physician Assistant Studies Program to understand and abide by the regulations and policies within this Handbook and within LSUHSC-NO Publications.** Details can also be found in the Chancellor's Memorandum 56. The link is listed below:

[CM-56 – Student Responsibilities and Rights](#)

## **I: PHYSICIAN ASSISTANT PROGRAM STRUCTURE**

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### **PA Program Vision**

The LSUHSC-New Orleans Master of Physician Assistant Studies Program will be a leader in the education of competent, compassionate, healthcare providers providing access to care for the people of Louisiana.

### **PA Program Mission**

The Mission of the LSUHSC-New Orleans Master of Physician Assistant Studies Program is to recruit and educate individuals of the highest quality from diverse backgrounds to provide evidence-based, patient-centered healthcare to the people of Louisiana.

### **PA Program Goals**

- Recruit highly qualified applicants for enrollment as students in the LSUHSC-New Orleans Physician Assistant Program
- Maintain accreditation-continuing status, and a standard of excellence for the program
- Develop and maintain a curriculum that promotes a 90% or better graduation rate for students entering the LSUHSC-New Orleans Physician Assistant Program
- Develop and maintain a curriculum that produces a PANCE rate first-time pass rate above the national average.

### **PA Program Core Faculty**

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## PA Program Required Competencies

The PA profession defines the specific knowledge, skills, and attitudes as well as the required educational experiences needed in order for PAs to acquire and demonstrate these competencies. The LSUHSC-NO MPAS program developed the following competencies based on the program’s mission and vision in conjunction with the standards published by the National Commission on the Certification of Physician Assistants, the Accreditation Review Commission on Education for the Physician Assistant, and the Physician Assistant Education Association.

<b>Patient-Centered Practice Knowledge</b>			
<b>I</b>	A1	Gather essential and accurate information about patients and their condition through history-taking,	Interpersonal Skills, medical knowledge
	A2	physical examination,	
	A3	and the use of laboratory data, imaging, and other tests.	
	B1	Make informed decisions about diagnostic and therapeutic interventions based on patient information, (see B1 and B2) clinical judgment	Clinical reasoning and problem-solving abilities, interpersonal skills, medical knowledge
	B2	and preferences	
	B3	up-to-date scientific evidence	
	C	Develop and carry out patient management plans	Clinical reasoning and problem-solving abilities
	D1	Counsel and educate patients and their families	Clinical and technical skills, interpersonal skills, professional behaviors
	D2	to empower them to participate in their care	
	D3	and enable shared decision making.	
	E1	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings	Professional behaviors, interpersonal skills, medical knowledge
	E2	and following up on patient progress	
	E3	and outcomes.	
	F	Performs essential procedures appropriate for newly graduated physician assistant	Clinical and technical skills
<b>Society and Population Health</b>			
<b>II</b>	A	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations	Medical knowledge
	B	Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes toward care	Clinical reasoning and problem-solving abilities
<b>Health Literacy and Communication</b>			
<b>III</b>	A	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds	Interpersonal skills
	B	Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health-related agencies	Professional behaviors
<b>Professional, Legal, and Finance of Health System and Practice</b>			
<b>IV</b>	A	Identify strengths, deficiencies, and limits in one’s knowledge and expertise	Professional behaviors
	B1	Develop the ability to use self-awareness of knowledge, skills, and emotional limitations	Professional behaviors, interpersonal skills
	B2	to engage in appropriate help-seeking behaviors.	
	C1	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent,	Clinical and technical skills, professional behaviors
	C2	and business practices, including compliance with relevant laws, policies, and regulations.	
	D	Appreciate the value of the collaborative physician and PA relationship.	Professional behaviors

## Essential Functions and Technical Standards

Medical education requires that the accumulation of knowledge be accompanied by the acquisition of skills and professional attitudes and behavior. Allied health school faculties have a responsibility to society to matriculate and graduate the best possible physician assistants, and thus admission to PA school is offered to those who present the highest qualifications for the study and practice of medicine. Technical standards presented in this document are prerequisite for admission, progression, and graduation from Louisiana State University School of Allied Health in New Orleans. To accomplish its mission LSUHSC-New Orleans has developed a curriculum consisting of core courses and clerkships, required rotations, and elective rotations. The faculty and administration of the school have developed essential functions with which all students must comply independently in order to satisfy PA school curriculum demands. All core courses in the curriculum are required so that students can develop the essential knowledge and skills necessary to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

The LSUHSC School of Allied Health - PA Program in New Orleans maintains a strong institutional commitment to equal education opportunities for qualified students with disabilities who apply for admissions to the LSUHSC- NO PA Program or who are already enrolled. The technical standards are not intended to deter any candidate for whom reasonable accommodations will allow the fulfillment of the complete curriculum. In compliance with the Americans with Disabilities Act LSUHSC has determined that certain technical standards must be met by prospective candidates and students. A candidate for the Master of Physician Assistant Studies degree must possess aptitude, abilities, and skills in the five areas discussed below as advised by the Special Advisory Panel on Technical Standards for Medical School Admissions convened by the AAMC. (Memorandum 79-4).

The Technical Standards listed are identical to the technical standards required of students matriculating in the LSUHSC- NO School of Medicine. This description defines the capabilities that are necessary for an individual to successfully complete the LSUHSC-NO PA curricula.

### **Observation:**

The individual must be able to observe demonstrations and participate in experiments of science, including but not limited: to dissection of cadavers, examination of specimens in anatomy, pathology and neuroanatomy laboratories, physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues. PA students must be capable of viewing and interpreting diagnostic modalities and to detect and interpret non-verbal communication from patients.

### **Communication:**

Students should be able to communicate with patients in order to elicit information, detect changes in mood, activity and to establish therapeutic relationships. Students should be able to communicate effectively and sensitively with patients and all members of the health care team both in person, in writing and possibly through telecommunication.

**Motor Function and Coordination:**

Individuals must possess the capacity to perform physical examinations and diagnostic maneuvers. Individuals must be able to perform motor activities required in providing general and emergency treatment to patients, such as cardiopulmonary resuscitation, administering intravenous medication, applying pressure to stop bleeding, opening obstructed airways, suturing simple wounds, and performing routine obstetrical maneuvers.

**Intellectual Abilities: Conceptual, Integrative and Quantitative:**

Individuals must have sufficient cognitive abilities and effective learning techniques to assimilate detailed and complex information presented in the PA school curriculum. Individuals must be able to learn through a variety of modalities including classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports and use of computer and information technology. Individuals must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information by multiple mechanisms. Problem solving, a critical skill demanded of physician assistants, may require all of these intellectual abilities. Individuals must meet applicable safety standards for the environment and follow universal precaution procedures.

**Behavioral and Social Attributes:**

Individuals must possess the emotional health required for the appropriate use of their intellectual and mental abilities, including logical thinking, good judgment, impulse control, empathy, interest, and motivation. These abilities should be sufficient to assure the development and maintenance of therapeutic relationships with patients and those who care for them. Individuals must be able to maintain emotional health despite stress, uncertainty, and physically taxing workloads and to adapt to changing situations while handling the responsibilities associated with medical education and patient care. Individuals must accept responsibility for learning, exercising good judgment and promptly completing all responsibilities attendant to the diagnosis and care of patients.

The technical standards outlined above must be met with or without accommodation. Students who, after review of these technical standards, determine that they require reasonable accommodation to fully engage in the program should contact the Office of Disability Services at (504) 568-2211 or [ods@lsuhsc.edu](mailto:ods@lsuhsc.edu) to confidentially discuss their accommodation needs. Given the clinical nature of our programs, time may be needed to create and implement the accommodations. Accommodations are never retroactive; therefore, timely requests are encouraged.

Louisiana State University School of Allied Health - New Orleans Physician Assistant Program will consider for admission, progression, and graduation individuals who demonstrate the knowledge and the ability to perform or learn to perform the skills described in this document. Individuals will be assessed not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the requirements of the school's curriculum and to graduate as skilled and effective practitioners of medicine.



## Clinical Phase

The 12-month clinical phase of the curriculum provides in-depth instruction in the evaluation and management of disease and injury alongside medical students, residents, allied health practitioners and faculty in Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Pediatric Medicine, Psychiatry, and Women's Health. In addition, students will choose 3 elective/preceptorship rotations.

The training experiences are used to prepare PA students to deliver health care services to diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions.

Students will have the opportunity to train in state-of-the-art urban medical centers, rural hospitals, clinics and in private offices of a variety of health care providers.

## Program Curriculum

The program curriculum can be found at the following link:

[LSUHSC MPAS Curriculum](#)

## Academic Calendar

The academic calendar for the PA Program may be different from that published in the General Catalog/Bulletin or on the SAHP website and is, therefore, provided to students by the Program.

## Timeline for Clinical Year

- A. The clinical year is divided into twelve 4-week blocks.
- B. There are seven (7) core rotations (Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Pediatric Medicine, Psychiatry, and Women's Health).
- C. There is one (1) required 8 week rotation block (Family Medicine). This rotation must be completed as two consecutive 4 week blocks.
- D. There are two (2) required 4 week Preceptorship rotations. These rotations must be approved and scheduled by the Director of Clinical Education.
- E. There is one (1) required 4 week elective rotation. This rotation must be approved and scheduled by the Director of Clinical Education.
- F. There is one (1) 4 week didactic block to be used for research and PANCE preparation.

\*It should be noted that rotation blocks begin on a Monday and end on the 4<sup>th</sup> Friday (or 8<sup>th</sup> Friday). The last day at the clinical site will be on the last Thursday of the block. **It is mandatory to be on campus on the last day of each block, even if you are off that month (for Seminar courses).**\*

## CLINICAL YEAR SCHEDULE

All events are mandatory. Dates are subject to change.

SUMMER 2023	
Block 1	5/15/23 - 6/9/23
Block 2 WH	6/12/23 - 7/7/23
Block 3	7/10/23 - 8/4/23
Block 4	8/7/22 - 9/1/23
FALL 2023	
Block 5	9/4/23 - 9/29/23
Block 6	10/2/23 - 10/27/23
Block 7	10/30/23 - 11/25/23
Block 8	11/28/23 - 12/22/23
Winter Break	12/23/23 - 1/7/24
SPRING 2024	
Block 9	1/8/24 - 2/2/24
Block 10	2/5/24 - 3/1/24
Summative Week	3/4/24 - 3/8/24
Block 11	3/11/24 - 4/5/24
Block 12	4/8/24 - 5/3/24
CPI Week	5/6/24 - 5/10/24
Commencement	5/16/24

## II: GENERAL GUIDELINES

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### Goals for the Clinical Year

- Apply knowledge gained during the didactic year to supervised patient management.
- Continue to broaden knowledge base by utilizing clinical experiences, outside reading and other information sources including web based learning systems and journals.
- Develop patient care skills by working with a multidisciplinary team.
- Evaluate different styles of practice and specialties with a focus toward future employment. Begin building a CV.
- Prepare for the Physician Assistant National Certification Exam (PANCE).
- Complete the research project appropriate for peer review and/or prepare a CME quality poster presentation.
- Develop an understanding of the PA's role in healthcare.
- Develop an appreciation for diversity within the patient population and healthcare team.

## Required Clinical Rotation Experiences

### Health Care Settings

- Outpatient
- Inpatient
- Emergency Department
- Operating Room

### Types of Care

- Preventive
- Emergent
- Acute
- Chronic

### Patient Exposures

- Medical care across the lifespan
  - Infants
  - Children
  - Adolescents
  - Adults
  - Geriatrics
- Women's health to include prenatal and gynecologic care
- Care for conditions requiring surgical management (to include preoperative, intraoperative and postoperative care)
- Care for behavioral and mental health conditions

### Medical and Surgical Disciplines

- Emergency Medicine
- Family Medicine
- General Surgery
- Internal Medicine
- Pediatrics
- Psychiatric Medicine
- Women's Health

Detailed learning outcomes and instructional objectives for the following specific clerkships are detailed each respective course syllabi.

- Emergency Medicine
- Family Medicine
- General Surgery
- Internal Medicine
- Pediatrics
- Psychiatric Medicine
- Women's Health
- Elective
- Preceptorship I
- Preceptorship II

## Personal Preparation

At all times on clinical rotations, consider yourself a representative of the LSU Health Sciences Center Master of Physician Assistant Studies and the PA profession as a whole.

- **Adequate Fund of Knowledge:** Prior to and during rotations you will need to identify the gaps in your knowledge base and determine how to meet these deficits. This will require an honest self-assessment and the discipline to schedule study time when you are not in the hospital or clinic. You should review the learning objectives and assess your knowledge of each topic. You can use these objectives to check your progress and get input from your preceptor. Evidence based medicine skills you have learned will be refined and help you to develop lifelong learning skills. Do not depend on your clinical experience and preceptor to supply you with all the knowledge you will need to succeed on the End of Rotation exams or the PANCE. You will need to supplement what you learn during your clinical experience with reviewing textbooks and journals.
- **Interpersonal Communication:** One key to a successful rotation is your ability to communicate effectively with patients, your preceptor, and the others at the site. Communication is a valuable and necessary part of your learning experience. Be respectful and courteous to all staff and patients.
- **Personal Preparation:** Some rotations require you to take call (to stay at the site late into the evening or overnight) while others may require early morning or late evening hours. Every site is different. Anticipate the need for the care for others who rely on you. Please remember that you are required to be at your site for all scheduled hours.
- **Transportation:** Get your car in good working order. Many rotations will require you to drive a fair distance during off-hours. Have a backup plan should your car fail. If you do not have a car or do not know how to drive, you will need to become familiar with the public transportation system. For rotations at sites that are far away or inaccessible via public transport, it may be necessary for you to find short-term accommodations.
- **Oral Presentations:** As part of your rotation requirements, you will be required to present cases to preceptors, fellow students, and physicians. If you are uncomfortable with public speaking, practice at home, in front of a mirror, friends, and classmates. Try to practice your presentation beforehand. Adequate preparation and practice will help you appear confident and well informed.
- **Emotions:** No one will expect you to know everything, and most preceptors and staff will be empathetic to your nervousness. It is important to learn to trust yourself, ask questions, listen, and learn. As you learn, your confidence will grow. If you are willing to realistically appraise yourself and admit the things you do not know, you will be able to overcome many of your weaknesses and become a well-rounded clinician. Remember, you are a student here to learn. It is perfectly acceptable to say, "I don't know, but I will look it up when I get home and will be able to discuss it with you tomorrow".
- **Getting Help:** The clinical coordinator and program staff are here to support you in times of need. You should call on them as problems arise. Do not wait until the situation spirals out of control.

- **Involvement in Clinical Training:** The greater your effort, the greater your return. You will find that you will both learn and enjoy more if you put extra effort into your clinical year. Read about each of the diagnoses you encounter. Volunteer for presentations. Find ways to learn in difficult situations.

## Clinical Year Student Responsibilities

### A. Supervised Clinical Activity

1. Physician assistant students on clinical rotation work under the direct supervision of a licensed physician or licensed physician assistant and therefore will not make a diagnosis or carry out any procedure or treatment plan without the explicit approval of a licensed physician or licensed physician assistant.
2. When given an order by a provider, a student has three possible courses of action:
  - a. Carry out the order as directed.
  - b. If there is disagreement with the order, discuss it with the provider and mutually agree on a course of action.
  - c. Inform the provider that he/she does not feel qualified to safely carry out the order.
3. At no time will a student change a provider's order or carry out a course of action different from that directed by the provider.
4. In the event of the temporary absence of his/her regular preceptor the student must identify an alternate preceptor and notify the Director of Clinical Education. At no time will the student work without having a supervising preceptor clearly identified and immediately accessible.
5. Students will not be allowed to work extra rotation sites outside of their specified rotation requirements. Malpractice insurance provided by the University is limited to assigned rotations only. Although working extra hours in an ER when not assigned may add to a student's knowledge base, it will place the student, the physician and the program at great risk. Do NOT engage in this type of behavior. Participation in such behavior will result in dismissal from the program.
6. Students must have all charts and written orders cosigned in accordance with the policies of the clinical rotation sites.
7. In all clinical activities, PA students should be guided by the principle of knowing their limitations.

### B. Standing in the Program

1. Students must immediately inform the PA Program of any personal or professional circumstances that may affect their standing in the University, the status of the clinical rotation, or the Program itself.

### C. Attendance

1. Students are given a specific time to report on their first day of each rotation and are required to work until the end of the day on the last Thursday of the rotation, unless otherwise directed by the PA Program or preceptor. After the first day, the schedule is determined by the preceptor and may include call, days off, and research assignments. Students are expected to clarify all schedule issues with the preceptor on the first day of the rotation.

2. If it becomes necessary for the student to be absent from the rotation because of illness or other emergency, he/she must first notify the Director of Clinical Education and the Preceptor together in writing via email. Approval must be sought for any absence.

3. Students will be allowed two (2) absences per clinical year. These absences MUST be approved by the program PRIOR to the absence. If approved, no penalty will apply to these two (2) absences. Approved absences include, but are not limited to, family emergencies, medical emergencies, and job interviews. Documentation for these absences may be required. Absences may not be applied for testing or seminar days.

Approved Absences in excess of the 2 absences will result in a deduction of ONE (1) percentage point from the student's final grade per day missed in the respective clinical rotation. Unapproved/Unexcused absences will result in a THREE (3) percentage point deduction from the student's final grade of the course per day or any portion of a day (including tardiness) missed for the respective rotation.

Failure to notify the PA Program and/or seek approval of any absence from a rotation will result in disciplinary action. Additionally, failure to notify the PA Program and/or seek approval of any absence or early departure from a rotation will result in loss of FIVE (5) percentage points from the final grade of the course per day missed.

4. Preceptors are also informed to notify the program about any absences from the rotation.

5. Absences greater than 3 days due to documented medical or personal emergencies may result in a grade of "I" (incomplete) for the rotation. Remediation of a rotation with a grade of "I" is at the discretion of the Director of Clinical Education and dependent on the availability of rotations and specific circumstances of the absence.

The decision to allow students to remediate a rotation failed due to excessive absence (greater than 3 days) is at the discretion of the Director of Clinical Education and Program Director.

6. UNEXCUSED ABSENCES FROM A ROTATION MAY RESULT IN A FAILING GRADE

a. An unexcused absence is defined as absence from a rotation without prior and explicit approval of the Director of Clinical Education.

b. Do not schedule routine personal business and non-emergency medical or dental care during clinical rotations

c. All test days and seminar days are mandatory and cannot be missed.



7. Natural disasters: Follow the procedure of the clinical site. Notify the program if you will be missing clinic. If there are any questions, contact the Director of Clinical Education.

8. Students are required to follow the schedule of their medical team, NOT the University's schedule or "legal" holidays. If your team is at work on holidays you are to be present as well. Students are expected to stay each day as long as their team members do. Students are not permitted to leave early, or to determine that there is not enough to do to warrant spending an entire day on the site.

9. Students must be on time and ready to work for each assigned clinical rotation activity, including call back days. Tardiness in the clinical rotation setting is inappropriate and will not be tolerated. Habitual tardiness consists of lateness to the clinical rotation activity more than once per week or more than three times in a single clinical rotation activity. Habitual tardiness for clinical rotation experiences may result in disciplinary action.

Attendance policies, specifically sick policies, are subject to change regarding COVID-19 guidelines as set by the CDC and LSUHSC.

**Please refer to LSUHSC Student Health for the most up to date information:**

### [Student Health](#)

#### **D. Class Registration in the Clinical Year**

1. Clinical students must notify the office of Student Affairs of any address changes.
2. It is the student's responsibility to register himself/herself during the clinical year. You have been given instructions regarding which courses for which to register. Students are also responsible for meeting all fee deadlines as directed by LSUHSC-NO. Failure to register could result in loss of financial aid. Students who fail to register should notify the Director of Clinical Education and Director of Student Affairs for the LSUHSC-NO School of Allied Health. Students are responsible for any late fees associated with failure to register properly.

#### **E. Scheduling Clinical Rotations**

1. All rotations are scheduled by the Director of Clinical Education. The schedule for core rotations has already been determined.
2. The Program reserves the right to change any clinical rotation at any time, for any reason.
3. Physician assistant students who decline to proceed to an assigned clinical rotation site will be deemed to have voluntarily withdrawn from the program.

#### **F. Housing**

1. Housing is the responsibility of the student.
2. In the event housing is provided by the rotation, it is considered a privilege. Students who do not maintain the highest standards of decorum while

occupying housing or call rooms or who do not comply with local regulations concerning cleanliness, utilities usage, check-in procedures, key security etc. will lose that privilege.

#### **G. Leave of Absence**

1. A leave of absence for a short period of several days or one week may be granted to a student in good standing, subject to the discretion of the Dean, because of illness or other appropriate reasons. Students taking short-term leave of absence of less than one week must make acceptable arrangements with the faculty involved for completion of course work and other assignments which will be missed. Leave of absence of a longer duration may be granted students in good standing for reasons of a personal nature or to participate in a special program of research or other activity designed to augment the student's academic training. Specific arrangements must be made on an individual basis with the Dean and Program Director before beginning a leave of absence.

The University policy governing the processing of leave of absences are applicable and are described in the general information section of the catalog.

#### **H. Withdrawal**

1. Students who are considering withdrawing from the program should first speak with their faculty advisor. If the student still wishes to proceed, they should meet with the Program Director to confirm the decision.
2. Students are permitted to withdraw from the Master of Physician Assistant Studies Program at any time. If a student who has voluntarily withdrawn wishes to be considered for readmission to the program, they must file an application for readmission through CASPA in the following application cycle. This application will be considered with all *other applicants* in the applicant pool.

#### **I. End of Rotation Exams**

1. All students are required to return to the LSUHSC-NO campus on the last Friday of each rotation at the specified time for End of Rotation examinations and seminars.
  - a. The only exceptions to this policy will be documented medical emergencies.
  - b. If a student misses end of rotation examinations due to a medical emergency, he/she will make up the tests at a mutually agreed upon time.
2. PAEA exams are used for End of Rotation Exams. Blueprints and topic lists can be found here: [PAEA End of Rotation Content](#)

#### **J. Clinical Logs**

1. In order to monitor each student's clinical experience for consistency and ensure that outlined clinical objectives are being attained, a system of clinical logs has been established. Each log has a specific purpose as outlined below. The appropriate completion of all clinical logs will be factored into your final rotation

grade.

2. Patient logs will be entered into the Typhon Logging System. You will receive training in the use of this system during the clinical year orientation week. The information that you enter into this program is very valuable and is used in a number of different ways. It will serve as documentation of the patients you see. The software allows us to see the variety and volume of patients you are encountering as well as the different settings in which you are seeing these patients. It also allows us to see that you are having a complete experience during your training as a physician assistant, so that when you graduate from this program, you will be well prepared.
3. Your patient encounter and procedure logs will be reviewed by the clinical coordinator. It is important to maintain your logs weekly. See “Typhon Patient Tracking” for additional details regarding grading of clinical logs.
4. Students will also be responsible for recording technical skills and procedures in the Clinical Catalog. Each procedure should be categorized as Observed, Performed, or Discussed. Preceptor signature is required.

### III: PA PROGRAM ACADEMIC POLICIES

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#### Academic Advising

The objective of academic advising is to foster the students' professional, academic and clinical development. All students are assigned an academic advisor. During the first semester of the program, the advisor will meet with advisees to inform them of the advising process, and then again at the end of the semester. In addition to regularly scheduled meetings at least once a semester, students are encouraged to meet with their advisor more frequently if they are having academic challenges. It is the student's responsibility to schedule meetings with their advisor. Faculty may not provide medical care or medical advice to students, therefore other support services will be recommended for matters regarding a student's physical, psychological, and emotional health.

The faculty will record notes from each advising session to include major topic areas discussed, deficiencies noted, and description of the action plan devised to assist the student in meeting desired outcomes. The student and the faculty advisor will sign the advising notes. These notes will then be placed in the student record.

Academic advising is designed to be vertically progressive through the course of the curriculum. General advisement begins with such topics as transition to adult learning and differences between undergraduate and graduate education. Over time, there are greater discussions about such topics as readiness for clinical practice and professional development, including faculty and student self-assessment. Student-specific advisement topics will usually include discussion of current course grades and overall GPA, study habits, test-taking skills, and any other aspects of PA education that are particularly difficult for the student. It is critical that any weaknesses or academic problems be identified proactively, and interventions initiated to maximize each student's opportunity for success.

Student advising forms will be made available to students. The student is responsible for completing and sending the corresponding advising forms to their faculty advisor at least 2 days prior to the scheduled advising meeting.

#### Accommodations

The LSUHSC-NO School of Allied Health Professions commits to provide for the needs of admitted and enrolled students who have disabilities under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) by providing reasonable accommodations to such students. Reasonable accommodations will be made to students with disabilities on an individual and flexible basis. It is the responsibility of students, however, to review the technical standards for the program and make their needs known.

It is the responsibility of the student who requires accommodations to notify the course director as soon as possible at the beginning of each course so that arrangements can occur in a timely manner. The PA Program does not disseminate accommodation letters to any faculty or instructors on the student's behalf. The procedure for obtaining accommodations can be found in the SAHP Student Handbook.

### Academic Standing and GPA

All students will be notified of their academic standing at the end of each academic semester by the Office of the Registrar. The grade point average is derived by dividing the total number of quality points by the total number of hours attempted.

An A has the value of 4 quality points, B=3 quality points, C=2 quality points, D=1 quality point, and F=no quality points. Thus, a 2.0 ratio is equivalent to a C average.

For more information on academic standing and GPA calculations, please read the SAHP Student Handbook.

### PA Program Grading Scale

The LSUHSC-NO PA Program holds students to the highest standards of professional knowledge acquisition. To assure excellence in the provision of healthcare, the Program adheres to the following course grading standards:

**“A”** is given to all students whose quality of performance is considered to be excellent and who have demonstrated a degree of understanding and ability which is considered above the level of adequacy required for passing status.

**“B”** signifies that all work in a given course has been completed at a level above the minimal requirement but below that of **“A”**.

**“C”** is indicative that minimal requirements for completion of the course work have been met.

**“F”** is the grade assigned to students who are inadequate in meeting the minimum course requirements and have demonstrated a degree of deficiency which makes them ineligible to be promoted, or to continue in the program.

A grade of temporary significance which may be issued by the PA Program but which is not recorded on the student’s permanent record is **“I”**(Incomplete).

A grade of **“I”** (Incomplete) is assigned when, for reasons beyond the student’s control or because of some acceptable circumstance, the student has been unable to complete the course requirements in the usual time or manner. On completion of the required course work, the grade of **“I”** will be changed to an appropriate grade as described above.

Students with Incomplete status in a course must finish all required work in a manner specified by the Program. Conversion of **“I”** to **“F”** follows the timeline set by the University and Registrar. See above policy regarding **“F”** course grades.

Letter grades are assigned on the basis of the following distribution:

**A 90 - 100%**

**B 80 - 89.99%**

**C 70 - 79.99% C**

**F <70%**

### **Rotation Grading Information**

Rotation grading scales for all Core Rotations, Elective Clerkships, and Preceptorships can be found in detail in each respective course syllabus.

**Comprehensive End of Rotation Exams:** The end of rotation exams will take place on the last Friday of each rotation, unless otherwise indicated by the course director. There are 7 End of Rotation™ exams, one for each of the core Supervised Clinical Practice Experiences (SCPE) of physician assistant education. Each exam incorporates current, relevant test questions that follow rotation-specific content Blueprints and corresponding Topic Lists. The exam content is reflective of the specific blueprints and topic lists identified for that clinical practice experience or rotation. Questions are typically presented in vignette format so that the exam can better assess students' capacity for problem solving and critical thinking.

Exams are scored on a scale from 300 – 500 and are converted to a percentage score by PAEA historical data analysis.

### [PAEA End of Rotation Content](#)

**Clinical Preceptor Evaluation:** The final preceptor grade will be calculated by Typhon software and averages will be based on the percentage of points earned from the total available points on the evaluation. If more than one preceptor is involved, the evaluations will be averaged together in calculating the final rotation grade. Copies of blank preceptor evaluations can be viewed on Moodle.

- a. Clinical preceptors will evaluate student performance based on day-to-day observation of the student's clinical work during the rotation. Specific evaluation criteria to be considered include:
  1. Proficiency in obtaining a clinical database
  2. Clinical problem solving skills
  3. Ability to formulate rational management plan
  4. Proficiency in performing clinical procedures
  5. Clinical knowledge base
  6. Professional behavior
- b. Clinical preceptor evaluations may be completed by attending physicians or certified physician assistants only. Nurses, interns, allied health professionals are NOT acceptable evaluators.

- c. The PA Program **WILL NOT** change a preceptor evaluation grade. Students should not solicit preceptors to change his/her grade.
- d. Clinical year students are expected to assume responsibility for their education while on rotation. Part of this responsibility includes frequently seeking performance feedback from clinical preceptors. The end of the rotation IS NOT an appropriate time for a student to find out that he/she has not performed satisfactorily.

**Typhon Patient Tracking:** Patient logs will be evaluated on the following criteria.

- a. Logging an appropriate number of patients per rotation. This includes a minimum of 30 patients/cases per week (including the last week of rotation).
- b. Completeness of information provided (no missing data).
- c. Patient logs should be complete prior to the EOR Exam.
- d. Logging patients on a regular basis.
- e. Logging accurate information for the criteria listed below. Any information that is deliberately logged incorrectly will be considered fraud. All points will be lost for this grading component and the student will be referred to the Associate Dean of Students for disciplinary action.

Patient encounters will be checked weekly for the following information:

- Date of encounter
- Rotation type
- Rotation site
- Preceptor
- Patient age
- Patient gender
- Patient ethnicity
- Insurance
- Referral type
- Type of decision making
- Reason for visit
- Chief complaint
- Encounter number
- Type of H&P
- Social problems addressed
- ICD10 diagnosis codes- to include ALL diagnoses assigned to the patient
- CPT procedure codes- to include all procedures performed.
- Medications (OTC, prescribed, new/refilled)

Patient tracking/logging is NOT optional.

If no data has been entered by the deadline, the student will receive a zero for this portion of the grade and an "Incomplete" for the rotation. Failure to complete the patient tracking within the specified timeline per LSUHSC-NO policy will result in an "F" for the rotation, thereby

resulting in Academic Dismissal from the PA program.

The student is responsible for all fees associated with purchasing access to the Typhon Group. Currently, a one-time fee of \$100 per student is made payable directly to Typhon Group via major credit cards. This cost is subject to change according to fees negotiated between Typhon Group and LSUHSC-NO. Prior to the Clinical Year, PA students will attend a mandatory Typhon training.

**Clinical Catalog:** The clinical skills catalog will be reviewed at the end of each block. It is the student's responsibility to maintain accurate records of clinical skills and procedures discussed, observed, and performed throughout the entirety of the clinical year. These skills and procedures must also be logged in Typhon.

**Evaluations:**

**Mid Rotation Evaluations:** All students must complete a self-evaluation during the second week of each clerkship. Once complete, the student should review the responses with the preceptor of record. The preceptor will complete a portion of the evaluation and verify with a signature. Students should upload completed, signed Mid-Rotation Evaluations to Moodle by the second Friday of each block. Only one Mid Rotation Evaluation must be completed for Family Medicine Clerkship.

**Student Evaluations of Site and Preceptor:** All students must complete an evaluation of his/her preceptor and the rotation site. Evaluations are to be completed through Typhon Group. Evaluations must be complete prior to the EOR Exam. Grading is based upon completion not scores.

**Professionalism:** Professionalism policies and procedures can be found in Section IV of the Clinical Handbook. Professionalism will be graded based on a rubric. See respective course syllabi for additional grading information.

Standards of Professional Conduct as health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

- Respect
- Flexibility
- Academic integrity
- Honestly and trustworthiness
- Accountability
- Cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the physician assistant program.



## Grade Appeals

The PA Program follows the SAHP policy and procedure for grade appeals. The process is outlined below and can also be found in SAHP Student Handbook.

## Student Remediation

At the graduate level, and in the interest of patient and public safety, students are expected to complete all graded elements with a grade of “70” or higher and maintain a 3.0 semester and cumulative GPA. The goal of remediation is to help the student master the material, not improve the numerical grade. **Therefore, remediation will not change the numerical grade of the exam, assignment, or activity.**

The remediation process is designed to help faculty identify and assist students who may experience academic or professional difficulty. The process is pro-active, with the goal of identifying at-risk students as early as possible. The LSUHSC-NO Master of Physician Assistant Studies Program uses the following process to identify and remediate students deemed at-risk:

At-Risk Student Identification
Evaluation of Root Causes
Remediation Plan Development
Remediation Plan Implementation
Remediation Plan Evaluation

### At-Risk Student Identification

- The student is expected to be proactive and notify the instructor/coordinator AND faculty advisor when there are knowledge deficits.
- The instructor, coordinator or faculty advisor will identify the at-risk student through weekly review of exam grades or advisory sessions.
- The faculty remediation coordinator will be notified of at-risk students to track and document the process.

### Evaluation and Assessment

- The student, with assistance from the instructor or course coordinator, will do an assessment for root causes.
- Referrals to campus assistant programs may be encouraged or required.

### Plan Development

- The student is required to submit a detailed remediation plan. This plan is a self-assessment of strengths, weaknesses, and opportunities for improvement (time management, study skills and techniques, etc.) for the subsequent exam and comprehensive final exam.
- The student will submit the plan to the instructor and/or course coordinator for review, feedback and approval.
- All remediation plans must be signed and forwarded to the faculty remediation coordinator to be placed in the student’s academic file within the program.

### Plan Implementation

- The student will complete the remediation plan within the indicated timeline.

### Plan Evaluation

- Depending on the remediation needed, the student should be prepared for an additional assessment to determine competency. The instructor, course coordinator or remediation coordinator will prepare the additional assessment. The student must achieve a grade of 70% on any remediation activities.
- The faculty remediation coordinator will track the progress of the student and place all documentation in the student's academic file within the program.

### Remediation Process – Clinical Phase

The LSUHSC-NO Master of Physician Assistant Studies Program will adhere to the following policies regarding remediation in the clinical phase of the program:

#### End of Rotation Examinations

The LSUHSC-NO Master of Physician Assistant Studies Programs utilizes the Physician Assistant Education Association (PAEA) assessments for End of Rotation (EoR) examinations. Failure of any EoR exam demonstrates a significant lack of knowledge and skills needed for entry level PA practice. Students **MUST** pass all examinations with a 70%. Failure to do so will result in the inability to progress to the next phase of the curriculum.

- Using the remediation process described, the student will be given 2 weeks to complete the defined remediation plan. At the end of the 2-week period, the student will be given a 2<sup>nd</sup> EOR examination.
- If the student is unable to successfully pass a 2<sup>nd</sup> examination with a grade of 70%, the student has one additional attempt to pass the exam. When a 3<sup>rd</sup> attempt is required, the student will be removed from clinical rotations and given an additional 2 weeks to study and prepare for the 3<sup>rd</sup> examination. Failure to pass the 3<sup>rd</sup> examination with a grade of 70% will result in student dismissal from the program.
  - In the interim, an “incomplete” will be given. Students will be required to make up any course work that is delayed due to remediation. It should be noted that any delays in progression due to remediation can result in a delayed graduation date. Completion of and performance on remediation will not change the numeric grade of the course. SAHP policies regarding an “I” letter grade will be followed should the student fail to complete required remediation.
- Students may complete this remediation process for a maximum of 2 Clerkships. Failure of a 3<sup>rd</sup> EOR examination will result in dismissal from the program.

\*\*The program carries the financial burden for the initial PAEA EoR examination for each core clerkship. Any student requiring remediation will be responsible for the cost of the additional PAEA EOR examinations.

The program recognizes that it maybe mathematically possible for a student to earn less than a 70% on one or more exams and still earn a B or C in the course as course grades are calculated by averaging multiple exams, preceptor evaluations, assignments, etc. Therefore, the program will limit remediation to 2 EoR examinations. A student who receives a grade below 70% on 3 EOR examinations will be dismissed from the program.

### **Preceptor Evaluations**

All clinical preceptors are asked to evaluate students by completing a student evaluation form. A student who receives less than 70% on the preceptor evaluation will remediate the clinical portion of the rotation. The clinical coordinator will reach out to the preceptor to gain more information to help guide student remediation efforts. This information will be shared with the remediation coordinator who will develop a remediation plan. The student will receive an “incomplete” for the course until all remediation efforts are complete. The student will be allowed to remediate the rotation once. If the student receives less than 70% on the 2<sup>nd</sup> preceptor evaluation, the student will be dismissed from the program.

### **OSCEs (Pre-Summative OSCEs)**

Students are expected to complete all Observed Structured Clinical Experiences (OSCE) with an overall grade of 70%. In addition, students must pass each individual component of the OSCE as defined by the OSCE grading scale. A student performing under the expectation will meet with the instructor or course coordinator for feedback. A remediation activity will be given to the student to ensure competency is obtained. This activity is at the discretion of the instructor or course coordinator and could include, but is not limited to, a repeat OSCE, oral presentation, written assignment, physical exam assessment or critical thinking activity. The student will remediate until successful completion is achieved.

### **Summative Examination**

All students are required to take and pass a summative examination within the last 4 months of the program. The summative examination could include multiple choice assessments, OSCEs, clinical and technical skill assessments and other written assignments. Students must score a 70% or higher on each section assessed during OSCEs. In addition, students must complete skills checkoffs with a minimum grade of 70%. For the end of curriculum examination, students must earn a minimum of “satisfactory” as calculated by PAEA Exam Driver. Failure to meet these benchmarks will initiate the remediation process. Students will be given 2 months to prepare for a 2<sup>nd</sup> examination attempt. If the minimum passing grades are not obtained, the student will be given an additional 2 months to prepare for a 3<sup>rd</sup> remediation attempt. Failure to pass the 3<sup>rd</sup> examination will result in program dismissal.

\*\*The program carries the financial burden for the initial summative examination. Any student requiring remediation will be responsible for the cost of the additional summative examinations.

### **Academic Progression and Promotion**

At the start of each course, students will be informed, in writing, of the standard performance expected of them by the course coordinator of that course (syllabus). The standard of performance includes how grades are derived, and a description of the student's responsibilities in the course such as attendance at classes, laboratories, and other course activities. A current syllabus outlining these requirements will be filed with the Program Coordinator for placement on the shared Program drive.

### **Clinical Phase Progression**

To progress through each of the clinical semesters, students must:

- Pass all clinical courses with a grade of C or higher.
- Earn no more than 12 hours of C in the program.
- Maintain a cumulative GPA of 3.0 or higher.
- Adhere to professionalism standards and policies outlined in the PA Program Handbook.
- Meet and maintain compliance with the Technical Standards.
- Maintain compliance with all Health and Safety requirements.

### **Requirements For Graduation**

To be eligible for graduation, the PA Program requires that the PA student must:

- Obtain a minimum cumulative GPA of 3.0.
- Pass all didactic and clinical phase courses with a grade of C or higher.
- Earn no more than 12 hours of C in the program.
- Successfully complete a Summative Examination administered within 4 months of graduation from the program with a grade of 70% or better on all components tested.
- Successfully complete all requirements for the Capstone (Master's) project.
- Demonstrate ethical, professional, behavioral and personal characteristics requisite to practicing as a Physician Assistant.
- Receive approval and recommendation by the core faculty of the PA Program for conferring of the degree, Master of Physician Assistant Studies.

The University has requirements for graduation which can be found at the weblink below:

### [Graduation Requirements](#)

Students unable to fulfill the requirements by the day of graduation will not be permitted to participate in the commencement ceremony without permission of the Program Director and the Dean of the SAHP. Students will not be considered graduates of the LSUHSC-NO PA Program until they have successfully completed all the above requirements.

### **Academic Probation**

A PA student will be placed on academic probation if the semester or cumulative GPA falls below a 3.0 while enrolled in the program.

In this event, the Program Director, on the recommendation of the PA Program Faculty Promotion Committee, will begin the process of academic probation. To be removed from academic probation, a student must raise the semester and cumulative GPA to a 3.0 within the following academic semester.

### **Academic Dismissal**

A PA student will be dismissed from the program in the following circumstances:

- The student's cumulative or semester GPA falls below a 3.0 for two consecutive semesters.
- The student earns greater than 12 hours of C credit while enrolled in the program.
- The student earns the final grade of F in any course.
- The student fails 3 examinations in any one course within the didactic phase of the curriculum.
- The student fails a 3<sup>rd</sup> attempt on any didactic or clinical examination.
- The student fails 3 EOR examinations within the clinical phase of the curriculum.
- The student fails a 3<sup>rd</sup> remediation attempt on the summative assessment.

If the PA Program Faculty Promotion Committee concludes that a student should be dismissed because the student has failed to meet academic requirements satisfactorily, a recommendation for dismissal will be sent to the Dean of the School of Allied Health Professions.

## IV: PROFESSIONAL BEHAVIORS AND STUDENT CODE OF CONDUCT

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### Clinical Year Testing Policy

All exams will occur in a low distraction test environment. Exam times, dates, and locations will be provided to students via the semester schedule and/or syllabus. All exams will be administered via PAEA's testing platform.

#### Prior to the exam:

- Exams will begin and end promptly at the time noted.
- To ensure that the student has ALL time allotted to them during an exam, the student should arrive, be seated in the terminal, and logged in before the start time. Students who arrive after the start time, or do not enter the exam via the testing platform on time will not be granted additional time at the end.
- Food and drinks are not allowed in testing areas.

#### During the exam:

- No questions will be answered before, during, or after the exam.
- The faculty proctor will provide a cover sheet of paper. This cover sheet must be turned in to the proctor before leaving the testing area.
- The use of mobile phones, smart watches or other electronic devices is strictly prohibited. Possession or use of these devices during an exam is a violation of the Honor Code and considered academic misconduct. Prior to entering the testing area, students will leave all personal belongings in the agreed upon area. Cell phones, smart watches, and other electronic devices are not allowed in the testing areas.
- If a student requires a restroom break during an exam, it must be taken between sections of the exam. Maximum of one restroom break per exam is allowed, unless other accommodations are made.

#### After the exam:

- Once a student submits the exam, he or she should immediately leave the testing area.
- Grades will be released to the students at the discretion of the course director.

### Academic Integrity

Effective learning, teaching and research all depend upon the ability of members of the academic community to trust one another and to trust the integrity of work that is submitted for academic credit or conducted in the wider arena of scholarly research.

Such an atmosphere of mutual trust fosters the free exchange of ideas and enables all members of the community to achieve their highest potential.

In all academic work, the ideas and contributions of others must be appropriately acknowledged and work that is presented as original must be, in fact, original. Faculty, students, and administrative staff all share the responsibility of ensuring the honesty and fairness of the intellectual environment at LSUHSC-NO.

## **Honor Code**

The health care professions require women and men of superb character who lead lives that exemplify high standards of ethical conduct. A shared commitment to maintaining those standards, embodied in an Honor Code, creates an atmosphere in which community members can develop professional skills and strengthen ethical principles.

The Honor Code demands that community members tell the truth, live honestly, advance on individual merit, and demonstrate respect for others in the academic, clinical and research communities.

The central purpose of the Honor Code is to sustain and protect an environment of mutual respect and trust in which students have the freedom necessary to develop their intellectual and personal potential. To support the community of trust, students and faculty must accept individual responsibility and apply themselves to developing a collegial atmosphere. The intent of the Honor Code is not merely to prevent students from lying, cheating and stealing or to punish those who violate its principles. Rather, participation in the Honor Code assures LSUHSC-NO community that the integrity of its members is unquestioned and accepted by those in the academic, clinical and research communities. Participation in the Honor Code confers upon students the responsibility to respect and protect the integrity of LSUHSC-NO.

All students are obligated to support the Honor Code and report any violation to the Course Director. Each student will sign the Honor Code located in the PA Student Handbook (Appendix A). Violations of the honor code will be referred to the SAHP Associate Dean for Academic Affairs for disciplinary action and could result in dismissal from the PA program.

In addition, the PA Program abides by the Code of Ethics of the American Academy of Physician Assistants (see Appendix C).

## **Student Conduct and Behavior - Policies and Procedures**

### **Introduction**

Universities have a responsibility to protect: their educational purposes, the academic environment of the campus, and all members of the University community. To meet these responsibilities, a University must establish and enforce standards of conduct for its students. A University is obliged to establish reasonable standards for student conduct, for membership and continued membership in the University community, to deny membership to those applicants who do not meet these standards, and to impose reasonable disciplinary sanctions on students who are found guilty of violating these standards.

### **Policy**

It is the prerogative of the School of Allied Health Professions, through the faculty, administrators, and other employees, to make decisions on the correct application of general policy statements and procedures to specific students under specific sets of circumstances. In making these decisions, both the rights of the student and the needs of the School in

accomplishing its mission and educational goals must be considered. To this end, acts of academic or other misconduct, e.g., cheating, plagiarism, code of professional conduct violations, commission of a crime, etc., may subject the offending student to disciplinary action. To insure the consistent observance of due process, the following policy and procedures apply.

### **Definitions**

1. "University" refers to the Louisiana State University (LSU) system.
2. "Health Sciences Center" refers to the Louisiana State University Health Sciences Center-New Orleans.
3. "School" refers to the School of Allied Health Professions, New Orleans.
4. "Department" refers to the specific department within the School of Allied Health Professions in which a given student is enrolled.
5. "Days" refers to official LSU Health Sciences Center working days.
6. Any reference herein to the singular shall also include the plural.

### **General Provisions**

1. Equal treatment guaranteed to students by the 14th Amendment to the Constitution of the United States of America requires that the same policies, procedures, and practices be used to consider all allegations of misconduct and also requires the imposing of "like sanctions for like violations" on all students found guilty of misconduct. This obligation of the School can be fulfilled only if each instructor reports suspected misconduct to the designated office in accordance with the provisions of this document. Consistent with this obligation, no disciplinary sanction shall be imposed upon a student except in accordance with the provisions of this document. Thus, it is contrary to School policy for an instructor to assign a disciplinary grade, such as an "F" or zero on an assignment, test, examination, or course as a sanction for admitted or suspected academic dishonesty, in lieu of formally charging the student with academic misconduct under the provisions described herein.
2. Any time limit set forth in this procedure may be extended by mutual written agreement of the Dean and the student.
3. Infractions shall be reported to the Associate Dean for Academic Affairs.
4. The Dean may appoint someone other than either the Associate Dean for Academic Affairs to serve in his/her place.

### **Academic and Professional Conduct**

Students are expected to:

- Exhibit the highest standard of personal, academic, professional and ethical behavior.
- Treat faculty, staff, peers, clients, patients, and others with dignity and respect.
- Abide by the Code of Conduct that applies to their specific Allied Health discipline.
- Comply with rules, codes, policies, and technical standards set by the Department, School, campus, and University.



Students who violate any of the above when involved in any School or School related activity/function whether on or off campus will be subject to disciplinary action as prescribed in this document.

### **Academic Misconduct**

Academic misconduct includes, but is not limited to, the following:

- Copying from another student's test paper.
- Using the course textbook or other materials such as a notebook normally brought to a class meeting but not authorized for use during a test by the person giving the test. Having such forbidden material open and in sight of the student will be considered prima facie evidence of use.
- Attempting to commit, or to be an accessory to the commission of, an offense listed above.
- Collaborating during a test with any other person by giving or receiving information without authority.
- Using specially prepared materials, e.g., notes, formula lists, notes written on the student's clothing or body, during a test. Bringing such forbidden material to a test will be considered prima facie evidence of use or attempted use.
- Stealing, buying or otherwise obtaining, all or part of an unadministered test, including answers to an unadministered test.
- Possession/distribution of all or part of an unadministered test.
- Bribing any other person to obtain an unadministered test or information about a test.
- Substituting for another student, or permitting any other person to substitute for oneself, to take a test.
- Submitting as one's own, in fulfillment of academic requirements, any theme, report, term paper, essay, other written work, drawing, or other scholastic work prepared totally or in part by another.
- Selling, giving or otherwise supplying to another student for use in fulfilling academic requirements any theme, report, term paper, or other work.
- Changing, altering or being an accessory to the changing and/or altering a grade in a grade book, on a test paper, on other work for which a grade is given, on a "drop slip" or other official academic records.
- Proposing and/or entering into an arrangement with an instructor to receive a grade of "F" or any other reduced grade in a course, on a test or any other assigned work in lieu of being charged with academic misconduct under the provisions of this policy.
- Plagiarizing is the unacknowledged inclusion, in work submitted for credit, of someone else's words, ideas or data. When a student submits work for credit that includes the words, ideas or data of others, the source of this information must be acknowledged through complete, accurate and specific references, and, if verbatim statements are included, through quotation marks. Failure to identify any source, published or unpublished, copyrighted or uncopyrighted, from which information, terms, phrases or concepts have been taken, constitutes plagiarism. By placing their name on work submitted for credit, the student certifies the originality of all work not otherwise

identified by appropriate acknowledgments through appropriate referencing.

- Falsification, fabrication or dishonesty in reporting clinical, laboratory and research reports.
- Submitting substantially the same work for credit in more than one course.
- Violation of course rules as established by the School, Department or course instructor.
- Attempting to commit, or to be an accessory to, the commission of an offense listed above.
- Violation of any other LSUHSC-NO academic rules or regulations. Students who violate any of the above when involved in any School or School related activity/function whether on or off campus will be subject to disciplinary action as prescribed in this document.

### **Professional Misconduct**

To protect the University's educational purposes and the University community, a student may be formally charged with a violation of this policy and be subject to the sanctions herein when:

- Strong and convincing evidence that the student's continued presence at the University is potentially dangerous to the health and safety of the University community.
- The student is convicted of a felony.
- The student is formally charged by civil authorities with the commission of a felony of such nature that the student's continued presence at the University is potentially dangerous to the health and safety of the University community.
- The student is in possession of dangerous weapons/devices including but not limited to firearms, explosives, toxic substances, etc. on school property or other property e.g. clinical site where a school activity/function is conducted.
- The student engages in acts of sexual misconduct including but not limited to sexual harassment, lewd, indecent, and/or obscene behavior.
- The student engages in behavior that disrupts the learning environment including but not limited to refusing to comply with instructions, course requirements, behaving in a physically threatening manner, making oral/written threats, etc.
- The student violates any other LSUHSC-NO rules or regulations pertaining to Professional Conduct.

### **Reporting Student Misconduct**

Anyone with knowledge/evidence sufficient to justify a charge of misconduct, shall report the alleged misconduct to the Office of the Associate Dean of Academic Affairs within five days of the alleged misconduct.

An allegation of misconduct must be in writing and signed by the individual making the allegation in order to proceed to the next step.

The Associate Dean/the Dean or their designee will discuss the circumstances and evidence surrounding the alleged violation with the person reporting the misconduct.

### **Charging a Student with Misconduct**

After reviewing the evidence pertaining to the alleged misconduct, the Associate Dean of Academic Affairs will then discuss the allegation with the accused student. If the evidence is sufficient to justify such action, the student will be informed that the School of Allied Health Professions will bring formal charges against them.

The student will be provided with a written statement of the formal charge against them.

### **Referral to a Hearing Panel**

After being informed of the formal charge, if the student does not request that the charge be resolved administratively, or the Dean does not accept jurisdiction, the Associate Dean of Academic Affairs will refer the charge to a hearing panel of the Committee on Student Conduct within five days.

### **Interim Grade**

A grade of "I" (incomplete) will be assigned, if necessary, until the Dean has rendered their final decision.

### **Committee on Student Conduct**

An Ad Hoc Committee, which shall be advisory to the Dean and consist of the Associate Dean of Academic Affairs who shall serve as Chairperson, three faculty members, and two students shall meet to consider the case within ten days of referral to the hearing panel of the Committee on Student Conduct.

- Faculty members of the Committee on Student Conduct shall be selected by the Chairperson, from the pool of full-time faculty members within the School of Allied Health Professions. No more than one faculty member of the Committee may be a member of the accused student's department.
- Student members shall be appointed by an officer of the Student Government Association of the School of Allied Health Professions. Students serving on the hearing panel may not be from the accused student's Department. Graduate students will review allegations of misconduct against graduate students and undergraduate students will review allegations of misconduct against undergraduates.
- The Chairperson of the Committee will be responsible for setting up the hearing, informing concerned parties and the Committee member of the time and place of the hearing.
- The accused student may be accompanied by an advisor at the hearing. The advisor may speak to their advisee during the hearing but may not speak for the accused student or question committee members or those offering evidence.
- At the hearing, evidence of alleged misconduct will be presented. The accused student may present evidence in their defense; question those who present evidence against them and; refute evidence against themselves. The Committee may question all those who offer evidence. The Chairperson will insure that the scope of the hearing and evidence presented relate to the charge of misconduct.

- After all evidence has been presented the Committee will meet in executive session to deliberate and formulate its recommendation to the Dean. The Committee may choose one or more sanctions listed in this document as its recommendation.
- The Committee Chairperson shall submit a written report to the Dean including: the Committee's finding, recommendation, summary of the evidence presented, and dissenting opinions within five days of the hearing.

### **The Administrative Hearing**

- As noted earlier under the section titled "Charging a Student with Misconduct", after the student is formally charged with academic misconduct, a request for an administrative hearing before the Dean can be made. This request must be made within two days of receipt of the formal charge.
- The following specific conditions must be met before the Dean can accept jurisdiction.
- The student must:
  - Request in writing that the Dean take jurisdiction and the Dean must be willing to accept the case as being appropriate for administrative resolution.
  - Officially plead guilty in writing to the specific charge as prepared by the Assistant Dean of Academic Affairs.
  - Waive their right in writing to have the charge considered by a hearing panel of the Committee on Student Conduct.

### **Action by the Dean**

- Independent of the method used, i.e., hearing panel or administrative hearing, the Dean will render a final decision consistent with the following schedule:
  - Within five days of receipt of the hearing panel's report, or
  - Within ten days of accepting administrative jurisdiction
- The Dean has the authority to impose sanctions other than those recommended by the Committee on Student Conduct, and determine when sanctions will be imposed, e.g., immediately, at the end of the semester, etc.
- The Dean's final decision, including, if applicable a copy of the Committee's report, shall be distributed to the student involved, the Associate Dean of Academic Affairs, and other appropriate administrators.

### **Appeal**

As a matter of right a student may appeal the decision of the Dean. An appeal must be made to the Vice-Chancellor for Academic Affairs of the LSUHSC-NO within fifteen days of the decision of the Dean. The written appeal must include:

- A justification for the appeal, e.g. evidence of abuse of process, evidence of procedural error, etc.
- The Dean's final decision plus a copy of the committee's report the Vice-Chancellor for Academic Affairs shall decide within two weeks after receipt of appeal whether further action should be taken. In reaching this decision, this official may ask other parties to the appeal to make written reply to the request for a review or these parties, on their

own, may make a written reply. If the decision is reached that a review is not justified, the student and all other parties will be so notified. If the Vice Chancellor for Academic Affairs decides to respond favorably to the petition for review, this official will hold a formal meeting with all parties and their advisors, if desired, and reach a decision based on discussions at this meeting, as well as on all written materials furnished. Once a decision is reached, the Vice Chancellor for Academic Affairs will notify all parties, plus the Dean, of the decision. The decision of the Vice Chancellor for Academic Affairs shall conclude the matter, subject to the right of the Chancellor to review the case. The Chancellor will consider the case only on the basis of a petition for review following the procedure outlined above.

### **Sanctions for Academic Misconduct**

Sanctions imposed on the student may include one or more of the following disciplinary actions:

- Be required to show active participation in the work of counseling.
- Retake test, or repeat work in question.
- Lower letter grade by one letter, e.g. A to B.
- Lower letter grade by two letters, e.g. A to C.
- Complete given activities/assignments consistent with the Dean's decision.
- Receive a failing grade for the course in which the infraction occurred. If this sanction is imposed and the policy of the Department stipulates that when "a student receives a less than satisfactory grade in a course he or she may not continue in the program sequence," then the Department policy shall also apply.
- Suspension from the School of Allied Health Professions. Period of suspension to be determined by the Dean.
- Dismissal from the School of Allied Health Professions.

### **Sanctions for Professional Misconduct**

Sanctions imposed on the student may include one or more of the following disciplinary actions:

- Be required to show active participation in the work of counseling.
- Disciplinary Warning: verbal or written notification that the student has not met the School's standards of conduct, and that a repeat offense will result in more serious disciplinary action. It is not the case that first offenses automatically receive a warning; 36 most first offenses receive a stricter response, with warnings reserved for cases with unusual mitigating circumstances.
- Reprimand: a written statement censuring a student for violating School regulations, and stating that another offense will result in more serious action. This is normally considered a lenient response, even for first offenses.
- Restitution: requirement that the student compensate the School or other persons for damages, injuries, or losses. Failure to comply results in canceled registration and a hold on future registration.
- Disciplinary Probation: an action that places conditions on the student's continued

enrollment in the School, including the statement that further violation of School policies will likely result in dismissal. The Committee fixes the term and conditions of academic probation. First offenses often result in probation.

- Suspension from the School of Allied Health Professions. Period of time to be determined by the Dean.
- Dismissal from the School of Allied Health Professions

### **Clinical Dress Code**

- This applies to dress to be worn during clinical work or during class visits to different clinical settings.
- The students are responsible for contacting their clinical instructors in advance for any other dress requirements that clinic might have (e.g., lab coats, neckties, scrubs, etc.). Any specific clinic dress code requirements supersede the PA Program dress code while at that facility. Business casual is appropriate for certain patient care settings, and scrubs for others. Students are to wear navy blue LSUHSC PA program scrubs or surgical green scrubs only.
- A white student (short) coat must be worn at all times in the clinical setting with the proper LSUHSC-NO PA program badge and ID. The coat must be clean, free of stains, rip, tears, and pressed. No open-toed shoes are allowed in patient care areas.
- Clinical preceptors, faculty, or other clinical supervisors reserve the right to ask a student who is inappropriately attired to leave and return appropriately dressed. If subsequent dress code violations occur, the student will meet with the Program Director.

**LSUHSC-NO ID - must be worn at all times. This includes classroom and clinical situations.**

### **Enforcement**

Clinical preceptors, faculty, or other clinical supervisors reserve the right to ask a student who is inappropriately attired to leave and return appropriately dressed. If subsequent dress code violations occur, the student will meet with the Program Director.

### **Computer and Electronic Device Usage**

#### **Campus Computers**

Computers in the computer rooms **MUST** be used carefully and with courtesy for all students. The following are rules for using Departmental, School, or Health Sciences Center computers:

- The person to use a computer last is responsible for appropriately logging out or shutting it down before he/she leaves the Department.
- No food or drinks may be near the computers.
- No one may change the programs or layout of the computer without written approval of the Program Director or Business Manager.
- No one may load or download any programs without written approval of the

Program Director.

- No one should be using the computer who has not been trained in its specific use.
- Only professional uses of the Internet or other programs will be allowed.
- E-mail sending/receiving is allowed. However, if you want to keep your mail you must save it to your own device or print it out, and erase it from the hard drive.

### **Personal Electronic Device Use**

Computers, tablets and cell phones may be used in the classroom, laboratories, and on clinical rotations for school-related activities only.

Students failing to comply with this policy will be reported to the Dean's Office, Program Director and/or appropriate designee for disciplinary action (including the respective promotions committee) and may be subject to dismissal from continuing their education at the SAHP. It may also be the decision of the promotions committee, course director, or faculty member to prohibit the student from utilizing their laptop during designated classes for a specified period of time.

### **Email Use**

While faculty, students, and staff are strongly encouraged to sign up for and use e-mail, its use must be related to Health Sciences Center business communications.

The use of electronic mail should be consistent with the instructional, research, public service, and administrative goals and mission of the Health Sciences Center. Incidental and occasional personal use of electronic mail may occur when such use does not generate a direct cost to the Health Sciences Center.

Prohibited use of E-mail:

- Personal use that creates a direct cost for the Health Sciences Center is prohibited.
- The Health Sciences Center's electronic mail resources shall not be used for personal monetary gain or for commercial purposes that are not directly related to Health Sciences Center business.
- Sending copies of documents or including the work of others in electronic mail communications in violation of any law, including copyright laws, is prohibited.
- "Snooping" (i.e., obtaining or attempting to access) the files or electronic mail of others, or capturing or attempting to capture and "open" the electronic mail of others, except as required in order for authorized employees to diagnose and correct delivery problems, is prohibited.
- Use of electronic mail to harass or intimidate others, threaten, or to interfere with the ability of others to conduct Health Sciences Center business is prohibited.
- Use of electronic mail systems for any purpose that is restricted or prohibited by laws or regulations is prohibited.
- Unauthorized "Spoofing" (i.e., constructing an electronic mail communication so

- it appears to be from someone else) is prohibited.
- "Spamming" (i.e., sending unsolicited E-mail to lists of people you do not know) is prohibited. Bulk mailing is almost always considered Spam and places considerable stress on the E-mail system. Bulk mailings can be selectively used for Health Sciences Center related information but must be approved at a level appropriate to the scope of the mailing and the mailing must be handled in such a way that the E-mail systems are not adversely impacted. For example, it would be appropriate that a mailing to all of the School of Allied Health Professions be approved by the Dean's office. The mailing would be carried out in such a way as to avoid causing damage or disruption to the mail system. Authorized bulk mailings will be identified by the inclusion of the statement: "This message has been authorized by LSU Health Sciences Center administration for mass distribution as a service to our faculty, staff, and students."
  - Sending or forwarding chain-letters is prohibited. Most E-mail messages that ask you to forward it on to others fall into this category, including virus warnings.

Violation of this policy in any part may be sufficient grounds for disciplinary action and/or termination. Disciplinary action may include dismissal of computer privileges on an individual basis, or in extreme cases, dismissal from the Program.

### **Social Media**

The PA Program's primary concern regarding social media outlets is the safety of students as well as the integrity of the University, PA Program and its community. There is no such thing as an "anonymous" post. Where your connection to LSUHSC-NO is apparent, make it clear that you are speaking for yourself and not on behalf of LSUHSC-NO.

Making postings "private" does not preclude others copying and pasting comments on public websites. "Private" postings that become public are still subject to sanctions described in the School's Conduct Code.

Do not share information in a way that may violate any laws or regulations (e.g., HIPAA). Disclosing information about patients without written permission of the patient and the LSUHSC-NO administration, including photographs or potentially identifiable information is strictly prohibited. This rule also applies to deceased patients.

Avoid posting personal information like addresses, cell phone numbers, etc. Do not post explicit pictures. Do not post negative references to your classmates, faculty, instructors, staff or patients,

Logos and pictures posted on the University's website are copyrighted and cannot be used without university permission.

Posting of unprofessional content or private information about LSUHSC-NO, university programs, patients, students, PA profession or faculty online in any website, blog, social site or forum is prohibited. Doing so is a breach of professional behavior and ethics, and in some cases,



maybe be illegal. Incidents will be referred to the SAHP Associate Dean of Academic Affairs for disciplinary action which could result in dismissal from the PA Program.

### **Substance Use**

LSUHSC-NO PA Program will not tolerate the use of illegal drugs or the abuse of alcohol. Students are required to submit to a drug test prior to entering the program, and, may be tested periodically at random, or for cause/suspicion. Additionally, some prescription drugs may interfere with cognitive and motor skills. As such, students taking such medications may be in violation of program Technical Standards and may be required to take a medical leave of absence and/or be dismissed from the program. The University policy on substance abuse can be found below.

### [Substance Abuse Policy](#)

### **Criminal Activity**

Any PA student who is arrested is obligated to self-report this to the Program Director. Arrests during the didactic phase must be reported within 48 hours. Arrests during the clinical phase may result in ineligibility to rotate at particular rotation sites and therefore must be reported within 24 hours of arrest.

Failure to self-report an arrest during any phase of the program will result in the student's dismissal from the program. Should a student be arrested or convicted of a crime prior to the time he/she is prepared to enter the profession, the criminal record may have further implications for the student's eligibility to practice. Students should be aware of state and federal or professional restrictions barring the practice of individuals with criminal records.

**Graduation from the LSUHSC-NO PA program does not guarantee eligibility to sit for the Physician Assistant National Certifying Exam or state PA licensure.**

### **Course Evaluation**

Each semester, students have an opportunity to provide feedback on each course in which they are enrolled and the instructors that participated in the course. Invitation and reminder messages are sent to students during the evaluation period, typically the 3 weeks preceding the date when course grades are submitted to the Registrar's Office.

### **Office of Student Affairs**

The primary goal of the Office of Student Affairs is to maintain academic student records beginning with the admissions process and concluding with the graduation process. For more information about the Office of Student Affairs, please see website below.

### [Office of Student Affairs](#)

### **Office of Academic Affairs**

The Office of Academic Affairs is responsible for a variety of areas including student academic

accommodation, student emergency loans, student justice, student grade appeals and student conduct. For more information about the Office of Academic Affairs, please see website below.

### [Office of Academic Affairs](#)

#### **Campus Assistance Program**

The mission of the LSUHSC Campus Assistance Program (CAP) is to support the mental, emotional, and physical well-being of students, faculty, staff, and immediate family members in order to promote the overall health and effectiveness of the LSUHSC-NO community.

The Campus Assistance Program is a free service provided by LSU Health Sciences Center at New Orleans to assist faculty, staff, residents, students and their immediate family members in resolving personal, academic or work related problems. Faculty, staff or residents who are enrolled or employed with LSUHSC-NO programs in other cities are also eligible for CAP services.

A counselor is on call 24 hours a day to assist in time of crisis. If you feel you have an emergency or need immediate assistance at any time, contact the counselor on call by following the instructions on the main line (504) 568-8888.

Students can voluntarily visit CAP at any time. Also, faculty may refer students to CAP if academic, emotional or personal issues warrant a referral.

#### **Student Records**

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their educational records.

Students have the right to review information from their academic record. Any student who wishes to review information from his/her educational file shall submit a written request to the custodian of student records in the appropriate office. The custodian shall, within 45 days, grant the request in writing by notifying the student of the time and place at which the record may be reviewed.

In the LSUHSC-NO SAHP, the custodian of student records is the Director of the Office of Student Affairs. For review of student departmental records, the department head is to be contacted. He/she will advise the student of the official custodian. The Registrar is to be contacted directly for educational records maintained in that office.

More information on FERPA can be found at the link below.

### [FERPA](#)

## Complaints Within & Outside of Due Process

Due process for reporting complaints are as follows:

- If the complaint is from an individual:
  - The individual should report the complaint to their respective faculty advisor.
  - The faculty advisor may suggest options for handling the complaint or simply forward the complaint to the faculty or department head.
  - If the individual student feels that he/she cannot report to his/her faculty advisor, then the student should direct the complaint to the class liaison for the respective class who will then forward the complaint to the department head or faculty.
  - If the individual student feels that he/she cannot report to either the faculty advisor or the class liaison (or if they are the same individual) then the student should report the complaint to the department head directly.
- If the complaint is from a class as a whole:
  - The class should report the complaint to their respective class president.
  - The class president may suggest options for handling the complaint or simply forward the complaint to the faculty liaison for the respective class.
  - If, for some reason, the class president feels that he/she cannot report to the class faculty liaison for the respective class then the class president should report the complaint to the department head directly.
- Feedback regarding individual faculty or courses should be directed to student evaluations of teaching which are made available at the end of every course.

Procedures for handling a complaint outside of the realm of due process:

- When possible, the Program Director will discuss the complaint directly with the party involved within 14 business days. If at all possible, the matter is reconciled at this point.

A letter from the Program Director acknowledging the resolution of the complaint will be filed with the complaint and a copy sent to the complainant.
- If dissatisfied with the discussion with the Program Director, or if the complaint is against the Program Director, the involved party may submit a written complaint to the Dean of the SAHP. The Program Director will meet with each party separately and may schedule a joint appointment with the two parties in order to attempt to resolve the issue. A letter outlining the resolution by the Dean shall be filed with the complaint in the Department Head's office.
- If the party feels that additional complaint is necessary, then the last line of complaint is to the Vice-Chancellor of Academic Affairs or the Chancellor of the Health Sciences Center depending on the nature of the complaint.

## **SECTION V: DISCRIMINATION AND SEXUAL HARASSMENT**

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### **Non-discrimination Policy and Sexual Harassment**

LSUHSC complies with applicable Federal, civil right laws and does not discriminate on the basis of race or ethnicity, gender, national origin, age, religion, sexual orientation, gender identity or expression, or disability. Individuals shall not discriminate in the delivery of professional services.

Every patient has the right to be provided services in a non-discriminatory manner. LSUHSC prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression in accordance with applicable federal and state laws and regulations.

If you have a concern regarding LSUHSC's discrimination policy in access to service, please contact the Office of Compliance Programs by telephone (504.568.5135), email ([nocompliance@lsuhsc.edu](mailto:nocompliance@lsuhsc.edu)), or the 24-hour anonymous hotline (504.568.4367).

LSUHSC-NO policy on Non-discrimination can be found at the link below.

[CM-49 – Sexual Harassment / Gender Discrimination](#)

## **SECTION VI: STUDENT HEALTH AND SAFETY**

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### **Student Health**

Student Health Services is located close to the Nursing/Allied Health building, in the Seton Building at 478 S. Johnson Street, Room 307, accessible via the Walk to Wellness. Student Health provides primary health care, mental health assistance, immunizations, women's health exams, and exams for away clinical rotations. The Student Health website can be found at the link below:

[Student Health](#)

### **Compliance Training**

As part of enrollment in the program, students are required to complete the compliance training modules in accordance with institution guidelines and federal/state laws and regulations. Compliance with such requirements is vital to the organization's operation and to avoid administrative sanctions ranging from stringent oversight to the suspension of Federal program funding and criminal/civil prosecution. Students are required to access the LSUHSC online compliance training website, and complete all modules in a timely manner. Failure to complete the compliance training modules can result in disciplinary action up to and including termination of enrollment.

[Compliance Training](#)

### **CPR Requirements**

All students entering the Clinical Phase of the LSUHSC PA Program must have current American Heart Association BLS and ACLS certification.

### **Immunizations**

The Program requires that all students remain up-to-date with all immunization requirements of both LSUHSC-NO and clinical affiliates (when on clinical rotations). Students who are not compliant or fall out of compliance at any time while enrolled in the program will be removed from campus or the clinical rotation immediately. Students will be permitted to return to class or clinical rotations when evidence of compliance is given to the Student Health Office and the PA Program. The Program will require notification from Student Health that all health blocks are removed before the student will be permitted to return to activities. For a detailed list of immunization requirements, please visit the Student Health website indicated below.

[Student Health](#)

### **Physical Exams**

All student must complete a physical exam prior to matriculation. Students may reference the Student Health website for more information.

### Drug Screening

All PA students must sign consent and release forms to submit to a drug-screening test. All incoming students must be cleared before enrollment. PA students may be asked to obtain drug screens at various times during the didactic and clinical phase of the program. Students who fail a drug screen will be referred to the SAHP Associate Dean of Academic Affairs. **Initial and subsequent drug screens are student expenses.**

Use of prescription medications that impair judgement, cognition, or coordination are in direct violation of the program's Technical Standards, and may result in program dismissal.

### Criminal Background Check

Program students must successfully complete security background checks. The first background check must be completed prior to enrollment through a LSUHSC-NO approved provider. Applicants selected for matriculation will be notified of the specific details. Misdemeanors or felonies are still discoverable during a background check even if the record has been expunged. **Any omission or errors are considered falsification of the application, and this could result in negative clearance and dismissal from the program.**

A negative clearance, however, will not necessarily preclude matriculation; but a conviction of a felony offense may result in ineligibility to receive licensure in Louisiana. Cases are considered on an individual basis by the state licensing agency. **Initial and subsequent background checks are student expenses.**

The University policy around background checks can be found at the link below.

[CM-71 – Background Inquiry Policy](#)

### Risk Management

All students are required to have adequate health insurance coverage. The adequacy of a given health insurance plan is not determined by the Program. For questions regarding insurance coverage please refer to:

[Insurance / Risk Management](#)

### Health Insurance

PA students are required to carry personal health insurance coverage for the entire time they are enrolled in the program. All students are personally responsible for health care costs associated with any injury sustained while enrolled in the clinical courses. Clinical students are at increased risk for injury or illness due to the nature of providing health care services in clinical/health care settings.

If a student is exposed to blood borne pathogens via needle stick or mucous membranes while on rotations, neither the program nor the rotation site are liable to assume the responsibility

for the accident. The student should check with his/her insurance company or as to the coverage provided for accidental exposure. Exposure while on LSUHSC campus will be evaluated according to procedures found in the subsequent section. Other facilities have different procedures and should be followed. It is the student's responsibility to insure he/she is managed in the most appropriate manner. The LSUHSC-NO Needle Stick procedure can be found here: [Needlestick Injury](#)

In addition, LSUHSC Blood borne pathogen control plan can be found here: [Bloodborne Pathogens](#)

### **Malpractice Insurance**

Each PA student is fully covered for malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a "student" role in the clinic and should not assume responsibilities of an employee until after graduation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's insurance coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Malpractice insurance will not cover any student assuming the "PA student" role outside of an assigned clinical rotation.

### **Professional Liability Insurance**

The PA program does not provide disability coverage in the event of an accident while on clinical rotations. All students are personally responsible for health care costs associated with any injury sustained while enrolled in the clinical courses. Clinical students are at increased risk for injury or illness due to the nature of providing health care services in clinical/health care settings.

The University does cover malpractice liability insurance for students on rotation, as long as the student is functioning within the guidelines of the manual. The program does not assume responsibility if the student is injured while on or away from clinical rotation.

Each student is responsible for acquiring professional liability insurance prior to any fieldwork experience; minimum limits of 1,000,000 per occurrence/\$3,000,000 aggregate.

- a. Student must provide proof of professional liability insurance to the clinical coordinator prior to the beginning of the clinical year.

- b. Student must maintain professional liability insurance for the entire duration of their clinical year.

### **Inclement Weather**

The LSUHSC-NO PA Program follows all University procedures when inclement weather occurs. Please see CM-51 regarding weather related emergency procedures.

[CM-51 – Policy on Weather Related Emergency Procedures](#)



**Appendix A: Acknowledgment of Receipt of Clinical Handbook**

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I have read the Clinical Handbook of the LSUHSC-NO Master of Physician Assistant Studies Program AND the School of Allied Health Policy and Procedures related to Student Conduct, Louisiana State University Health Sciences Center and the Departmental Technical Standards. I understand and agree to abide by the regulations as stated.

I also understand that, if I have any condition for which academic activity would be contraindicated, e.g., chronic illness, injury, pregnancy, etc., I must inform the Director of Clinical education immediately and not put myself or others at risk.

Student Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

**Students will not be allowed to progress to clinical rotations until the PA program receives a completed copy of this document.**

## Appendix B: LSUHSC-NO PA Program Student Honor Code Pledge

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The honor code pledge articulates the Physician Assistant (PA) Program's expectations in establishing and maintaining the highest standards in academic work and professional behavior. See the PA Program's Student Handbook for further information on academic integrity.

Students pledge individually and collectively they will not cheat, plagiarize, or copy another student's examination, lab report, or any other work that is used by the program as a basis for grading.

Students further pledge individually and collectively that they will not copy, distribute, make available, or utilize in any manner testing materials from prior year examinations. Students pledge to actively support and will participate in maintaining the honor code by ensuring that all uphold the spirit and letter of the honor code.

Students pledge to report any suspected violations of the honor code to the instructor, and cooperate with the PA Program Director investigation and hearings.

Faculty pledge to uphold the honor code; participate on investigation committees and hearings as requested by the University; and ensure that the pledge is fully written and signed (see pledge below). Faculty will provide an academic environment that minimizes temptation to violate the honor code.

Violations: Suspected violations of the honor code will be brought to the attention of the instructor, and if deemed appropriate the PA Program Director and the SAHP Associate Dean for Academic Affairs for further investigation.

Violations of the honor code will be deemed a serious academic violation of professional behavior.

Tolerance is a violation of the honor code; a student who is aware that the academic integrity of the school and PA program is being compromised and neglects to report this is in violation of the honor code.

**Pledge:** I pledge on my honor that I have and will continue to abide by the honor code regarding the completion of all tests, homework assignments, lab reports, and computer projects without the aid of others.

Student Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

## Appendix C: Faculty and Preceptor Exchange of Information

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I recognize PA Program faculty may need to discuss my academic performance and progress with clinical preceptors to ensure clinical knowledge and competency objectives are being obtained during my education/training. As such, I acknowledge clinical preceptors are extensions of program faculty and consent to the sharing of this information.

Student Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

## Appendix D: AAPA Guidelines for Ethical Conduct For the Physician Assistant Profession

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### Introduction

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied 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. PAs 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 the Patient**

#### **PA Role and Responsibilities**

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

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

is unique and has an ethical right to self-determination.

PAs are professionally and ethically committed to providing nondiscriminatory care to all patients.

While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their 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. PAs should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information.

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

### **The PA and Diversity**

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

### **Nondiscrimination**

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

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

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

A PA and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition.

Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

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

### **Informed Consent**

PAs have a duty to protect and foster an individual patient's free and informed choices. 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**

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

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

PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, and substance abuse).

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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. 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, PAs 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 knowledgeable about the benefits and risks of genetic tests. Testing should be undertaken only after the patient's 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, the PA fulfills their ethical obligation to ensure the patient access to all legal options.

### **End of Life**

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

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

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned.

To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services.

End of life care should include assessment and management of psychological, social, and spiritual or religious needs. While respecting patients' 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-American Society of Internal Medicine, —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 PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. 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.

#### **Managed Care**

The focus of managed care organizations on cost containment and resource allocation can present particular ethical challenges to clinicians. When practicing in managed care systems, physician assistants should always act in the best interests of their patients and as an advocate when necessary.

PAs should actively resist managed care 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 a particular managed care organization. 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.

#### **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**

PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. 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. PAs wrote these guidelines for themselves and other PAs. The ultimate goal is to honor patients and earn their

trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

## Professionalism Grading Rubric

Observations	0 lapses	1 lapse	2 lapses	3 + lapses
<b>Possible Points (25 total)</b>	<b>5 points</b>	<b>3 points</b>	<b>1 point</b>	<b>0 points</b>
Works well with peers, faculty, and staff				
Meets attendance requirements				
Accepts constructive critique and demonstrates academic integrity				
Completes required assignments by set deadlines				
Communicates and responds to all forms of correspondence in an appropriate and timely manner				