<p style="text-align: center;">**APPENDIX I**</p>

Communication with the PA Program / Referral for Emotional Hardship

Open communication between the Program and students is essential to an amicable and successful learning and working environment for all. Students are encouraged to communicate with program faculty and staff regarding professional or academic help and advice at any time. RVU email is the official source of communication between the Program and students. Students are required to check their RVU email daily.

If a student experiences personal emotional hardship during their tenure at RVU, the student should seek professional outside counseling. The suggested initial contact for RVU students is through Colorado Physicians Health Program (CPHP), an organization that provides diagnostic evaluation, treatment referral, and monitoring and support services. CPHP offers referrals to physicians, residents, and medical professions students with health problems, including medical conditions, psychiatric illnesses, substance abuse, and/or personal problems such as family difficulties, stress, or career issues. Information about CPHP, as well as other options for personal counseling, is maintained and posted in the Office of Student Affairs and is listed on the RVU website and other strategic locations throughout the campus. Initial assessment through CPHP will be provided at no cost to the student. Subsequent treatment is not included. The individual student and their personal health insurance are responsible for all fees that are incurred through the utilization of such services, unless evaluation or opinion services are directed by the Provost or their designee. If preferred, the student may contact the Office of Student Affairs for services and help available to students.

Colorado Physician Health Program
(303) 860-0122
899 Logan Street, Suite 410, Denver, CO

The Colorado Physician Health Program (CPHP) is a nonprofit organization, independent of other medical organizations and the government. CPHP provides peer assistance services for licensed physicians and physician assistants of Colorado. CPHP also has training program contracts to serve Residents, Medical Students, and Physician Assistant Students. CPHP clients have assured confidentiality as required by law or regulation. Peer assistance services aid individuals who have emotional, psychological, or medical problems. For example, CPHP assists its clients with medical and/or psychiatric conditions (e.g. Alzheimer's disease, HIV infection, depression, or substance abuse) as well as psychosocial conditions (e.g. family problems or stress related to work or professional liability difficulties). CPHP provides diagnostic evaluation, treatment referral, as well as treatment monitoring and support services. CPHP believes that early intervention and evaluation offer the best opportunity for a successful outcome and preventing the health condition from needlessly interfering with medical practice.

Processing Student Grievances and Allegations of Harassment

The RVU PA Program is dedicated to a vibrant, robust, and enriching academic and clinical learning experience for all students. In the event a student feels their academic or clinical education is at-risk or

encounters a problem with another student or Program faculty or staff, the student should first communicate with the relevant student, faculty, or staff member in an effort to resolve any and all grievances. Should such communication prove unsuccessful, or should the student feel such communication would further jeopardize the student's success in the Program, the student shall then schedule an in-person meeting with the Program Director (or the Program Director's immediate supervisor, should the grievance be with the Program Director). The Program Director (or the Program Director's immediate supervisor) and the student shall formulate a plan that addresses and resolves the student's concerns. Should this plan prove unsuccessful, the student should then refer to the University section of the *RVU Student Handbook and Catalog* for policies and procedures regarding processing student grievances.

Additionally, the RVU PA Program is dedicated to a safe learning environment. Students, faculty, staff, preceptors, and patients shall be treated with respect and dignity at all times. The Program expressly prohibits all conduct that interferes with the learning and working environment or otherwise creates a hostile, intimidating, or unsafe situation. Members of the RVU community have the right to remain free from sexual, physical, or mental harassment. If a student feels they have been exposed to a hostile or otherwise offensive situation or environment, the student should refer to the University section of the *RVU Student Handbook and Catalog* for policies and procedures and immediately contact the Program Director or the University Title IX Coordinator.

Student Mistreatment

Rocky Vista University's Physician Assistant Program (RVU PA) recognizes its obligation to its students, faculty, staff, and community, to maintain the highest ethical standards. As part of this obligation, the RVU PA Program has a responsibility to ensure a safe, respectful, and supportive learning environment free of belittlement, humiliation, or hostility. The PA Program is committed to providing an environment conducive to effective learning by creating an atmosphere of mutual respect and collegiality among faculty, students, staff, and our clinical partners. This policy was developed for all students, faculty, staff and preceptors to ensure this type of environment.

The RVU PA Program has adopted the following definition of student mistreatment: "Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process." Examples of mistreatment include:

- public belittlement or humiliation
- verbal abuse (e.g., speaking to or about a person in an intimidating or bullying manner)
- physical harm or the threat of physical harm • requests to perform personal services
- being subject to offensive sexist remarks, or being subjected to unwanted sexual advances (verbal or physical)
- retaliation or threats of retaliation against students
- discrimination or harassment based on race, religion, color, creed, sex, gender, gender identify or expression, marital status, sexual orientation, age, national origin, ancestry, political affiliation, mental or physical disability, genetic information, veteran status, or any other legally protected characteristic
- the use of grading or other forms of assessment in a punitive or discriminatory manner.

A suboptimal work or learning environment, although not mistreatment, can interfere with learning, compromise patient care, marginalize students and cause significant distress among students. Student feedback about suboptimal learning environments should be given to course directors, to the Program Director as appropriate, or reported in student course evaluations.

If a student feels that they have been subject to mistreatment in the learning or clinical environment, the student should first communicate with the relevant student, faculty, or staff member in an effort to highlight and resolve the behaviors. Should such communication prove unsuccessful, or should the student feel, such communication would further jeopardize the student's success in the program, student shall then schedule an in-person meeting with the program director (or the program director's immediate supervisor, should the concern be with the program director). The program director or the program director's immediate supervisor shall investigate the student's concerns and formulate a plan that addresses and resolves the issue. Should this plan prove unsuccessful, the student should then refer to the RVU Student Handbook and Catalog for policies and procedures regarding processing student grievances. Additionally, the RVU PA Program is dedicated to a safe learning environment. Students, faculty, staff, preceptors, and patients shall be treated with respect and dignity at all times. The Program expressly prohibits all conduct that interferes with the learning and working environment or otherwise creates a hostile, intimidating, or unsafe situation.

If a student feels they have been subject to mistreatment in the classroom or clinical environment, and wishes to make an anonymous report, concerns may be filed through EthicsPoint via phone (844.936.2729) or online reporting (https://secure,ethicspoint.com/domain/media/en/gui/74585/index.html).

If a student feels that they have witnessed or been subject to sexual misconduct, or discrimination or harassment based on sex, the student should contact the University's Title IX Coordinator. (720.874.2481; ldement@rvu.edu)

If any student complaint is unresolved, appeals may be heard by the provost or University President.

Discrimination/Harassment/Title IX

It is the policy of Rocky Vista University and all of its affiliated colleges and organizations not to engage in discrimination or harassment against any person because of race, color, religion or creed, sex, gender, pregnancy, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, veteran status, political beliefs or affiliations, and to comply with all federal and state non-discrimination, equal opportunity and affirmative action laws, orders and regulations, including remaining compliant and consistent with the Civil Rights Act; the Americans with Disabilities Act; the Rehabilitation Act of 1973; and Title IX of the Education Amendments of 1972.

This policy on non-discrimination applies to admissions; enrollment; scholarships; loan programs; participation in University activities; employment; and access to, participation in, and treatment in all University centers, programs, and activities.

Students may report allegations of discrimination or harassment to the Title IX Coordinator. Reports are confidential. Investigation reports may be forwarded to the SAPC to determine if other action needs to be taken.

Title IX Coordinator and Compliance Specialist
Department of Planning and Assessment
(720) 874-2481

Notice of Non-Discrimination

Rocky Vista University does not discriminate on the basis of race, color, national origin, sex, pregnancy, age, disability, creed, religion, sexual orientation, gender, identity, gender expression, veteran status, political affiliation, or political philosophy in admission and access to, and treatment and employment in, its educational programs and activities. The University takes affirmative action to increase ethnic, cultural, and gender diversity; to employ qualified disabled individuals; and to provide equal opportunity to all students and employees.

Office of Student Affairs

(720) 874-2407

The Office of Student Affairs is responsible for student life at Rocky Vista University. Through services and co-curricular opportunities such as academic advising, career development, disability services, tutoring, activities, and student leadership, Student Affairs facilitates personal and professional development. Lastly, Student Affairs cultivates a positive climate and culture that is dedicated to excellence with a personal touch that is unique to our community.

Disability Services

The RVU Disability Officer in the Office of Student Affairs is the designated individual that maintains disability-related records, determines eligibility for academic accommodation, determines reasonable accommodations (in conjunction with the ADA Committee), and develops plans for the provision of such accommodations for students attending the University. The staff encourages academically qualified students with disabilities to utilize all of the appropriate accommodations. It is the policy of our institution of higher education not to discriminate against persons with disabilities in admissions policies and procedures or educational programs, services, and activities. Students can contact the Disability Officer through the Office of Student Affairs.

Office of Student Affairs
(720) 874-2407
RVUCOM-CO Campus Pod F

Tutoring

PA Program Advisors

All students are assigned a core PA faculty member as their Academic Advisor. Advisors are available as a resource for the student in the achievement of academic and professional goals throughout the Program.

Student Tutor Services

Should additional tutoring services be needed, the Office of Student Affairs provides access to student-led tutoring sessions (either individual or group, depending on student need and overall demand).

The PA Program Director of Curriculum or Course Director may recommend tutoring for students needing additional academic services. If tutoring is recommended, they will be directed to:

> **Office of Student Affairs**
> (720) 874-2407
> RVUCOM-CO Campus Pod F

Mental Health

The RVU Counseling Center within the Office of Student Affairs provides a confidential, safe environment for students to explore issues of concern, resolve psychological distress, and maximize their potential as medical professionals. The Counseling Center seeks to offer a high standard of care, offering a wide range of services, including individual counseling, couple's counseling, group counseling, and brown bag discussions. The RVU Counseling Center also provides a list of emergency and other helpful resources.

> **Counselor: Karen Robinson**
> (720) 875-2896
> RVUCOM-CO Campus Pod F

All students have access to a variety of mental health services, including 24-hour psychiatric services. Information is maintained and posted in the Office of Student Affairs and is listed on the RVU website and other strategic locations throughout the campus. Mental Health Counseling is available for students through the Office of Student Affairs. When receiving services outside of the University, the individual student and their personal health insurance are responsible for all fees that are incurred through the utilization of such services.

WellConnect

WellConnect is a service that provides all RVU students free, confidential access to a professional counselor 24 hours a day, 7 days a week. Students can speak to a professional counselor to discuss stress associated with school, problems with balancing work and personal life, financial matters, and any other issue. For 24/7 in-the-moment support call WellConnect 866-640-4777.

Diversity

One of the core values of Rocky Vista University is diversity. RVU defines this as an awareness of the dignity of all, regardless of culture, race, ethnicity, gender, religion, sexual orientation, physical ability, socioeconomic status, or individual life experiences. It is recognized that a more diverse student body leads to PA graduates more capable of understanding the current disparities in healthcare and delivering more equitable care to medically underserved areas. The RVU Office of Student Affairs offers regular

celebrations of diversity over the course of the student experience. For more information about diversity and inclusion, contact:

Director of Student Life and Special Events
(720) 874-2471
RVUCOM-CO Campus Pod F

Appendix II: RVU PA Program Graduate Competencies and Entrustable Professional Activities

Graduate Competencies

Patient Care: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge ("Knowledge for Practice"): Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-Based Learning & Improvement: Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Interpersonal & Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Systems-Based Practice: Demonstrate an awareness of, and responsiveness to, the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.

Interprofessional Collaboration: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population centered care.

Personal & Professional Development: Demonstrate the qualities required to sustain lifelong personal and professional growth.

Entrustable Professional Activities and Associated Competencies

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 4: Develop and implement patient orders and management plans

EPA 5: Document clinical encounters in the patient record

EPA 6: Provide an oral presentation of a clinical encounter

EPA 7: Formulate clinical questions and retrieve evidence to advance patient care

EPA 8: Give or receive a patient handover to transition patient care responsibility

EPA 9: Collaborate as a member of an interprofessional team

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

EPA 11: Obtain informed consent for tests and/or procedures

EPA 12: Perform general procedures

EPA 13: Identify system failures and contribute to a culture of safety and improvement

EPA 1: Gather a History and Perform a Physical Examination

Competencies:

Patient Care (PC) 2: Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and review of the medical record.

- o PC 2.1 History-Taking
- o PC 2.2 Physical Examination
- o PC 2.3 Review of the Medical Record

Medical Knowledge (MK) 1: Demonstrate an investigatory and analytic approach to clinical situations.

Interpersonal Communication Skills (ICS) 1: Communicate effectively with patients, families, and the public, from various socioeconomic and cultural backgrounds.

Interpersonal Communication Skills (ICS) 5: Demonstrate appropriate responses to human emotions.

Professionalism (PRO) 1: Demonstrate behaviors that convey compassion, respect, integrity, and empathy for others.

Professionalism (PRO) 3: Demonstrate respect for patient privacy

Professionalism (PRO) 4: Demonstrate respect for patient autonomy.

Professionalism (PRO) 6: Demonstrate sensitivity and openness to a diverse patient population.

EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter

Competencies:

Patient Care (PC) 2: Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and review of the medical record.

- o PC 2.1 History-Taking
- o PC 2.2 Physical Examination
- o PC 2.3 Review of the Medical Record

Patient Care (PC) 3: Develop an appropriate patient assessment including diagnosis, differential diagnosis, and medical decision making.

Patient Care (PC) 5: Select, justify, and interpret clinical tests and imaging.

Medical Knowledge (MK) 1: Demonstrate an investigatory and analytic approach to clinical situations.

Medical Knowledge (MK) 2: Apply principles of basic science to patient care.

Medical Knowledge (MK) 3: Apply principles of clinical science to patient care.

Medical Knowledge (MK) 4: Apply principles of epidemiology to patients and populations.

Practice-Based Learning & Improvement (PBL) 1: Identify strengths, deficiencies, and limits in one's knowledge, skills, and attitudes (KSA).

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

Personal and Professional Development (PPD) 6: Recognize and utilize resources in dealing with the ambiguity of clinical care.

EPA 3: Recommend and Interpret Common Diagnostic and Screening Tests

Competencies:

Patient Care (PC) 5: Select, justify, and interpret clinical tests and imaging.

Patient Care (PC) 7: Counsel and educate patients and their families.

Patient Care (PC) 9: Provide preventative healthcare services to patients, families, and communities.

Medical Knowledge (MK) 1: Demonstrate an investigatory and analytic approach to clinical situations.

Medical Knowledge (MK) 4: Apply principles of epidemiology to patients and populations.

Practice-Based Learning & Improvement (PBL) 7: Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

Systems-Based Practice (SBP) 2: Incorporate considerations of cost awareness and risk benefit analysis in patient and/or population-based care.

EPA 4: Develop and Implement Patient Orders and Management Plans

Competencies:

Patient Care (PC) 2: Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and review of the medical record.

- o PC 2.1 History-Taking
- o PC 2.2 Physical Examination
- o PC 2.3 Review of the Medical Record

Patient Care (PC) 6: Develop and carry out patient management plans.

Patient Care (PC) 7: Counsel and educate patients and their families.

Medical Knowledge (MK) 5: Apply cultural and behavioral principles to patient care.

Practice-Based Learning & Improvement (PBL) 1: Identify strengths, deficiencies, and limits in one's knowledge, skills, and attitudes (KSA).

Interpersonal and Communication Skills (ICS) 1: Communicate effectively with patients, families, and the public, from various socioeconomic and cultural backgrounds.

Systems-Based Practice (SBP) 1: Work effectively in various healthcare delivery settings and systems to coordinate patient care.

Systems-Based Practice (SBP) 4: Participate in identifying system errors and implementing potential systems solutions.

EPA 5: Document Clinical Encounters in the Patient Record

Competencies:

Patient Care (PC) 4: Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.

Patient Care (PC) 5: Select, justify, and interpret clinical tests and imaging.

Patient Care (PC) 6: Develop and carry out patient management plans.

Interpersonal and Communication Skills (ICS) 1: Communicate effectively with patients, families, and the public, from various socioeconomic and cultural backgrounds.

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

Interpersonal and Communication Skills (ICS) 3: Maintain clear, accurate, timely, and legible medical records.

Professionalism (PRO) 4: Demonstrate respect for patient autonomy.

Systems-Based Practice (SBP) 1: Work effectively in various healthcare delivery settings and systems to coordinate patient care.

EPA 6: Provide an Oral Presentation of a Clinical Encounter

Competencies:

Patient Care (PC) 2: Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and review of the medical record.

- o PC 2.1 History-Taking
- o PC 2.2 Physical Examination
- o PC 2.3 Review of the Medical Record

Patient Care (PC) 5: Select, justify, and interpret clinical tests and imaging.

Practice-Based Learning & Improvement (PBL) 1: Identify strengths, deficiencies, and limits in one's knowledge, skills and attitudes (KSA).

Interpersonal and Communication Skills (ICS) 1: Communicate effectively with patients, families, and the public, from various socioeconomic and cultural backgrounds.

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

Professionalism (PRO) 1: Demonstrate behaviors that convey compassion, respect, integrity and empathy for others.

Professionalism (PRO) 3: Demonstrate respect for patient privacy.

Professionalism (PRO) 4: Demonstrate respect for patient autonomy.

Personal and Professional Development (PPD) 3: Practice flexibility and maturity in adjusting to change.

Personal and Professional Development (PPD) 5: Demonstrates self-confidence that puts patients, families, and members of the healthcare team at ease.

EPA 7: Formulate Clinical Questions and Retrieve

Evidence to Advance Patient Care

Competencies:

Medical Knowledge (MK) 3: Apply principles of clinical science to patient care.

Medical Knowledge (MK) 4: Apply principles of epidemiology to patients and populations.

Practice-Based Learning and Improvement (PBL) 1: Identify strengths, deficiencies, and limits in one's knowledge, skills and attitudes (KSA).

Practice-Based Learning and Improvement (PBL) 3: Identify and perform learning activities that address one's learning and improvement goals.

Practice-Based Learning and Improvement (PBL) 6: Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.

Practice-Based Learning and Improvement (PBL) 7: Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

EPA 8: Give or Receive a Patient Handover to

Transition Care Responsibility

Competencies:

Patient Care (PC) 8: Provide appropriate referral of patients, including ensuring continuity of care.

Practice-Based Learning and Improvement (PBL) 5: Incorporate feedback into daily practice.

Practice-Based Learning and Improvement (PBL) 7: Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

Professionalism (PRO) 3: Demonstrate respect for patient privacy.

Professionalism (PRO) 4: Demonstrate respect for patient autonomy.

Interprofessional Collaboration (IPC) 3: Participate effectively in different team roles to provide population-based and patient-centered care.

EPA 9: Collaborate as a Member of an Interprofessional Team

Competencies:

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

Interpersonal and Communication Skills (ICS) 5: Demonstrate appropriate responses to human emotions.

Professionalism (PRO) 1: Demonstrate behaviors that convey compassion, respect, integrity, and empathy for others.

Systems-Based Practice (SBP) 1: Work effectively in various healthcare delivery settings and systems to coordinate patient care.

Interprofessional Collaboration (IPC) 1: Collaborate with other health professionals to promote a climate of mutual respect and trust.

Interprofessional Collaboration (IPC) 2: Recognize the roles of various members of the interprofessional healthcare team and the scope of their practice.

Interprofessional Collaboration (IPC) 3: Participate effectively in different team roles to provide population-based and patient-centered care.

EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and

Management

Competencies:

Patient Care (PC) 1: Perform basic medical procedures required for patient care with assistance or direct supervision.

Patient Care (PC) 2: Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and review of the medical record.

PC 2.1 History –Taking

PC 2.2 Physical Examination

Patient Care (PC) 3: Develop an appropriate patient assessment including diagnosis, differential diagnosis, and medical decision making.

Patient Care (PC) 4: Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.

Patient Care (PC) 5: Select, justify, and interpret clinical tests and imaging.

Patient Care (PC) 6: Develop and carry out patient management plans.

Practice-Based Learning and Improvement (PBL) 1: Identify strengths, deficiencies, and limits in one's knowledge, skills, and attitudes (KSA).

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

Interpersonal and Communication Skills (ICS) 4: Demonstrate sensitivity, honesty, and compassion in difficult conversations.

EPA 11: Obtain Informed Consent for Tests and/or Procedures

Competencies:

Patient Care (PC) 4: Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.

Patient Care (PC) 6: Develop and carry out patient management plans.

Patient Care (PC) 7: Counsel and educate patients and their families.

Interpersonal and Communication Skills (ICS) 1: Communicate effectively with patients, families, and the public, from various socioeconomic and cultural backgrounds.

Interpersonal and Communication Skills (ICS) 3: Maintain clear, accurate, timely, and legible medical records.

Interpersonal and Communication Skills (ICS) 5: Demonstrate appropriate responses to human emotions.

Systems-Based Practice (SBP) 2: Incorporate considerations of cost awareness and risk benefit analysis in patient and/or population-based care.

Personal & Professional Development (PPD) 5: Demonstrates self-confidence that puts patients, families, and members of the healthcare team at ease.

EPA 12: Perform General Procedures

Competencies:

Patient Care (PC) 1: Perform basic medical procedures required for patient care with assistance or direct supervision.

Patient Care (PC) 7: Counsel and educate patients and their families.

Medical Knowledge (MK) 2: Apply principles of basic science to patient care.

Interpersonal and Communication Skills (ICS) 3: Maintain clear, accurate, timely, and legible medical records.

Interpersonal and Communication Skills (ICS) 4: Demonstrate sensitivity, honesty, and compassion in difficult conversations.

Interpersonal and Communication Skills (ICS) 5: Demonstrate appropriate responses to human emotions.

Professionalism (PRO) 7: Demonstrate a commitment to ethical principles.

Systems-Based Practice (SBP) 2: Incorporate considerations of cost awareness and risk benefit analysis in patient and/or population-based care.

Personal and Professional Development (PPD) 5: Demonstrates self-confidence that puts patients, families, and members of the healthcare team at ease.

EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement

Competencies:

Medical Knowledge (MK) 1: Demonstrate an investigatory and analytic approach to clinical situations.

Practice-Based Learning and Improvement (PBL) 4: Systematically analyze practice using quality improvement methods and identify solutions with the goal of practice improvement.

Practice-Based Learning and Improvement (PBL) 7: Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

Interpersonal and Communication Skills (ICS) 2: Communicate effectively with healthcare professionals as part of a healthcare team.

Professionalism (PRO) 4: Demonstrate respect for patient autonomy.

Systems-Based Practice (SBP) 3: Advocate for quality patient care and optimal patient care systems

Systems-Based Practice (SBP) 4: Participate in identifying system errors and implementing potential systems solutions.

Appendix III: Competency-Based Medical Education and the RVU PA Program

Competence is the ability, based on the integration of specific knowledge, skills, and attitude, to perform a professional task at a level sufficient for practice. The ability to measure competence in students promotes confidence—for students, program faculty, clinical preceptors, and the public.

The concern for patient safety is the driving force in the world-wide shift toward CBME. While many medical education programs have, or are, incorporating components of CBME, RVU PA program is currently the only PA program to design its entire curriculum in this model.

CBME offers the following additional benefits to students:

    Takes learning from knowledge acquisition to knowledge application;

        o Less memorization and more hands-on experiences

    Allows for multiple measures of performance;

        o Frequent assessments with regular feedback regarding performance; fewer "high stakes" exams

Figure 1. Example of EPA 1 – Gather a history and perform a physical exam - and its associated competencies.

    Measures student performance against a fixed set of predetermined criteria.

        o Expectations identified "up-front" through objectives and use of scoring rubrics

There are three major, interrelated components of CBME:

    Entrustable professional activities (EPAs);

        o Tasks or responsibilities performed unsupervised once competence is attained

    Competencies;

        o Knowledge, skills, and attitudes necessary to perform an EPA

    Milestones.

        o Description of the developmental steps (levels) needed to reach competence

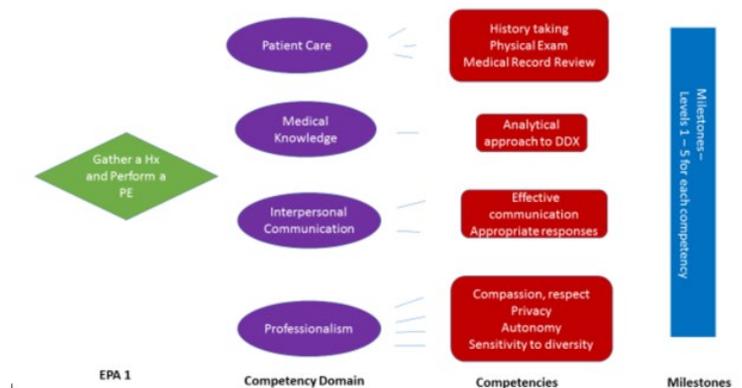   o Students must reach level 3 or beyond, for each competency, by the time of graduation

EPA 1: Gather a History and Perform a Physical Examination										
Competency ↓	Sept-Oct	Nov-Dec	Jan-Feb	Mar-May	Jun-Aug	Sept-Oct	Nov-Dec	Jan-Feb	Mar-May	Jun-Aug	Sept-Nov
PC 2.1	1				2				3		
PC 2.2	1			2					3		
PC 2.3	1				2				3		
MK 1	1			2			3				
ICS 1	1		2						3		
ICS 5	1				2				3		
PRO 1	1	2					3				
PRO 3	1	2					3				
PRO 4	1	2							3		
PRO 6	1			2						3	
Assessment:	X	X		X	X		X		X	X	X
	Early Y1	Mid Y1		Late Y1	Early Y2		Mid Y2		Core Formative Exams		Summative Exams

Table 1: Milestones and Progress (MAP) associated with EPA 1; includes assessment timeframe and expected level of competency achievement (levels 1 – 3).

The RVU PA program clinical curriculum supports CBME through its rotation offerings. The PA program offers both "traditional" and "non-traditional" rotation options.

Expectations for student progress are identified in all course syllabi—didactic and clinical—with milestones for each level of competence serving as rubrics for assessment. Timeframes for achieving competence are delineated for each competency and EPA through a Milestones and Progress grid - or MAP. *(Refer to illustration at right.)*

The RVU PA program clinical curriculum supports CBME through its rotation offerings. The PA program offers both "traditional" and "non-traditional" rotation options.

Traditional Rotations

Short-term clinical exposure (2, 4, 6 or 8 weeks in length)

Single location/single setting type (e.g. family medicine, pediatrics, general surgery)

Benefits:

- o Option for those who need/wish to spend more time in a single area to improve skills
- o Option if rotation change is necessary
- o Option if long-term clinical rotation placement unavailable
- o Meets program and accreditation requirements

Locations may include Denver-Metro, Arizona, Texas, Utah, Wyoming, and Kansas

Longitudinal Integrated Clerkships (LIC)

Long-term clinical exposure (up to 48 weeks in length)

Concurrent exposure to a variety of specialties housed in one or two locations within a single community

Benefits:

- o Patient-centered
    - Continuity of care

- o Student-centered
    - Fewer rotation changes lead to:

        Improved relationship with preceptor(s)

        More "hands-on" training

        More direct observation of skills and feedback

        More opportunity for active team participation

        Ability to assist patients in navigating system of care

- o Promotes teamwork, professional development, and communication skills

- o Meets program and accreditation requirements

Locations may include Arizona, Colorado, and Wyoming

Students will be offered the opportunity to participate in both traditional and LIC rotations. All rotations are evaluated to ensure appropriate patient volume, preceptor training, and student safety.

The goal of the RVU PA program is to support the development of clinically competent, collaborative, and compassionate physician assistants. The programs' competency-based curriculum and its faculty provide the framework to achieve this goal, offering a student-centered, innovative approach to medical training, promoting patient safety and primary care. Ultimately, it is the students that make RVU a success.

Appendix IV: Professional Development Assessment Tool (PDAT)

Name:	Date:	

Professional Development Assessment Tool (PDAT Rubric)

Competency:	Meets Level 1	Approaching Level 2	Meets Level 2	Approaching Level 3	Meets Level 3
PRO-9: Demonstrates basic professional responsibility	The student rarely exhibits a positive and professional attitude	The student seldom exhibits a positive and professional attitude	The student inconsistently exhibits a positive and professional attitude	The student consistently exhibits a positive and professional attitude	The student enhances the learning environment by the exhibited positive and professional attitude
PPD-3: Practice flexibility and maturity in adjusting to change	The student rarely exhibits emotional stability, maturity, empathy, and mental stamina.	The student seldom exhibits emotional stability, maturity, empathy, and mental stamina.	The student inconsistently exhibits emotional stability, maturity, empathy, and mental stamina.	The student consistently exhibits emotional stability, maturity, empathy, and mental stamina.	The student enhances the learning environment by the exhibited emotional stability, maturity, empathy, and mental stamina.
PRO-1: Demonstrate behaviors that convey compassion, respect, integrity,	The student rarely shows respect for other students.	The student seldom shows respect for other students.	The student inconsistently shows respect for other students.	The student consistently shows respect for other students.	The student enhances the learning environment by the demonstrated respect for

and empathy for others.					other students.
PRO-1: Demonstrate behaviors that convey compassion, respect, integrity, and empathy for others.	The student rarely shows respect for faculty members.	The student seldom shows respect for faculty members.	The student inconsistently shows respect for faculty members.	The student consistently shows respect for faculty members.	The student enhances the learning environment by the respect shown for faculty members.
PRO-9: Demonstrates basic professional responsibility	The student rarely complies with the dress code	The student seldom complies with the dress code	The student inconsistently complies with the dress code	The student consistently complies with the dress code	The student enhances the learning environment by the demonstrated compliance with the dress code
PRO-9: Demonstrates basic professional responsibility	The student is rarely on time for classes	The student is seldom on time for classes	The student is inconsistently on time for classes	The student is consistently on time for classes	The student enhances the learning environment by the demonstrated timeliness for classes
PRO-9: Demonstrates basic professional responsibility	The student rarely exhibits professional behavior and engagement in class (including no unnecessary conversations in class,	The student seldom exhibits professional behavior and engagement in class (including no unnecessary conversations in class,	The student inconsistently exhibits professional behavior and engagement in class (including no unnecessary conversations in class,	The student consistently exhibits professional behavior and engagement in class (including no unnecessary conversations in class,	The student enhances the learning environment by the level of exhibited professional behavior and engagement in class (including no

	during lectures or laboratory sessions).	during lectures or laboratory sessions).	during lectures or laboratory sessions).	during lectures or laboratory sessions).	unnecessary conversations in class, during lectures or laboratory sessions).
PRO-9: Demonstrates basic professional responsibility	The student rarely works cooperatively, promoting and preserving relationships with peers and faculty.	The student seldom works cooperatively, promoting and preserving relationships with peers and faculty.	The student inconsistently works cooperatively, promoting and preserving relationships with peers and faculty.	The student consistently works cooperatively, promoting and preserving relationships with peers and faculty.	The student enhances the learning environment by the demonstrated cooperation, promotion of and preserving of relationships with peers and faculty.
PRO-9: Demonstrates basic professional responsibility	There is no evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling and vocabulary.	There is seldom evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling and vocabulary.	There is inconsistent evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling and vocabulary.	There is consistent evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling and vocabulary.	The student enhances the learning environment by the demonstrated effective communication, both verbally and written, using appropriate grammar, spelling and vocabulary.
PRO-9: Demonstrates basic professional responsibility	There is no evidence of academic integrity.	There is seldom evidence of academic integrity.	There is inconsistent evidence of academic integrity.	There is consistent evidence of academic integrity.	The student enhances the learning environment by the demonstrated level of

					academic integrity.
PPD-3: Practice flexibility and maturity in adjusting to change	The student rarely demonstrates adaptability relative to changing situations, environments and new information.	The student seldom demonstrates adaptability relative to changing situations, environments and new information.	The student inconsistently demonstrates adaptability relative to changing situations, environments and new information.	The student consistently demonstrates adaptability relative to changing situations, environments and new information.	The student enhances the learning environment by the demonstrated adaptability relative to changing situations, environments and new information.

Comments:

Appendix V: RVU PA Technical Standards and Safe Student Policy

Technical Standards

Medical schools and physician assistant programs adopted Technical Standards to ensure that candidates for admission and students accepted to these programs are able to successfully complete the training process. The Rocky Vista University Physician Assistant Program has formally adopted the following Technical Standards that apply to all candidates for admission and to all students at all times during training.

A. In order to be admitted as students in the Physician Assistant Program, candidates must meet the following Technical Standards:

1) The candidate must be able to observe lectures, demonstrations, experiments, computer-assisted instruction and waveform readings, and must be able to use vision, hearing, and somatic senses to accurately observe patients, both near and at a distance.

2) The candidate must communicate effectively with patients, preceptors, faculty members and other members of the health care team. Therefore, the candidate must be able to communicate accurately and clearly in spoken and written formats, and must be able to use speech, hearing, reading and writing to effectively elicit patient histories, record data and interpret data related patient care.

3) The candidate must have sufficient motor and tactile skills to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. The candidate must be physically able to perform standard patient care activities, including but not limited to the suturing of skin and other tissues, the performance of lumbar puncture, and performance of retraction and instrument usage necessary to assist the primary surgeon during surgical operations.

4) The candidate must have sufficient intellectual, conceptual, reasoning and problem-solving abilities to assimilate and integrate historical information, physical findings, diagnostic test results and other patient-related data to form a diagnostic impression and a therapeutic plan for patients.

5) The candidate must have the capacity and willingness to develop sound clinical and personal judgment, mature professional relationships and the ability to tolerate physically and emotionally stressful situations and circumstances. Candidates must have and maintain a sufficient degree of physical and mental health to provide effective, compassionate and safe health care, and must be able to respond appropriately and effectively in emergency situations.

6) The candidate must have the capacity and willingness to recognize limitations of their skill, legal authority and authorization, and must be willing to seek appropriate supervision and direction.

7) The candidate must be able to develop and demonstrate ethical behaviors with respect to co-workers, preceptors, faculty members, patients, the families of patients and other stakeholders in health-care training and delivery.

B. Reasonable accommodation for the Technical Standards may be requested.

For specific information, please see the University section on "Disabilities and Academic Accommodations" in the Student Support and Services section of this Handbook.

Safe Student Policy

If an RVU Physician Assistant Program student is suspected or determined to be unsafe due to a temporary or permanent inability to meet the Technical Standards, the Program's Student Assessment and Promotions Committee (SAPC) is required to act to ensure a safe environment for students, patients, and other personnel. It is the duty of all faculty, students, and staff to report to the Chair of the SAPC (or his/her designee) concerns that a student is acting in a manner that could jeopardize patient safety. These observations may occur within or outside of a clinical practice environment.

Upon receipt of a report of potential unsafe behavior, the Chair of the SAPC (or their designee) will investigate and determine whether immediate action is necessary to remove the student from a clinical and/or academic environment. Should removal from either the clinical or academic environment be deemed necessary, the Chair will convene a meeting of the SAPC to determine what action is most appropriate. Actions may include, but are not limited to, external professional evaluation from a peer assistance group such as the Colorado Physician Health Program (CPHP), remediation, referral to the SAPC for consideration of a professionalism violation, restriction of practice, removing/transferring a student from a clinical rotation, restricting a student from clinical rotations, and/or other actions necessary to address the unsafe situation or concerns. Professional evaluations may include the assessment of the student in question by a variety of professionals including healthcare providers, mental healthcare providers, drug and alcohol counselors, English as a Second Language instructors, the campus Disability Resource Officer, and/or other professionals as deemed appropriate by the SAPC.

It is the student's responsibility to undergo evaluation if required. If the student does not complete the requirements, they will not be allowed to proceed in the curriculum and their refusal will be referred to the SAPC for review.

The SAPC in conjunction with the student's advisor will serve to assist the student in arranging for the appropriate evaluation (or ongoing evaluation) or any other remedial actions required. Other remedial actions may include, but are not limited to, taking no further action, modifying the student's educational plan, requiring mandatory changes in student behavior, requiring the student to take a leave of absence from the program in order to address specific concerns, or withdrawing the student from their educational experience.

For any issues arising out of the application of this policy, the student may request a review by the Provost by written request within ten business days of learning of the proposed action. During the appeals

process, the Provost will not reconsider the facts and statements upon which the original decision was based but will consider only:

 Whether new information regarding the status of the student has been discovered, previously unknown to the student or to the Program;

 Whether there is an allegation of discrimination as determined by the appropriate Institutional Office;

 Whether there is evidence of a procedural error in the SAPC's review that prejudiced the student's ability to receive a fair decision; or

 Whether there is evidence that the SAPC acted in an arbitrary or capricious manner.

The Program Director, or designee, may affirm or reject the SAPC's decision or refer the matter back to the SAPC for further consideration. The Program Director's decision is final.

Appendix VI: Mini-Clinical Evaluation Exercise (Mini-CEX)

What is the Mini-CEX?

Mini-CEX is a structured assessment of an observed clinical encounter. This "snapshot" is designed to help students receive feedback on skills essential to the provision of good clinical care.

Rating Scale

Mini-CEX utilizes a five-point rating scale to monitor the development/progress of the student.

How Should It Work?

The student and preceptor should determine the focus (i.e. history, physical exam, management plan) of the clinical assessment being completed. It is the student's responsibility to assure that they are being assessed on at least two focus areas during each clinical rotation block. The observed process typically takes around twenty minutes and immediate feedback takes around five minutes. It may be necessary to allocate more time.

Feedback

In order to maximize the educational impact of using the mini-CEX, students and preceptors need to identify strengths, areas for development, and an action plan.

What is being assessed?

Depending on the clinical encounter being completed, students will be assessed in the domains of:

> Patient Care;
>
> Medical Knowledge;
>
> Interpersonal Communication Skills; and,
>
> Professionalism.

Definitions of Each Level

The results of the mini-CEX are used in conjunction with other assignments and assessment tools to determine the student's competency in each of the core clinical rotations. By graduation, all students are expected to demonstrate Level 3 behaviors (Competent).

Level 1 - Novice

> Student not allowed to practice or observe without further training
>
> Student may observe preceptor practice this EPA

Level 2 - Advanced Beginner

Student allowed to practice only under proactive, full supervision as a coactivity with preceptor

Student allowed to practice with supervisor observing and ready to step in

Level 3 - Competent

Student allowed to practice EPA under reactive/on-demand supervision with preceptor immediately available outside of room; preceptor double-check all work

Student allowed to practice with preceptor double-checking key findings

Student allowed to practice with distant supervision (e.g. by phone)

Level 4/5 - Proficient/Expert

Student allowed to practice EPA unsupervised and without contact with preceptor

See attached rubrics for observable behaviors in each domain and competency area being assessed.

Evaluator: _____   Date: _____

Student: _____

Patient Problem/Dx: _____   **Complexity:**   ○ Low   ○ Moderate   ○ High

Setting: ○ Outpatient   ○ Inpatient   ○ ED   ○ OR

Specialty: ○ Behavioral Health ○ Emergency   ○ Family Med   ○ Internal Med.

          ○ Pediatrics   ○ Women's Health   ○ General Surg.

Patient: Age: _____Sex: _____   ○ New   ○ Follow-up

Focus: ○ History taking   ○ Physical Exam   ○ Management   Plan

1.   *History Taking Skills (PC2.1):* (○ Not observed)
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

2.   *Physical Exam Skills (PC2.2):* (○ Not observed)
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

3.   *Developing an Assessment (PC-3):* (○ Not observed)
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

4.   *Organization/Efficiency (PC-4):*
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

5.   *Demonstrate and carry out management plans (PC-6):* (○ Not observed)
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

6.   *Interpersonal & Communication Skills (ICS-1):*
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

7.   *Professionalism (PRO-1):*
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

8.   *Overall Clinical Competence (MK-3):*
      Novice   Advanced Beginner   Competent   Proficient
      1   2   3   4

Mini-CEX Time: Observing _____ **Mins**   **Providing Feedback:** _____ **Mins**

Strengths:	Suggestions for development:

_____   _____
Student Signature   Evaluator Signature

Appendix VII: RVU PA Leave of Absence Request Form

All requests for LOAs, whether didactic or clinical, must be submitted via the student iNet (inet.ruv.edu) portal →
student forms → RVU PA Leave of Absence Request Form. The form will be auto-routed to the Student
Assessment and Promotions Committee (SAPC) for review.

The RVU PA Leave of Absence <mark>Request</mark> Form below has been submitted and requires your approval. To access the submission, make sure that you are logged into the iNet, and click here: Entry

Alternatively, you can also access this submission by selecting it from your FORMS WORKFLOW INBOX under the Forms Workflow menu on the iNet.

Student name:

Student ID:

Forwarding address:

Phone:

Email:

Current PAS status:

Class graduation year:

Term/s <mark>LOA request</mark>ed:

Year:

How many weeks or months do you expect to take for <mark>LOA</mark>?

When do you intend to return to the PA program?

Year:

Term/s LOA requested:

Year:

How many weeks or months do you expect to take for LOA?

When do you intend to return to the PA program?

Year:

Reason for leave of absence:

Please indicate the reason:

Please provide a statement containing an explanation for requesting an official leave of absence.

Have you been on LOA during any other terms?

Are you registered for any class/es during the semester/s you are requesting LOA?

Acknowledgement:

✔ By checking here, you agree to the following:
I understand that if I am instructed by my advisor to do so, it is my responsibility to complete a "Change of Status" Form through the Registrar. I understand if I request a LOA (for the duration of a semester or longer) after the designated drop/add period, I am responsible for full payment of tuition. Upon completion of this form, it will be submitted to the Chair, PA Student Assessment and Promotions Committee for school records.

Appendix VIII: The Physician Assistant Profession

The Physician Assistant Concept

In the early 1960s, it became obvious that there were declining numbers of general practitioners and maldistribution as physicians moved away from rural areas. Dr. Charles Hudson first conceptualized the physician assistant. In 1965, Dr. Eugene A. Stead, Jr., instituted a two-year education and training program for physician assistants at Duke University.

Physician Assistants (PAs) are health care professionals licensed to practice medicine with physician supervision. Within the physician/PA relationship, physician assistants exercise autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. A PA's responsibilities may also include education, research, and administrative services.

PAs are educated and trained in intensive education programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Physician Assistants, the American College of Physicians, the American College of Surgeons, the American Medical Association, and the Physician Assistant Education Association all cooperate with the ARC-PA as collaborating organizations to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants.

PAs are educated in the medical model and work closely with physicians, augmenting and complementing the physician role. Education consists of classroom and laboratory instruction in the basic medical and behavioral sciences (such as anatomy, pharmacology, pathophysiology, clinical medicine, and physical diagnosis), followed by clinical rotations in internal medicine, family medicine, surgery, pediatrics, obstetrics and gynecology, emergency medicine, and geriatric medicine.

Upon graduation, PAs take a national certification examination developed by the National Commission on Certification of Physician Assistants (NCCPA) in conjunction with the National Board of Medical Examiners. The Board of Directors of NCCPA includes members at large and representatives from American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physician Assistants, American College of Emergency Physicians, American College of Physicians, American College of Surgeons, American Hospital Association, American Medical Association, American Osteopathic Association, Association of American Medical Colleges, Physician Assistant Education Association, Federation of State Medical Boards of the U.S., U.S. Department of Defense, U.S. Department of Veterans Affairs. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure.

A number of postgraduate PA programs have also been established to provide practicing PAs with advanced education in medical specialties.

The responsibilities of a physician assistant depend on the practice setting, education and experience of the PA, and on state laws and regulations. Physician assistants can take medical histories, perform

physical examinations, order and interpret laboratory tests, diagnose and treat illnesses, perform procedures and counsel patients and families.

Certification of Physician Assistants

As the concepts of new health practitioners gained acceptance, state legislatures began to turn their attention to formulating statutes to incorporate these professionals into the framework of the health care delivery system. The development of a nationally standardized mechanism for evaluating PA proficiency became desirable, particularly in those states that mandated that health care providers could practice only after their credentials had been reviewed by the appropriate regulatory agency.   With this in mind, and with the cooperation of the American Medical Association, the National Board of Medical Examiners began to develop a national certifying examination for physician assistants in 1972. The original members of the newly formed independent National Commission on Certification of Physician Assistants (NCCPA) included representatives from:

American Academy of Family Physicians

American Academy of Pediatrics

American Academy of Physician Assistants

American College of Emergency Physicians

American College of Physicians

American College of Surgeons

American Hospital Association

American Medical Association

Association of American Medical Colleges

Federation of State Medical Boards of the U.S.

National Medical Association

Physician Assistant Education Association (formerly APAP)

U.S. Department of Defense

The NCCPA is charged with assuring the public that physician assistants are competent. This is accomplished through entry level and recertification examinations and acquisition of continuing medical education. Current certification requirements for physician assistants include:

Graduating from an accredited physician assistant program;

Obtaining a passing score on the Physician Assistant National Certifying Examination (PANCE);

Completing approved continuing medical education every two years;

Obtaining a passing score on the Physician Assistant National Recertification Examination every ten years.

In summary, the PA profession is committed to ensuring the highest quality of healthcare by following an organized plan of program accreditation, certification of graduate competency, and continuing medical education.

The Physician Assistant Code of Ethics

The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this encumbrance of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.

Physician Assistants shall be committed to providing competent medical care, assuming as their responsibility the health, safety, welfare, and dignity of all humans.

Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic healthcare providers and shall assume responsibility for skillful and proficient transactions of their professional duties.

Physician Assistants shall deliver needed healthcare services to health consumers without regard to sex, age, race, creed, and socioeconomic and political status.

Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patients' healthcare.

Physician Assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge, or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and physician assistant regarding the care of all patients.

Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.

Physician Assistants shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.

Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.

Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.

Physician Assistants shall strive to maintain and increase the quality of individual healthcare service through individual study and continuing education.

Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession, and to accept its ethical principles. The physician assistant shall not participate in or

conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

Physician Assistants shall place service before material gain and must carefully guard against conflicts of professional interest.

Physician Assistants shall strive to maintain a spirit of cooperation with their professional organizations and the public.

Physician Assistant Professional Oath

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

I will hold as my primary responsibility the health, safety, welfare, and dignity of all human beings.

I will uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.

I will recognize and promote the value of diversity.

I will treat equally all persons who seek my care.

I will hold in confidence the information shared in the course of practicing medicine.

I will assess my personal capabilities and limitations, striving always to improve my medical practice.

I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.

I will work with other members of the healthcare team to provide compassionate and effective care of patients.

I will use my knowledge and experience to contribute to an improved community.

I will respect my professional relationship with the physician and all other healthcare professionals.

I will share and expand knowledge within the profession.

These duties are pledged with sincerity and upon my honor.

Physician Assistant Professional

Organizations

American Academy of Physician Assistants
950 N. Washington St.
Alexandria, VA 22314-1552
703/836-2272
http://www.aapa.org/

The American Academy of Physician Assistants is the largest professional organization of physician assistants in the United States of America. It was founded in 1968 and currently has approximately 39,000 members. The AAPA's mission is to promote quality, cost-effective, accessible healthcare, and to promote the professional and personal development of physician assistants. The Academy is the official organization of the physician assistant profession and is recognized as such by other medical associations and federal, state, and local governments. The Academy maintains liaison relationships with the American Academy of Family Physicians, American Medical Association, American Academy of Pediatrics, American Academy of Orthopedic Surgeons, and others.

Some of the activities and services of the AAPA provides are the following:

Offer continuing medical education for PAs;

Help ensure proper regulations, utilization, and reimbursement of physician assistants;

Represent physician assistants and students in all specialties and employment situations;

Strengthen and promote the PA profession, physician-PA team, national and international healthcare systems, constituent organizations (state and specialty organizations), and diversity and leadership within the PA profession;

Provide liaisons with other medical profession organizations (AMA, AAP, ACOG, etc.);

Provide a multitude of membership benefits including discounted conference fees; free journals and prescribing references; professional information including salary profiles, census data, and profession entry information; scholarship opportunities; leadership and networking opportunities; membership benefits for insurance discounts, credit services and travel discounts.

The governing body of the AAPA is the House of Delegates. The AAPA House of Delegates meets annually to adopt legislation and policy proposed by ten standing committees, four councils, the constituent chapters, the Board of Directors, the Student Academy, the Physician Assistant Education Association, the Caucus Congress, and officially recognized specialty organizations. The Academy Board of Directors consists of thirteen officials. Other AAPA bodies include the Physician Assistant Foundation, which grants scholarships to deserving PA students; Society for the Preservation of PA History, which records PA history; and a Political Action Committee, which supports federal candidates friendly to the PA profession.

AAPA student membership dues are $75. This one-time fee expires four months after graduation.

Student Academy of the American Academy of Physician Assistants

950 N. Washington St.
Alexandria, VA 22314-1552
(703) 836-2272
Email: students@aapa.org
http://saaapa.aapa.org

The Student Academy of the American Academy of Physician Assistants (SAAAPA) is a unique part of AAPA, as it was established in 1978 with its own bylaws, a Student Board of Directors, and a legislative and policy-making body. SAAAPA's members consist of the registered student society at each accredited

PA program. The students' voices can be heard through their student society representative to the Student Academy's Assembly of Representatives (AOR), SAAAPA's legislative and policy-making body. The AOR meets for two days each year at the AAPA annual conference.

In addition to representing students at the regional and national level, SAAAPA is very involved with the community. Every year, SAAAPA, working with the PA Foundation, reaches out to the community through philanthropic projects to help needy populations and promote physician assistants and physician assistant students in a positive light. Every year, a charity is chosen in the AAPA conference host city for fundraising and volunteer projects. In addition to helping charities, some of the funds raised by students are donated to create a SAAAPA student scholarship each year. Student societies can also apply for grants through the Foundation to help continue their work on the cause of the year. This is a tremendous opportunity to interact with physician assistant students from across the country.

The Student Academy does not have individual members. Student members join AAPA. SAAAPA's members consist of the members of the registered student society at each accredited PA program.

Physician Assistant Specialty Organizations and Caucuses

PA Specialty organizations and caucuses consist of PAs, PA residents, and students, as well as individuals who share a common interest in individual specialties and interests. Many of these organizations offer student benefits, including scholarships. For more information and membership information for individual specialty organizations, visit the AAPA website at *https://members.aapa.org/extra/constituents/special-menu.cfm.*

Physician Assistant Education Association

The Physician Assistant Education Association (PAEA) is the only national organization in the United States representing physician assistant (PA) educational programs. As such, PAEA's core purpose is to improve the quality of healthcare for all people by fostering excellence in physician assistant education. Our mission fosters faculty development, advances the body of knowledge that defines quality education and patient-centered care, and promotes diversity in all aspects of physician assistant education.

PAEA represents all accredited PA programs across the United States. The Association also sponsors membership categories for individuals who are not currently employed at member PA programs, but who have an interest in PA education, and for institutions that may be in the process of becoming accredited programs or whose personnel may wish to stay informed about PAEA activities or PA education.

PAEA has developed a number of resources and services in line with its mission that provide opportunities for PA faculty and student development and help members stay abreast of activities within PAEA and the PA educational community. PAEA also created and maintains the Central Application Service for PAs (CASPA), by which prospective applicants complete one secure online application to be sent to the PA programs of their choice. This application service has been available to PA programs and prospective students since 2001.

PAEA, sometimes in conjunction with other PA organizations, supports grant programs for faculty and students, provides resources to its member programs for testing students (PACKRAT), and publishes aids to PAs who need to recertify (Comprehensive Review for the Certification and Recertification Examinations). Twice each year, PAEA sponsors educational sessions, some of which offer continuing medical education credit for its faculty members, in addition to workshops for special categories of faculty that are presented in various regions throughout the country.

The Association dedicates itself to PA education and educators and is known as the voice for PA education. PAEA advocates for its member programs with the other PA organizations, networks with individuals and groups that are interested in PA education or that are considered to have a stakeholder interest in PAEA, and represents PA education and member programs on issues that range from accreditation to funding from the federal government.

Colorado Academy of Physician Assistants

P.O. Box 4834
Englewood, CO 80155
Phone: (303) 770-6048
Fax: (303) 771-2550
www.coloradopas.org

The Colorado Academy of Physician Assistants (CAPA) is a member organization representing Colorado PAs. CAPA is the AAPA constituent organization that represents Physician Assistants in Colorado. The Colorado Academy of Physician Assistants represents physician assistants in the state, promotes the physician assistant profession within the state, and furthers the education of its members.

The Colorado Academy of Physician Assistants (CAPA) was established in 1976 to promote the PA profession to Colorado's lay and medical community, offer community health education projects, offer continuing medical education for PAs, and to help ensure proper regulation and utilization of PAs in Colorado.

Today, CAPA represents Colorado PAs before the State Legislature and the Board of Medical Examiners, as well as monitoring their decisions and disseminating information. CAPA also provides information to the Colorado Medical Society, local medical societies, and insurance companies.

CAPA's membership includes more than 500 PAs who are widely distributed across the state, working in both primary care and specialty areas. A Board of Directors that acts on behalf of the membership governs the organization.

CAPA is a constituent chapter of the American Academy of Physician Assistants (AAPA), the nationally recognized organization representing the PA profession. The CAPA membership annually elects delegates to serve in the AAPA's House of Delegates and attend the AAPA Annual Convention.

CAPA offers members, including student members, a number of benefits. CAPA holds a summer and winter conference which, in addition to three days of speakers on a variety of health topics, offer a great opportunity to network with working PAs. CAPA dinners occur several times a year at restaurants around the Denver area and are free to all members. There are also leadership opportunities to work with the CAPA Board of Directors and CAPA committees on issues facing Colorado PAs.

Student Membership dues to CAPA are $30/year. The membership application is available on their website at *www.coloradopas.org*.