Master of Physician Assistant Studies Program

2015-2017 Student Handbook
Welcome to the Rocky Mountain College (RMC) Master of Physician Assistant Studies Program (MPAS). This program-specific MPAS Student Handbook is published as an addendum to the RMC Catalog to aid students who are applying, preparing to begin Physician Assistant (PA) training at RMC, or actively engaged in two challenging years of career pursuit. The handbook must be used in conjunction with the following:

- Current edition of the Rocky Mountain College online catalog, which may be accessed at: www.rocky.edu (click on ACADEMICS, then DEGREE REQUIREMENTS, then CATALOG)
- Internet posting of RMC policies found at: http://lead.rocky.edu/academics/AcademicForms.shtml
- PA Program Clinical Practice Preceptor Handbook
- Program Web Site: http://lead.rocky.edu/academics/programs/mpas/MPAS.shtml

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

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

Validation of college registration implies the student’s acceptance of the published academic rules and regulations found in this and any other official program or college publication.
Welcome to the Rocky Mountain College Physician Assistant Program. We are dedicated to the education and training of Physician Assistants who will provide health care that is safe, current, evidence-based, and specifically targeted to primary care in rural areas.

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

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

Heather Heggem, MPAS, PA-C
Program Director
Master of Physician Assistant Studies Program
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The Role of a Physician Assistant

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

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

The physician assistant’s work setting varies from practice at a rural clinic, an office-based practice, within inpatient or long-term care facilities or in industrial settings. They also work in education, health care administration, and research. The myriad of settings allows for career flexibility and the ability to specialize.
Physician Assistant Professional Oath
(Source: Student Academy of the American Academy of Physician Assistants, May 30, 2007)

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

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

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

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

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

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

Goals
The MPAS Program aims to provide a high quality medical education experience which will challenge you to:
- Develop core medical knowledge
- Practice safe medicine
- Develop valuable observational skills as well as technical abilities
- Attain fluency in the language of medicine
- Master electronic information literacy and technology
- Become analytic thinkers dedicated to life-long learning

Our History
Rocky Mountain College took its first steps toward creating a Physician Assistant Program in early 1993. Billings is the most populous city in Montana and the site of two major medical complexes: The Billings Clinic and St. Vincent’s Hospital and Health Center. The largest medical center in an 800-mile radius, Billings is also the hub for educational interactive video technology, distance medical conferencing, and referrals from rural hospitals and clinics throughout the intermountain region.
Montana is a frontier state with 76% of its residents living in rural communities. Even though it is geographically the fourth largest state in the nation encompassing 145,552 square miles, the population is just over 1 million, which is the sixth least populous state in the country. There are many designated health professional shortage areas. Transportation is a major hurdle, and public transportation is spotty and non-existent in most of the rural communities. Therefore, many Montanans seeking primary and emergency health care face enormous access barriers.

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

In 1993 after establishing the need for physician assistants in Montana’s sparsely populated rural areas, Rocky Mountain College faculty, trustees, and members of the local medical community began discussing the feasibility for a Physician Assistant Program in Montana. A program located in Montana would provide access for Montana natives who are more likely to remain in the state to practice, and it would help meet the great need that exists in Montana’s health care delivery system for primary health care providers. Rocky Mountain College was and remains a comprehensive four-year liberal arts college with an enrollment of approximately 1000. The College’s strong core sciences program helped place increasing numbers of students in graduate medical programs around the country. Expanding its science curriculum to include a Physician Assistant Training Program was a logical next step.
Accreditation

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

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

Master of Physician Assistant Studies: In 2002 NWCCU gave approval to Rocky Mountain College to begin awarding the Master of Physician Assistant Studies degree (MPAS). In March 2003, ARC-PA acknowledged the change in degree status. The matriculation of the MPAS charter class in July 2003 launched RMC’s first graduate degree program.

Faculty and Staff

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

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**Application**

**CASPA**

The Rocky Mountain College Physician Assistant Program participates in the Central Application Service for Physician Assistants (CASPA) of the Physician Assistant Education Association (PAEA). Students who wish to apply to the Rocky Mountain College MPAS Program must follow the application instructions available online at the CASPA website [www.caspaonline.org](http://www.caspaonline.org).
It is the applicant’s responsibility to:

1. Keep the Admissions Counselor for Graduate Programs informed of any changes in contact information. This must be done in writing (e-mail is acceptable).

2. Ensure program’s receipt of all required application materials including official GRE score by the October 1st deadline.

3. If all pre-requisite requirements have not been met, the Admissions Counselor for Graduate Programs must be informed in writing of your plans to complete the missing course(s). Include school name, course name and number, and number of credit hours. Your application will not be analyzed until this information has been received. Courses must be completed before matriculation.

Admissions

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

Admission Requirements

http://gold.rocky.edu/academics/academic-programs/graduate-programs/mpas/AdmissionRequirements.php

Required for admission:

- Bachelor's degree required upon matriculation to MPAS
- Science GPA of 2.7 - no science prerequisite may be lower than a “C-“
- Cumulative GPA 3.0 minimum
- Prerequisite Biology and Chemistry coursework may not be taken by an on-line or correspondence format.
- Biology coursework to include 15 credits:
  - Two semesters of Human Anatomy & Physiology w/ lab (from a biology, physiology, zoology department or an allied health program) (8 credits)
  - One semester of Microbiology w/lab (4 credits)
  - One semester of Genetics (3 credits)
- Chemistry coursework to include 8 credits:
  - Organic Chemistry – 2 semesters (1 year sequence) OR
  - Organic Chemistry AND Biochemistry - 1 semester of each (1 year sequence) OR
General, Organic, and Biochemistry – (1 year sequence including ALL these topics such as found in a nursing program)

- Medical Terminology (on-line course acceptable) (1 credit)
- Minimum combined score (verbal + quantitative) of 291 on the Graduate Record Examination
- Mathematics coursework to include 6 credits:
  - Pre-calculus (functions, trigonometry, exponents, and logarithmic functions) or higher AND
  - Statistics/Probability course
- Psychology - 1 semester (developmental or abnormal highly recommended) (3 credits)
- Social Science – 1 semester (other than Psychology) (3 credits)
  - Examples: Sociology, Geography, Anthropology, Political Science, or Economics
- English Composition -1 semester (3 credits)
- 1500 hours of paid direct hands-on patient care before you submit your CASPA application.
  - The higher the quality of patient care experience, the more competitive the applicant will be judged. For example, a certified nurse assistant, athletic trainer, medical assistant, or phlebotomist will be less competitive than an emergency room technician, licensed practical nurse, or a paramedic. A registered nurse or a master’s trained dietician is more competitive than the former professions. However, all applicants with direct patient care and high quality patient interactions are encouraged to apply.
- Students must use CASPA to submit an application to Rocky Mountain College
- One of the three reference letters submitted to CASPA must be from a Health Care Provider (preferably from a Physician Assistant).
- TOEFL score must meet standard requirements of Rocky Mountain College for all applicants if English is not the first language. (Visit our website at pa.rocky.edu)

We highly encourage 1 year of undergraduate physics or additional quantitative courses and/or laboratory experiences. We also highly recommend additional writing classes.
Graduates of Rocky Mountain College who have met all the requirements for admission, and have earned a Bachelor’s degree with a minimum of 60 credits earned at RMC, will be granted an automatic interview. Please note, this interview DOES NOT guarantee acceptance into the program—students will compete with all other interviewing students for matriculating status.

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

**Official Transcripts**

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

Rocky Mountain College  
Attn: Calley Thompson  
1511 Poly Drive  
Billings, Montana 59102

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

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

**Advanced Placement**

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

**Selection Process & Preferences**

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

- **Past Academic Performance** (60%). This includes a thorough review and scoring for:
o Cumulative and science GPAs. A minimum cumulative college GPA of 3.0 is recommended to be a competitive candidate. A minimum science GPA of 2.7 is required.

o Documented completion of all program-specific prerequisite courses before the scheduled class matriculation date. Students who have previously earned a Bachelor’s degree are required to provide evidence of the awarded degree and completion of the program-specific prerequisite courses.

o Grade improvement in repeated courses

o Graduate Record Examination (GRE) score. A minimum combined verbal and quantitative GRE of at least 291 is required for applicant consideration.

• Geographic Regionality (10%). In accordance with the stated mission of this Program to prepare health care providers to meet the needs of this very rural region, applicants are awarded admissions locality preference points based upon the following:

  o Permanent address within the Program’s stated region: Montana, Wyoming, Colorado, North or South Dakota, Utah, or Idaho (4 percentage points possible)

  o Population of the location in which the applicant graduated from high school (rural preference - 4 percentage points possible)

  o Number of credit hours completed at Rocky Mountain College (2 percentage points possible)

• Clinical Work Experience (20%). The quantity and quality (direct patient care) of past clinical work experience as well as any formal health career training (EMT, CNA, LPN, RN, RT, MT, etc) are assessed as part of each applicant’s screening evaluation. Candidates with clinical experience are clearly more competitive.

• Personal Statements (5%). Applicants are evaluated for their ability to express themselves in written communication as evidenced by the required personal statements.

• Letters of Recommendation (5%). The letter writer’s assessment of the applicant’s ability to be a future physician assistant is the basis for this evaluation.

Applications are ranked according to the number of admission points awarded during the selection screening process. Those with the
minimum required score for a rolling admissions interview are immediately invited to complete the second phase of the selection process: a campus visit and personal interview with the Admissions Committee.

**Costs/Financial Aid**

**Deposit**

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

<table>
<thead>
<tr>
<th>Tuition/Fees</th>
<th>First Summer Term</th>
<th>Fall Semester Tuition</th>
<th>$15,187/semester *</th>
<th>Spring Semester Tuition</th>
<th>$15,187/semester *</th>
<th>Summer Semester Tuition</th>
<th>$15,187/semester *</th>
<th>Fall Clinical Semester Tuition</th>
<th>$15,187/semester *</th>
<th>Spring Clinical Semester Tuition</th>
<th>$15,187/semester *</th>
<th>Summer Clinical Semester Tuition</th>
<th>$15,187/semester *</th>
</tr>
</thead>
</table>

*Reflects costs as of July 2015 and are subject to change*

**Living Expenses/Travel/Transportation**

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

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

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

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

For details on financial aid opportunities for Physician Assistant Students, refer to the following Rocky Mountain College Financial Aid WebPage: http://www.rocky.edu/admissions/pdf/SpecialLetterMPAS.pdf

Required Supplies

Textbooks and Information Resources

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

Personal Computer

Each student must have a laptop computer no older than one year for use through the entire 26-month curriculum. It must have current generation technology to include wireless capabilities and Microsoft Office. You will also need a LCD screen privacy filter (attaches to LCD to allow frontal viewing only and prevents others from viewing screen from a tangential view) for computerized testing.

Medical Equipment

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

- Stethoscope: We strongly recommend you invest in a high quality stethoscope as this will have a profound effect on your technical ability to hear the subtle and significant physiologic sounds of the human body

- White lab coat, half-length ONLY (no full length coats are allowed)

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

Health Insurance

Students MUST carry and maintain health insurance throughout the Program. Proof of insurance must be submitted to the Program Secretary or Admissions Counselor for Graduate Programs prior to matriculation.
Students will not be allowed to participate without proof of health insurance

Worker’s Compensation Insurance

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

Background Investigation

All clinical rotation sites require a background investigation as part of their clearance procedures for both prospective students and employees. Many states have also added this requirement for licensure of health care providers. As a result, you will be required to complete a background check through CertifiedBackground.com, an online provider. We employ the same panel of background checks as used by Montana State University-School of Nursing including: HIPPA compliance, JCAHO compliance, immunization tracker, documentation of health insurance, CPR certification and proof of malpractice insurance. You will be required to provide the Program with a copy of your report. As this may be a time sensitive requirement for some of the facilities in which you may seek a clinical practice experience, we ask that this document not be obtained until just before you begin your second year in the Program.

Information regarding how to obtain a certified background record will be provided by the Program during the semester preceding your first scheduled clinical practice rotation. The student is responsible for the $65.00 fee associated with this online background check.

Additionally, some clinical sites are now requiring drug testing of all employees (including students.) At the present time, this is accomplished at those sites requiring it. It is impossible to anticipate this requirement, so all students should expect it.

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

Health Screening

Physical Examination

All students accepted for admission to the Physician Assistant program are required to submit a completed Health History Questionnaire
form (see Appendix 3) prior to matriculation. In order to insure confidentiality, this documentation must be submitted directly to the Rocky Mountain College Student Health Services. DO NOT send any health screening information to the PA Program.

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

**Tuberculosis Screening**

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

**Immunizations**

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

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

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

**Academic Advisement**

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

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

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

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

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

**Program Overview**

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

1. The Program *STRONGLY* encourages a spirit of cooperation between students and places a heavy emphasis on teamwork in and out of the classroom. You are encouraged to establish study groups and learn to work in a collaborative fashion, utilizing the broad range of knowledge and clinical skills brought by your student colleagues. By working together as teams, each person contributes strengths and expertise to the learning process. Your ability to interact and work cooperatively with your student colleagues for the benefit of each other is a critical determinant of your future success as a Physician Assistant. The Physician-PA team concept is at the very foundation of this profession.
As part of the professional development component of the Program, students are encouraged to actively participate in the Program’s Physician Assistant Student Society as an official branch of the Student Academy of the American Academy of Physician Assistants (SAAAPA). This is a great opportunity to get involved in your new profession and to become acquainted with your future colleagues.

**National PA Certification (PANCE) Results**

Only graduates from ARC-PA accredited PA programs are eligible to sit for the PANCE (Physician Assistant National Certifying Examination) and become licensed to practice. The PANCE is the entry-level exam that PA’s must pass to become nationally certified. Over the past five years, the program’s average pass rate for first-time PANCE testing is over 96%. Pass rates for Program graduates (by year) are as follows:

<table>
<thead>
<tr>
<th>Graduating class</th>
<th>RMC First-testing pass rates</th>
<th>National First-testing pass rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>2013</td>
<td>97%</td>
<td>94%</td>
</tr>
<tr>
<td>2012</td>
<td>93%</td>
<td>93%</td>
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<td>100%</td>
<td>93%</td>
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<tr>
<td>2006</td>
<td>86%</td>
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<tr>
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</tr>
</tbody>
</table>

**Didactic Curriculum**

The first 14 months of the Program includes the fundamental behavioral, basic biomedical, and clinical sciences required for the professional course of study, as well as courses designed to better prepare the students for expanded health care roles that meet the developing needs of today’s society. A total of 61 semester hours of credit are presented using a combination of lecture, demonstration, discussion, and laboratory formats. **Students must successfully complete all components of the didactic phase prior to advancing to the clinical instruction phase.**
The Program posts and maintains a detailed day-to-day schedule of educational activities on RMC-MPAS Moodle. Students are responsible for checking the Moodle schedule at least once a day.

**Course Schedule**

**First summer term 2015 (7 semester hours)**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHA 508</td>
<td>Biostatistics</td>
<td>1</td>
</tr>
<tr>
<td>PHA 538</td>
<td>Clinical Human Anatomy and Physiology</td>
<td>4</td>
</tr>
<tr>
<td>PHA 575</td>
<td>Genetics &amp; Molecular Basis of Health &amp; Disease</td>
<td>2</td>
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</table>

**Fall semester 2015 (18 semester hours)**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHA 501</td>
<td>Introduction to Clinical Medicine</td>
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</tr>
<tr>
<td>PHA 505</td>
<td>Evidenced Based Medicine</td>
<td>3</td>
</tr>
<tr>
<td>PHA 509</td>
<td>Professional and Medical Practice Issues</td>
<td>1</td>
</tr>
<tr>
<td>PHA 518</td>
<td>Allergy and Immunology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 520</td>
<td>Physical Assessment</td>
<td>3</td>
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<tr>
<td>PHA 522</td>
<td>Hematology</td>
<td>2</td>
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<tr>
<td>PHA 533</td>
<td>Infectious Disease</td>
<td>2</td>
</tr>
<tr>
<td>PHA 543</td>
<td>Endocrinology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 547</td>
<td>Ophthalmology</td>
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</table>

**Spring semester 2016 (18 semester hours)**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PHA 509</td>
<td>Professional and Medical Practice Issues</td>
<td>1</td>
</tr>
<tr>
<td>PHA 523</td>
<td>Pulmonology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 524</td>
<td>Cardiology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 527</td>
<td>Nephrology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 531</td>
<td>Behavioral Dynamics</td>
<td>2</td>
</tr>
<tr>
<td>PHA 535</td>
<td>Gastroenterology</td>
<td>1</td>
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<tr>
<td>PHA 539</td>
<td>Neurology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 546</td>
<td>Pediatrics</td>
<td>2</td>
</tr>
<tr>
<td>PHA 549</td>
<td>Oncology</td>
<td>1</td>
</tr>
<tr>
<td>PHA 550</td>
<td>Introduction to Clinical Practice</td>
<td>2</td>
</tr>
<tr>
<td>PHA 557</td>
<td>Otorhinolaryngology</td>
<td>1</td>
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**Summer semester 2016 (18 semester hours)**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PHA 509</td>
<td>Professional and Medical Practice Issues</td>
<td>1</td>
</tr>
<tr>
<td>PHA 551</td>
<td>Urology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 556</td>
<td>Surgery</td>
<td>2</td>
</tr>
<tr>
<td>PHA 561</td>
<td>Obstetrics and Gynecology</td>
<td>2</td>
</tr>
<tr>
<td>PHA 562</td>
<td>Orthopedics</td>
<td>2</td>
</tr>
<tr>
<td>PHA 572</td>
<td>Dermatology</td>
<td>1</td>
</tr>
<tr>
<td>PHA 574</td>
<td>Rheumatology</td>
<td>1</td>
</tr>
<tr>
<td>PHA 610</td>
<td>Emergency Medicine</td>
<td>3</td>
</tr>
<tr>
<td>PHA 621</td>
<td>Problem Based Clinical Correlation</td>
<td>2</td>
</tr>
<tr>
<td>PHA 641</td>
<td>Geriatrics</td>
<td>2</td>
</tr>
</tbody>
</table>
Course Descriptions

PHA 538: Clinical Human Anatomy and Physiology (4 semester hours)
This course is designed to teach students the essentials of gross anatomy and physiology pertaining to clinical practice. Cadavers and cadaveric specimens will play a fundamental role as we relate lecture/discussions to laboratory study. Students will learn to relate anatomical structures in the human body, skeletons, and models to imaging studies. The surface anatomy component introduces the student to the clinical setting and describes the visible and palpable anatomy that forms the basis of physical examination. Through laboratory workshops, students will learn to visualize how their interaction with the body’s surface interplays with internal anatomy. Additionally, a thorough review of concepts of physiology as they pertain to health and disease will be provided with a focus placed on each major organ system. Both portions of this course are designed as a focused review and an approach to ensure physician assistant students entering the clinical medicine courses have a firm grasp of anatomical and physiological concepts and begin to apply physiological reasoning to clinical situations.

PHA 508: Biostatistics (1 semester hour)
This course is designed to acquaint the student with the basics of biostatistics and emphasizes how an understanding of these areas is important in clinical medicine. An understanding of biostatistics is important not only for analyzing the results of research but also for understanding and reducing errors. This course centers on basic techniques of investigating the association of variables and significance of results in a clinical and epidemiological setting.

PHA 575: Genetic & Molecular Basis of Health & Disease (2 semester hours)
The focus of this course is to gain an understanding of the biochemical, molecular, and genetic basis for health and disease with an emphasis on clinical applications. The purpose of this course is to provide students with a knowledge base that can be applied throughout their study of medicine.

PHA 501: Introduction to Clinical Medicine (1 semester hour)
This course will introduce the PA student to general concepts of the study of clinical medicine. Terminology and evidence-based medicine will be reviewed.
PHA 518: Allergy/Immunology  
(2 semester hours)  
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Allergy and Immunology.

PHA 522: Hematology  
(2 semester hours)  
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Hematology.

PHA 533: Infectious Disease (2 semester hours)  
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Infectious Disease.

PHA 543: Endocrinology (2 semester hours)  
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Endocrinology.

PHA 547: Ophthalmology (2 semester hours)  
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Ophthalmology.

PHA 505: Evidence-Based Medicine: Research, Communications and Applications (3 semester hours)  
A critical component of health care practice is the ability to recognize needs for information and possessing the skills/ability to locate, evaluate and use the needed information effectively. This course is designed to enable students with the competencies needed to become independent lifelong learners able to make informed decision based on critical reasoning and evaluation of medical and scientific literature and to communicate their knowledge in written and verbal forms. The effects of public health information literacy on health care delivery and the role of primary care providers in promoting patient health information literacy are
also explored. Students are introduced to the principles of clinical research design and epidemiology, including literature search, methodology, data collection, data management, and reporting of results and conclusions.

**PHA 520: Physical Assessment (3 semester hours)**
This course prepares students to master the art of taking medical histories and performing physical examinations. The focus is on recognition of “normal” and the significance of “abnormal” findings. A systems approach is used and the material is taught using a lecture, demonstration, and lab practicum format. A laboratory session is scheduled weekly to incorporate/practice skills presented in the lectures.

**PHA 509: Professional and Medical Practice Issues (1 semester hour)**
This course, which is taken in each of the three full didactic semesters, examines a professional’s obligations and a patient’s rights in regard to ethical and social issues in medicine. Thorny dilemmas, such as the role of using humans in research studies, decisions not to treat or to resuscitate, inherent conflicts in genetics and reproductive technologies, as well as professional concerns about paternalism, patient rights, and confidentiality are examined. Students learn to think critically, drawing upon their own experience, to develop an understanding of how to handle ethical dilemmas while practicing primary care medicine. Preparation includes understanding how to interpret medical literature and how to ethically apply research. Additionally, students learn the history of the PA profession and become culturally and socially aware of how professional credentialing, the regulation of caregiver’s clinical responsibilities, and ethical/legal considerations influence their interaction with patients, as well as their place in the profession.

**PHA 523: Pulmonology (2 semester hours)**
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Pulmonology.

**PHA 557: Otorhinolaryngology (1 semester hour)**
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Otorhinolaryngology.

**PHA 524: Cardiology (2 semester hours)**
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Cardiology.

**PHA 527: Nephrology (2 semester hours)**
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Nephrology.

**PHA 535: Gastroenterology (1 semester hour)**
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Gastroenterology.

**PHA 539: Neurology (2 semester hour)**
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Neurology.

**PHA 549: Oncology (1 semester hour)**
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Oncology.

**PHA 531: Behavioral Dynamics (2 semester hours)**
The recognition and management of common psychosocial problems is a critical skill to develop as a primary care provider. The fundamental role of interviewing and history taking will be emphasized as students are introduced to several techniques that will facilitate communicating and developing rapport with the patient. Treatment will be discussed from a bio-psychosocial perspective with reference to psychotherapies, psychopharmacology, and environmental intervention. The role that psychosocial dynamics play in all areas of medicine will be of major focus and case studies are used to emphasize the delicate interplay. Psychiatric topics covered will include anxiety disorders, mood disorders, psychoses, organic conditions, substance use disorders, personality disorders, eating disorders, and psychiatric emergencies and crises. Additionally, there is an introduction to the concepts of death, dying, and bereavement.

**PHA 546: Pediatrics (2 semester hours)**
The course will examine infant and child health and development, focusing on major common pediatric illnesses and their signs, symptoms, and management relative to the primary health care provider. The problem-oriented medical record is presented, i.e., the pediatric history and physical examination. Specific problems of the newborn and older child will be presented for discussion in such areas as immunity and
allergy, pharmacotherapy, medical emergencies, preventive health care, and the psychosocial and developmental disabilities specific to pediatrics. Students will learn to perform and demonstrate an infant exam. Specific strategies for physical examination of the pediatric patient will be learned and practiced on live patients in a skills lab.

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

This course introduces the student to the diverse practices of medicine including: Rehabilitative medicine, occupational medicine, and environmental medicine. It also introduces the student to the administrative functions associated with medical practice, such as various forms of medical documentation, patient charts, CPT/ICD-9 coding and third-party billing. Students will use their examination and history taking skills on standardized patient models in the campus physical assessment labs and then apply the administrative functions to the patient model scenarios. In addition, they will shadow volunteer medical providers or allied health professionals in the medical community throughout the semester.

**PHA 610: Emergency Medicine (3 semester hours)**

The course will present a systematic approach to the evaluation, recognition and management of medical and surgical emergencies which might be frequently encountered by the primary care physician assistant. Using a formal lecture/discussion format, the course will focus on etiology, evaluation, emergency treatment and stabilization of more common emergency injuries and disease presentations. The focus of the course is in providing students the necessary skill set to function in rural, underserved areas where the physician assistant might be responsible for identification of significant life threats, emergency treatment, and stabilization for evacuation to a higher level of care. Curriculum includes instruction and certification in the American Heart Association’s Basic Cardiac Life Support (BCLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) courses. Advanced training is provided in trauma assessment and stabilization which includes instruction and practical performance laboratory for all critical skills identified in the American College of Surgeon’s Advanced Trauma Life Support (ATLS) course.

**PHA 621: Problem-Based Clinical Correlation (2 semester hours)**

This course is designed to assist students in becoming critical thinkers who can apply the concepts of medical decision-making and problem solving. The course utilizes a Problem-Based Learning (PBL) approach to teach students to critically evaluate and apply the clinical information they derive through medical history, physical examination, diagnostic testing, and pertinent medical literature to the real-life resolution and management of health care problems.
PHA 641: Geriatrics (2 semester hours)
This course provides an introduction to gerontology with an emphasis on the normal biological, sociological, behavioral and environmental changes that occur with age. Consequences of aging from the perspective of primary health care providers will be presented. Principles and methods of multidimensional assessment relative to the recognition and management of medical disease and mental illness with an emphasis on maximizing functional independence is discussed. The skills of history taking and physical assessment in the geriatric population with hands on experience in nursing homes will be taught. Students will understand the End of Life Issues and ethics in palliative care with review of the model of Advanced Care planning. Hospice care and advanced directives will be presented.

PHA 551: Urology (2 semester hours)
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Urology.

PHA 556: Surgery
(2 semester hours)
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Surgery.

PHA 561: Obstetrics/Gynecology
(2 semester hours)
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Obstetrics/Gynecology.

PHA 572: Dermatology (1 semester hour)
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Dermatology.

PHA 562: Orthopedics (2 semester hours)
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Orthopedics.
PHA 574: Rheumatology (1 semester hour)
This course introduces the student to the pathophysiology, pathology, clinical medicine, diagnostic and therapeutic modalities, and preventive medicine aspects in the practice of Rheumatology.

Clinical Practice Curriculum
The final 12 months of the Program constitute an extended period of clinical practice experience under the supervision of a health care provider, usually physicians or physician assistants. The emphasis during this year is primary care in which the year is divided into 8 rotations. Our clinical training sites are located throughout a vast geographic area, most of which are rural. Students must be able to travel to accomplish their clinical practice rotations.

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

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

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

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

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

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

Clinical rotations outside the program’s designated geographic region (Montana, Wyoming, Colorado, North and South Dakota, Idaho and Utah) that have been requested by the student will only be approved for students who are in good standing. If a student who is scheduled for out-of-region clinical rotations is placed on probation, all subsequent rotations will be rescheduled within the Program’s designated region until the student’s probationary status is rescinded. If a site visit becomes necessary (based upon established program criteria for mandatory site visits) to a clinical rotation site that had been specifically requested by the student and is located outside the Program’s designated geographic region, the student will be financially responsible for all expenses associated with performing the required site visit.

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

### Course Schedule

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Description</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>Fall 16</td>
<td>PHA 651</td>
<td>Clinical Rotations I</td>
<td>12</td>
</tr>
<tr>
<td>Spring 17</td>
<td>PHA 652</td>
<td>Clinical Rotations II</td>
<td>12</td>
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<tr>
<td>Summer 17</td>
<td>PHA 653</td>
<td>Clinical Rotations III</td>
<td>12</td>
</tr>
<tr>
<td>Summer 17</td>
<td>PHA 636</td>
<td>Patient Safety – Unifying Themes</td>
<td>3</td>
</tr>
<tr>
<td>Summer 17</td>
<td>PHA 638</td>
<td>Case Study &amp; Community Education Project</td>
<td>3</td>
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</tbody>
</table>

### Course Descriptions

**PHA 651, 652, and 653: Clinical Rotations I, II, and III (12 semester hours each)**
Students complete clinical rotations as assigned by the physician assistant program

<table>
<thead>
<tr>
<th>Clinical Rotation</th>
<th># Weeks</th>
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<tr>
<td>Family Practice</td>
<td>6</td>
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<tr>
<td>General Internal Medicine</td>
<td>6</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>6</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6</td>
</tr>
<tr>
<td>Obstetrics/Gynecology (Women’s Health)</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6</td>
</tr>
<tr>
<td>General Pediatrics</td>
<td>6</td>
</tr>
<tr>
<td>Elective</td>
<td>6</td>
</tr>
</tbody>
</table>

One rotation must be performed in a rural area.

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

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

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

**General Pediatrics Rotation:** This required core rotation of 6 weeks is structured to provide the student with an in-depth exposure to the assessment and management of children and adolescents. Included will be a focus on the newborn physical,
well-child care, and those acute processes unique to the pediatric patient.

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

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

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

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

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

**PHA 636: Patient Safety – Unifying Themes (3 semester hours)**

Students will employ the Institute of Healthcare Improvement Open School modules on leadership, patient safety, and quality improvement. Building upon concepts and discussions begun during the didactic year regarding evidence-based medicine, ethics, and professionalism the student will leave the program with a focus on enhancing patient safety
through communication, data gathering, and quality improvement techniques.

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

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

**2015-2017 Program Academic Calendar**

The following is a tentative academic calendar for the Class of 2017 based on Financial Aid distribution. A more detailed academic calendar will be available at orientation.

<table>
<thead>
<tr>
<th>Summer Term 2015</th>
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<tbody>
<tr>
<td>July 6</td>
<td>Student Validation</td>
</tr>
<tr>
<td>July 6 at 8:00 AM</td>
<td>Orientation/Class begins</td>
</tr>
<tr>
<td>August 14</td>
<td>Semester Ends</td>
</tr>
<tr>
<td>August 17-21</td>
<td>Semester break</td>
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</table>

<table>
<thead>
<tr>
<th>Fall Semester 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>August 24</td>
<td>Semester begins</td>
</tr>
<tr>
<td>September 7</td>
<td>Labor Day – No class</td>
</tr>
<tr>
<td>November 26-27</td>
<td>Thanksgiving – No class</td>
</tr>
<tr>
<td>December 7- January 1</td>
<td>Winter break</td>
</tr>
<tr>
<td>January 1</td>
<td>Semester Ends</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring Semester 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>January 4</td>
<td>Semester begins</td>
</tr>
<tr>
<td>January 18</td>
<td>Martin Luther King Day – No class</td>
</tr>
<tr>
<td>March 25</td>
<td>Easter vacation – No class</td>
</tr>
<tr>
<td>April 22</td>
<td>Semester Ends</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summer Semester 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>April 25</td>
<td>Semester Begins</td>
</tr>
<tr>
<td>July 4</td>
<td>Independence Day – No class</td>
</tr>
<tr>
<td>August 12</td>
<td>Semester Ends</td>
</tr>
<tr>
<td>August 15-19</td>
<td>Summer break</td>
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</tbody>
</table>
**Clinical Experience Rotations (2016–2017)**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Rotation</td>
<td>August 22 – September 30</td>
</tr>
<tr>
<td>Second Rotation</td>
<td>October 3 – November 11</td>
</tr>
<tr>
<td>Third Rotation*</td>
<td>November 14 – December 30</td>
</tr>
<tr>
<td>Fourth Rotation</td>
<td>January 2 – February 10</td>
</tr>
<tr>
<td>Fifth Rotation</td>
<td>February 13 – March 24</td>
</tr>
<tr>
<td>Sixth Rotation</td>
<td>March 27 – May 5</td>
</tr>
<tr>
<td>Return Visit</td>
<td>May 8 – May 10</td>
</tr>
<tr>
<td>Break</td>
<td>May 11 – May 19</td>
</tr>
<tr>
<td>Seventh Rotation/AAPA</td>
<td>May 22 – June 30</td>
</tr>
<tr>
<td>Eighth Rotation</td>
<td>July 3 – August 11</td>
</tr>
<tr>
<td>Graduation</td>
<td>August 19, 2017</td>
</tr>
</tbody>
</table>

* One week holiday vacation may be taken during this rotation per arrangements with the preceptor.
PROGRAM STANDARDS OF PERFORMANCE

Academic Standards

Academic Integrity

Students in the Physician Assistant Program must comply with the RMC Academic Integrity Policy. Dishonesty in any form will not be tolerated in our Program. In addition to the ethical issue of honesty, as a professional program, we hold all our students to the AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession. These guidelines can be found at the following website: http://www.aapa.org/your_pa_career/becoming_a_pa/resources/item.aspx?id=1518&terms=ethical%20conduct

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

Scholastic Achievement

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

XX.50% or higher is rounded up to the next higher integer.
XX.49% or less is rounded down.

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

<table>
<thead>
<tr>
<th>Didactic &amp; Research Courses</th>
<th>Clinical Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Grade</td>
<td>Letter Grade</td>
</tr>
<tr>
<td>90 – 100</td>
<td>A</td>
</tr>
<tr>
<td>80 – 89</td>
<td>B</td>
</tr>
<tr>
<td>70 – 79</td>
<td>C</td>
</tr>
<tr>
<td>Less than 70</td>
<td>F</td>
</tr>
</tbody>
</table>

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

A - indicates that a student has exceeded the Program’s expectations
B - indicates that a student has met the Program’s expectations
C - indicates that a student has not met the Program’s expectations

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

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

**Assessments**

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

- **Written Examinations**: Frequent written evaluations are conducted throughout the Program to assess each individual’s acquisition of the required knowledge base to practice medicine as a Physician Assistant. These examinations occur on a frequent basis during the didactic phase and at the end of each clinical practice rotation during the clinical phase.

- **Clinical Skills Assessments (CSA)**: Students must demonstrate acquisition of the diagnostic, clinical and interpretive skills needed to fulfill the Technical Standards of Performance.

- **Objective Standardized Clinical Evaluations (OSCE)**: These practical assessments are designed to evaluate each student’s skills and abilities to obtain a patient’s medical history, appropriately perform physical examinations, critically analyze the diagnostic dataset to establish a problem list/differential diagnosis, formulate a treatment plan, and provide appropriate patient education.

- **Faculty/Preceptor Evaluations of Student Performance**: These are prepared at the end of each semester during the didactic year and at the end of each clinical practice rotation during the clinical year. The assessments are primarily used to evaluate professionalism, participation, communication skills, and overall performance.

A comprehensive summative evaluation is conducted at the end of both the didactic and clinical components of the Program. Each of these evaluations contains three assessments: A comprehensive written examination (the PACKRAT), multiple clinical skills assessments, and one or more OSCE(s) using trained patient models.

The comprehensive summative evaluation conducted at the end of the didactic phase is used to provide each student with a detailed
assessment of their mastery of the professional competencies (listed below). Grades obtained on the didactic phase comprehensive evaluations are not used to calculate any course grades. **However, students must pass the CSA and OSCE components of the summative evaluations at the end of the didactic component and achieve a passing score on the PACKRAT to move on to the clinical phase.** The passing PACKRAT score is determined by the program after analysis of all tests. Students must obtain a passing grade on all three components of the comprehensive summative evaluation conducted near the end of the clinical phase in order to graduate. Students who fail any component of the summative evaluation will require remediation and retesting of the failed component. A second failure will result in the student being given a grade of “Incomplete” (I) for their final clinical rotations course/semester. They will be immediately placed on Academic Probation and a plan for remediation will be developed which may include (but is not necessarily limited to) additional assigned clinical practice experience.

**Academic Progress**

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

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

**Competencies Mastery**

The National Commission on Certification of Physician Assistants (NCCPA), in conjunction with the AAPA, PAEA and ARC-PA, has developed a document entitled *Competencies for the Physician Assistant*
Profession (latest revision: version 3.5, dated March 22, 2005, available at http://www.nccpa.net/PAC/Competencies_home.aspx. This document serves as a foundation by which physician assistants can chart their individual course toward attaining the fundamental competencies of the PA profession.

The Rocky Mountain College PA Program has adopted this manuscript as a resource for defining the basic knowledge, clinical skills, and professional attitudes and behaviors individuals enrolled in this program should strive to attain and demonstrate throughout their course of study. Students in the RMC PA Program must demonstrate competence in the following six categories:

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

Additionally, the NCCPA has created a blueprint for entry-level physician assistant certification in which the examination content is divided into two critical dimensions:
1. Knowledge of clinical skills physician assistants should exhibit when confronted with diseases and disorders, and
2. Knowledge of organ systems and the diseases, disorders and medical assessments physician assistants encounter within those systems.

The following tables have been extracted from the NCCPA website to illustrate the breadth of competency expected of those who are seeking entry into the PA profession.

### Knowledge of Clinical Skills

#### History Taking & Performing Physical Examinations

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

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

#### Using Laboratory & Diagnostic Studies

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

**Cognitive skills in:**
- Using diagnostic equipment safely and appropriately
- Selecting appropriate diagnostic or laboratory studies
- Collecting diagnostic or laboratory specimens
- Interpreting diagnostic or laboratory studies results

#### Formulating Most Likely Diagnosis

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

**Cognitive skills in:**
- Correlating normal and abnormal diagnostic data
- Formulating differential diagnosis
- Selecting the most likely diagnosis in light of presented data
### Health Maintenance

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

**Cognitive Skills in:**
- Using counseling and patient education techniques
- Communicating effectively with patients to enhance health maintenance
- Adapting health maintenance to the patient’s context
- Using informational databases

### Clinical Intervention

**Knowledge of:**
- Management and treatment of selected medical conditions
- Indications, contraindications, complications, risks, benefits and techniques for selected procedures
- Standard precautions and special isolation conditions
- Sterile technique
- Follow-up and monitoring of therapeutic regimens
- Conditions that constitute medical emergencies
- Indications for admission to or discharge from hospitals or other facilities
- Discharge planning
- Available community resources
- Appropriate community resources
- Appropriate patient education
- Roles of other health professionals
- End-of-life issues
- Risks and benefits of alternative medicine

**Cognitive skills in:**
- Formulating and implementing treatment plans
- Recognizing and initiating treatment for life-threatening emergencies
- Demonstrating technical expertise related to performing specific procedures
- Communicating effectively
- Using counseling techniques
- Facilitating patient adherence and active participation in treatment
- Interacting effectively in multidisciplinary teams
**Pharmaceutical Therapeutics**

Knowledge of:
- Mechanism of action
- Indications for use
- Contraindications
- Side effects
- Adverse reactions
- Follow-up and monitoring of pharmacologic regimens
- Risks for drug interactions
- Clinical presentation of drug interactions
- Treatment of drug interactions
- Drug toxicity
- Methods to reduce medication errors
- Cross reactivity of similar medications
- Recognition and treatment of allergic reactions

Cognitive skills in:
- Selecting appropriate pharmacologic therapy for selected medical conditions
- Monitoring pharmacologic regimens and adjusting as appropriate
- Evaluating and reporting adverse drug reactions

**Applying Basic Science Concepts**

Knowledge of:
- Human anatomy and physiology
- Underlying pathophysiology
- Microbiology and biochemistry

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

**Knowledge of Organ Systems**

### Cardiovascular System

<table>
<thead>
<tr>
<th>Cardiomyopathy</th>
<th>Heart Failure/Hypertension</th>
<th>Venous thrombosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilated</td>
<td>Essential</td>
<td></td>
</tr>
<tr>
<td>Hypertrophic</td>
<td>Secondary</td>
<td></td>
</tr>
<tr>
<td>Restrictive</td>
<td>Hypertensive emergencies</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conduction Disorders</th>
<th>Hypotension</th>
<th>Valvular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial fibrillation</td>
<td>Cardiogenic shock</td>
<td>Aortic stenosis</td>
</tr>
<tr>
<td>flutter</td>
<td>Orthostatic hypotension</td>
<td>Aortic regurgitation</td>
</tr>
<tr>
<td>Atrioventricular block</td>
<td>Coronary Heart Disease</td>
<td>Mitral stenosis</td>
</tr>
<tr>
<td>Bundle branch block</td>
<td>Acute myocardial infarction</td>
<td>Mitral regurgitation</td>
</tr>
<tr>
<td>Paroxysmal supraventricular tachycardia</td>
<td>Non-ST-segment elevation</td>
<td>Tricuspid stenosis</td>
</tr>
<tr>
<td>Premature beats</td>
<td>ST-segment</td>
<td>Tricuspid regurgitation</td>
</tr>
<tr>
<td>Sick sinus syndrome</td>
<td>Angina pectoris</td>
<td>Pulmonary stenosis</td>
</tr>
<tr>
<td>Ventricular tachycardia</td>
<td>Stable</td>
<td>Pulmonary regurgitation</td>
</tr>
<tr>
<td>Ventricular fibrillation</td>
<td>Unstable</td>
<td>Other Forms of Heart Disease</td>
</tr>
<tr>
<td>Torsades de pointes</td>
<td>Prinzmetal variant</td>
<td>Acute and subacute bacterial endocarditis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Congenital Heart Disease</th>
<th>Vascular Disease</th>
<th>Acute pericarditis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial septal defect</td>
<td>Aortic aneurysm/dissection</td>
<td>Cardiac tamponade</td>
</tr>
<tr>
<td>Coarctation of aorta</td>
<td>Arterial embolism/thrombosis</td>
<td>Pericardial effusion</td>
</tr>
<tr>
<td>Patent ductus arteriosus</td>
<td>Giant cell arteritis</td>
<td></td>
</tr>
<tr>
<td>Tetralogy of Fallot</td>
<td>Peripheral artery disease</td>
<td></td>
</tr>
<tr>
<td>Ventricular septal defect</td>
<td>Phlebitis/thrombophlebitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varicose veins</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Venous insufficiency</td>
<td></td>
</tr>
</tbody>
</table>
### Pulmonary System

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

#### Neoplastic Disease
- Carcinoid tumors
- Lung cancer
- Pulmonary nodules

#### Obstructive Pulmonary Disease
- Asthma
- Bronchiectasis
- Chronic bronchitis
- Cystic fibrosis
- Emphysema

#### Pleural Diseases
- Pleural effusion
- Pneumothorax

#### Pulmonary Circulation
- Cor pulmonale
- Pulmonary embolism
- Pulmonary hypertension

#### Restrictive Pulmonary Disease
- Idiopathic pulmonary fibrosis
- Pneumoconiosis
- Sarcoidosis

#### Other Pulmonary Disease
- Acute respiratory distress syndrome
- Hyaline membrane disease
- Foreign body aspiration

### Endocrine System

#### Diseases of the Thyroid Gland
- Hyperparathyroidism
- Hypoparathyroidism
- Hyperthyroidism
- Hypothyroidism
- Neoplastic disease
- Thyroiditis

#### Diseases of the Adrenal Glands
- Corticoadrenal insufficiency
- Cushing syndrome
- Neoplastic disease

#### Diseases of the Pituitary Gland
- Acromegaly/gigantism
- Diabetes insipidus
- Dwarfism
- Neoplastic disease
- Pituitary adenoma

#### Diabetes Mellitus
- Type 1
- Type 2

#### Lipid Disorders
- Hypercholesterolemia
- Hypertriglyceridemia

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

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

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

#### Nose/Sinus Disorders
- Acute/chronic sinusitis
- Allergic rhinitis
- Epistaxis
- Foreign body
- Nasal polyps

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

### Gastrointestinal System/Nutrition

#### GU Tract Conditions
- Benign prostatic hyperplasia
- Congenital abnormalities

#### Infectious/Inflammatory Conditions
- Cystitis
- Epididymitis

#### Renal Diseases
- Acute renal failure
- Chronic kidney disease
<table>
<thead>
<tr>
<th>Cryptorchidism</th>
<th>Orchitis</th>
<th>Glomerulonephritis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erectile dysfunction</td>
<td>Prostatitis</td>
<td>Hydrenephrosis</td>
</tr>
<tr>
<td>Hydrocele/varicocele</td>
<td>Pyelonephritis</td>
<td>Nephrotic syndrome</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Urethritis</td>
<td>Polycystic kidney disease</td>
</tr>
<tr>
<td>Nephro/urolothiasis</td>
<td>Neoplastic Diseases</td>
<td>Renal vascular disease</td>
</tr>
<tr>
<td>Paraphimosis/phimosis</td>
<td>Bladder cancer</td>
<td>Fluid and Electrolyte Disorders</td>
</tr>
<tr>
<td>Testicular torsion</td>
<td>Prostate cancer</td>
<td>Hypervolemia</td>
</tr>
<tr>
<td></td>
<td>Renal cell carcinoma</td>
<td>Hypovolemia</td>
</tr>
<tr>
<td></td>
<td>Testicular cancer</td>
<td>Acid/Base Disorders</td>
</tr>
<tr>
<td></td>
<td>Wilms' tumor</td>
<td></td>
</tr>
</tbody>
</table>

**Genitourinary System**

<table>
<thead>
<tr>
<th>Benign Conditions of the GU Tract</th>
<th>Infectious/Inflammatory Conditions</th>
<th>Renal Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryptorchidism</td>
<td>Cystitis</td>
<td>Acute/chronic renal failure</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>Epididymitis</td>
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<td>Urethritis</td>
<td>Electrolyte and Acid/Base Disorders</td>
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<td>Neoplastic Diseases</td>
<td>Hypo/hypernatrexia</td>
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<td>Testicular torsion</td>
<td>Bladder carcinoma</td>
<td>Hypo/hyperkalemia</td>
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<tr>
<td></td>
<td>Prostate carcinoma</td>
<td>Hypo/hypercalcemia</td>
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<td></td>
<td>Renal cell carcinoma</td>
<td>Hypomagnesemia</td>
</tr>
<tr>
<td></td>
<td>Testicular carcinoma</td>
<td>Metabolic alkalosis/acidosis</td>
</tr>
<tr>
<td></td>
<td>Wilms' tumor</td>
<td>Respiratory alkalosis/acidosis</td>
</tr>
</tbody>
</table>

**Reproductive System**

<table>
<thead>
<tr>
<th>Uterus</th>
<th>Menstrual Disorders</th>
<th>Complicated Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysfunctional uterine bleeding</td>
<td>Amenorrhea</td>
<td>Abortion</td>
</tr>
<tr>
<td>Endometrial cancer</td>
<td>Dysmenorrhea</td>
<td>Abruption placenta</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>Premenstrual syndrome</td>
<td>Cesarean section</td>
</tr>
<tr>
<td>Leiomyoma</td>
<td></td>
<td>Dystocia</td>
</tr>
<tr>
<td>Prolapse</td>
<td></td>
<td>Ectopic pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fet al distress</td>
</tr>
<tr>
<td>Ovary</td>
<td></td>
<td>Gestational diabetes</td>
</tr>
<tr>
<td>Cysts</td>
<td></td>
<td>Gestational trophoblastic disease</td>
</tr>
<tr>
<td>Neoplasms</td>
<td></td>
<td>Hypertension disorders in pregnancy</td>
</tr>
<tr>
<td>Cervix</td>
<td></td>
<td>Multiple gestation</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>Placenta previa</td>
</tr>
<tr>
<td>Cervicitis</td>
<td></td>
<td>Postpartum hemorrhage</td>
</tr>
<tr>
<td>Dysplasia</td>
<td></td>
<td>Premature rupture of membranes</td>
</tr>
<tr>
<td>Incompetent</td>
<td></td>
<td>Rh incompatibility</td>
</tr>
<tr>
<td>Vagina/Vulva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystocele</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neoplasm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectocele</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginitis</td>
<td></td>
<td></td>
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</tbody>
</table>

**Musculoskeletal System**

<table>
<thead>
<tr>
<th>Disorders of the Shoulder</th>
<th>Disorders of the Hip</th>
<th>Osteoarthritis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractures/dislocations</td>
<td>Avascular necrosis</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Soft tissue injuries</td>
<td>Development dysplasia</td>
<td>Compartment Syndrome</td>
</tr>
<tr>
<td></td>
<td>Fractures/dislocations</td>
<td>Rheumatologic Conditions</td>
</tr>
<tr>
<td></td>
<td>Slipped capital femoral epiphysis</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>Disorders of the Forearm/Wrist/Hand</td>
<td>Fractures/dislocations</td>
<td>Gout/pseudogout</td>
</tr>
<tr>
<td>Fractures/dislocations</td>
<td>Osgood-Schlatter disease</td>
<td>Juvenile rheumatoid arthritis</td>
</tr>
<tr>
<td>Soft tissue injuries</td>
<td>Soft tissue injuries</td>
<td>Polyanteritis nodosa</td>
</tr>
<tr>
<td>Disorders of the Back/Spine</td>
<td></td>
<td>Polymyositis</td>
</tr>
<tr>
<td>Ankylosing spondylitis</td>
<td></td>
<td>Polymyalgia rheumatica</td>
</tr>
<tr>
<td>Back strain/sprain</td>
<td></td>
<td>Reactive arthritis (Reiter)</td>
</tr>
<tr>
<td>Cauda equina</td>
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<td>Neurologic System</td>
<td>Psychiatry/Behavioral Science</td>
<td>Dermatologic System</td>
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<td>Herniated nucleus pulposus</td>
<td>Anxiety Disorders/ Trauma-and Stressor-Related Disorders</td>
<td>Eczematous Eruptions</td>
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<td>Kyphosis</td>
<td>Generalized anxiety disorder</td>
<td>Dermatitis</td>
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<td>Lower back pain</td>
<td>Panic disorder</td>
<td>Dyshidrosis</td>
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<td>Scoliosis</td>
<td>Phobias</td>
<td>Lichen simplex chronicus</td>
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<td>Spinal stenosis</td>
<td>Adjustment disorder</td>
<td>Pityriasis rosea</td>
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<td>Post-traumatic stress disorder</td>
<td>Psoriasis</td>
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<td>Attention-Deficit/Hyperactivity Disorder</td>
<td>Desquamation</td>
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<td>Autism Spectrum Disorder (Autistic Disorder)</td>
<td>Erythema multiforme</td>
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<td>Feeding and Eating Disorders (Eating Disorders)</td>
<td>Stevens-Johnson syndrome</td>
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<td>Encephalitis</td>
<td>Toxic epidermal necrolysis</td>
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<td>Meningitis</td>
<td>Vesicular Bullae</td>
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<td>Bullous pemphigoid</td>
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<td>Acniform Lesions</td>
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<td>Acne vulgaris</td>
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<td>Verrucous Lesions</td>
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<td>Actinic keratosis</td>
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<td>Seborrheic keratosis</td>
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<td>Insects/Parasites</td>
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<td>Spider bites</td>
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<td>Basal cell carcinoma</td>
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<td>Kaposi sarcoma</td>
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<td>Squamous cell carcinoma</td>
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<td>Hair and Nails</td>
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<td>Alopecia</td>
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<td>Viral Diseases</td>
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<td>Condyloma acuminatum</td>
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<td>Bacterial Infections</td>
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<td>Fungal Infections</td>
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<td>Dermatophyte infections</td>
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<td>Acanthosis nigricans</td>
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<td>Burns</td>
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<td>Hidradenitis suppurativa</td>
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<td>Lipomas/epithelial inclusion cysts</td>
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<td>Melasma</td>
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<td>Pilonidal disease</td>
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<td>Pressure ulcers</td>
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<td>Urticaria</td>
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**Infectious Diseases**
- Acute/chronic osteomyelitis
- Septic arthritis
- Bone cysts/tumors
- Ganglion

**Neoplastic Disease**
- Cerebral aneurysm
- Intracranial hemorrhage
- Stroke
- Transient ischemic attack

**Syndrome**
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Systemic sclerosis (Scleroderma)
- Sjögren syndrome

**Other Neurologic Disorders**
- Altered level of consciousness
- Cerebral palsy
- Concussion
- Neurocognitive disorders
- (Dementias)
- Delirium
- Guillain-Barré syndrome
- Multiple sclerosis
- Myasthenia gravis
- Postconcussional syndrome
- Seizure disorders
- Status epilepticus
- Syncope
- Tourette disorder

**Psychiatric Disorders**
- Bipolar disorders
- Persistent depressive disorder (Dysthmic disorder)
- Personality Disorders
- Schizophrenia Spectrum and Other
- Psychotic Disorders
- Delusional disorder

**Somatic Symptom and Related Disorders**
- (Somatoform Disorders)
- Substance-Related and Addictive Disorders
- Use
- Dependence
- Withdrawal

**Other Behavior/Emotional Disorders**
- Acute reaction to stress
- Child/elder abuse
- Conduct disorder
- Domestic violence
- Grief reaction
- Suicide
Technical Standards

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

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

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

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

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

See Appendix 1.

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

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

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

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

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

5. **Behavioral and Social Attributes**
   A candidate must possess the emotional health and stability required for full utilization of her/his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, the development of mature, sensitive and effective relationships with patients. Candidates must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admission and educational processes.
Technological compensation can be made for some disabilities in certain areas, but such a candidate should be able to perform in an independent manner. Students with disabilities are responsible for requesting accommodations under the Americans with Disabilities Act through the procedures outlined in the Rocky Mountain College catalog. (See Accommodations/Disabilities in the General Policies and Procedures section of this handbook.)

Professional Standards - Code of Ethics

Students are required to demonstrate professional behavior throughout the duration of their enrollment at Rocky Mountain College – both in the didactic setting as well as in clinical practice rotations. Professional behavior means having and demonstrating respect for everyone, holding oneself to ethical and moral standards of behaviors, and developing the knowledge and skills that enable one to provide competent and compassionate care for their patients. At a minimum, Rocky Mountain College Physician Assistant students are required to abide to the professions Code of Ethics.

Code of Ethics

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

1. Physician assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare and dignity of all humans.
2. Physician assistants shall extend to each patient the full measure of their ability as dedicated empathetic health care providers and shall assume responsibility for the skillful and proficient transaction of their professional duties.
3. Physician assistants shall deliver needed health care services to health consumers without regard to sex, race, age, creed, socio-economic and political status.
4. Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient's health.
5. Physician assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation.
6. Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.
7. Physician Assistants shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
8. Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
9. Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.
10. Physician Assistants shall strive to maintain and increase the quality of individual health care services through individual study and continuing education.
11. Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose without fear or favor, any illegal or unethical conduct in the medical profession.
12. Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.
13. Physician Assistants shall place service before material gain and must guard against conflicts of professional interest.
14. Physician Assistants will strive to maintain a spirit of co-operation with their professional organization and the general public.
Specific Program Standards of Conduct

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

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

Evaluation of Professional Behavior

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

- At the end of each didactic semester (program faculty evaluation)
- Near the end of each clinical practice rotation (clinical preceptor evaluation)

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

Completion/Graduation Requirements

The Master of Physician Assistant Studies degree will be granted to all students who have completed the requirements for graduation as specified in this Student Handbook and the corresponding Rocky Mountain College Catalog and are recommended for graduation by the Program’s core faculty. Successful candidates for graduation must have completed the following:
Didactic Year (Must be completed as a condition of eligibility to begin the clinical practice year)

- Successfully complete, with a minimum grade of C in each course, the entire program didactic curriculum and achieve the required minimum cumulative grade point average (GPA) of 3.0. Additionally, students must achieve a minimum score of 60% or higher on the PACKRAT and successfully complete the OSCE and CSA components of the comprehensive summative evaluation conducted at the end of the didactic year.

Clinical Year

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

Completion Timeframe

All Program requirements must be finished within 24 months of the student’s scheduled program completion date (calculated on the basis of the original program matriculation date).

Retention Standards/Changes in Student Status

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

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

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

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

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

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

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

• Violation of any college or Program rules, regulations, policies or
  procedures with regards to academic integrity.
• Failure to achieve the required minimum grade point average
  (GPA) of 3.0 after having been on Academic Probation for one
  semester.
• Failure of more than 2 modules/courses in any single academic semester of the didactic year regardless of overall GPA.
• Refusal or failure to satisfactorily complete a remediation plan for any course, module, or clinical rotation.
• Judged to be professionally unfit for the practice of medicine (as determined by the formal end-of-semester or end-of-clinical rotation Faculty/Preceptor Evaluation of Students) by at least two different faculty and/or clinical rotation preceptors.
• Students on probation or on an extended curriculum (i.e. their projected Program completion date is extended beyond the originally scheduled program completion date for their class based upon their date of matriculation) are subject to immediate dismissal upon receipt of a failing rotation/course grade or violation of any of the terms of their probation.
• Receipt of a failing grade in two clinical rotations
• Failure of a third clinical practice end-of-rotation written examination

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

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

If the student owes a balance to the College, the amount is due at the time of withdrawal. Arrangements for monthly payments may be set up if the student cannot pay the total amount. The student will not be able to validate his or her enrollment, attend future classes, or obtain transcripts or diplomas, until the balance is either paid in full or satisfactory payment arrangements have been made. If the student owes an overpayment to the Department of Education, the College will report the amount owed to the Department of Education through the National Student Loan Data System (NSLDS). The student will not be eligible for future federal financial aid funds until payment arrangements have been set up with the Department of Education or until the overpayment has been paid in full.
The withdrawal calculation for those students receiving institutional assistance or those receiving no assistance, who withdraw from the College before they have completed 60% of the term, will be evaluated in the same manner as a student receiving federal financial aid.

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

POLICIES AND PROCEDURES

Academic Policies and Procedures

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

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

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

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

For any extended illness, a leave of absence from the Program may be considered. Reasonable efforts will be made by the administration and faculty to provide a means for remediating deficiencies incurred during periods of excused absence without penalty to the student.
Following any absence (excused or unexcused) from the Program, a health care provider’s documentation of the reason for absence and/or fitness to return to full Program activity may be required by the Program Director. Failure to do so or information provided by a health care provider suggesting the absence was not necessary and/or appropriate will be considered evidence of unprofessional behavior and will be grounds for evaluation of the individual’s fitness to continue in the Program.

**Liability Insurance**

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

**Participation of Students as Human Subjects**

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

Generally, students learn these examination techniques and skills in teams of two or three with the guidance of an experienced instructor. ALL students are required to participate in these critical educational activities by submitting to physical examination (including inspection, auscultation, palpation and percussion) by their classmates. Students will learn pelvic/rectal examination procedures using anatomic simulation and live patient models.

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

Unprofessional behavior (including but not limited to inappropriate physical contact or unsuitable verbal comments) will not be tolerated during physical examination experiences. Such behavior may result in a failing grade for the course.
Evaluation/Progress Reviews

Each member of the Program’s faculty (including clinical preceptors) participates in systematic evaluation of student progress throughout the Program with regards to academic, technical, and professional performance. When deficiencies are observed, individual student counseling is performed and a plan for remedial training is developed.

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

Testing Policies

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

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

Test Policies

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

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

Test Absences:

Students are expected to take examinations at the designated time. In the event of an illness, the student must contact the Course/Module Director and/or the Program Director *BEFORE* the test to inform her/him of the anticipated absence. A student who has missed an examination due to excused illness or personal crisis will have *NO MORE* than 48 hours in which to complete that examination or the first day back in classes, whichever occurs first. Students with a prolonged illness or personal crisis will be reviewed individually by the Program Director and arrangements made accordingly.

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

Post-test Reviews

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

Remediation

Remediation is the Program’s “process for addressing deficiencies in a student’s knowledge and skills, such that the correction of the deficiencies is measurable and can be documented” (*ARC-PA Standards*, 4th edition: DEFINITIONS).

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

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

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

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

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

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

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

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

Re-testing

Re-testing during the didactic phase, in order to raise an assessment score, is available on a voluntary basis. Students are allowed to re-test no more than two (2) formal assessments (written examinations or clinical skills assessments) per semester subject to the following:

• The request for re-test must be submitted, in writing, to the course/module director within 5 scheduled academic days of the original examination-assessment grades release date.  
  Re-testing during the didactic curriculum will be scheduled by the course/module director within 10 academic days of the date the written
request for re-testing is received. The score for the retest will be utilized as follows:

- The original score will be replaced by a maximum grade of 80% if the retest score is 80% or greater.
- The original score will be replaced by the actual retest score if the retest score is < 80%, but > than the original score.
- The student will be placed on academic probation and the original test score will remain if the student scores lower on the retest than on their original test.
- A second re-test over the same course content is not allowed.

Re-testing during the clinical phase is mandatory when a student obtains a failing score (less than 70%) on any end-of-rotation examination. Scores below 70% will require remediation and re-testing within 10 academic days. No more than two remediation re-test exams during the Clinical Year will be available to a student. The occurrence of a third test failure during the clinical year will result in student dismissal from the Program.

**Grade Assignment**

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

Once the evaluation has been submitted to the Program faculty for review/grading, UNDER NO CIRCUMSTANCES is the student to approach a preceptor for further explanation of their evaluation. To do so will not only violate program policy, it will be considered a clear example of unprofessional behavior because it may be interpreted as defensive or threatening to the preceptor. If a student approaches a past preceptor for any review of the evaluation after the grade has been assigned to it by the program faculty, the student will be placed on probation or dismissed from the program (if already in a probationary status).

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

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

Academic Appeals

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

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

Personal Attire

It is the responsibility of the student to dress appropriately remaining clean and well-groomed at all times. Students are required to wear their Rocky Mountain College name tag and a white lab coat at all times in patient care areas. Patient care areas are defined as any setting in which patients are examined, evaluated or provided care by any means including inpatient, outpatient and campus settings.
The following are not appropriate in the clinic setting:

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

**Identification**

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

**Clinical Experience Logging**

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

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

**General Policies & Procedures**

**Accommodations/Disabilities**

Rocky Mountain College and the Physician Assistant Program are committed to providing courses, programs, services, and facilities that are accessible to students with disabilities. Students with disabilities are responsible for identifying themselves, providing appropriate documentation, and requesting reasonable accommodations. In order to ensure provision of needed accommodations/support services from the onset of participation in the Physician Assistant Program, students with disabilities are encouraged to contact the Rocky Mountain College graduate student Section 501/ADA Coordinator immediately after accepting a position in the Program to provide/initiate the necessary documentation to establish an accommodations plan. Refer to the most
recent edition of the Rocky Mountain College Catalog for further information.

**Name and Contact Information Changes**

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

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

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

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

**Drugs and Alcohol**

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

**Employment During the MPAS Program**

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

Matriculated PA students will not be employed by the Physician Assistant Program under any circumstances. Students will not be allowed to perform clerical or administrative work for the Program.
During clinical rotations, students will not be used to substitute for regular clinical and/or administrative staff. If a student is asked to substitute for regular staff on a rotation, he/she should inform the Clinical Coordinator or Program Director immediately.

**Grievance Procedures**

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

**Nondiscrimination/Harassment**

The following are specific policy statements of Rocky Mountain College:

1. **EEO/AA Policy** -- It is the policy of Rocky Mountain College to afford equal opportunity in employment and admissions to all individuals. No person, on the basis of race, color, national origin, sex, religion, age, sexual orientation or handicap shall be excluded or denied benefits or otherwise discriminated against in employment or admission or participation in education programs or activities. Discrimination shall not be tolerated in any service or operation including, but not limited to, recruiting, testing, counseling, awarding financial aid, research, etching, assignment of work-study and assistantships, granting of degrees, or participation in RMC sponsored student recreation or organizational activities.

2. **Sexual Harassment Policy** -- It is the policy of the College to provide a working, learning, and teaching environment free from unlawful harassment of any kind, including sexual harassment. Sexual harassment of any student, on or off campus, is prohibited and will not be tolerated. Retaliation against a person who reports or complains about harassment, or who participates in the investigation of a harassment complaint, is also prohibited.

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

Printed copies may be obtained through the RMC personnel office.

**Program Evaluations**

Students are required to complete all module, course, rotation, program and instructor/faculty/preceptor evaluations. Student input is a
vital and integral component of the program’s ongoing self-assessment and improvement process and is an absolute requirement for program accreditation. All mandatory evaluations provided by students are completed in a confidential manner. Many of the evaluations have been computerized (Moodle) providing for easy statistical analysis of the survey results and tracking while maintaining student anonymity. A student’s history of completing course evaluations is a component of professional evaluation.

Security and Safety

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

RESOURCES

Facilities

Classroom

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

Physical Assessment Labs

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

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

Cadaver and Anatomy Laboratory

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

Conference Rooms

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

Computer Laboratories

Several computer laboratories are located on campus. The one closest to the classroom is found in the campus library. This library-based computer lab has 24 desktop computers with printer access. Students are provided a Rocky Mountain College user profile during orientation to utilize any of the campus provided computer terminals and printers. The library-based computer labs are accessible 24 hours a day.

Libraries

In addition to the campus library, students have access to more resources through the Billings Area Health Science Information Consortium, a group of public and private libraries dedicated to meeting the needs of students and professionals. These librarians are specifically trained in the needs of PA students and thus are excellent sources of information on how to access medical literature.

Student Health Services

The campus Student Health Services, located in the southeast corner of the Fortin Education Center, provides examinations, diagnosis and treatment of minor illnesses, and primary treatment of injuries at no charge to students. Vaccinations are available for a nominal fee. The
student is financially responsible for any costs associated with prescriptions, referred laboratory work, x-ray film, and/or referrals to other physicians.

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

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

**Internet Addresses**

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

**Professional Organizations**

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

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

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

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

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

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

Physician Assistant Education Association (PAEA)
http://www.paeaonline.org/
APPENDICES

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Appendix 1: Technical Standards Statement

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

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

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

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

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

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

I ________________________________ declare that I am able to meet the program’s Technical Standards as described above.

______________________________  ______________________
Signature                      Date Signed
Appendix 2: Participation as Human Subjects

PARTICIPATION OF STUDENTS AS HUMAN SUBJECTS

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

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

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

____________________________________          ______________________________
Student Signature    Date
## Appendix 3: Health History Questionnaire

**Today's Date ____________________**

**Name __________________________________________________________________**

**All previous occupations_________________________________________________**

<table>
<thead>
<tr>
<th>Education:</th>
<th>Years in high school</th>
<th>Years in college</th>
<th>Degrees</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birthplace</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

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

### Family History

<table>
<thead>
<tr>
<th>If Living</th>
<th>If Deceased</th>
<th>Has any blood relative or husband or wife ever had:</th>
<th>Check if yes</th>
<th>Relationship if Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Father</strong></td>
<td></td>
<td><strong>Age</strong></td>
<td><strong>Health</strong></td>
<td><strong>Age at Death</strong></td>
</tr>
<tr>
<td><strong>Mother</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Circle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Brother/Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Brother/Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Brother/Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Brother/Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Circle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Son/Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Son/Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Son/Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Son/Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personal History

**Date of last physical examination: __________________**

**Health Care Provider: __________________________________________________**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Hospital</th>
<th>Health Care Provider</th>
</tr>
</thead>
</table>

**CURRENT MEDICATIONS:** Circle those you use

<table>
<thead>
<tr>
<th>Laxatives</th>
<th>Birth Control Pills</th>
<th>WEIGHT: Now</th>
<th>HABITS: Use seat belts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Decongestants</td>
<td>1 yr. ago</td>
<td>TobacCO: Never</td>
</tr>
<tr>
<td>Vitamins</td>
<td>Nasal Sprays</td>
<td>Desired</td>
<td>Cigarettes _____ packs/day</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>Cortisone</td>
<td></td>
<td>Cigars _____ Pipe</td>
</tr>
<tr>
<td>Hormones</td>
<td>Diet Pills</td>
<td></td>
<td>Alcohol Beverages:</td>
</tr>
<tr>
<td>Antacids</td>
<td>Diuretics/Water Pills</td>
<td></td>
<td>Age started smoking</td>
</tr>
<tr>
<td></td>
<td>Cold/Allergy Pills</td>
<td></td>
<td>Age stopped smoking</td>
</tr>
</tbody>
</table>

**ADDITIONAL MEDICATIONS:**

- EKG (or treadmill)
- Stool test (Blood)
- Pap Smear
- Sigmoidoscopy
- Mammogram
- Cholesterol
- Date
- Result
- Marijuana
- Cocaine
- Heroin
- Other
- Ever treated for alcoholism? __
- Type: __________________
- RECREATIONAL DRUGS: __________________
- Exercise? Type: __________________
- Frequency, distance or amount: __________________

| HAVE YOU HAD X-RAYS OF: Chest Stomach (Upper GI) Colon/Barium Enema |
|-------------------------|-------------------------|-------------------------|
| Date | Result | Date | Result | Date | Result |
|     |        |     |        |     |        |

**WEIGHT:** Now

**HABITS:** Use seat belts?

**TOBACCO:** Never

**CIGARETTES:** ____ packs/day

**AGE STARTED SMOKING:** __________

**AGE STOPPED SMOKING:** __________

**SNUFF:** __________________

**CHewing tobacco:** __________

**ANY SPECIAL DIET:** __________

**EXERCISE? Type:** __________________

**Frequency, distance or amount:** __________________
PERSONAL HISTORY - Circle any of the items listed below that apply to you (past or present):

- Measles (10 day)
- German Measles (3 day)
- Mumps
- Chicken Pox
- Whooping Cough
- Scarlet fever/Scarlatina
- Diphtheria
- Pneumonia
- Influenza
- Pleurisy
- Any eye disease, injury, impaired sight
- Any ear disease, injury, impaired hearing
- Any troubles with nose, sinuses, mouth, throat
- Problems with your teeth
- Rheumatic fever
- Rheumatism
- Any bone or joint disease
- Neuritis or neuralgia
- Bursitis, sciatica or lumbago
- Stiff, swollen or painful joints
- Polio or meningitis
- Bladder or kidney infection or stones
- Gonorrhea, syphilis, or herpes
- Chlamydia, Venereal warts
- Anemia
- Yellow jaundice or hepatitis
- Tuberculosis
- Mononucleosis
- Diabetes
- Hypoglycemia
- Recent change in appetite or eating habits
- Chest pain or angina pectoris
- Spitting up of blood
- Night sweats
- Shortness of breath
- Palpitations or fluttering heart
- Heart murmur
- Swelling of hands, feet or ankles
- Extreme tiredness or weakness
- Varicose veins
- Albumin, sugar, blood or pus in urine
- Difficulty urinating
- Get up at night to urinate
- Abnormal thirst
- Stomach trouble or ulcer
- Colitis or other bowel disease
- Liver or gall bladder disease
- Hemorrhoids
- Rectal bleeding
- Constipation or diarrhea
- Black bowel movements
- Change in bowel or bladder habits
- Indigestion or difficulty swallowing
- Change in a wart or mole
- Hoarseness or cough
- Non-healing sores
- Lumps in breasts or elsewhere
- Unusual bleeding or discharge
- Tubal infections

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

WOMEN ONLY: Do you do regular breast self-exam?  Yes  No
Do you do regular testicular self-exam?  Yes  No

Menstrual History
Age at onset ____________________  Date of last period ____________
Cycle (from start to start) ____________  days
Usual duration of flow ____________  days
Usual duration of flow ____________  days
Flow is _______ Heavy _______ Medium _______ Light
Pain or cramps _______ Period irregular
Have had vaginal infections or frequent discharge __________
Have taken birth control pills or used an IUD __________
Have had abnormal PAP __________  Date of last PAP __________

EXPOSURES: Have you been exposed to:
- Lead
- DES
- Asbestos
- Others (Chemicals, Noise, etc.)

Pregnancies
- Total Number
- How many children born alive __________
- How many stillbirths __________
- How many premature __________
- How many Cesarean sections __________
- How many miscarriages __________
- How many abortions __________

ALLERGIES: Are you allergic to
- Penicillin, sulfa, other antibiotics __________
- Aspirin, codeine or morphine __________
- Any other medicines? __________
- Insect bites or stings __________
- Any foods? __________

Health Care Provider’s Signature ____________________  Date __________
**IMMUNIZATION REQUIREMENTS:** Please complete the following from original physician records. Montana law requires all applicants, born after January 1, 1957, to provide documentation of two (2) measles & rubella vaccinations. Proof must be from a physician, school, or other official records. If no record is available, immunizations may be performed by your doctor, a health department, or at the RMC Student Health Service, before registration.

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Date of Last Vaccine (DD/MM/YY)</th>
<th>Serologic Immunity (DD/MM/YY)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio Vaccination #1</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>Polio Vaccination #2</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>Polio Vaccination #3</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>Diphtheria-Tetanus-Pertussis</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>Varicella (Chickenpox vaccine OR titer)</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>*MMR (measles, mumps, rubella) #1 vaccination</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>*MMR (measles, mumps, rubella) #2 vaccination</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>Hepatitis B vaccination # 1</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>Hepatitis B vaccination # 2</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
<tr>
<td>Hepatitis B vaccination # 3</td>
<td></td>
<td></td>
<td>Must attach copy of official documentation</td>
</tr>
</tbody>
</table>

Tuberculin Skin Test (PPD within the last six months) Date: ____________________________ Result: __________________________________________________________________________________________

**LABORATORY EXAMINATION DATA (within the past year):**

<table>
<thead>
<tr>
<th>Hemoglobin or Hematocrit</th>
<th>WBC</th>
<th>Urine:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sugar</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protein</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Microscopic:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL EXAMINATION:**

- “✓” = Normal
- “X” = Abnormal Temperature

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Pulse</th>
<th>Respiration</th>
<th>Blood Pressure:</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
<th>General Appearance</th>
<th>Mental Status</th>
<th>Heart</th>
<th>Abdomen</th>
<th>Back</th>
<th>External Genitalia</th>
<th>Vagina and Cervix</th>
<th>Pelvic Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>Nodes</th>
<th>Eyes</th>
<th>Fundi</th>
<th>Ears</th>
<th>Oral</th>
<th>Color Vision</th>
<th>Throat</th>
<th>Hearing:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Right</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Left</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teeth</th>
<th>Neck</th>
<th>Chest</th>
<th>Breasts</th>
<th>Neurological</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**HEALTH CARE PROVIDER’S COMMENTS**

________________________________________________________________________________________

________________________________________________________________________________________

Based upon the Technical Standards of Performance for Applicants (attached), this applicant:

Yes, is in satisfactory physical and emotional health to enter and complete physician assistant training.

No, is not in satisfactory physical and/or emotional health to enter and complete physician assistant training at this time.

Health Care Provider’s Signature: ____________________________ Phone: ____________________________ Date: ____________________________

Print Name: ____________________________ Address: ____________________________

Please mail the completed form to: Rocky Mountain College, Student Health Services, 1511 Poly Drive, Billings, MT 59102
Appendix 4: Immunization Information Release Form

Authorization for Release of Information

To: Rocky Mountain College
Student Health Services
1511 Poly Drive
Billings, Montana 59102

From: 

Student’s Name: ____________________________
Maiden/Former Name: _______________________
Mailing Address: ____________________________
City, State, Zip: ____________________________
Date of Birth: _____________________________

Home Phone: _____________________________
Other Phone: _____________________________

1. I hereby authorize representatives of:
   1.1 Rocky Mountain College Student Health Services to release to Rocky Mountain College Physician Assistant Program faculty/staff, and
   1.2 Rocky Mountain College Physician Assistant Program to release to Physician Assistant Program clinical affiliates, with whom I am scheduled to perform a clinical practice rotation in fulfillment of program requirements for the Master of Physician Assistant Studies degree, a complete record of all immunizations (including dates administered), tuberculosis testing (including dates performed and test results), any required drug test results and certified background check results.

2. The purpose of disclosure is to assure timely dissemination of this information when required by clinical affiliates as a condition to any clinical practice experience.

3. I authorize the information to be communicated in oral or written (including facsimile) forms.

4. This authorization shall be in effect for 36 months following the date of signature.

5. I understand that I may revoke this consent at any time by notifying the providing organization in writing, except to the extent that action has already been taken in reliance on it and that in any event this consent expires automatically as described above.

6. I understand that information disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

7. A photocopy is as valid as the original.

Signature of student: ____________________________ Date: __________

Signature of witness: ____________________________