

**Chatham UNIVERSITY**  
**Physician Assistant Program**

**Student Manual**

**Academic Year 2018-2019**

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# INTRODUCTION

Chatham University is home to almost 2,300 undergraduate and graduate students. Chatham's Shadyside Campus includes the historic, 39-acre Woodland Road arboretum campus, the Eastside campus at Fifth and Penn Avenues, and the Eden Hall Farm Campus is located on 388-acres in Richland Township and houses the School of Sustainability. The University is a private, selective, fully accredited, nonsectarian institution consisting of four distinct Colleges:

**School of Arts, Science and Business** - offering baccalaureate and master's degrees

**School of Health Sciences** - offering baccalaureate degrees leading to health science careers

**Falk School of Sustainability** – offering baccalaureate and master's degrees in sustainability and food studies

**College for Continuing and Professional Studies** - offering undergraduate, graduate, professional and continuing education online

The University is accredited by the [Middle States Commission on Higher Education](#), 3624 Market Street, Philadelphia, PA 19104, (267) 284-5000; and the [Pennsylvania Department of Education](#).

The Master of Physician Assistant Studies Program (MPAS) at Chatham University provides academic and clinical training that will prepare its graduates to be certified and licensed to practice collaboratively with physicians, especially the primary care physician, in a competent, ethical, and reliable manner.

## *Vision & Mission Statements*

To strive for excellence in physician assistant education whose graduates are known as outstanding clinicians in the community and leaders in the profession trained by faculty who are recognized for developing and researching innovative curricular methods.

The Chatham University MPAS Program is dedicated to producing knowledgeable, compassionate, ethical, and clinically skillful graduates who are ready to provide health care services to all persons without exclusion and who are willing to become the future leaders and educators of the profession. This will be accomplished by:

- Providing a student-centered curriculum which promotes self-directed and lifelong learning through the use of evidence-based medicine.
- Promoting professionalism and service to the community;
- Educating competent physician assistants to practice as primary care providers to all populations;
- Contributing to the advancement of knowledge in medicine and physician assistant education;
- Encouraging students to serve local, national, and international communities through active involvement in service-oriented programs for medically underserved populations;
- Involving students in interprofessional activities and encourage the development of team skills and an appreciation of team-based, patient-centered care;
- Promoting participation in professional organizations and the education of future PAs, and
- Supporting sustainability through health promotion, disease prevention, health literacy, cultural competency, and reduction of printed materials in and out of the classroom.

## *PBL Model*

Chatham University utilizes hybrid model of Problem-Based Learning, lecture, and on-line activity that challenges students to be self-directed and prepares students for the evidence-based, problem-oriented world of clinical medicine. Through actual patient cases, students develop learning issues, research topics using the most up-to-date resources, work in teams and receive feedback on knowledge base as well as professionalism to prepare them for primary care, problem-focused clinical practice.

## ***Program Competencies***

The program has adopted the Competencies for the Physician Assistant Profession, created by our professional organizations, as the Program's Core Competencies or Goals. These competencies define the expected minimal and specific knowledge, skills, and attitudes required of physician assistants in order to practice.

### **Medical Knowledge**

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

Upon graduation our students are expected to:

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

### **Interpersonal and Communication Skills**

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

Upon graduation our students are expected to:

1. Create and sustain a therapeutic and ethically sound relationship with patients.
2. Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information.
3. Appropriately adapt communication style and messages to the context of the individual patient interaction.
4. Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group.
5. Apply an understanding of human behavior.
6. Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety.
7. Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

## **Patient Care**

Patient care includes age-appropriate assessment, evaluation and management.

Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness.

Upon graduation our students are expected to:

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

## **Professionalism**

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness.

Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.

Upon graduation our students are expected to demonstrate:

1. Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant.
2. Professional relationships with physician supervisors and other health care providers.
3. Respect, compassion, and integrity.
4. Responsiveness to the needs of patients and society.
5. Accountability to patients, society, and the profession.
6. Commitment to excellence and on-going professional development.
7. Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
8. Sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
9. Self-reflection, critical curiosity, and initiative.

## **Practice-based Learning and Improvement**

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

Physician assistants must be able to assess, evaluate and improve their patient care practices.

Upon graduation our students are expected to:

1. Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team.
2. Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems.
3. Obtain and apply information about their population of patients and the larger population from which their patients are drawn.
4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
5. Apply information technology to manage information, access on-line medical information, and support their education.

6. Facilitate the learning of students and/or other health care professionals.
7. Recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

### **System-based Practice**

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

Upon graduation our students are expected to:

1. Use information technology to support patient care decisions and patient education.
2. Effectively interact with different types of medical practice and delivery systems.
3. Understand the funding sources and payment systems that provide coverage for patient care.
4. Practice cost-effective health care and resource allocation that does not compromise quality of care.
5. Advocate for quality patient care and assist patients in dealing with system complexities.
6. Partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
7. Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care.
8. Apply medical information and clinical data systems to provide more effective, efficient patient care.
9. Use the systems responsible for the appropriate payment of services.

## **Certification**

Eligibility for practice as a physician assistant requires passing the Physician Assistant National Certifying Exam (PANCE) given by the National Commission on Certification of Physician Assistants. All states require this certification for licensure.

Physician assistants must complete 100 hours of continuing medical education every two years and take the Physician Assistant National Recertifying Exam (PANRE) every ten years. Further information regarding continuing medical education can be found on the National Commission on Certification of Physician Assistants website under certification maintenance - <http://www.nccpa.net/CertMain> .

## **Accreditation**

The PA Studies Program is accredited by the [Accreditation Review Commission on Education for the Physician Assistant](#) (ARC-PA). Only graduates of an accredited program are permitted to sit for the PANCE.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation-Continued** status to the **Physician Assistant Program** sponsored by **Chatham University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be in **March 2024**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

## **FACULTY AND STAFF**

All faculty and staff other than the Medical Director have offices in Chatham's Eastside Building at 6585 Penn Avenue.

### **Director**

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### ***Didactic/Clinical year Graders***

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Brad Burkholder, MPAS, PA-C  
Mike Czajka, MPAS, PA-C  
Jenny DePalma, MPAS, PA-C  
Mary Lee, MPAS, PA-C  
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## ***Faculty and Staff Profiles***

### **Alyssa Abebe, MPAS, PA-C – Associate Program Director, Assistant Professor**

Alyssa Abebe graduate from the PA program at Chatham College in 2006. She has worked in neurosurgery, orthopedics, and most recently in HIV/AIDS clinical research at the University of Pittsburgh where she still works. She is a co-investigator on several sub-studies with the MACS (Multicenter AIDS Cohort Study) at the University of Pittsburgh. She joined the faculty at Chatham in 2013; previously she remained connected to the PA program doing interviews, grading, application reviews, and physical exam competencies. Alyssa will be a PBL facilitator and teaching Medical Ethics as well as various other assignments.

### **Jessica Anderson, MPAS, PA-C – Didactic/clinical year grader**

Jessica Anderson is an alumni of both Chatham's undergraduate studies and Master of Physician Assistant studies. In 2008, she graduated with a Bachelor of Science degree with a focus in biology and a minor in psychology. She graduated from Chatham's PA program in 2010. From 2010 to 2015, she worked full time in family practice. During that time, she also worked in occupational medicine and as an adjunct professor for Chatham's physician assistant physical diagnosis course. In 2015, she accepted a position as Associate Director of Clinical Education for Chatham's Physician Assistant Program.

### **Nicole Brown, MS, PA-C – Assistant Professor**

Nicole Brown earned her Bachelor of Science degree in Psychology & Neuroscience from Allegheny College in 2008. She is a 2011 graduate of the Philadelphia College of Osteopathic medicine (PCOM) PA Program. After graduation she worked clinically as a hospitalist PA for a year prior to switching to emergency medicine. Since 2012, Nicole has worked in emergency medicine and continues to work clinically in this setting at Magee Women's Hospital. In August 2015, she accepted an assistant professor position at Chatham University and primarily serves as a facilitator for problem-based learning (PBL).

### **Brad Burkholder, MPAS, PA-C – Didactic/Clinical year grader**

Brad Burkholder received his bachelors in Biology from Allegheny College in 2006. He took two years off from school to do cancer research at the NIH in Bethesda MD before returning to Chatham University for PA school where he received his MPAS in 2010. Brad started his PA career as a surgical first assist before transitioning to orthopedics at UPMC Shadyside. Brad started grading at Chatham in 2012.

### **Nicholas Castle, PhD, Adjunct Faculty**

Nicholas Castle is a Professor with the University of Pittsburgh, in the Department of Health Policy & Management. He received his PhD in Health Policy and Analysis from Penn State University. He currently has over 200 publications in peer-reviewed journals. Dr. Castle serves on five journal editorial boards, including The Gerontologist, and is a Fellow of the Gerontological Society of America.

### **Paige Cendroski, MPAS, PA-C – Assistant Professor**

Paige Cendroski earned her Bachelor of Science degree in Exercise and Sport Science from The Pennsylvania State University in 1997. She then pursued her Master of Physician Assistant Studies degree at Chatham University in 2000. She is currently a Pennsylvania state-licensed and NCCPA certified Physician Assistant working in the field of orthopaedics. She has been a surgical Physician Assistant with Greater Pittsburgh Orthopaedic Associates for over 16 years. She had been an adjunct faculty member with Chatham University's PA Program in years past. She is currently a full-time Assistant Professor as a facilitator for Problem-Based Learning. Her academic interests include orthopaedics, preventative medicine, Problem-Based Learning, and continuing medical education.

### **Katie Conroy, MPAS, PA-C, AAHIVS –Adjunct Faculty/PBL Facilitator**

Katie Pasqualino graduated from Lemoyne College in 2008 with BA Political Science, BA Spanish Language and Literature, and BA Peace and Global Studies. She studied abroad in Spain and lived in Argentina for a year after college, which has been useful in caring for non-English speaking patients. Katie graduated from Chatham in 2013, and started working at a Ryan White funded HIV Primary Care Clinic

called The Positive Health Clinic. She is from Rochester, NY, but now call Pittsburgh home. She has an interest in harm reduction integration into primary care, opioid use disorders, sexual health, HIV/Hep C co-infection, management of "the whole person" through a patient centered team based model to care, and women's health. Katie is also interested in medication development, and am a sub-investigator on 5 clinical research trials for investigational HIV treatments. She has an interest in education, which led to her integration at Chatham as adjunct faculty facilitating PBL, and being a clinical preceptor for PA students for 3 years as a clinical site. She loves walking (commutes to work by foot), hiking, cooking, spending time with her family and dog, traveling, and working out.

**Mike Czajka, MPAS, PA-C – Clinical year grader**

Mike Czajka received his MPAS from Chatham University in 2014. Since graduation, Mike has worked clinically in Psychiatry beginning his career at the Dayton VA Medical Center. He now works as a Consultation-Liaison Psychiatry PA at the Cleveland Clinic. He started grading for Chatham University in May 2016.

**Denise M. Devlin, A.S. Accounting – Clinical Education Program Assistant**

Denise has an Associate Degree in Accounting from Community College of Allegheny County. She has worked in various fields over the years, including accounting, banking, law, and libraries. In the past, she has also worked for the Chatham Occupational and Physical Therapy Programs to assist them through the accreditation process. Since 2008, she has been working with the PA Program to help coordinate rotations for our students to ensure they have the best possible clinical experience. Denise loves animals and does volunteer work for Foster Cat, Inc. She enjoys a good movie, eating out, gardening and vegetarian food.

**Kelly Donkers, MPA, PA-C - Associate Professor / Academic Coordinator**

Kelly Donkers is a 1997 graduate of the Duquesne University Masters of Physician Assistant program. She also obtained her Bachelor of Health Science degree at Duquesne in 1996. Her clinical experience includes surgical subspecialties, primarily orthopedic spine surgery, which she worked in for 10 years with Dr. Myles Brager, MD (noted as a Top Doc in Baltimore magazine for multiple years). In addition, Kelly has worked in general surgery, serving on a Level One Trauma team, and also worked in Physical Medicine and Rehabilitation. Kelly has provided Independent Medical Review for a Baltimore firm that represents Maryland hospitals in proving medical necessity for hospital stays to obtain reimbursement. She also served on the Maryland Academy of Physician Assistants Board of Directors for three years as Vice President. Kelly has also served in the AAPA's House of Delegates for two years as a Delegate for the state of Maryland, and has also served in the HOD for the Pennsylvania Society of Physician Assistants. She has presented at the Physician Assistant Education Association's annual forum, as well as at the AAPA's annual conference. She served as Chatham's Skills Coordinator for three years before taking on the responsibility of Academic Coordinator in April 2012. She has multiple publications in the field of medical simulation, various medical topics, and other didactic methods. She joined Chatham's PA Program in 2008. Kelly likes to spend time with her husband Jason and daughter Keira and her other family members and friends. She enjoys musical theatre and ballet and cooking. She is always planning her next vacation, and believes in the power of humor and lightheartedness.

**Hannah Glass, MPAS, PA-C - Adjunct Faculty/PBL facilitator**

Hannah Glass graduated from the PA program at Chatham University in 2012 after earning her BS from Slippery Rock University in 2010. Her first year after PA school was spent working in a combination of internal medicine, family practice, urgent care, and renal/pancreas transplant. She began working in dermatology in early 2016. Hannah joined at Chatham University in 2014 as adjunct faculty.

**Christine Guy, PA-C – Adjunct Faculty/PBL Facilitator**

Christine Guy graduated from Gannon University's Physician Assistant program in 1988. She has worked as in a hospital based Internal Medicine Residency program in Philadelphia at Presbyterian Hospital, in a West African hospital for a year, in a FQHC Medical Center on Pittsburgh's North Side and currently oversees a Hepatitis Specialty Clinic with Mercy Health Clinic. Christine has joined Chatham as a PBL facilitator in January 2016

**Susan Hawkins, MS Ed, PA-C - Associate Professor/Problem Based Learning Coordinator**

Susan Hawkins has been a physician assistant since 1981, with clinical experience in the areas of General, Cardiothoracic and OB/GYN surgery. As one of the founding faculty of the Chatham University PA program, she aided in the development of the problem-based learning curriculum at Chatham. She was also a founding faculty member of the Duquesne University PA program, helping to design their lecture-based curriculum and serving as Clinical Coordinator. At Chatham, she serves as the Problem-Based Learning Coordinator, heading the Essentials for the Physician Assistant course. She does PBL training for P.A. and other allied health programs around the country and serves on a national committee with the NCCPA. Her research interests include student evaluation in problem-based learning settings and interprofessional education; she has made many presentations at national PA conferences, as well as being published in the Journal of Physician Assistant Education. She frequently serves as the moderator for the Pennsylvania Society of Physician Assistant Student Challenge bowl. Her B.A. is from Carnegie-Mellon University; she completed her MS Ed Program at Duquesne University, and her Associate Degree in Physician Assistant from the CCAC Program.

**April Hollenbeck, MPAS, PA-C - Adjunct Faculty/PBL Facilitator**

April Hollenbeck, a 2005 graduate from the Chatham Physician Assistant Program, originally joined Chatham as a problem based learning facilitator in 2006. After a one-year absence, she returned to PBL in 2009. She works part-time as a Physician Assistant in the Emergency Department at Children's Hospital of Pittsburgh. She obtained her BA from John Carroll University in 1999.

**Janet Kuzora, Program Assistant**

Janet Kuzora joined Chatham in the Interior Architecture Department (IAR) in September, 2009 as a part-time employee which turned into a full-time position. She started in the PA department in March, 2014 as program assistant. Janet enjoys spending time with her husband, daughter and friends, traveling and reading in her spare time.

**John R. Laird, N.D. - Associate Professor/Admissions Coordinator**

John Laird earned his Doctor of Naturopathic Medicine degree from John Bastyr College of Naturopathic Medicine in Seattle, Washington. He was Phi Beta Kappa at Franklin and Marshall College where he received a BA in Anthropology. He was a licensed primary care provider in private practice in Seattle and is currently a naturopathic counselor at the UPMC-Shadyside Center for Integrative Medicine where he specializes in clinical nutrition and botanical medicine. He is active in lecturing in Complementary and Alternative Medicine to regional, state and national professional groups. His experience in academic settings spans nineteen years and includes positions as instructor at Carlow College and the Community College of Allegheny County prior to becoming a faculty member in the PA program at Chatham University in 1996. He has taught courses in Anatomy and Physiology, Pharmacology, Nutrition, Biology and Pathology; and currently teaches Clinical Application of the Basic Sciences at Chatham.

**Mary Lee, MPAS PA-C – Didactic year grader**

Mary Lee had a unique childhood in that she spent the majority of it in Papua, Indonesia but went to high school here in Pittsburgh after her parents relocated. She received a Bachelor of Science degree in Molecular Biology from Grove City College and then went off to work and live in China for seven years before returning to become a physician assistant. Since graduation from Chatham, she has worked in Critical Care Medicine and Maternal-Fetal Medicine and started working for Chatham in the spring of 2017. Her interests outside of work include biking, hiking, gardening and enjoying the adventure of parenting of her 9-year-old daughter.

**Erin Madden, MPAS, PA-C – Didactic year grader**

Erin Madden graduated with a Bachelor of Science degree in Biobehavioral Health from Pennsylvania State University in 2004. Erin received a Master of Physician Assistant Studies degree from Chatham University in 2006. After graduation she worked in Bariatric Surgery at West Penn Hospital. She currently works in Pediatric

Emergency Medicine and Sedation Services at Children's Hospital of Pittsburgh. Erin joined Chatham as a PBL facilitator in 2012.

**Kimberly R. McGonigle MPA, PA-C - Adjunct Faculty/ Pharmacology**

Kimberly McGonigle is a 1996 graduate of the Duquesne University Master of Physician Assistant Program. Her Bachelors is in Health Science, also from Duquesne University. From 1996-2000, she practiced in a primary care practice that provided acute and chronic care as well as preventive medicine to both suburban and out reaching rural areas. Over the last 12 years, she has worked in subspecialty care for the UPMC Department of Neurology, Headache Center. In addition to practicing clinically, she has had the opportunity to teach and precept physician assistant and medical students as well as provide educational lectures to practicing health care professionals. In November 2011, she was appointed to the UPMC Physician Services Division Preceptor Academy and is actively participating in the Special Concepts and Education subcommittees for the Academy.

**Maria Carmichel, MPAS, PA-C – Didactic year grader**

Maria Carmichel is from Pittsburgh, PA and work as a PA in a hematology practice. She went to Penn State for undergrad and received a BS in Biology, attended Pitt for graduate school where she received a Master's in Teaching. Maria then taught high school biology for 4 years. She went back to PA school at Chatham University and graduated in 2015. Maria started working at Chatham in 2017 and enjoys swimming, riding my bicycle, yoga, and cooking.

**Lea O'Keefe, MPA, PA-C - Clinical Coordinator/Assistant Professor**

Lea O'Keefe received her Master of Physician Assistant Degree from Duquesne University in 2002. She has worked clinically in surgery and gastroenterology since graduating. Lea was a part-time clinical coordinator at Chatham University from 2006-2007. She rejoined Chatham in 2013 as faculty and clinical coordinator for the Physician Assistant program.

**Julie Parker, MPAS, PA-C - Adjunct Faculty/PBL Facilitator**

Julie Parker graduated from the Chatham Physician Assistant Program in 2006, after which she worked as a Physician Assistant in Orthopedic surgery. She is returning for her sixth year as a problem-based learning facilitator, after joining the team in 2010. She obtained her BS from Bob Jones University in 2004.

**Ginger Sayers, MPAS, PA-C – Didactic year grader**

Ginger Sayers is a 2005 graduate from Chatham University's Master of Physician Assistant Studies program. Prior to that, she attended Gannon University and received a Bachelor of Science degree in Biology. Currently, she is working at Children's Hospital of Pittsburgh in the Department of Emergency Medicine and on the Sedation Services team through the Radiology Department.

**Natalie Schirato, MPAS, PA-C –Assistant Professor**

Natalie Schirato graduated from Dickinson College with a Bachelor's Degree in Science and a major in Biology in 2003. After completing her undergraduate degree, she went on to get a Masters of Physician Assistant Studies from Chatham University in 2006. She has been practicing with Triangle Urological Group since 2006, and her responsibilities include primarily outpatient practice, minor procedures, and 6 years of supervising the group of Physician Assistants for Triangle Urology. Natalie joined the faculty in 2017 as an Assistant Professor, but had previously stayed involved with the PA program through being a preceptor to PA students, grading physical exam competencies, interviewing prospective PA students, application review, and giving specialty lectures for the PA program.

**Judy Truscott, MPAS, PA-C – Program Director, Assistant Professor**

Judy Truscott is a Physician Assistant who graduated from the Chatham University Physician Assistant program in 2008. Since that time she has worked in pediatrics at Children's Hospital of Pittsburgh of UPMC in the Emergency Department, on the sedation services team, evaluating and sedating children for procedures in radiology and most recently for Children's Community Pediatrics in the urgent care setting. In the spring of 2012, Judy joined Chatham as an adjunct faculty member, teaching a Problem Based learning module and then joined

the Chatham faculty full time in 2012. In July 2013, she became the Associate Program Director in addition to her role as assistant professor. She is pleased to have been appointed Program Director in January 2017. Judy's research interest involves PA education – including simulation for medical education and problem-based learning as well as clinical medicine topics. She has presented at PSPA and has been published in JAAPA and JPAE. Before attending Chatham, Judy had worked as an engineer, having earned her Industrial Engineering from Pennsylvania State University in 1993.

#### **Erin Unger, MPAS, PA-C – Clinical year grader**

Erin is a 2014 graduate of the Chatham University physician assistant program. She started grading for Chatham in 2015. She currently works as a physician assistant at the Los Angeles LGBT center with a focus on HIV treatment, HIV prevention and sexual health. Before becoming a physician assistant, she was in graduate school studying endocrinology and metabolism at the University of Pittsburgh. She got a BA in Integrative Physiology at University of Colorado at Boulder with an unofficial minor in skiing, rock climbing and whitewater rafting.

#### **Jonathan Weinkle, MD, FAAP – Medical Director**

Dr. Weinkle is a general internist and general pediatrician and is a graduate of the University of Pittsburgh School of Medicine and a product of the Medicine-Pediatrics residency at UPMC Shadyside and Children's Hospital of Pittsburgh. He practices primary care medicine at the Squirrel Hill Health Center, a Federally Qualified Health Center and certified Patient Centered Medical Home, providing comprehensive care to patients of all ages with and without insurance and representing a broad diversity of languages, faiths, cultures, native lands, and socioeconomic backgrounds. In addition, Dr. Weinkle serves as a medical advisor to the Closure project of the Jewish Healthcare Foundation, a project intended to improve the quality of care and change the individual experience at end-of-life, and is engaged in other Foundation initiatives related to patient-provider communication, genetic screening, and vaccination. Driving both of these endeavors is a strong commitment to infusing his interactions with patients with the core values of his faith, beginning with the idea that both patient and provider are created in the Divine image and must act and be treated accordingly. Dr. Weinkle joined Chatham as the medical director in 2014.

#### **Victoria Yann, MS Ed. – Associate Director of Clinical Education**

Victoria Yann holds a Bachelor of Science degree in biology from Allegheny College and a Master of Science degree in education from Duquesne University. After working in brain research and cancer research for seven years, she then moved into the field of education where she has been employed for the past sixteen years. She was a full-time instructor at several post-secondary schools then served as the Health Career Coordinator for Southwest PA Area Health Education Center (AHEC). While at AHEC, she directed and implemented summer and after-school science and math enrichment programs, provided community outreach, and conducted public health programming for students. Additionally, she provided students in grades K-16, faculty, and guidance counselors with health career activities and presentations in AHEC's seven county region. At Chatham, Victoria currently acts as a clinical coordinator helping to recruit preceptors and to place students in clinical rotations.

## **LEXICON**

The following is a list of commonly used words, phrases, or abbreviations:

**Academic Calendar** – The Physician Assistant Program academic calendar specifies the dates for the various units of academic and clinical education. This includes vacation periods and does not necessarily coincide with the academic calendar for the college.

**Academic Coordinator** – The faculty member who is responsible for assuring that the curriculum meets the educational needs of the students as well as the requirements of the profession.

**Advisor** – Although students are ultimately responsible for their own academic progress, every student will be assigned a faculty advisor who appreciates their unique interests and goals, is knowledgeable about academic policies, and is able to refer them to appropriate resources. Advisors help students as they develop academically, professionally, and personally.

**Assessment** – The program will assess all aspects of each student's performance during the academic and clinical portions of the program. Each student's competence will be determined to either meet program standards (satisfactory) or not meet program standards (needs improvement). The program will require remediation of students whose performance is determined to need improvement. Persistent performance that needs improvement or failure to successfully remediate may result in failure of a course and potentially deceleration or dismissal from the program.

**Case Presentation** – Students orally describe a patient's case in a logical, concise format.

**Class Representatives** – Each class of physician assistant students will elect a president, vice president, secretary, treasurer, and delegates who will act as representatives for the students in all program and College matters.

**Course Competencies/Learning Outcomes** – Course Competencies and learning outcomes are statements of the knowledge, skills, and abilities the individual student possesses and can demonstrate upon completion of a learning experience or sequence of learning experiences (e.g., course, unit, program, or degree).

**Course Objectives/Learning Objectives** – Learning objectives/course objectives have 3 parts: an observable, measurable behavior (for example, "select the correct response"), the conditions under which the behaviors should be performed (for example, "in a written exam"), and the extent to which students must master the behavior (for example, "with a 75% minimum score"). Learning objectives are tied to course outcomes that are tied to program competencies.

**Curriculum Calendar**– The physician assistant curriculum calendar specifies the course content of each unit and comprises all of the courses required to attain a Master of Physician Assistant Studies degree

**Deceleration** – A student's failure to meet the minimum competencies required at selected points throughout the program and which can result in a delay in graduation

**DxR** – DxR Clinician is a web-based patient simulation tool that is used during the PBL cases in PAS 600 and PAS 601, Essentials of the Physician Assistant and within PAS 625-628, Clinical Decision Making I-III. This system allows students to question the patient, conduct a simulated exam and order/interpret diagnostic tests. During each portion of the patient interaction, students are able to review responses and results to simulate and actual patient encounter.

**Formative Assessments** – Formative assessments are done during the course of a semester, providing the opportunity for immediate evidence for student progress at a particular point in the program. These may include written and oral examinations, skills demonstrations, and patient case presentations, to name a few. These assessments help monitor the progress being made by students towards achieving learning outcomes.

**Health Professional Shortage Areas (HPSAs)**- are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population

**Health Resources Services Administration (HRSA)**- HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

**Learning Issues** – Topics that arise from a patient problem about which the student decides if they need further exploration for understanding

**Learning Objectives/Course Objectives** – see course objectives above

**Learning Outcomes/Course Competencies** – see course competencies above

**MCQ Exams** – The program will administer periodic multiple choice question exams to aid students in identifying new learning issues and to help the students to assess their fund of knowledge. This will also aid the student in evaluating their test taking skills and strategies in preparation for the PANCE.

**Patient Management Assessments** – These problem-based exams assess the students' clinical reasoning skills and fund of knowledge by working through actual clinical scenarios. Students receive feedback regarding their clinical reasoning skills.

**Practical Exams** – The program will administer periodic practical examinations to aid students in identifying new learning issues and to help the student to assess their skill acquisition. The student will demonstrate specific skills including physical examination and clinical procedures.

**Problem-Based Learning (PBL)** – A method of medical education by which students are presented with a simulated patient problem. Students develop and utilize self-directed learning skills to build their knowledge base as they work through these cases. Both problem-solving and clinical-reasoning skills are developed through this educational approach.

**PBL Facilitator** – A faculty member who guides a group of students through a patient problem

**PBL Group** – A group of students (usually 7 to 9) working together on a PBLM. Groups and facilitators change periodically during the curriculum.

**PBL Module (PBLM)** – A real patient case used during PBL sessions

**PBL Unit**– A portion of the curriculum organized around a series of PBLMs

**Remediation** – The program requires students to identify and incorporate elements that may be lacking in their performance and identify learning issues and resources necessary to achieve satisfactory performance in order to progress in the program.

**Resources**– Any source that can be utilized to resolve a learning issue. This includes books, computer searches, journal articles (considered a primary source), and people (faculty, PAs, MDs, or others knowledgeable in the area).

**Screening Brief Intervention and Referral to Treatment (SBIRT)**- An evidence based and patient centered method for approaching unhealthy alcohol/substance/tobacco use. Promotes concepts of universal screening, brief intervention using motivational interviewing techniques, and referral to appropriate levels of treatment when indicated. The focus is on early intervention.

**Chatham's SBIRT Initiative**-Funded by a 3 year SBIRT Health Professions Training grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Chatham has partnered with The University of Pittsburgh's School of Pharmacy, Program Evaluation Research Unit (PERU) and Allegheny Health Network (AHN). The training program is integrated into all School of Health Sciences programs. Education is provided regarding evidence based practices to address unhealthy substance use with patients in clinical settings.

**Shadow Health** is a web-based patient simulation tool that is used in PAS 633 and PAS 634, Physical Diagnosis I and II. Students are able to move through a patient problem individually and at their own pace with this program. The system allows the students to conduct a patient interview and a focused physical assessment and elicit subjective and objective information from the encounter. At the completion of the interview and assessment the students are required to document their findings, develop an appropriate treatment plan and provide patient education. They are then able to compare their document and treatment plan to the one that is provided by the shadow health system.

**Special Seminars** – Informational, topic-driven sessions and experiences meant to enhance student learning

**Standardized Patient (SP)** – A simulated patient presentation during which the student demonstrates their patient evaluation and management skills

**Summative Assessments** – Summative assessments are comprehensive in nature, provide accountability, and are used to determine if students have met the minimal competency level required at the end of each component of the program (didactic and clinical year). This is usually composed of a comprehensive MCQ exam, a practical exam, and a standardized patient practicum.

### **Clinical Rotation Specific Terms**

**Clinical Coordinator** – A faculty or staff member who supervises the recruitment of clinical sites, the scheduling of students' clinical experiences and assignments, and conducts periodic clinical site visits.

**Clinical Experience (CE) /Rotation** – A four to five-week full-time experience at a clinical site during the clinical portion of the curriculum in the students' second year.

**Clinical Site** – An office, clinic, hospital, or other health care facility where a student learns to care for patients under the supervision of a preceptor

**Competitive site** – Sites deemed competitive by the clinical staff includes those which have more demanding schedules, patient loads or preceptor expectations than other sites. Students will be evaluated for placement at such sites by the faculty prior to CE scheduling.

**Distant Site** – A clinical site which is greater than a 300-mile radius from Chatham

**Introduction to Clinical Experience (ICE)** – During the didactic year, this course provides an introduction to medical documentation, HIPAA regulations and issues surrounding cultural sensitivity in medicine. Professional comportment while on rotations will also be introduced.

**Preceptor**– Physician, physician assistant, nurse practitioner or other health care provider who supervises a physician assistant student during a clinical experience

### **Professional Organizations**

**AAPA** – The American Academy of Physician Assistants is the recognized national organization that provides leadership and direction for the physician assistant profession at the national level. The Student Academy of the American Academy of Physician Assistants (SAAAPA) is the student branch of AAPA.

**ARC-PA** – The Accreditation Review Commission on Education for the Physician Assistant, Inc. is the accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

**NCCPA** – The National Commission on Certification of Physician Assistants is the recognized national organization that awards certification to all students who graduate from an accredited physician assistant program and successfully completes the PANCE. Periodic recertification of each physician assistant is also awarded by NCCPA after the successful completion of the PANRE.

**PAEA** – The Physician Assistant Education Association is the recognized national organization representing physician assistant education programs. PAEA assists education programs in their mission to educate physician assistant students.

**PSPA**– The Pennsylvania Society of Physician Assistants is the recognized state constituent organization of the AAPA and provides leadership and direction for the physician assistant profession at the state.



# **CURRICULUM**

## ***Introduction to the Curriculum***

The curriculum is a 24-month (85 semester credit) professional course of study leading to the Master of Physician Assistant Studies (MPAS) degree. Basic medical sciences, research, clinical methods, and clinical experiences are integrated from the beginning of the program and continued throughout the course of study.

The program produces physician assistants capable of providing primary medical care in an ethical, legal, safe, and caring manner. To achieve this, students must acquire knowledge and the ability to use that knowledge in the practice of medicine. Students are expected to consistently retrieve and apply their knowledge appropriately in the area of their patients and reason effectively. Self-directed learning skills are necessary in order to keep their knowledge current. Self-knowledge, knowledge and understanding of others and continued professional development beyond the degree are necessary for success. Problem-based learning is the basis for the entire curriculum. In this learning process, the student encounters a clinical problem which serves as stimulus for the application of clinical-reasoning, self-directed learning, and teamwork skills. They are encouraged to seek out all available resources, thus developing skills necessary for the life-long learning that a medical practitioner must use.

The MPAS program is competency-based, requiring all students to master the required material. The grading system is pass/fail. Any student receiving a failing grade may remediate the course work as further described in this manual with the approval of the respective instructor of record.

A student in the MPAS program must be in good academic standing to remain enrolled in the program. To be eligible for graduation, students must be in good academic standing and successfully complete all required courses.

Problem-based learning forms the backbone of the entire curriculum. In this learning process, the student encounters a clinical problem that serves as stimulus for the application of clinical-reasoning skills. Students then initiate a search for information and knowledge needed to understand the mechanisms responsible for the problem and how it might be resolved. Students acquire knowledge at the same time they develop their clinical-reasoning, self-directed learning, and teamwork skills. They are encouraged to seek out all available resources, thus developing skills necessary for the life-long learning that a medical practitioner must use.

In order for students to be awarded the degree of MPAS, they must complete the entire curriculum within three years of initiating coursework.

## Course Sequence

[click here for course descriptions](#)

Course Number	Course Title	Credits
<b>Fall Year 1</b>		
PAS 600	Essentials for the Physician Assistant I	9
PAS 602	Clinical Application of Basic Sciences I	4
PAS 604	*Critical Reading of the Literature I	1
PAS 606	*Clinical Pharmacology I	2
PAS 610	Introduction to Clinical Experience I	2
PAS 612	Introduction to the PA Profession	1
PAS 637	Clinical Skills for the Physician Assistant I	4
<b>Spring Year 1</b>		
PAS 601	Essentials for the Physician Assistant II	9
PAS 603	Clinical Application of Basic Sciences II	4
PAS 605	*Critical Reading of the Literature II	1
PAS 607	*Clinical Pharmacology II	2
PAS 611	Introduction to Clinical Experience II	2
PAS 638	Clinical Skills for the Physician Assistant II	4
<b>Summer Year 2</b>		
PAS 617	Clinical Procedures	2
PAS 614	Medical Ethics	1
<b>Summer 1 Year 2</b>		
PAS 625	**Clinical Decision Making I	1
PAS 640	Clinical Experience I	3
PAS 641	Clinical Experience II	3
<b>Fall Year 2</b>		
PAS 626	**Clinical Decision Making II	1
PAS 642	Clinical Experience III	3
PAS 643	Clinical Experience IV	3
PAS 644	Clinical Experience V	3
<b>Spring Year 2</b>		
PAS 627 I	**Clinical Decision Making III A	1
PAS 645	Clinical Experience VI	3
PAS 646	Clinical Experience VII	3
PAS 647	Clinical Experience VIII	3
<b>Summer 2 Year 2</b>		
PAS 648	Clinical Experience IX	3
PAS627 II	**Clinical Decision Making III B	1
PAS 628	Clinical Decision Making IV	1
PAS 630	Topics in Clinical Medicine	3
PAS 635	Healthcare Policy	1
PAS 636	Program to Practice	1
<b>TOTAL CREDITS</b>		<b>85</b>

\*denotes partial online course

\*\*denotes online course

## Class Schedule

The schedule below is to provide a template for a typical first year student's week. Students are assigned to PAS 600/601, PAS 602/603 and PAS 633/634 groups at the beginning of each semester. Students will not attend both a morning and afternoon session of PAS 600/601. PAS 606/607 is held on varying Tuesday evenings and is a hybrid course with in class and online activities. Remaining courses are integrated throughout daytime hours within the week.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8AM	<b>PAS 600/601</b> Essentials for the PA	<b>PAS 602/603</b> CABS Lab (Group B)		<b>PAS 600/601</b> Essentials for the PA	<b>PAS 602/603</b> CABS Lab (Group A)	<b>PAS 600/601</b> Essentials for the PA
9AM			<b>PAS 637/63</b> Clinical Skills for the PA (Group A)			
10AM						
11AM						
12PM						
1PM	Time reserved for <b>special lecture, PAS 604/605</b> Critical Reading of the literature or <b>PAS 610/611</b> Introduction to the Clinical Experience	<b>PAS 637/638</b> Clinical Skills for the PA (Group B)	Time reserved for <b>special lecture, PAS 604/605</b> Critical Reading of the literature or <b>PAS 610/611</b> Introduction to the Clinical Experience	<b>PAS 637/638</b> Clinical Skills for the PA (Group A)	Time reserved for <b>special lecture, PAS 604/605</b> Critical Reading of the literature or <b>PAS 610/611</b> Introduction to the Clinical Experience	
2PM	<b>PAS 602/603</b> Clinical Application of the Basic Sciences (CABS)		<b>PAS 602/603</b> Clinical Application of the Basic Sciences (CABS)		<b>PAS 602/603</b> Clinical Application of the Basic Sciences (CABS)	
3PM						
4PM						
5PM	<b>PAS 600/601</b> Essentials for the PA	<b>PAS 606/607</b> Clinical Pharmacology (Alternating weeks)	<b>PAS 600/601</b> Essentials for the PA	<b>PAS 600/601</b> Essentials for the PA		
6PM						
7PM						

8PM					
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## Course Outcomes

### Didactic Learning General Goals

1. The student will develop a strong knowledge base.
2. When encountering an unfamiliar problem, the student will be able to build, organize, and articulate the basic science knowledge and concepts that can explain the problem and which can then be employed to resolve the problem.
3. The student will develop clinical reasoning skills.
4. The student will demonstrate the ability to use the clinical reasoning process in the investigation and solution of medical problems.
5. The student will develop self-directed learning skills and self-assessment skills.
6. When a student encounters a problem that they are unable to explain, the student will be able to design and implement satisfactory learning strategies, monitor the adequacy of personal knowledge and skills, assess the effectiveness of the self-directed learning strategies used, and critically assess the learning resources for adequacy, quality, and credibility.
7. The student will develop competence in clinical skills.
8. The student will demonstrate appropriate interview and physical examination techniques.
9. The student will demonstrate appropriate clinical procedural skills.
10. The student will develop professional interpersonal skills.
11. The student will demonstrate effective interpersonal skills while interacting with patients, peers, faculty and others.
12. The student will demonstrate cultural sensitivity in all interactions.

### Clinical Experience General Goals

1. The student will develop comprehensive patient care skills.
2. The student will apply the core medical knowledge acquired during the academic year while assessing, evaluating and managing patients. They will demonstrate that the care they provide is effective, patient-centered, timely, and equitable.
3. The student will develop self-directed practice reviews and research skills.
4. The student will engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. As a result, they will be able to assess, evaluate, and improve their patient care practices.
5. The student will develop a keen knowledge of healthcare policies and the business of medicine.
6. Student will demonstrate an awareness of and responsiveness to the health care system and engage in practices designed to improve the system of which their practices are a part.

## Course Competencies and Course Objectives

Course competencies and course objectives are located on each individual syllabus.

## Outcomes Assessment

Periodic assessments are conducted to assure that students are attaining the knowledge, skills and behavior required of a practicing physician assistant. These assessments are used to assist the faculty and students in identifying areas for

further study and to give students feedback on what they have already learned. Assessments in this program may include the following:

## **Didactic Education Assessments**

### **SOAP Notes**

These papers will be evaluated for writing skills as well as content and format.

### **History and Physical Examination Practicum/OSCE**

Students will demonstrate and document history and physical examinations in several courses.

### **Clinical Procedures Practicum**

Students demonstrate knowledge of procedural skills.

### **MCQ Examinations**

Students take multiple choice question examinations in multiple courses.

### **PMA (Patient Management Assessments)**

Students take written question format examinations in Essentials for the Physician Assistant.

### **Remediation Assignments**

Students complete remediations for missed items on MCQ examinations, demonstrating knowledge of the correct answer, and citing references.

### **Oral Presentations**

Students provide patient presentations during PBL sessions, relative to the patient being evaluated.

### **Group Presentations**

Students work together to provide a collaborative presentation in several courses.

### **Other Medical Documentation**

Students complete other medical documentation such as: admission orders, operative notes, discharge summaries, etc.

## **PBL Skills and Participation Evaluation**

Evaluations of critical thinking, clinical thinking, self-directed learning, self-evaluation, and professional skills are done at the end of each unit. Students are directed to course syllabi for specific criteria.

## **Clinical Education Assessments**

### **Preceptors' evaluations**

These evaluations will be based on the observed student interactions with patients, oral presentations, history and physical examinations, progress notes, and any other professional interactions.

### **Clinical coordinator evaluations**

These evaluations will be based on the observation of the student in the clinical setting and/or discussion with the clinical preceptor, oral presentation, written H&Ps, SOAP notes, procedure notes, operative notes, initial patient evaluations, discharge summaries, and review of the student's patient encounter logs.

### **Computerized patient and procedure tracking system**

This system will track patient encounters and clinical procedures performed during the student clinical experience. The information entered will be evaluated by the clinical coordinator to ensure that students encounter patients across the lifespan and in a variety of clinical settings.

### **Clinical Passport**

The passport is used to track procedures and encounters that students have completed while in the clinical setting. Students will have these procedures and encounters

**Multiple choice examinations**

These exams are designed to assess core medical knowledge and its application to the clinical setting. They also provide practice for the national certifying examination. Questions are based on any information that may be encountered in the specific medical setting of the student clinical rotation.

**Medical documentation skills**

These include, but are not limited to, patient encounter notes, procedural notes, admissions orders, progress notes, discharge orders, referral or consultation requests, and prescription writing.

**Remediation**

Students will be given the opportunity to remediate certain assessments in the program. Specific criteria are included in each course syllabus.

## ***BOOK LIST***

The required textbooks for each class are different. Please refer to the applicable list in the following pages.

The Chatham University Book Store and the publishing companies have created a discounted package for students who purchase all of the required books. In addition, seven percent state sales tax and shipping and handling are not charged. All purchases made through the Chatham University Book Store may be put on your student account. The Chatham University Book Store will order any book for you at any time.

There will be individual copies of all textbooks available for purchase. These will not be discounted, but there is no tax and they may be charged to your student account.

Students may purchase their books anywhere. Please be careful if you buy books from other sources. Check to see that you have the correct edition and access to any available on-line resources. The book list changes yearly and is based on the evaluations by students, faculty and curriculum of the PA Program.

Purchasing books can be done online and will be available for pick-up during the first week of class. It is helpful to pre-order your books at [www.chatham.bkstr.com](http://www.chatham.bkstr.com)

**BOOKS AND PRICES MAY BE SUBJECT TO CHANGE WITHOUT NOTICE**

## REQUIRED BOOK LIST Class of 2019

Author	Title	Edition
Asprey	Essential Clinical Procedures	3 <sup>rd</sup>
Ballweg	Physician Assistant	5 <sup>th</sup>
Blumenfeld	Neuroanatomy through Clinical Cases	2 <sup>nd</sup>
Sullivan	Guide to Clinical Documentation	2 <sup>nd</sup>
Costanzo	Physiology	5 <sup>th</sup>
Dubin	Rapid Interpretation of EKG's	6 <sup>th</sup>
Gordis	Epidemiology	5 <sup>th</sup>
Goroll	Primary Care Medicine	7 <sup>th</sup>
Gyls	Medical Documentation Express	2 <sup>nd</sup>
Hamilton	Tarascon Pocket Pharm	
Moore	Clinically Oriented Anatomy(w/Bind-in access code)	5 <sup>th</sup>
Netter	Atlas of Human Anatomy (w/Bind-in Access Code)	6 <sup>th</sup>
Ohio	Student Access Card Anatomy & Physiology Revealed Version 3.0	2 <sup>nd</sup>
Sadock	Kaplan & Sadock's Synopsis of Psychiatry	11 <sup>th</sup>
Sarwark	Essentials of Musculoskeletal Care (w/DVD)	5 <sup>th</sup>
Seidel, et al	Seidel's Guide to Physical Examination w/Videos	8 <sup>th</sup>
Varied-McGraw-Hill Publishers	<i>Access Medicine</i> Online Digital Resource Library Includes PA Easy Subscription <b>**Included in tuition, students do not need to purchase individual subscriptions</b>	N/A

\*Shadow Health online resource subscription also required.

\*Kindle Versions of texts are not permitted.

## REQUIRED BOOK LIST Class of 2020

Author	Title	Edition
Asprey	Essential Clinical Procedures	3 <sup>rd</sup>
Ball, et al.	Seidel's Guide to Physical Exam w/Videos	9 <sup>th</sup>
Costanzo	Physiology	6 <sup>th</sup>
Dubin	Rapid Interpretation of EKG's	6 <sup>th</sup>
Goldberg	Clinical Neuroanatomy Made Ridiculously Simple	5 <sup>th</sup>
Gordis	Epidemiology	5 <sup>th</sup>
Goroll	Primary Care Medicine	7 <sup>th</sup>
Hamilton	Tarascon Pocket Pharm	2018 Ed
Moore	Clinically Oriented Anatomy (w/Bind-in access code)	5 <sup>th</sup>
Netter	Atlas of Human Anatomy (w/Bind-in Access Code)	7 <sup>th</sup>
University of Toledo	Student Access Card Anatomy & Physiology Revealed Version 3.2	3.2
Sullivan	Guide to Clinical Documentation	2 <sup>nd</sup>
Shadow Health	Online resource- Advanced Health Assessment Subscription required (Lifetime Access)	
Varied- McGraw-Hill Publishers	<i>Access Medicine</i> Online Digital Resource Library Includes PA Easy Subscription <b>**Included in tuition, students do not need to purchase individual subscriptions</b>	N/A

\*Shadow Health online resource subscription also required.

\*Kindle Versions of texts are not permitted.



# ***POLICIES AND PROCEDURES***

Chatham University does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status, marital status or any legally protected status in its educational programs and policies, co-curricular activities, scholarship and loan programs, or employment practices. Inquiries may be directed to the director of human resources, Chatham University, Woodland Road, Pittsburgh, PA 15232, 412-365-1847.

These policies and procedures supersede any previous policies and procedures of the Physician Assistant Program, and are superseded by any Health Sciences or Chatham University policies if there is a conflicting policy. Information contained herein is subject to change. The Chatham University Physician Assistant Program reserves the right to make exceptions to policies (admissions, academic, etc.) based on special circumstances. These decisions will be made on a case by case basis.

**Disability Statement:** Chatham University is committed to providing an environment that ensures that no individual is discriminated against on the basis of her/his disability. Students with disabilities, as defined under the Americans with Disabilities Act of 1990 (ADA) and who need special academic accommodations, should notify the assistant dean of the PACE Center as soon as possible. The PACE Center will work with students and the course instructor to coordinate and monitor the provision of reasonable academic accommodations.

## ***General Policies***

PA students are not required to work for the program in any capacity. During the clinical year of the program, select students may choose to work for the Chatham University PACE center as tutors for didactic year students. These students are not employed by the Physician Assistant program.

The program does not use students to substitute for or to function as instructional faculty in the program. Second year students may work as tutors providing peer-to-peer support which is driven by requests from the first-year students. Material covered in these sessions has already been covered in didactic courses and the sessions are used for review.

No member of the faculty (principal faculty, program director, or medical director) is permitted to provide healthcare services to enrolled students in the program, except in an emergency situation.

Upon entrance to the PA (OT, PT, Nursing, Psych, AT, MHI) Studies Department students agree to the electronic release of grades and academic information within departmental faculty, staff, and from clinical preceptors for academic standing and advising reviews.

## ***Exam Policies***

Use of any electronic devices other than a laptop as required during any program evaluation is strictly forbidden. Failure to follow this policy will be considered a professionalism violation. If this occurs, the incident will be handled in accordance with the procedure found on page 37.

During every program examination on campus, the only items allowed in the testing room will be:

- Laptop and associated power cord as needed for the examination
- Writing utensil if needed for the exam
- Snack open and lying on the table in front of the student
- Drink
- If a specific instructor requires other items in the room for the exam, students will be notified

No backpacks, bags, lunch bags, or purses are permitted in the room.

No cell phones, smart watches, or any other electronic equipment except laptop as previously noted are allowed. If there is an urgent or emergent issue for which a student needs a cell phone, that student must leave the phone with the exam proctor (on silent) who will notify the student if an urgent message is received.

Proctors will have their personal cell phones available in case of an emergency in the exam room.

All valuables should be placed in an assigned locker (for first year students) or will be locked in the physical diagnosis lab (for second year students). Students are not permitted to access their bags, phones, etc. until after they have completed the exam.

If a student takes exams at the PACE center, the student will continue to follow the PACE center procedure for examinations.

### ***Counseling Policy***

Chatham University provides confidential counseling services at no charge to all full-time students. Individual counseling sessions provide students an opportunity to explore personal, social, family or academic concerns. Faculty advisors in the MPAS do not offer counseling services, but will promptly refer a student to seek campus counseling for a variety of reasons, such as difficulties with personal relationships, emotional or social difficulties, stress, anxiety or concerns about academic progress. Students have the ability to self-refer as well. The counseling center is staffed by a full-time Doctor in Counseling Psychology and a part-time Doctor in Clinical Psychology. You may find further information in the Chatham University Catalog, by contacting the Counseling Services office at 412-365-1282 or on my.chatham.edu by clicking the Departments tab and then Counseling Services on the left side.

### ***Harassment Policy***

#### **Consideration for the Rights and Well Being of Others**

Chatham University strives to create a civil community whose members respect one another's voices, dignity, and physical well-being. Violation of another person's rights, including threats, intentional libel, slander, physical harm, or harassment of another person will not be tolerated. Members of the Chatham community will refrain from carrying out any action that is harmful to oneself or another person, including physical, verbal, or mental abuse.

### ***Hazardous Exposure Policy***

This policy includes exposure to any body fluids by needle stick, cut, splash, etc., or exposure to active tuberculosis, meningitis, or other potentially life-threatening diseases.

#### **Student Responsibilities:**

1. Report to Employee Health at the rotation site within 2 hours of the exposure for initial testing. If not in a hospital setting, then go to the local emergency department.  
The student will follow the policies and procedures of the site in which the exposure occurred (as directed by Employee Health or the Emergency Department).
2. If this occurs while on Chatham property during didactic education, notify the course director immediately and proceed to the nearest Emergency Department.
3. Report the exposure to a Chatham Clinical Coordinator (or if within the content of a didactic course, to the Course Director) immediately at: either (412) 365-2902; (412) 365-2765; (412) 365-1829; or leave message with the PA Program Office at (412) 365-1412 if the Clinical Coordinators are unavailable.
4. Maintain follow-up testing as recommended by the initial testing site.  
\*Students are responsible for all costs associated with testing related to an exposure (regardless of fault).

Financial responsibility related to significant exposure rests on the student.

Side effects of any recommended prophylaxis or treatment of the actual disease itself may cause significant health impairments that could result in a student having to take a leave of absence or withdrawal from the program.

Decisions of student progress based on exposures to hazards are handled by the SPAC on a case-by-case basis.

A student participating in a clinical experience domestically in an area identified as high risk for vector-borne and other potential hazardous exposures will follow current CDC recommendations for that particular region.

## **Immunization Policy**

Students will provide evidence of vaccination for Tetanus-Diphtheria-Pertussis (Tdap), Polio, influenza vaccine and meningitis. If students cannot provide documentation of receiving at least 3 doses of the polio vaccine, they must submit a polio titer result. Students will also have to provide evidence of immunity to Measles, Mumps, Rubella, Varicella, and Hepatitis B by obtaining titer results. They must also submit a Hepatitis C titer result. Students must obtain a one-step PPD test for tuberculosis within one year of the date of admission to campus. If a student has had a positive PPD test, the university requires the student to submit evidence of a chest x-ray showing no active disease by the Allegheny County Health Department, your own state's health department, or your health care provider. The date must be within one year from admission to campus. An additional two-step PPD test is required prior to beginning clinical rotations.

Should a student elect to participate in an international clinical experience the student will submit to the CDC recommendations for that particular country (vaccinations and/or prophylaxis for certain diseases).

## **BEREAVEMENT POLICY**

Three days of leave are granted to students when a death occurs in the immediate family (spouse, father, mother, brother, sister, son, daughter, or parent-in-law) of a student. One day of leave is granted to students for the death of a grandparent. If additional bereavement time is needed, students should discuss time needed with their advisor and may need to take a leave of absence.

## **Safety Policy**

Chatham University has established safety policies and procedures as required by law and institutional accreditations. Such policies include: Campus Housing Safety (where applicable), Drug and Alcohol Regulations, Crime Prevention Programs, Sexual Assault and Sexual Offenders Regulations (including Sexual Harassment, Assault, Rape Prevention (SHARPS) Programs), Confidential Reporting, Missing Person and Emergency Notification System. The Safety and Security Policy and Procedure Manual are available to all Chatham faculty, staff and students in the University's intranet. Additionally, students are to be aware of local weather warnings and conditions on or off campus and should act accordingly to preserve their personal safety. This would include seeking safe and protective housing or retreat in the event of a major disaster. Every effort should be made to notify the local authorities and the program of an emergency.

## **Drug Screening Policy**

**ALL** Chatham University PA students will be subjected to urine drug screening (UDS) prior to the start of and during a clinical experience as required by individual sites to maintain a safe and healthy workplace.

**ALL** students are required to have a UDS completed at a licensed clinical laboratory approved to offer UDS testing. Failure to comply with UDS testing during the required time frame *will prevent the student's participation in the clinical experience (CE) as scheduled*. Thus, it may delay the completion of the Program. Students may be required to register for the CE at a later date, resulting in additional tuition/associated fees and housing costs.

If the student is taking prescription medication that can alter UDS results, the student should provide supporting documentation from the prescribing physician at time of testing.

The results of testing will be forwarded to the Program. All results will be kept confidential.

- **NEGATIVE** tests will be forwarded to each CE site in order for the student to be cleared for that CE.
- **POSITIVE** tests without supporting documentation will be forwarded the Program Director. Positive tests *may result in postponement or cancellation of the CE and possible dismissal from the program.*

### **POSITIVE UDS POLICY**

#### **I. False Positives**

- A student may choose to appeal, if the student feels the result was a *false positive*.
- If a *false positive* is believed to have occurred, the student will need to obtain a verification blood drug screening (at the student's expense) within 24 hours of being given notice of the *false positive*.

#### **II. True Positives**

- A positive result without supporting documentation will result in the postponement of clinical experiences and academic activities, until the following criteria are successfully fulfilled.
  - o Students will be required to sign an agreement to continue in the Program, outlining the following conditions, understanding that failure to sign this agreement will result in **automatic dismissal** from the program.
    - Student will be referred for mandatory evaluation and counseling at a drug rehabilitation (rehab) program.
    - The rehab program will provide periodic, confidential progress reports to the Program Director.
    - Once student has successfully completed rehab, the student must pass UDS testing prior to re-entry.
    - Student **will** be subjected to random, periodic drug screening (at the student's expense) as a requirement for continuation in the Program. Student will be **dismissed** if any random UDS is positive.
    - Student also recognizes that their rotation schedule may be altered because of the above.

## CLINICAL SITES

- I. An initial positive UDS may prohibit participation at some CE sites.
- II. Some CE rotation sites do require an additional UDS screening just prior to placement at the site. If a positive result is noted during this testing (even if the initial test was negative), the site could deny the student from rotating at the site. If this is the case, see the above section "Positive UDS Policy, True Positive" for the course of action.
- III. If warranted, sites may ask a student at any time during the rotation to submit to a UDS. If dismissed from the rotation because of a positive result, it will result in **automatic failure** of that CE. This may result in **dismissal** from the Program.

**Failure to comply with this policy and/or evidence of continued drug use will result in an automatic dismissal from the Program**

## **Clinical Rotation Policies:**

1. There are 9 rotations per student, 7 are required by accreditation standards (women's health, general surgery, pediatrics, psychiatric/behavioral, family medicine, internal medicine, emergency medicine)
2. You are not permitted to copy patient records even if they are de-identified under ANY circumstance. This includes using cell phones to take pictures of records, photocopying, scanning, etc.
3. Discussing patients on a public forum is forbidden.
4. Taking pictures of anyone or anything while at clinical sites under any circumstances is strictly prohibited.
5. Students cannot do rotations at the same site twice unless approved by the clinical staff.
6. You are expected to be at your site as your preceptor/site schedules you, but no less than 32 hours per week for a 5-week rotation or 40 hours per week for a 4-week rotation.
7. Students may not be precepted by personal friends, family, or close acquaintances.
8. Students MAY NOT solicit sites or preceptors during their clinical year.
9. Students may not fraternize with preceptors, site staff, or site administrators.
10. Accessing your personal health or anyone's records other than a person you are responsible for treating using any health system's EMR software is STRICTLY PROHIBITED.
11. All significant exposures must be reported to your site and your clinical advisor within two hours of the exposure. Follow the policy posted in Moodle (also contained in your rotation schedule folder).
12. Students do not substitute for clinical or administrative staff while on site at clinical rotations. New sites are informed of this via the initial contact and continuing sites are reminded of this in the letters they receive prior to the start of each rotation.

13. All clinical sites and preceptors are coordinated and approved by the program through the clinical coordinators.
  14. Students may propose clinical sites to the clinical coordinators but are not required to do so. Specific guidelines regarding proposals are addressed during the first fall semester.
  15. No student shall engage in the use of tobacco while at clinical sites. This includes chewable tobacco products, snuff and smoking by inhaling, exhaling, burning or carrying any lighted cigarette, cigar, pipe or other such device which contains tobacco or other smoke or vapor producing products such as e-cigarettes.
  16. No chewing gum is permitted in the clinical setting
  17. The use of cell phones, iPads, notebooks, etc. should only be used as needed for work and personal emergency situations during clinical activities. Cell phones should never be used in a patient room, areas visible by patients, in a procedure room, or in the operating room.
  18. All clinical sites have been designated as either Level 1 or Level 2 status by the Clinical Coordinators.
- Level 1 status is determined based on various reasons, including:
    - the rotation is more challenging/demanding/fast-paced
    - the preceptor may have exceptionally high expectations of students
    - the site requires team player
    - the site requires strong clinical reasoning skills
  - The Level 1 status was developed to better match students with clinical sites to provide the best experience mutually for the student and the preceptor.
  - Student must be in **Good Academic Standing** (not on probation) to be eligible for Level 1 sites.
  - Students are eligible for Level 1 sites based on feedback from PBL Facilitators for all Units 1-4. Facilitator feedback is collected during each of these units based on a rubric including categories in: **professionalism, ability to handle criticism, being a team player, having a positive attitude, clinical reasoning skills, demonstrates initiative, and academics**. Students must receive an average of **3.0 or greater** for all categories to qualify for Level 1 sites.
  - All students are eligible for Level 2 sites.
  - Almost all Florida sites are designated as Level 1.
- **Probation Status Restrictions:**
    - Not eligible for Level 1 sites.
    - May not have more than 2 rotations greater than 300 miles from campus.
    - Not eligible for rotations at sites/hospitals that require students to be in Good Standing (Letter of Good Standing).

## Tuition and Fees

The following are the current tuition and associated fees for each semester in the Physician Assistant Program as published on the program website:

Annual Tuition:	\$45,714
Annual University Fees:	\$3,768
<b>Total for annual tuition and university fees:</b>	<b>\$49,482*</b>
Total tuition/university fees (incl. graduation fee)	\$98,964
Approximate total program specific fees:	\$10,740
<b>Total two year tuition and approximate fees:</b>	<b>\$109,704</b>

### Details of fees outlined below:

#### **Fees:**

Student Health insurance fee**	\$1,980 annually
Graduation fee (one time)	\$100
Simulation fee (\$45.83/term for 6 terms)	\$275
Combined lab/liability insurance fee	\$207 per term
College/Campus Fee	\$250 per term

Clinical Fee (\$20.83/term)	\$125
Resource fees	\$30 per term

**Additional Fees\*\*\*:**

Books:	\$1,800-\$2,000
Equipment:	\$700-\$1,000
Laptop Computer (see below for requirements):	\$500-\$1,500
Travel to Clinical sites (during 2 <sup>nd</sup> year):	\$2,500-\$5,000
AAPA Student Membership (one-time fee covers both years)	\$75
State Society Student Membership (one-time fee covers both years)	Varies by state
Advanced Cardiac Life Support courses (ACLS)	\$150
Background Check Package (paid to Castle Branch)	\$69
Health Requirement Package (paid to Castle Branch)	\$35
Urine drug screen (paid to Castle Branch)	\$70
FBI fingerprint-based Federal Criminal History Background Check (paid to Morpho Trust)	\$23
PA Child Abuse History Clearance (paid to PA Dept of Public Welfare)	\$8
PPD (2-step)	\$50
On-campus parking	\$140/sem.
Patches and name tags	\$35
Privacy screen for laptop	\$25-50

*\* The above annual costs are calculated for three (3) semesters. Please be aware, the award letters sent from the Office of Financial Aid will include the costs for two (2) semesters.*

*\*\* Full-time students who do not provide proof of alternate coverage will be enrolled in the Chatham University Student Health Insurance Plan and billed automatically.*

*\*\*\* This is a list of the most common miscellaneous fees associated with enrollment at Chatham University. Some courses may require additional fees not listed here.*

Students accepted into and enrolled in Chatham's PA Program who are citizens or permanent residents of the United States are eligible to apply for financial aid through the Federal Stafford Loan program. For more information, contact the financial aid officer at the Student Services Center.

Students are only eligible for a refund if they full withdraw from the University during the first 14 days (7 week sessions) and 26 days (14 week sessions) of the term. Leaving the university may have current or future academic and financial implications. If this action will affect current registration, the student will be charged a percentage of the tuition for the course(s) they withdraw from after the add/drop period. The student is financially liable for any course in which a "W" is recorded and that withdrawing from a course or course could affect their financial aid. More information can be found about the Chatham University Institutional Refund Policy in the Course Catalog.

## **Laptop Requirements**

**Recommended hardware/software minimums:**

- 8GB Memory or more
- 320GB hard drive
- Wireless A/B/G (N)
- DVD+/-RW drive
- Windows 10 (or MAC OS Sierra or High Sierra for Apple MacIntosh)

**Recommended items:**

3-year manufacturer's warranty (3 year AppleCare for Apple Macintosh)  
3-year Accidental Damage Protection Policy  
Theft Insurance

**Suggested Models that meet requirements:**

PC computer running Windows 10  
Apple Mac Air 13" screen  
Apple Mac Air 15" screen

**Privacy Screen is also required for your laptop.**

**Kindle versions of textbooks are not acceptable.**

## *Academic Policies*

**Academic Advising**

The students will be assigned an academic advisor for their course of study. The student should meet with the advisor as scheduled and at least once per term or more frequently if needed. The advisor provides academic and professional guidance and will refer the student for additional guidance, when necessary. If a student desires a change of advisor, the student may petition for a change of advisor to the Program Director. Academic advisors may change periodically, based upon faculty availability and/or students' academic needs.

**Grading**

Course grades assigned will be pass (P) or fail (F). Individual assignments and evaluations will be graded as a numerical score, satisfactory (S) or needs improvement (N). All assignments and evaluations must be satisfactorily completed or satisfactorily remediated in order to receive a (P) in any given course. Specific assignments and their grading are defined in the individual course syllabi.

**Grading Criteria**

- Demonstrate acquisition of a strong knowledge base
- Demonstrate satisfactory self-directed learning skills
- Demonstrate satisfactory self-assessment skills
- Demonstrate satisfactory clinical thinking and reasoning skills
- Demonstrate satisfactory competence with clinical skills
- Demonstrate satisfactory professional comportment

Students must demonstrate completion of:

- All established competencies for a given semester in order to proceed to the next term,
- All established competencies in the academic year in order to proceed to the clinical year, and
- All program competencies in order to graduate.

**Timeliness**

Any assignment or remediation that is not completed by the established due date may be automatically considered an "N" unless previously arranged and approved (in writing) with the evaluating faculty member. A pattern of tardiness or absenteeism will be considered a professionalism violation and will be subject to the procedure noted above. Due to the competency-based nature of the curriculum, students must complete all assignments, even if they receive an "N" secondary to timeliness.

**Attendance**

These are minimal expectations. Each instructor of record may impose criteria published in the syllabus that override the ones delineated below:

- Attendance is expected at all program-sponsored activities. In the event of an unavoidable absence, the student must notify the instructor and/or the program office prior to the scheduled activity start time. If an absence is

longer than two days, the student must provide a written medical excuse specifying any physical or other limitations required, along with expected duration of such limitations.

- Students are responsible for any missed coursework, regardless of the reasons they miss a program-sponsored activity. A pattern of absences or tardiness reflects unacceptable professional comportment and could jeopardize the student's progress in the program. Students are strongly advised to arrange personal activities, such as routine medical/dental visits or interviews, during their scheduled recesses. All absences (excused or unexcused) require remediation to be arranged with the student's instructor of record and must be completed by the designated due date.
- Foreseen absences may be excused if requested in writing (by Chatham University email) to the instructor of record for the course, for first-year students, or the Clinical Coordinator for second-year students. The student advisor should be sent a copy of the request. Official program notification of approval or denial of the request will be sent (by email or printed form). Requests for observance of religious holidays require notification during the first week of the start of an academic term.
- In the event of a clinical preceptor's absence, students are required to immediately notify the clinical coordinator. Arrangements may be made by the clinical coordinator to reschedule or reassign the student.

Reasons for expected attendance at sponsored activities include:

- Problem-Based Learning Sessions - As a member of a team whose goal is to learn the art and science of medicine, every participant of a PBL group must contribute their knowledge and reasoning skills in order that effective learning transpires. If any participant is absent, the entire group suffers from the absence of that participant's contributions.
- Labs - Laboratory sessions are designed to assist students in developing and completing the necessary skills competencies. In order to guide, maintain, and assess student progress, attendance is mandatory.
- Special Seminars and Special Events - Special seminars and events such as field trips and conferences are planned with the expectation of providing the students with additional learning opportunities. Lectures and seminars provided by adjunct faculty and instructors cannot be duplicated and missing these activities could be detrimental to the overall educational experience of the student, attendance is mandatory.
- Meetings - Class meetings are held to provide students an opportunity to address problems, exchange information, and plan events. If a student does not attend these meetings, the student will lose their voice in the direction of the program and may miss vital information. All students are responsible for all material announced at these meetings, attendance at these meetings is mandatory.

### **Grade Appeals**

Students may encounter a variety of various challenges over the course of their 24 months in this program, including failing courses. Students are encouraged to attempt to resolve difficulties by discussing them with the appropriate faculty involved. The faculty member may be an instructor within the course and/or the course director. If unable to be resolved and the faculty member was not the course director, the next person of contact is the course director. If the problem is still unable to be resolved, then students should contact the Program Director. While students are on clinical rotation, they should notify the clinical coordinator immediately of any difficulties they are encountering, even if they are able to resolve their difficulties in person. The student should also contact their advisor on campus for assistance. Ultimately if these attempts fail, the Program Director should be contacted.

All formal appeals should be filed, in writing, to the Program Director within 5 calendar days of the course director decision. Acknowledgement of receipt of the grievance and an initial plan for resolution of the grievance will be provided from the Program Director, in writing, to the student within 5 calendar days of receipt.

If the issue remains unresolved, the student may then file an appeal with the appropriate academic dean, who will seek formal reconciliation. Appeals made to the Dean of the School of Health Sciences must be in writing, and must include written documentation from each stage of the appellate process. A student challenging a grade received in a course may file an appeal with the Dean's Office no later than 14 calendar days after the student receives notification from the program director. The Dean will investigate the case, hearing both the student and the faculty member and will render a decision within 30 calendar days of receiving the petition.

If reconciliation is not achieved at the dean level, the student may file an appeal with the Vice President of Academic Affairs. An appeal must be filed with the Vice President of Academic Affairs no later than five calendar days after



receiving the dean's decision in the case. The decision of the Vice President is final in the grade appeal process. The appeal must be in writing and must include written documentation to support the appeal. The Vice President of Academic Affairs will investigate the case, hearing both the student and the faculty member and will render a decision within 30 calendar days of receiving the petition. The Vice President of Academic Affairs will inform the student and the faculty member of the decision in writing. The decision of the Vice President of Academic Affairs is final in the grade appeal process.

### **Dismissal Appeals**

Students may appeal a program dismissal. Appeals must be submitted to the Dean of the School of Health Sciences in writing within fourteen calendar days of receipt of the dismissal. The student is responsible for providing all supporting materials with their written appeal. The dean has 30 calendar days to respond to the appeal. Following the decision of the Dean of the School of Health Sciences, a student may then appeal the decision to the Vice-President of Academic Affairs within 5 calendar days of the decision of the Dean. The decision of the Vice-President has 30 calendar days to respond with a decision; this decision is final. (Also see the Chatham University Course Catalog under Dismissal Appeals Graduate and Undergraduate section).

## ***Honor Code and Academic Integrity Policy***

The student shall be responsible for maintaining the academic standards of the University as required by the University honor code. It is the policy of the Physician Assistant program to recommend dismissal for any major academic integrity violation as defined in the Chatham University Course Catalog. Please refer to the Course Catalog for full details regarding the honor code and academic integrity policy.

### **Chatham University Honor Code and Policies:**

<https://www.chatham.edu/campus-life/policies/honor-code.cfm>

### **Chatham University Academic Integrity Policy and Procedures:**

<http://www.chatham.edu/academics/catalog/2017-2018/HonorCode/>

## ***Professionalism***

**Students enrolled in the Chatham University Physician Assistant Program will demonstrate responsibility and accountability for personal and professional behaviors at all times when representing Chatham University as outlined below:**

### **Professional Behavior**

**Includes, but is not limited to:**

- Showing Integrity, respect, openness to new situations and people, and eliciting and demonstrating receptivity to constructive feedback
- Recognizing one's limitations and informing preceptors when assigned tasks are not appropriate to current knowledge and/or skills
- Performing all clinical experience activities with the awareness of and under the supervision of the site preceptor
- Taking responsibility for one's own actions and showing respect for patients by maintaining appropriate confidentiality of the patient's record and demonstrating awareness and respecting patients' cultural beliefs and behaviors
- Following site policies and procedures
- Utilizing effective communication skills to form and maintain positive relationships with patients, peers, staff, and preceptors
- Displaying a high level of motivation and interest while maintaining a calm and reasoned manner in stressful and/or emergency situations

- Understanding legal and regulatory requirements, as well as the appropriate role of the physician assistant
- Building professional relationships with physician supervisors and other health care providers
- Demonstrating respect, compassion, and integrity
- Responding to the needs of patients and society
- Being accountable to patients, society, and the profession
- Committing to excellence and on-going professional development
- Committing to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Respecting and being responsive to patients' culture, age, gender, and disabilities
- Performing self-reflection, critical curiosity, and initiative
- Exhibiting emotional intelligence and maturity

### **Unprofessional Behavior**

#### **Includes, but is not limited to:**

- Tardiness (of more than 5 minutes) or unexcused absences (must let program secretary or instructor know ahead of scheduled class time otherwise it's unexcused via phone or email)
- Refusal to see a patient when requested to do so
- Falsifying data
- Falsifying or omitting application information
- Impersonating a certified PA or any other health professional
- Breaching patient confidentiality
- Conducting oneself in an inappropriate conduct of a sexual nature
- Performing under the influence of drugs or alcohol during patient or professional encounters
- Plagiarism as defined by the Chatham University PA Program, including copying text directly from sources or using the work of another and identifying it as your own.
- Demonstrating inappropriate body language or non-verbal communications such as eye rolling, mumbling under one's breath, or taking an argumentative tone when dealing with patients, peers, staff, faculty, or preceptors, inappropriate emails (ex. Beginning an email with Hey....)
- Declining to follow documented program procedures including those found in course syllabi
- Speaking negatively about or using inappropriate language with faculty member, fellow classmates, clinical preceptors or clinical site's office staff
- Fraternizing with a faculty member, including clinical preceptors, office staff, or site personnel
- Failing to avoid a conflict of interest, the appearance of a conflict of interest, or the need to examine the ethics of acceptance, students may not accept gifts of any kind from preceptors
- Posting of information related to any program evaluation mechanism (anything for which students receive a grade) on any public network including, but not limited to: LinkedIn, Facebook, Instagram, Snap chat, GoogleDocs, Twitter, DropBox, YouTube, Vine, etc.

### **Civility in the Classroom**

#### **Includes but is not limited to:**

- Demonstrating respect for faculty members and students with all communication and exchanges, along with appropriate respectful behavior  
Examples: Using polite tone and conversation, reviewing written responses before sending, and the using constructive criticism in feedback

(A rule of thumb is to think: would I say or do this in a face-to-face interaction and/or how might this information be perceived by another?)

### **Incivility in the Classroom**

#### **Includes but is not limited to:**

- Challenging authority
- Using inappropriate use of social media for sharing or promotion of academic work
- Demanding special treatment
- Demonstrating an “I paid for this” mentality
- Making offensive remarks
- Missing deadlines/late assignments (without discussing with the instructor and receiving approval ahead of the due date time)
- Answering few if any questions or failing to participate in classroom or online discussion
- Challenging the instructor’s credibility
- Taunting or belittling others
- Challenging the instructor’s knowledge
- Making verbal or physical threats to the instructor and/or other students
- Engaging in academic dishonesty (cheating and/or plagiarism)
- Making harassing, hostile, or vulgar comments
- Sending the instructor inappropriate e-mails (beginning emails with “Hey...”)
- Using electronic devices (phones, smart watches) during class time and/or inappropriate use of computer during class time

### **Dress Code**

Students are responsible for being knowledgeable of and adhering to the requirements and standards of the site and Chatham University with regard to dress code

- If the site has established policies and practices regarding dress, the site’s policies supersede those of the program

#### **A. Classroom Attire**

Appropriate clothes are to be worn for all classroom experiences:

- All bottoms (i.e., pants, jeans, shorts, skirts, etc.) and dresses must be approximately mid-thigh length or longer
- Pajamas are not permitted.
- Scrubs are permitted for particular program activities when indicated but are not appropriate classroom attire on a regular basis
- Modest attire is to be worn; bare midriffs, low necklines, strapless tops, and miniskirts are not permitted
- Clothing should not be torn or permanently stained
- Students are to be well groomed and practice good personal hygiene
- Clothing must not include offensive figures, pictures, or wording

#### **B. Lab Attire**

- During procedures and physical examination labs, students may not wear open-toe shoes or sandals
- All students are expected to wear clothing for examination and procedure labs that allow for examination of the appropriate area. Students are expected to wear a shirt that can be removed for particular labs, sports bra (if appropriate), and loose-fitting shorts.
- If lab attire is different than listed above, instructors will notify students of specific requirements prior to the lab session

#### **C. Professional Attire for Clinical Rotations and Competencies**

##### **General:**

- Students are to be well groomed and practice good personal hygiene.

- All clothing and lab coats should be clean and wrinkle-free.
- Professional dress is expected unless otherwise indicated by the clinical site or course instructor, such as when scrubs are required/recommended.
- Appropriate attire is to be modest and conservative, and may include:
  - Long-sleeved button-down shirts and ties
  - Professional tops and pants
  - Skirts or dresses no more than 2 inches above the knee.
- Pants must be at a length in which they do not touch the floor.
- Students should take note of length of skirt and skirt slit, or placement of neckline on tops when they lean to examine a patient.
- Appropriate undergarments are to be worn and undetectable under the clothing.
- A wrist watch with a second hand is required.
- Leggings with tunics are not permitted.
- Jeans are not appropriate for clinical attire **even if the site has a “casual day.”**
- All lab coats must include the Chatham University rocker and patch permanently affixed to the upper left sleeve. Lab coats are to be worn unless the clinical site allows the student to go without.

#### **Shoes/ hosiery**

- Clean shoes are required. Neither open-toed or open-heeled shoes, tennis shoes, nor heels greater than 2 inches in height are permitted.
- Plain stockings must be worn with skirts or dresses and socks must be worn with pants.
- Socks should cover the entire foot and should be similar to the color of the shoes or pants. White athletic socks are not considered professional dress.
- Socks should be of a length that bare skin is not visible when the student is sitting.

#### **Hair**

- Hair should be neat, clean, pulled back off the collar and face. It should be secured with small, simple hair accessories. Hair bands shall be either cotton or nylon and of a neutral color (black, white, or brown).
- Hair of an unnatural tone is not permitted
- Beards and mustaches, if present, should be kept neat and trim.

#### **Jewelry**

- No jewelry accessories except for the following items:
  - One modest-sized ring per hand is permitted. A wedding/engagement ring combination is permitted and will be considered one ring;
  - Plain post earrings that do not hang or dangle; only one earring per earlobe is permitted.
- Facial and oral jewelry is not permitted. No body piercing beyond earrings may be visible. Facial jewelry cannot be covered with band aids.
- Gauge earrings are not permitted regardless of diameter.

#### **Tattoos**

- Tattoos are to be covered.

#### **Perfumes**

- Students are not permitted to wear fragrant products in the patient care setting (i.e., cologne, perfume, lotion, etc.).

#### **Nails**

- Nails are to be unpolished, neat, clean, manicured, and short (not extending more than 1/4 inch past the tip of the finger).
- Artificial nails are prohibited. Artificial nails include, but are not limited to, acrylic nails, all overlay tips, bonding, extensions, tapes, inlays, wraps and gel.

### **Identification**

Physician assistant students must introduce themselves as a physician assistant student from Chatham University. Students shall be identified as follows:

- Nametags and Chatham University photo identification tags are to be worn at all off-campus special seminars, all clinical experiences, and all research activities. If the site requires another form of identification, the student must wear both identifications.
- The lab coat must be **short**, white (blazer-style) with the Chatham University patch on the left upper sleeve at the shoulder with the identifying rocker sewn directly beneath. Nametags and photo identification tags shall be worn on the left pocket or lapel not below the waist.

### **Timeliness**

- Students will arrive at class/clinical sites at predetermined time
- Students will contact their faculty/preceptor or program secretary **prior to the beginning of the class/shift in the event of an unplanned absence** due to illness, emergency, or other unforeseen event
- Unexcused or repeated tardiness is evidence of unprofessional behavior and is unacceptable for the classroom/practice experience
- Student must notify the clinical experience faculty/staff of repeated or prolonged delays and absences of planned clinical experience hours

### **Technology Use**

- Cell phones, smart watches, or other electronic mobile devices should only be used as needed for work and personal emergency situations during class or clinical experience activities
- Use of site-based computers is restricted to activities associated with patient care or activities related to the practice experience
- Under no circumstances should the student use the site-based computer to check personal e-mail, participate in social networking, or access the internet for personal use
- Personal video or audio taping of lectures/class time is prohibited using any type of recording device. Lectures recorded by professors will be made available at the discretion of the professor/lecturer (ex. Panopto).

### **Social Networking**

- If the site has established policies and practices regarding social networking, the site's policies supersede those of the program
- Students should be cautious about what they post and what is posted about them
- Students should not identify their site by name or criticize the site or staff
- Students should not post information about what is happening at the site
- Students should not post any information about or pictures of patient(s) even if identifying information is eliminated
- Students are required to use only their Chatham e-mail address when corresponding with rotation sites and program faculty and staff

### **Scope of Practice**

- Students will refrain from performing any technique or procedure which is outside of their scope of practice and/or they have not been appropriately educated on the proper procedure

## Privacy and Confidentiality

- Students will maintain privacy and confidentiality of all patients according to HIPAA guidelines
- Students will maintain privacy and confidentiality of classmate or faculty information that may be revealed in the context of small group learning
- Students will demonstrate ethical behavior at all time

## Policies and Procedures

- Students will adhere to the policies set forth in the Chatham University Student Handbook, PA Student Manual, PA Clinical Manual, PA Code of Ethics, and HIPAA guidelines
- Policies of the host site will be adhered to, in addition to or in accordance with those established by the Chatham University PA Program
- Site policies that are more restrictive than what is reflected here supersede these requirements
- Students must be aware of the rules, regulations, and policies; it is student responsibility and ignorance is not an excuse for a violation

***\*These standards are applicable to all Chatham University PA students representing Chatham University at all times.***

Depending on the severity and number of offenses, consequences may include anything from a formal written warning to dismissal from the program. Professional policy violations will be reviewed on a case-by-case basis and escalated to higher administration as warranted.

## Professionalism policy:

When any academic or clinical faculty member or preceptor identifies and documents an instance of unprofessional behavior throughout the program, the following procedures will be followed:

1. **First offense:** the student will meet (either in person, a phone call or via email) with the instructor and/or advisor and be given a formal advisement.
2. **Second offense:** student will meet with instructor/course director, program director (or associate program director) and advisor and be given a formal advisement from the program director (or associate program director).
3. **Third offense:** student will be given a formal advisement **AND** student's offenses will be referred to SPAC for professionalism.
4. **Fourth offense:** student will be given a formal advisement **AND** SPAC will discuss current and previous offenses and either issue a formal written warning from SPAC or place student on academic probation for professionalism depending on the severity of the offense. In either case, a professionalism behavioral remediation plan will be given to the student to complete until a set date determined by SPAC.
5. **Fifth offense:** student will be given a formal advisement **AND** if student was given a formal written warning from SPAC, student will be placed on probation. If student was placed on probation from SPAC previously, student will be dismissed from the program.
  - a. **If Student has another incidence after being placed on probation (their 6<sup>th</sup> offense), the student will be dismissed from the program.**

\*If an individual faculty or staff member feels that the unprofessional conduct of the student is severe; harmful to a patient, fellow student, faculty or staff member; or risks Chatham's reputation, the student's offense(s) will be referred directly to SPAC even if this is a first offense and may result in academic probation or program dismissal.

## Professional Comportment

Comportment encompasses all academic and professional experiences. Every individual has the right to learn and work in an environment free of threats, harassment, retaliation, or other risks. All students, faculty, staff, and clinical

preceptors are expected to act in a respectful and professional manner at all times. All violations of professional comportment must be addressed. Individuals should immediately remove themselves from the situation and report the incident to the Program Director.

## ***Social Media Policy***

Social media are internet-based tools designed to create a highly accessible information highway. They are powerful and far reaching means of communication that, as a physician assistant student at Chatham University, can have a significant impact on your professional reputation and status. Examples include, but are not limited to: LinkedIn, Twitter, Facebook, Second Life, Flickr, YouTube, Instagram, Snapchat, and Vine. Students are liable for anything they post to social media sites and the same laws, professional expectations, and guidelines are expected to be maintained as if you were interacting in person. The Chatham University PA Program supports your right to interact knowledgeably and socially. Guidelines have been developed to outline appropriate standards of conduct.

### Guidelines for social media use:

1. Social networking (or 'friending') Program faculty and staff, guest lecturers, clinical preceptors, rotation site staff or current/former patients is strongly discouraged.
2. Take responsibility and use good judgment. Incomplete, inaccurate, inappropriate, threatening, harassing or use of profanity on your postings is strictly prohibited.
3. Think before you post as your reputation will be permanently affected by the Internet and email archives.
4. HIPAA laws apply to all social networking so it is the utmost priority to protect patient privacy by not sharing information or photographs.
5. You must protect your own privacy as to not let outsiders see your personal information.
6. Social networking is permanently timed and tracked. Therefore, in order to respect work commitments, social networking during class, program activities, and clinical time is strictly prohibited.
7. If you choose to use "Chatham PA Program" in your group posting name, you must post a disclaimer on the page stating that your views are that of your own and do not reflect the views of the Chatham PA program or Chatham University.
8. All laws governing copyright and fair use of copyrighted material must be followed.
9. Consult your faculty advisor or the Program Director if you have any questions regarding the appropriateness of social networking use.
10. Students should not put posts or photos on social networks about rotation experiences (including location, clients, diagnosis, treatment, preceptors and staff etc.) Names of supervisors, comments or criticism about sites or information about what is happening at sites are not appropriate and prohibited.
11. The Program at any time may request immediate access to class pages; failure to grant access may result in disciplinary actions.

**Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and be subject to discipline, up to and including dismissal from the program.**

## ***E-Mail Policy***

Students are required to check their Chatham email on a daily basis and respond to faculty/staff emails within 24 hours during the week and 48 hours during the weekend. Failure to follow this policy may result in a professionalism violation.

## ***Student Progress Advisory Committee (SPAC)***

The Student Progress Advisory Committee (SPAC) will review all students at least once per semester and recommend progression, deceleration, probation and/or dismissal. Students' offenses may be referred to SPAC at other times for professionalism violations. Referral to SPAC will occur as described in the professional behavior section shown beginning on page 35.

## **Composition and Process**

The SPAC shall be composed of the Associate Program Director, Academic Coordinator, Clinical Coordinator, and appointed members of the faculty (voting members) by the PD, and the Program Director (non-voting member). Other designated Physician Assistant faculty may be involved on a case-by-case basis. The SPAC may make one of the following recommendations:

### **Progression**

Any student who is passing all courses will be recommended for progression to the next semester. The student will receive no correspondence from SPAC.

### **Formal Letter of Warning**

If referred to SPAC for professionalism violations, a student may receive a formal letter of warning informing them of the potential for course failure, academic probation or program dismissal if further violations occur. Referral is described and examples of unprofessionalism are discussed beginning on page 35. Depending on the severity of the offense, a referral to SPAC could result in the automatic dismissal from the program.

### **Deceleration**

A student may be placed into an altered didactic sequence of the program (deceleration). Reasons for deceleration may include:

- Failure of any of the following:
  - One academic course (except PAS 600/601 and/or PAS 602/603 as failure of either results in dismissal)
  - Summative evaluation as defined in course syllabus for PAS 628
- Valid medical issue (verified by a treating physician's letter)
- Military service requirement (verified by original orders)
- Personal leave of absence

Students who are decelerated because of academic failure of one or more courses (other than PAS 600/601 and/or PAS 602/603 which results in dismissal from program) or professionalism violations will be automatically placed on academic probation for the remainder of their time in the program. Decelerated students will be considered members of the following class and will not be able to walk or graduate with their original class. Other than for military or medical reasons, no more than one opportunity for deceleration will be granted. All students enrolled in the PA Studies program must complete all degree requirements within three years after the date of their first enrollment in the program.

Students may not withdraw from one or multiple courses in order to concentrate on a particular course (or courses) and continue in the program due to the nature of the curriculum.

### **Academic probation/Dismissal**

**Because the Physician Assistant program assigns pass/fail grades rather than letter grades, the academic probation policy discussed here differs from that in the Chatham University Course Catalog.**

A student may be placed on academic probation for course failure (other than PAS 600/601 and/or PAS 602/603 which results in dismissal from program) or other unprofessional behavior after having received warnings as described above (formal letter or warning section). While on academic probation a student will be dismissed from the program for subsequent failure of one course or further unprofessional behavior.

Failure of a course could also lead to dismissal from the program, academic probation, or deceleration as defined below. Specifically, failure of PAS 600 or 601 Essential for the PA I and II or PAS 602 or 603 Clinical Application of Basic Sciences will lead to dismissal from the program. In the didactic year, failure of one course other than PAS 600, 601, 602, 603 will lead to deceleration to the next academic year class assuming that there are no SPAC formal letters of warning for unprofessional behavior on record for this student. If a formal letter of warning exists, the student may be dismissed from the program. In the clinical year, failure of one clinical rotation will require a student to repeat that course after the final summer semester and subsequently delay graduation. Failure of more than one course in the program will result in automatic dismissal from the program. Deceleration due to course failure will result in academic probation.



Students on academic probation may not be eligible for rotations at sites designated as competitive rotation sites and/or may not travel to more than two remote rotation sites. Students also may not be eligible for employment in the University tutoring program. Academic probation may affect state licensing and/or recommendation and credentialing information provided to potential employers and credentialing institutions.

Students placed on academic probation due to course failure (other than PAS 600/601 and/or PAS 602/603 which results in dismissal from program) will remain on probation throughout the length of the program. However, students on academic probation for reasons other than course failure have an opportunity to be removed from such status after two successful semesters (as defined below) in which there are no further academic or professional violations. If it is determined that such a student has shown sufficient professional improvement, the SPAC committee may recommend that said student be cleared of the probationary status.

### **Leave of Absence**

Please refer to the Chatham University Course Catalog for Leave of Absence policy. All requests for a Leave of Absence must be first submitted to the Program Director. The Program Director will advise student on subsequent steps in the process. Please note that a leave of absence will not be granted by the Program Director if a student is failing a course at the time of request. If a leave of absence is granted, students must report to the Program Director their intention to return to the program by April 1 of the spring semester preceding their scheduled return to the program or at a date defined by the Program Director.

### **Withdrawal from the program**

A withdrawal may be requested by the student in writing with or without the recommendation of the SPAC. Any refund will be made in accordance with both the University's and federal government's refund policies. The appropriate paperwork for withdrawal from courses is provided by the University Registrar or on my.Chatham. Incurred expenses prior to withdrawal (including, but not limited to memberships, fees, equipment, and books) are not refundable. The student who withdraws while passing all coursework to-date may re-apply through the admissions process with the exceptions of extenuating circumstances, as determined by the SPAC.

These may include, but are not limited to:

- Family emergency
- Prolonged illness
- Military activation
- Pregnancy
- Others (as validated by the SPAC)

Students who withdraw while failing coursework are not eligible for re-admission to the program.

## ***ADDITIONAL INFORMATION***

### **Videotaping**

Students may be videotaped performing tasks such as interviews, history and physical examinations, and/or patient education sessions. These tapes will be used to aid in evaluating communication and physical examination skills. Students will have the opportunity to review the tapes and self-evaluate.

### **Basic Life Support (BLS) Certification**

Students must be certified in BLS for Healthcare Providers prior to starting their Clinical Rotations in the second year. Certification is arranged on campus before the start of clinical rotations (this is subject to change). If a student chooses to not participate because they are already BLS certified, the student must provide documentation of certification that will last through the entire clinical year. Many clinical sites require proof of current BLS and a student may not be allowed to

attend these sites if these certifications are not current. This action may result in a delay in graduation. Students must provide documentation of certification to the Clinical Coordinators.

### **Latex Allergy**

Latex allergy/sensitivity is a growing concern for health care professions. Chatham University Physician Assistant Studies Program is unable to provide a latex-free environment to learners in either the clinical practice laboratories on campus or clinical placement sites off campus. Applicants who have a known latex allergy/sensitivity are encouraged to consult their personal health care provider prior to entering a health care profession.

### **Moonlighting / Employment**

Employment while a first-year student in the Program is strongly discouraged due to the intensity of the curriculum and time constraints of problem-based-learning. Work cannot supersede program activities or group meetings at a time convenient for the majority. Students may not be employed by the program in any capacity. No student will be required to perform any work for the program or for any member of the faculty.

During the clinical year of the program, select students are asked to act as tutors for first-year students. This is a paid position through the Chatham University PACE center and not through the PA program. Select students are in no way required to accept a position. These tutoring positions are considered supplemental to the clinical year student in studying for clinical rotations, end of rotation exams, and ultimately the PANCE. As with first-year students, second-year students are discouraged from working in any capacity which does not support their studies.

### **Student Emergency Aid and Essentials Need Services**

The Office of Student Affairs works with campus and community organizations to provide a number of services to assist students who are in need. If a student needs assistance with an unexpected emergency or is having ongoing personal financial difficulties, the Office of Student Affairs (1<sup>st</sup> floor of Woodland Hall, Shadyside campus) may be able to assist. Contact info: 412-365-1286 or email [osa@chatham.edu](mailto:osa@chatham.edu).

### **Review of student progress in the program**

A student may progress to the next term if they have satisfactorily completed all assignments and evaluations for the previous term, and has received a "P" grade in all coursework.

### **Program awards**

At the time of graduation, awards may be bestowed based on nominations from students, faculty, or preceptors. Awards recognize outstanding participation in problem-based learning, outstanding performance in clinical rotations; outstanding leadership; and outstanding service to the class, program, college, or community and achievement. Awards will be officially announced at the White Coat Ceremony.

### **Graduation**

A student may graduate if they have satisfactorily completed all assignments, evaluations, and other requirements for the program, and has received a "Pass" grade in all coursework. Failure to do so will result in the delay of the student's degree conferral.

## ***PA ORGANIZATIONS***

### ***American Academy of Physician Assistants***

The AAPA is the national professional society for Physician Assistants. Founded in 1968, the Academy has chapters in all 50 states, the District of Columbia, and Guam. They also have chapters that represent physician assistants working for the Public Health Service, the Department of Veteran's Affairs, and all branches of the military.

The mission of the AAPA is to "promote quality, cost effective, and accessible health care and to promote the professional and personal development of PAs". Major activities to accomplish this goal include government relations, public education, research and data collection, and professional development.

Eighty percent of all practicing physician assistants are members of AAPA. Members are graduates of accredited physician assistant programs and/or those who are nationally certified. Students at accredited programs are also eligible for membership.

The AAPA's Physician Assistant Foundation (PAF) provides funds for scholarships and research on the PA profession. For more information, contact:

American Academy of Physician Assistants  
2318 Mill Road Suite 130  
Alexandria, VA 22314

(703) 836-2272  
Fax (703) 684-1924  
Web Site: [www.aapa.org](http://www.aapa.org)

### ***National Commission on Certification of Physician Assistants***

NCCPA is an independent organization established to assure the competency of physician assistants. NCCPA was formed in 1975 by the AAPA and other health professional associations in order to administer a national certifying examination to graduates of accredited PA programs. The initial examination (PANCE) and the recertification examination (PANRE) are designed to test the medical knowledge and clinical skills of PAs. For more information, contact:

NCCPA  
12000 Findley Road  
Duluth, GA 30097

(678) 417-8100  
Fax (678) 417-8135  
Web Site: [www.nccpa.net](http://www.nccpa.net)

### ***Physician Assistant Education Association***

PAEA is the only national organization in the United States representing physician assistant (PA) educational programs. Its mission is to pursue excellence, foster faculty development, advance the body of knowledge that defines quality education and patient-centered care, and promote diversity in all aspects of physician assistant education. For more information, contact:

PAEA  
655 K Street NW  
Suite 700  
Washington, DC 20001-2385

(703) 548-5538  
Fax: (703) 548-5539  
Web Site: [www.PAEAonline.org](http://www.PAEAonline.org)

### ***Pennsylvania Society of Physician Assistants***

The PSPA was established in 1976 to act as a representative of all physician assistants within the Commonwealth of Pennsylvania. For more information, contact:

Pennsylvania Society of Physician Assistants  
PO Box 128  
Greensburg, PA 15601

(724) 836-6411  
Fax (724) 836-4449  
Web Site: <http://www.pspa.net>

## ***Accreditation Review Commission on Education for the Physician Assistant***

ARC-PA is the accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards. One of the requirements for becoming a Physician Assistant is to have graduated from an ARC-PA accredited Physician Assistant Program. For more information, contact:

ARC-PA  
12000 Findley Road, Suite 150  
Duluth, GA, 30097

(770)-476-1224  
Fax (770)-476-1738  
Web Site: [www.arc-pa.org](http://www.arc-pa.org)

## ***COMMON DISEASE AND ILLNESS***

The following list is provided to you as an addendum to the Program Competencies. This list was developed using the NCCPA Content Blueprint. This is to be used as a guide to study as well as preparation for the PANCE. PAS600/601, Essentials for the Physician Assistant I&II utilizes a variant of this list geared toward first year students.

- \* indicates the need to know treatment

### **CARDIOVASCULAR SYSTEM**

- **Cardiomyopathy**
  - Dilated
  - Hypertrophic
  - Restrictive
- **Conduction Disorders**
  - Atrial fibrillation/flutter\*
  - Atrial tachycardia\*
  - Atrioventricular block
  - Bundle branch block

- Junctional rhythms
- Paroxysmal supraventricular tachycardia
- Premature beats\*
- Sick sinus syndrome
- Ventricular tachycardia\*
- Ventricular fibrillation\*
- Torsades de pointes
- Wolff-Parkinson-White
- **Congenital Heart Disease**
  - Atrial septal defect
  - Ventricular septal defect
  - Patent ductus arteriosus
  - Tetralogy of Fallot
  - Coarctation of aorta
- **Heart Failure\***
- **Hypertension\***
  - Essential\*
  - Secondary
  - Hypertensive emergencies\*
- **Hypotension**
  - Cardiogenic shock
  - Orthostatic/postural\*
- **Coronary Heart Disease**
  - Acute myocardial infarction\*
    - Non-ST segment elevation\*
    - ST segment elevation\*
  - Angina pectoris\*
    - Stable\*
    - Unstable\*
    - Prinzmetal variant
- **Vascular disease**
  - Aortic aneurysm/dissection
  - Arterial embolism/thrombosis\*
  - Giant cell arteritis\*
  - Peripheral arterial disease\*
  - Phlebitis/thrombophlebitis\*
  - Varicose veins
  - Venous insufficiency\*
  - Venous thrombosis\*
- **Valvular disease**
  - Aortic stenosis
  - Aortic regurgitation
  - Mitral stenosis
  - Mitral regurgitation
  - Mitral valve prolapse
  - Tricuspid stenosis
  - Tricuspid regurgitation
  - Pulmonic stenosis
  - Pulmonic regurgitation
- **Other forms of Heart Disease**

- Acute and subacute bacterial endocarditis\*
- Acute pericarditis\*
- Constrictive pericarditis
- Cardiac Tamponade\*
- Pericardial effusion\*

## DERMATOLOGIC SYSTEM

- **Eczematous Eruptions**
  - Dermatitis
  - Dyshidrosis
  - Lichen simplex chronicus
- **Papulosquamous diseases**
  - Drug eruptions
  - Lichen planus
  - Psoriasis\*
  - Pityriasis rosea\*
- **Desquamation**
  - Erythema multiforme
  - Stevens-Johnson syndrome
  - Toxic epidermal necrolysis
- **Vesicular bullae**
  - Bullous pemphigoid\*
- **Acneiform Lesions**
  - Acne vulgaris\*
  - Rosacea\*
- **Verrucous lesions**
  - Actinic keratosis\*
  - Seborrheic keratosis\*
- **Insects/Parasites/Animal**
  - Lice\*
  - Scabies\*
  - Spider bites
  - Animal bites (cat/dog) \*
- **Neoplasms**
  - Basal cell carcinoma\*
  - Kaposi sarcoma
  - Melanoma
  - Squamous cell carcinoma\*
- **Hair and Nails**
  - Alopecia
  - Onychomycosis\*
  - Paronychia\*
- **Viral Diseases**
  - Condyloma acuminatum\*
  - Exanthemas\*
  - Herpes simplex\*
  - Molluscum contagiosum
  - Varicella-zoster virus infections\*
  - Verrucae\*
- **Bacterial infections**
  - Cellulitis\*

- Erysipelas\*
- Impetigo\*
- **Fungal Infections**
  - Candidiasis\*
  - Dermatophyte infections\*
- **Other**
  - Acanthosis nigricans
  - Burns\*
  - Hidradenitis suppurativa
  - Lipomas/epithelial inclusion cysts
  - Melasma
  - Pilonidal disease\*
  - Pressure ulcers\*
  - Urticaria\*
  - Vitiligo

## EENT (EARS, EARS, NOSE and THROAT)

- **Eye**
  - Blepharitis\*
  - Blowout fracture
  - Cataract
  - Chalazion\*
  - Conjunctivitis\*
  - Corneal abrasion\*
  - Corneal ulcer
  - Dacryoadenitis
  - Ectropion
  - Entropion
  - Foreign body\*
  - Glaucoma\*
  - Hordeolum\*
  - Hyphema
  - Macular degeneration\*
  - Nystagmus
  - Optic neuritis
  - Orbital cellulitis\*
  - Papilledema\*
  - Pterygium
  - Retinal detachment
  - Retinal vascular occlusion
  - Retinoblastoma
  - Retinopathy
  - Strabismus\*
- **Ear Disorders**
  - Acute/chronic otitis media\*
  - Acoustic neuroma
  - Barotrauma
  - Cholesteatoma
  - Dysfunction of eustachian tube
  - Foreign body\*

- Hearing impairment
- Hematoma of external ear
- Labyrinthitis\*
- Mastoiditis\*
- Meniere disease\*
- Otitis externa\*
- Tinnitus
- Vertigo\*
- Tympanic membrane perforation\*
- **Nose/sinus disorders**
  - Acute and chronic sinusitis\*
  - Allergic rhinitis\*
  - Epistaxis\*
  - Foreign body\*
  - Nasal polyps
- **Mouth/Throat Disorders**
  - Acute pharyngitis\*
  - Adenotonsillitis\*
  - Aphthous ulcers
  - Diseases of the teeth/gums\*
  - Epiglottitis\*
  - Laryngitis\*
  - Oral candidiasis\*
  - Oral herpes simplex
  - Oral leukoplakia
  - Peritonsillar abscess
  - Parotitis
  - Sialadenitis
- **Benign and malignant neoplasms**

## ENDOCRINE

- **Diseases of the Thyroid Gland**
  - Goiter
  - Hyperparathyroidism
  - Hypoparathyroidism
  - Hyperthyroidism\*
  - Hypothyroidism\*
  - Neoplastic disease
  - Thyroiditis\*
- **Diseases of the Adrenal Glands**
  - Corticoadrenal insufficiency
  - Cushing syndrome
  - Neoplastic disease
- **Disease of the Pituitary Gland**
  - Acromegaly/gigantism
  - Diabetes insipidus
  - Dwarfism
  - Neoplastic disease
  - Pituitary adenoma
- **Diabetes Mellitus**
  - Type 1\*



- Type 2\*
- **Lipid disorders**
  - Hypercholesterolemia\*
  - Hypertriglyceridemia\*

## GASTROINTESTINAL

- **Esophagus**
  - Esophagitis\*
  - Motility disorders
  - Mallory-Weiss tear\*
  - Neoplasms
  - Strictures
  - Varices
- **Stomach**
  - Gastroesophageal reflux disease\*
  - Gastritis\*
  - Neoplasms
  - Peptic ulcer disease\*
  - Pyloric stenosis
- **Gallbladder**
  - Acute/chronic cholecystitis\*
  - Cholangitis\*
  - Cholelithiasis\*
- **Liver**
  - Acute/chronic hepatitis\* need to know appropriate classes but not entire regimens
  - Cirrhosis\*
  - Neoplasms
- **Pancreas**
  - Acute/chronic pancreatitis\*
  - Neoplasms
- **Small intestine/Colon**
  - Appendicitis
  - Celiac disease\*
  - Constipation\*
  - Diverticular disease\*
  - Hemochromatosis\*
  - Inflammatory bowel disease\*
  - Intussusception\*
  - Irritable bowel syndrome\* (IBS)
  - Ischemic bowel disease
  - Lactose intolerance\*
  - Neoplasms
  - Obstruction\*
  - Polyps\*
  - Toxic megacolon
- **Rectum**
  - Anal fissure\*
  - Abscess/fistula\*
  - Fecal impaction\*
  - Hemorrhoids\*

- Neoplasms
- **Hernias\***
- **Infectious and Non-infectious diarrhea\***
- **Vitamin and Nutritional Deficiencies\***
  - **Poisoning**
  - Acetaminophen toxicity\*
- **Metabolic disorders**
  - Phenylketonuria

## GENITOURINARY

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

## HEMATOLOGIC

- **Anemias**
  - Anemia of chronic disease\*
  - Aplastic anemia\*
  - Folate deficiency\*
  - G6PD deficiency\*
  - Hemolytic anemia\*
  - Iron deficiency \*
  - Sickle cell anemia\*
  - Thalassemia\*
  - Vitamin B12 deficiency\*
- **Coagulation Disorders**
  - Clotting factor disorders
  - Hypercoagulable states
  - Thrombocytopenia
    - Idiopathic thrombocytopenic purpura
    - Thrombotic thrombocytopenic purpura
- **Malignancies**
  - Acute/chronic lymphocytic leukemia
  - Acute/chronic myelogenous leukemia
  - Lymphoma
  - Multiple myeloma

## INFECTIOUS DISEASES

- **Fungal Disease**
  - Candidiasis\*
  - Cryptococcosis
  - Histoplasmosis
  - Pneumocystis
- **Bacterial Disease**
  - Acute rheumatic fever\*
  - Bacterial vaginosis\*
  - Bordetella pertussis
  - Botulism
  - Cat scratch fever\*
  - Chlamydia\*
  - Cholera
  - Diphtheria
  - Gonococcal infections\*
  - Pseudomonas\*
  - Salmonellosis\*
  - Shigellosis\*
  - Staphylococcus\*
  - Streptococcus\*
  - Tetanus
  - Trichomoniasis\*
- **Mycobacterial Disease**
  - Atypical mycobacterial disease
  - Tuberculosis

- **Parasitic Disease**
  - Helminth infestations\*
  - Malaria
  - Pinworms\*
  - Toxoplasmosis
- **Spirochetal Disease**
  - Lyme disease\*
  - Rocky Mountain spotted fever\*
  - Syphilis\*
- **Viral Disease**
  - Coxsackie\*
  - Cytomegalovirus infections
  - Epstein-Barr virus infections\*
  - Erythema infectiosum\*
  - Herpes simplex\*
  - HIV infection\* need to know classes of drugs but not specific regimens
    - PREP/PEP therapy\*
    - HIV prophylaxis regimens\*
  - Human papillomavirus infections\*
  - Influenza\*
  - Kawasaki disease\*
  - Measles\*
  - Mumps\*
  - Rabies
  - Roseola\*
  - Rubella\*
  - Varicella-zoster virus infections\*

## MUSCULOSKELETAL

- **Disorders of the Shoulder/arm**
  - Fractures/dislocations/subluxation\*
  - Soft tissue injuries (e.g. Sprain, strain, bursitis, tendinitis) \*
  - Thoracic Outlet Syndrome
- **Disorders of the Elbow/forearm/wrist/hand**
  - Fractures/dislocations/subluxation\*
  - Soft tissue injuries (e.g. sprain, strain, bursitis, tendinitis) \*
- **Disorders of the Neck/Back/Spine**
  - Ankylosing spondylitis
  - Cervical nerve root injury
  - Back strain/sprain\*
  - Cauda equina\*
  - Herniated nucleus pulposus\*
  - Kyphosis\*
  - Lower back pain\*
  - Scoliosis\*
  - Spinal stenosis
- **Disorders of the Thorax**
  - Fractures\*
  - Soft tissue injuries (sprain, strain, costochondritis) \*
- **Disorders of the Upper leg/thigh**
  - Fractures/dislocations\*

- Soft tissue injuries\*
- **Disorders of the Hip**
  - Avascular necrosis\*
  - Development dysplasia
  - Fractures/dislocations\*
  - Slipped capital femoral epiphysis\*
  - Soft tissue injuries (e.g. sprain, strain, bursitis, tendinitis) \*
- **Disorders of the Knee**
  - Fractures/dislocations\*
  - Osgood-Schlatter disease\*
  - Soft tissue injuries (e.g. sprain, strain, bursitis, tendinitis, meniscal injury) \*
- **Disorders of the Lower leg/ankle/foot**
  - Fractures/dislocations\*
  - Soft tissue injuries (e.g. sprain, strain, bursitis, tendinitis) \*
- **Infectious Diseases**
  - Acute/chronic osteomyelitis\*
  - Septic arthritis\*
- **Neoplastic Diseases**
  - Bone cysts/tumors
  - Ganglion cysts\*
- **Osteoarthritis\***
- **Osteoporosis\***
- **Compartment Syndrome\***
- **Rheumatologic Conditions**
  - Fibromyalgia\*
  - Gout/pseudogout\*
  - Juvenile rheumatoid arthritis/juvenile idiopathic arthritis
  - Polyarteritis nodosa
  - Polymyositis
  - Polymyalgia rheumatica
  - Raynaud's disease\*
  - Reactive arthritis\*
  - Rheumatoid arthritis\*
  - Systemic lupus erythematosus\*
  - Systemic sclerosis (Scleroderma)
  - Sjögren syndrome
- **Pediatric musculoskeletal disorders (none of this on blueprint)**
  - Slipped capital femoral epiphysis\*
  - Legg-Calve-Perthes disease
  - Osteogenesis imperfecta
  - Rickets
  - Muscular Dystrophy

## NEUROLOGY

- **Diseases of the Peripheral Nerves**
  - Complex regional pain syndrome
  - Peripheral neuropathies
- **Headaches**
  - Cluster headache\*
  - Idiopathic intracranial hypertension\*
  - Migraine\*

- Tension headache\*
- **Infectious Disorders**
  - Encephalitis
  - Meningitis\*
- **Movement Disorders**
  - Essential tremor\*
  - Huntington disease\*
  - Parkinson disease\*
- **Vascular Disorders**
  - Cerebral aneurysm
  - Intracranial hemorrhage
  - Stroke\*
  - Transient ischemic attack\*
- **Other Neurologic Disorders**
  - Altered level of consciousness
  - Amyotrophic lateral sclerosis
  - Cerebral palsy
  - Concussion\*
  - Dementias\*
  - Delirium\*
  - Encephalopathy\*
  - Guillain-Barré syndrome\*
  - Multiple sclerosis\*
  - Myasthenia gravis\*
  - Normal Pressure Hydrocephalus
  - Post-concussion syndrome\*
  - Reye syndrome
  - Seizure disorders\*
  - Speech abnormalities
  - Status epilepticus\*
  - Syncope\*
  - Tay-Sachs Disease

## PULMONARY

- **Infectious Disorders**
  - Acute bronchitis\*
  - Acute bronchiolitis\*
  - Acute epiglottitis\*
  - Croup\*
  - Influenza\*
  - Pertussis \*
  - Pneumonias\*
    - Bacterial\*
    - Viral\*
    - Fungal
    - HIV-related
  - Respiratory syncytial virus infection\*
  - Tuberculosis\*
- **Neoplastic Disease**
  - Carcinoid tumors

- Lung cancer\* does not include specific chemo regimens
  - Pulmonary nodules
- **Obstructive Pulmonary Disease**
  - Asthma\*
  - Bronchiectasis\*
  - Chronic bronchitis\*
  - Cystic fibrosis
  - Emphysema\*
- **Pleural Diseases**
  - Pleural effusion\*
  - Mesothelioma
  - Pleurisy
  - Pneumothorax\*
- **Pulmonary Circulation**
  - Cor pulmonale
  - Pulmonary embolism\*
  - Pulmonary hypertension\*
- **Restrictive Pulmonary disease**
  - Idiopathic pulmonary fibrosis
  - Pneumoconiosis
  - Sarcoidosis
- **Other Pulmonary Disease**
  - Acute respiratory distress syndrome
  - Hyaline membrane disease
  - Atelectasis\*
  - Foreign body aspiration\*

## PSYCHIATRY/BEHAVIORAL SCIENCE

- **Anxiety Disorders**
  - Generalized anxiety disorder\*
  - Panic disorder\*
  - Specific Phobias\*
  - Social Phobia\*
  - Agoraphobia\*
- **Attention-Deficit/Hyperactivity Disorder\***
- **Autism Spectrum Disorder**
- **Neurodevelopmental Disorders**
  - Tourette's disorder\*
- **Feeding and Eating Disorders**
  - Anorexia nervosa\*
  - Bulimia nervosa\*
  - Binge Eating disorder\*
  - Obesity\*
- **Bipolar and Related Disorders**
  - **Bipolar I disorder\***
  - **Bipolar II disorder\***
  - **Cyclothymic disorder\***
- **Depressive Disorders**
  - **Major Depressive disorder\***
  - **Persistent Depressive disorder**
- **Personality disorders**

- **Obsessive-Compulsive and Related Disorders**
  - **Obsessive-Compulsive disorder\***
- **Schizophrenia Spectrum and Other Psychotic Disorders**
  - Delusional disorder
  - Schizophrenia
- **Somatic Symptom and Related Disorders**
  - **Somatic symptom disorder\***
  - **Conversion disorder**
  - **Factitious disorder**
- **Trauma and Stressor-Related Disorders**
  - **Posttraumatic Stress disorder\***
  - **Acute stress disorder**
  - **Adjustment disorder**
- **Disruptive, Impulse-Control, and Conduct Disorders**
  - **Oppositional Defiant disorder**
  - **Conduct disorder**
- **Substance-Related and Addictive Disorders**
  - Substance Use disorder
  - Substance-Induced disorders (intoxication and withdrawal)
    - Want to be more specific? (ex: alcohol/opioid)
- **Other Behavioral/Emotional Disorders**
  - Child/elder abuse\*
  - Domestic violence
  - Suicide
  - Death/dying

## REPRODUCTIVE SYSTEM

- **Uterus**
  - Dysfunctional uterine bleeding\*
  - Endometrial cancer
  - Endometriosis\*
  - Leiomyoma
  - Prolapse
- **Ovary**
  - Cysts\*
  - Neoplasms
- **Cervix**
  - Cancer
  - Cervicitis\*
  - Dysplasia\*
  - Incompetent
- **Vagina/vulva**
  - Cystocele\*
  - Neoplasm
  - Prolapse
  - Rectocele\*
  - Vaginitis\*
- **Menstrual Disorders**
  - Amenorrhea\*
  - Dysmenorrhea\*
  - Premenstrual syndrome\*



- **Menopause\***
- **Breast**
  - Abscess\*
  - Cancer
  - Fibroadenoma\*
  - Fibrocystic disease\*
  - Gynecomastia
  - Galactorrhea
  - Mastitis\*
  - Benign breast masses
- **Pelvic Inflammatory Disease\***
- **Contraceptive Methods\***
- **Infertility**
- **Uncomplicated Pregnancy\***
  - Normal labor/delivery\*
  - Prenatal diagnosis/care\*
- **Complicated Pregnancy**
  - Abortion
  - Abruptio placentae\*
  - Cesarean section
  - Dystocia
  - Ectopic pregnancy\*
  - Fetal distress\*
  - Gestational diabetes\*
  - Gestational trophoblastic disease
  - Hypertension disorders in pregnancy\*
  - Multiple gestation
  - Placenta previa\*
  - Postpartum hemorrhage
  - Premature rupture of membranes\*
  - Rh incompatibility\*

Updated: 1/2/2019



