

# INTERSERVICE PHYSICIAN ASSISTANT PROGRAM



**University of Nebraska  
Medical Center™**

**BREAKTHROUGHS FOR LIFE.®**



**2020**

**STUDENT HANDBOOK**

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\*\*\*All IPAP students are required to read this handbook in its entirety, and ensure full understanding of its contents. Ask IPAP Faculty & Staff for clarification if necessary. Policy compliance is mandatory\*\*\*

## SECTION I

### PROGRAM DIRECTOR'S INTRODUCTION

Congratulations on your selection and welcome to the largest PA program in the world. The Interservice Physician Assistant Program (IPAP) is one of only 238 PA programs in the U.S. accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), and represents the only PA program providing direct placement of graduates into the Armed Services. The IPAP is affiliated with the University of Nebraska Medical Center, which confers a bachelor's degree upon successful completion of the 16-month didactic phase (Phase I), and a master's degree after completing of the clinical training phase (Phase II). The next 29-months of PA school requires absolute dedication and perseverance in order to navigate the diversity of course requirements. Upon successful completion of the IPAP and the Physician Assistant National Certifying Examination (PANCE), you will join a highly dedicated and respected profession and serve as future military leaders. Most importantly, you will be responsible for the care and medical readiness of our nation's warfighters.

The updated version of the IPAP Student Handbook outlines the program expectations and governing policies while at the same time introducing you to the professional and ethical standards of the PA profession. Take the time to familiarize yourself with this document, as you must follow these guidelines, both academically and professionally.



Brian E. Burk, PhD, PA-C, DFAAPA  
COL, SP, U.S. Army  
Director, Interservice PA Program

## SECTION II

### HISTORY

#### History of the Physician Assistant

The profession of the Physician Assistant (PA) has only been recognized since 1967. In the late 1950's and early 1960's, the lack of physicians in both the military and civilian health care systems led to the development of the PA profession. In a 1961 article published in the Journal of the American Medical Association (JAMA), Dr. Hudson first broached the subject of the "extern" in helping to meet the nation's healthcare provider needs. This "extern" would be responsible for most of the technical procedures and some of the medical responsibilities of the physician under whom they would work. This concept led to the development of the first PA educational program.

In 1965, Dr. Eugene Stead developed the first PA program at the Department of Medicine at Duke University Medical Center in Durham, North Carolina. Using four ex-Navy corpsmen, the two-year PA program began. The curriculum modeled a fast-tracking medical doctor's program developed during World War II. In this program, the first 9 months focused on sciences and clinical skills, the next 13 months centered on clerkships in a variety of hospital clinics, and the final two months involved working with a clinical preceptor learning their professional skills. On 06 October 1967, the first PA students graduated from the Duke University, thereby establishing the PA profession.

Other PA programs quickly appeared across the U.S. shortly after Duke University matriculated the first PA student; however, these represented other prototypes for PA education. For example, at the University of Washington, Dr. Richard Smith designed a program called MEDEX (Medicine Extension) to train former military medics to service areas of Washington State that were lacking in medical personnel. This program required three months of concentrated study and 12 months of preceptorship with university medical doctors. Highlighting another prototype, in 1966 the merchant marines began a nine-month training program for purser mates (the people in the merchant marines responsible for overseeing ships documentation and customs declarations, as well as medical care). While the concept of the "physician's assistant" increased in popularity throughout the late 1960's, it was the American

Medical Association's endorsement and subsequent efforts to establish a formalized PA education process that led to the modern-day existence of PA profession.

Today, most PA programs are 24-29 months in length, but range from 18-36 months. Despite the differences between the schools, all PA programs must meet the same standards for accreditation set forth by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Only graduates from an ARC-PA accredited program may take the Physician Assistant National Certifying Examination (PANCE), which is the only certifying examination in the United States.

### **History of the Interservice Physician Assistant Program**

In 1996, the military services combined their various PA programs to form Interservice Physician Assistant Program (IPAP), located at the Army Medical Department Center and School (AMEDDC&S), Fort Sam Houston, Texas. At this point, upon completion of this 24-month program, the graduates received a Bachelor of Science in Physician Assistant Studies from the University of Nebraska Medical Center (UNMC). In 2003, the curriculum expanded to meet new industry requirements and, for the first time, IPAP graduates received a Master of Physician Assistant Studies (MPAS). Realizing the challenges of adding a master's curriculum to the already packed 24-month program, the IPAP expanded to 29-months in 2011. Today, the program remains as redesigned in 2011, a 16-month didactic phase and a 13-month clinical phase.

Even within the AMEDDC&S, the IPAP has undergone significant organizational changes. In 2007, the IPAP joined other allied health programs in forming the Graduate School within the Academy of Health Sciences. Later in 2014, the AMEDDC&S received recognition as the Department of Defense Health Readiness Center of Excellence. Today, the Graduate School consists of 12 different programs from four different universities. From masters programs in Health Administration to doctoral programs in Physical Therapy, the focus of medical education for the Department of Defense centers on excellence based on the highest professional standards. Most recently in 2019, the AMEDDC&S changed to the Army Medical Center of Excellence (MEDCoE) and realigned under Army Training and Doctrine Command.

This ongoing commitment to excellence remains at the forefront of the IPAP's now 24-year affiliation the University of Nebraska Medical Center (UNMC). From the

initial affiliation agreement to this ongoing partnership with UNMC, the IPAP gains national recognition and institutional support. For instance, all IPAP faculty members receive recognition as adjunct faculty ranging from instructors to associate professors. Furthermore, it was the collaborative efforts between the IPAP and UNMC in 2003 that lead to the industry leading transition from a bachelor to master degree program. This affiliation leads to graduates receiving a Masters of Physician Assistant Studies (MPAS) degree. Highlighting the success of this affiliation, in March 2019, the IPAP received national recognition when the U.S. News & World Report ranked the IPAP as #10 of 170 ARC-PA accredited PA programs in the United States.

Taking a closer look at the IPAP of today, the efforts by the faculty and staff remain crucial to educating PAs for the uniformed services. Our main campus remains located on Historic Fort Sam Houston, which is now an essential component of Joint Base San Antonio (JBSA). Here all IPAP students complete their 16-month didactic phase. Phase 1 education consists of basic medical science courses intended to develop a PA student`s foundational knowledge of critical medical concepts. After completing this portion of the curriculum, students continue with their medical clerkships at one of 23 Army, Navy, and Air Force Phase 2 sites across the country. These Phase 2 sites are located at military installations with adequate medical facilities to support the rotations required to be a successful military PA. Our Phase 2 Clinical Coordinators are responsible for the administrative support and ensuring that clinical preceptors provide appropriate clinical training. This training allows IPAP students to obtain the skills necessary for becoming a successful PA. However, on top of the educational endeavors, the efforts of the IPAP faculty and staff remain focused on maintaining the highest standards of university education.

As mentioned earlier, all PA students must graduate from an ARC-PA accredited program in order to be eligible to sit for PANCE. The IPAP faculty and staff work tirelessly to ensure the IPAP complies with all civilian standards for PA education established by the ARC-PA. In fact, in 2015, the efforts set forth by the IPAP faculty and staff not only met the ARC-PA standards, but the IPAP received an unprecedented 10-year accreditation. Today, staying in compliance with the ARC-PA standards remains a committed focus of the IPAP faculty.

## **SECTION III**

### **MISSION, VISION, GUIDING PRINCIPLES**

#### **Mission Statement**

To provide the uniformed services with highly competent, compassionate physician assistants who model integrity, strive for leadership excellence, and are committed to lifelong learning

#### **Vision Statement**

To be recognized as the world-class leader in physician assistant education

#### **Guiding Principles**

To provide leadership and education of the highest quality and greatest value to our students, thereby instilling a lifelong desire for growth and learning

To immerse faculty and students in an environment that fosters a sense of academic and professional excellence

To educate the future leaders of military medicine to become the most dynamic and highest quality physician assistants possible

To demonstrate personal integrity and ethical conduct

## SECTION IV

### PROGRAM OBJECTIVES AND EXPECTATIONS

#### Program Objectives

1. Provide a quality curriculum by teaching basic sciences and a conceptual framework in the applied sciences to enable students to assimilate information and develop problem-solving skills.
2. Prepare students for primary care practice with an emphasis on the evaluation and treatment of mental and physical disorders.
3. Prepare students for their uniformed services role as primary care providers in peacetime and in conflict.
4. Prepare students to successfully complete requirements for certification as physician assistants.
5. Prepare students to contribute to the physician assistant profession in clinical practice, research, teaching, service, and community activity.
6. Provide a professional and educational foundation which graduates will use to develop a personal professional development plan while in the military, or as a civilian.
7. Develop and support academic and clinical faculty as role models, educators, clinicians, and scholars.
8. Support academic faculty members in their contributions to the PA profession.
9. Support the development of IPAP graduates as clinicians, leaders, and scholars.
10. Develop the future officers within the Uniformed Services.
11. Prepare graduates to provide medical care to patients from diverse populations.
12. Graduates of the IPAP will possess the knowledge and skills to accomplish the following minimum critical functions in the family practice setting:
  - a. Given a patient with any disease, disorder, or injury: Accurately assess and record a comprehensive history to include a chief complaint, history of present illness, past medical history, past surgical history, family history, social history, and an appropriate review of systems for any contributing symptoms to the chief complaint.
  - b. Given a patient with any disease, disorder, or injury: Perform both a comprehensive and problem oriented physical examination, recording both positive and negative findings appropriately, organize written notes in a standard and legible format for presentation to the supervising physician.
  - c. Given a history and the results of a physical examination: State the most probable diagnoses and describe the pathophysiologic process associated with each diagnosis.
  - d. Order, interpret, and report appropriate laboratory and radiographic findings that are necessary to present to the supervising physician for possible therapy.
  - e. Identify pertinent data obtained from the patient and the examination and incorporate into a problem-focused plan.
  - f. Plan and implement appropriate primary care treatment plans and medical education, such as applicable life style changes, within the time, equipment and

supply limitations of the medical facility to which assigned. Discuss and instruct patient on a treatment plan.

g. Given the results of a history, a physical examination, and appropriate laboratory and radiographic findings, for a wide variety of disease processes and injuries, determine which clinical cases may require further medical or surgical specialty consultation for diagnosis and/or treatment.

h. Formulate treatment plans that are relevant to the patient in resolution of his/her medical problem.

i. Perform patient education and counseling for patient compliance, family planning, wellness, and health maintenance.

j. Given either environmental conditions or clinical cases: Identify clinical or social situations, which may have public health significance and ultimately recommend and implement preventive measures.

k. Given a medical or surgical emergency: Perform an appropriate initial evaluation to stabilize and manage the patient until transferred to the care of a physician.

l. Apply clinical knowledge obtained in behavioral concepts related to health care in interpersonal relationships with patients.

m. Given raw medical data (including history and physical examination), communicate this information both orally and in writing to another health care provider, in a clear, concise, and well organized manner.

n. Demonstrate personal conduct, behavior and the professional qualities required of an officer and a health care professional. Continually evaluate one's own performance as a physician assistant.

o. Become involved in the professional organizations that represent physician assistants on the local, state, and national level.

p. Participate in an interdisciplinary, collaborative approach in providing high quality, efficient and effective healthcare to our beneficiaries.

All students will be evaluated on these program-defined learning outcomes (12a-p)

## Program Expectations

Expectations are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession.

1. COMMITMENT TO LEARNING – The ability to self-correct, and self-direct: to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. INTERPERSONAL SKILLS – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues. The ability to show respect to classmates, faculty, patients and colleagues.
3. COMMUNICATION SKILLS – The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. EFFECTIVE USE OF TIME – AND RESOURCES The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. USE OF CONSTRUCTIVE – FEEDBACK The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. PROBLEM SOLVING – The ability to recognize and define problems. Analyze data, develop and implement solutions, and evaluate outcomes.
7. PROFESSIONALISM – The ability to exhibit appropriate professional conduct and to represent the profession effectively. Treat people as they should be treated.
8. RESPONSIBILITY – The ability to fulfill commitments and to be accountable for actions and outcomes. Do what is right, legally and morally.
9. CRITICAL THINKING – The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts,

illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

## 10. STRESS MANAGEMENT –

The ability to identify sources of stress and to develop effective coping behaviors.

## SECTION V

### GENERAL PROGRAM INFORMATION

#### Abbreviated Organizational Chart



## Academic Schedule

The Academic Coordinator produces the daily and long-term academic schedule after input from primary and adjunct faculty, Senior Service Representatives, and the IPAP Program Director. This involves creating, updating, and posting the academic schedule to the UNMC CANVAS website, as well as forwarding the schedule updates via email to Class Advisors. Please consult your Class Leader and Class Advisor as needed for the latest information.

Changes of the daily academic schedule after the second week of the semester will be limited. If a schedule change is thought to be necessary, the written request (utilizing IPAP Schedule Change Request form) will be properly routed through the class student leader, primary instructor(s), and Class Advisor. **Only the Class Advisor or Course Instructor** should be contacting the IPAP Academic Coordinator regarding schedule change requests

## Academic Transcripts

The IPAP has no role in maintaining or issuing student transcripts. This is accomplished by contacting the affiliate university. Download website form from <http://www.unmc.edu/student-services/academic-records/transcripts/transcript-forms.html> and mail requests to:

UNMC Academic Records  
984230 Nebraska Medical Center  
Omaha, NE 68198-4230

## IPAP Curriculum Guidance

The IPAP curricula is developed and implemented in accordance with the:

- Army, Navy, Air Force, and Coast Guard educational and credentialing requirements
- Accreditation Standards, per the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- Educational Blueprint, per the National Commission on Certification of Physician Assistants (NCCPA)
- Competencies for the PA profession, as approved by AAPA, PAEA, NCCPA, and ARC-PA
- Interservice Training Review Organization curriculum management and program resourcing process

## **Program Accreditation**

The IPAP is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The next scheduled site visit will be in 2025.

## **Graduate Certification**

As an ARC-PA accredited program, all IPAP graduates are eligible to sit for the National Commission on Certification of Physician Assistants National Certification Examination (NCCPA PANCE). Upon successfully passing this initial certification examination, the graduate PA will be able to apply for initial clinical privileges.

## **Professional Gear**

All incoming students should arrive with a personal laptop, netbook, and/or tablet device to use after-hours during Phase I and Phase 2.

All students must acquire their own stethoscope and reflex hammer NLT the senior semester of Phase I.

Students may wish to purchase their own copy of required and/or optional medical references for personal use during or after matriculation. However, be aware that many of these references are available through the MEDCOE electronic library and McGoogan Library through the UNMC CANVAS learning platform.

## **Faculty & Staff**

Program Director: COL Brian E. Burk  
XO/Assistant Program Director: MAJ Kerri Van Arnem  
Medical Director: Maj Jamie Robey  
Clinical Coordinator: LCDR Lance Beahm  
Academic Coordinator: Mr. Mike Kroger  
IPAP Front Office: Mrs. Maria Charles  
Phase 2 Ed Tech: Ms. Stacy Walters  
IPAP NCOIC: SFC Sergio Romero

Senior Army Service Representative: LTC James Jones  
Senior Navy Representative: LCDR Lance Beahm  
Senior Air Force Representative: LtCol Jacqueline Bvlgari  
Senior Coast Guard Representative: LT David Irving

### Principal Faculty (subject to change):

Ms. Holly Booker  
MAJ Robyn L. Chalupa  
Mrs. Denise Fricchione  
Capt Kevin Graham  
Dr. James Jelen  
MAJ Ryan McMahan  
COL Edward Michaud  
Maj James Moore  
CPT Torrance Nevels  
LTC Vu Q. Nguyen  
LT Jose Plata  
Maj William (Chad) Roasa  
LTC Lauris Trimble  
MAJ Kerri Van Arnem  
Mr. Richard Weber  
MAJ James Winstead

### Instructional (Adjunct) Faculty (subject to change):

Dr. Ryan Chandlee  
LTC Jose Chavez  
MAJ Richard Foucault  
LTC Tyrus Hatcher  
CPT Zachary Leftwich  
Dr. James Murray  
LTC Lawrence Petz  
MAJ(P) Teresa Pearce  
MAJ Grant Severson  
LTC Scott Schlofman  
MAJ Jason Unsworth  
Dr. Teresa Walters  
Mr. Nolan Wright

## Phase I Plan of Instruction

<u>Course #</u>	<u>Course Title</u>	<u>Credit Hrs</u>
<b>Freshman Semester</b>		
IPAP 500	Anatomy and Physiology I	7
IPAP 501	Anatomy and Physiology II	7
IPAP 502	Biochemistry	4
IPAP 503	Microbiology	5
IPAP 608	Research Evaluation	2
<b>TOTAL SEMESTER HOURS for FRESHMAN SEMESTER</b>		<b>25</b>
<b>Sophomore Semester</b>		
IPAP 504	Clinical Laboratory	4
IPAP 505	Pathology	3
IPAP 506	Med / Law Ethics	2
IPAP 602	Pharmacology I	3
IPAP 603	Radiology	2
IPAP 604	Psychiatry	3
IPAP 606	EKG	2
IPAP 609	Gastroenterology	2
IPAP 623	Military Public Health / Dental	2
IPAP 631	Medical History and Patient Evaluation I	3
<b>TOTAL SEMESTER HOURS for SOPHOMORE SEMESTER</b>		<b>26</b>
<b>Junior Semester</b>		
IPAP 605	Orthopedics	4
IPAP 607	Pulmonary	2
IPAP 610	Cardiology	4
IPAP 611	Endocrinology	2
IPAP 612	Clinical Correlations I	1
IPAP 614	Pediatrics	3
IPAP 620	Neurology	2
IPAP 630	Pharmacology II	4
IPAP 632	Patient Evaluation II	2
<b>TOTAL SEMESTER HOURS for JUNIOR SEMESTER</b>		<b>24</b>
<b>Senior Semester</b>		
IPAP 600	Hematology/Oncology	1
IPAP 613	Clinical Correlations II	1
IPAP 615	Surgery	4
IPAP 616	Dermatology	3
IPAP 617	Obstetrics/Gynecology	3
IPAP 618	Emergency Medicine	5
IPAP 619	Infectious Diseases	3
IPAP 622	Genitourinary	2
IPAP 624	PA Professional Issues	1
IPAP 628	Otolaryngology/Ophthalmology	2
IPAP 629	Gerontology/Rheumatology	2
<b>TOTAL SEMESTER HOURS for SENIOR SEMESTER</b>		<b>27</b>

## PHASE 2 Plan of Instruction

IPAP 700	Surgery Rotation	5
IPAP 701	Dermatology Rotation	4
IPAP 702	Obstetrics/Gynecology Rotation	4
IPAP 703	Orthopedics Rotation	6
IPAP 704	Psychiatry Rotation	3
IPAP 705	Internal Medicine Rotation	6
IPAP 706	ENT/Allergy Rotation	4
IPAP 707	Pediatrics Rotation	5
IPAP 708	Ophthalmology Rotation	2
IPAP 709	Emergency Medicine Rotation	3
IPAP 710	Family Practice/Outpatient Medicine Rotation	4
IPAP 711	Clinical Elective Rotation	4
IPAP 712	Directed Study	2
<b>TOTAL SEMESTER HOURS for PHASE 2</b>		<b>52</b>
<b>TOTAL IPAP CURRICULUM</b>		<b>154</b>

## **Course Descriptions – Phase 1**

### **IPAP 500. Anatomy and Physiology I (7 cr)**

Students will be introduced to the fundamental structural and functional principles of the human body, including aspects of basic development, genetics, cell and tissue organization, and the nervous and musculoskeletal systems. Studies include regional anatomy of the head and neck, back, trunk, pelvis and perineum, and limbs.

### **IPAP 501. Anatomy and Physiology II (7 cr)**

Students will be introduced to the fundamental anatomy and physiology of the cardiovascular, respiratory, renal, gastrointestinal, endocrine, and reproductive systems. Diving and altitude physiology will also be included.

### **IPAP 502. Biochemistry (4 cr)**

This course introduces the fundamental principles of metabolism (carbohydrates, proteins, lipids, and nucleic acids) appropriate for the physician assistant. These concepts will be used to discuss the chemistry of various tissues and organs and their metabolic interactions. Basic concepts of gene expression, protein synthesis and molecular biology are also presented. Clinical applications of the biochemical principles are discussed.

### **IPAP 503. Microbiology (5 cr)**

This course acquaints students with the basic concepts of microbiology and principles of microbial defense as they relate to infection and disease. The basic principles of bacteriology, mycology, parasitology, virology, and microbial genetics are covered. Host parasite relationships and pathogenic properties of medically important species of bacteria, fungi, viruses, protozoa, and helminths are presented.

### **IPAP 504. Clinical Laboratory (4 cr)**

The fundamental biologic principles and concepts of cell biology, cytology, histology, immunology, immuno-hematology, hematology, coagulation and formation and composition of body fluids and wastes are applied to the appropriate utilization and interpretation of laboratory analyses used in diagnostic clinical medicine. Basic laboratory exercises are used to demonstrate and learn the principles presented. Pathophysiology of diseases affecting these systems is introduced in preparation for study of the clinical disorders. Instruction in OSHA standards for laboratory practice are given.

### **IPAP 505. Pathology (3 cr)**

This course presents the basic pathological processes associated with the pathogenesis of disease, cellular response to stress, process of inflammation, and neoplasia. A discussion of the genetic principles of inheritance and normal embryology become the framework for understanding genetic and developmental disorders. Also includes discussion of specific systems and their pathology such as; hemodynamic disorders, pathology of blood vessels, the heart, respiratory system, gastrointestinal tract, liver and biliary system, pancreas, endocrine system, bones and joints, skeletal muscle and nervous system.

**IPAP 506. Med / Law Ethics (2 cr)**

The course defines the medico-legal aspects of health care to include practice issues, and patient and provider rights and responsibilities. Issues concerning the stages of grief, death, and dying are also included. This course also informs students on the primary ethical theories and the methods in which ethical decisions in health care are made. Terminology, models of biomedical ethics, provider's rights and responsibilities, and steps in resolving ethical dilemmas are provided. The course also covers the basic biological, social, psychological, and counseling aspects of human sexuality.

**IPAP 600. Hematology/Oncology (1 cr)**

This clinical course builds upon the principles introduced earlier in the semester in the Clinical Laboratory course. The clinical manifestations of hematologic and neoplastic disorders are emphasized, as well as the current principles of diagnosis and management.

**IPAP 602. Pharmacology I (3 cr)**

This course is designed to provide the principles of basic pharmacology, clinical pharmacology, and pharmacotherapeutics. Key issues include the therapeutic rationale, pharmacokinetics, and pharmacodynamics of drugs. Major areas of concentration include the peripheral nervous system, central nervous system, anti-infective drugs, cardiovascular drugs, drugs of the endocrine system, anti-inflammatory agents, and gastrointestinal agents.

**IPAP 603. Radiology (2 cr)**

Principles and language of modern radiologic imaging, procedures, and techniques are discussed. Included are development of a systematic approach to radiology, proper preparation of the patient, safety measures, interpretation of normal and abnormal radiological findings, the limitations of radiography, special techniques and equipment and possible adverse effects.

**IPAP 604. Psychiatry (3 cr)**

Introduction to modern clinical psychiatry and psychiatric interviewing techniques includes recognition and differentiation of the various psychiatric disorders. Primary emphasis is placed on those personality, behavioral and psychiatric problems most likely to be encountered in a primary care setting and or on the battlefield.

**IPAP 605. Orthopedics (4 cr)**

This course concentrates on the care and treatment of the orthopedic patient. Focus is on the establishment of diagnosis and management of orthopedic conditions commonly encountered in a primary care setting. Orthopedic physical examination and casting skills are included.

**IPAP 606. EKG (2cr)**

This course introduces the student to routine and emergent cardiovascular conditions commonly encountered in the primary care setting, with emphasis on clinical manifestations, assessment and appropriate therapeutic measures.

**IPAP 607. Pulmonary Medicine (2 cr)**

This course is designed to introduce the student to the fundamentals and clinical aspects of pulmonary medicine with emphasis on the clinical features of various pulmonary diseases or conditions such as asthma, COPD, pulmonary embolism, and tuberculosis, etc. and the appropriate diagnostic criteria and management of those conditions.

**IPAP 608. Research Evaluation (2 cr)**

This course will prepare the student to evaluate current medical literature for use in their clinical practice. Students will be introduced to epidemiology and biostatistics as well as research methodology. Epidemiology and biostatistics will include basic principles of epidemiology, history of public health, familiarization with basic statistical concepts and an overview of inferential statistics. Samples of technical writing and journal articles will be evaluated for use in clinical practice.

**IPAP 609. Gastroenterology (2 cr)**

This course introduces the student to the fundamentals of gastroenterology with primary focus on the history, physical exam, lab and or radiographic studies, endoscopic studies, diagnosis and treatment of those gastrointestinal disorders most commonly encountered in the primary care setting.

**IPAP 610. Cardiology (4 cr)**

This course introduces the student to routine and emergent cardiovascular conditions commonly encountered in the primary care setting, with emphasis on clinical manifestations, assessment and appropriate therapeutic measures.

**IPAP 611. Endocrinology (2 cr)**

This course introduces the student to the common endocrinopathies encountered in disorders of the pancreas, thyroid, parathyroid, pituitary, and adrenal glands. The emphasis in this course is upon clinical manifestations, differential diagnosis, diagnostic criteria and patient management.

**IPAP 612. Clinical Correlations I (1 cr)**

This course is the practical application of techniques learned in Patient Evaluations culminating in an objective structured clinical examination (OSCE). The focus of the course is to refine the techniques of patient interviewing, history taking, performing a physical examination, ordering diagnostic studies, establishing a treatment plan, and documenting the encounter in patient records in rotations through various outpatient and inpatient settings.

**IPAP 613. Clinical Correlations II (1 cr)**

This course is the practical application of techniques learned in Patient Evaluations culminating in an objective structured clinical examination (OSCE). The focus of the course is to refine the techniques of patient interviewing, history taking, performing a physical examination, ordering diagnostic studies, establishing a treatment plan, and documenting the encounter in patient records in rotations through various outpatient and inpatient settings.

**IPAP 614. Pediatrics (3 cr)**

This course reviews the normal growth and development of the child and covers the fundamental aspects of common childhood disorders and diseases. Instruction is also provided in the areas of physical assessment of neonatal, pediatric, and adolescent patients, preventive medicine during childhood, congenital disorders, common psychological disorders relating to pediatrics and adolescent medicine, and pediatric drug therapy.

**IPAP 615. Principles of Surgery (4 cr)**

This course concentrates on the care and treatment of the surgical patient. Focus is on the establishment of a diagnosis for surgical conditions with the subsequent pre- and postoperative care and management. The student will also learn to properly evaluate the effects of the principle agents of trauma seen in a military environment. Instruction and practice in suturing and starting intravenous access is included.

**IPAP 616. Dermatology (3 cr)**

This course focuses primarily on the clinical assessment of common dermatologic conditions found in the ambulatory care setting. It includes emphasis on dermatologic terminology, techniques and procedures.

**IPAP 617. Obstetrics/Gynecology (3 cr)**

This course is designed to introduce the student to the fundamental principles of obstetrics to include pregnancy, labor, and delivery, as well as introduction to normal gynecology with a focus on diagnosis and management of common gynecologic abnormalities.

**IPAP 618. Emergency Medicine (5 cr)**

This course covers practical aspects of assessment and management of many commonly encountered medical emergencies. Training will include initial assessment of the trauma victim, review of signs and symptoms, accompanying physical findings, and methods for diagnosis and treatment of a spectrum of emergent illnesses. Development of skills used in the clinical year include suturing, gowning, gloving, BCLS, establishing emergency airway, and performing peritoneal lavage, chest tube placement, venous cutdown, and pericardial tap.

**IPAP 619. Infectious Diseases (3 cr)**

This course surveys the differentiating characteristics and pathogenicity of the clinically important bacterial, fungal, viral, and parasitic pathogens. Each infectious disease is examined in terms of etiology, pathology, signs and symptoms, diagnostic testing, clinical course, complications, prognosis, and treatment.

**IPAP 620. Neurology (2 cr)**

This course focuses on the clinical manifestations of various neurologic disorders and emphasizes diagnostic criteria and appropriate care and or referral of those neurologic disorders most likely to be encountered in the primary care setting.

**IPAP 622. Genitourinary (2 cr)**

This course is designed to introduce the student to various urologic and nephrologic conditions commonly encountered in the primary care setting. Emphasis is on clinical features, diagnostic criteria, assessment, and therapeutic interventions.

**IPAP 623. Military Public Health / Dental (2 cr)**

Maintaining mission readiness through individual and organizational preventive measures is critical to military success. In this course, students are familiarized with the basic prevention programs and how to incorporate these into a medical treatment plan. Additionally, students are shown the process and resources that will allow them to plan for the health of a military unit during deployment. This planning contains the elements of a medical threat brief and the process for developing a unit medical threat plan, including food, water, waste, and environmental risks. Students are given an introduction to oral anatomy, oral pathological processes, and the diagnosis, treatment, and disposition of patients afflicted with oral disease or maxillofacial trauma. In addition to didactic instruction and demonstration, the students participate in a practical exercise in the administration of oral local anesthesia.

**IPAP 624. PA Professional Issues (1 cr)**

This course introduces PA students to the history, basic facts, practice settings, certification, legal aspects, current issues, and future directions of the PA profession.

**IPAP 628. Ophthalmology/Otorhinolaryngology (2 cr)**

This course concentrates on the techniques of a complete eye examination and the most important concepts of diagnosis and management of ocular disorders. Focus is on acute and chronic visual loss, the red eye, ocular injuries, amblyopia and strabismus, neuro-ophthalmology and ocular manifestations of systemic disease. The course includes dissection laboratory of cow's eyeballs, and a laboratory allowing practice examining a dilated eye. This course also concentrates on the assessment and treatment aspects of those ear, nose and throat conditions commonly encountered in the primary care setting. Focus is on physical examination techniques, diagnostic features of disease entities, and current treatment modalities.

**IPAP 629. Gerontology/Rheumatology (2 cr)**

This course introduces the common rheumatologic conditions encountered in the primary care setting. The emphasis is on the clinical rheumatologic conditions, manifestations of systemic diseases, differential diagnosis, diagnostic criteria, and management of these conditions. Students are introduced to the basic principles of aging and its effect on the physiologic processes of the geriatric patient in order to prepare the student to care for elderly patients. Emphasis is placed on how aging affects the occurrence, progression, and treatment of diseases that are commonly seen in geriatric medicine.

**IPAP 630. Pharmacology II (4 cr)**

This course is designed to provide the principles of basic pharmacology, clinical pharmacology, and pharmacotherapeutics. Key issues include the therapeutic rationale, pharmacokinetics, and pharmacodynamics of drugs. Major areas of concentration include the peripheral nervous system, central nervous system, anti-infective drugs, cardiovascular drugs, drugs of the endocrine system, anti-inflammatory agents, and gastrointestinal agents.

**IPAP 631. Medical History and Physical Evaluation I (3 cr)**

The student studies the methods for understanding disease and injury processes through proper techniques for eliciting a complete patient history and performing a thorough physical examination.

**IPAP 632. Physical Evaluation II (2 cr)**

The student studies the methods for understanding disease and injury processes through proper techniques for eliciting a complete patient history and performing a thorough physical examination.

**Course Descriptions (Clinical Rotations) – Phase 2****IPAP 700. Surgery Rotation (5 cr)**

A five-week rotation during which the students are involved with all surgical patients admitted to their service. This rotation aims to develop proficiency in taking histories, performing physical examinations, formulating working diagnoses, and developing plans of management of surgical conditions. Students participate in the care of patients on the wards, in the clinic, in the operating room, and during their postoperative follow-up. At the end of the five weeks, they are expected to understand the course of surgical illness, to be able to conduct themselves appropriately in the operating room and to have gained the skills commensurate with care of the surgical patient including intravenous access, placement of nasogastric tubes, etc.

**IPAP 701. Dermatology Rotation (4 cr)**

A four-week rotation devoted to the dermatology clinic reviewing the spectrum of dermatologic diseases encountered primarily in the outpatient setting. This rotation aims to develop proficiency in taking histories, performing physical examinations, formulating working diagnoses, and developing plans of management of dermatologic

and venereal disease problems. Special emphasis on carrying out potassium hydroxide preparations, skin biopsies, and tissue scrapings on prescribed patients are included in this rotation. The student becomes familiar with the diagnostic procedures and therapeutic regimen, their indications, availability, reliability, and limitations in the treatment of dermatologic diseases.

**IPAP 702. Obstetrics/Gynecology Rotation (4 cr)**

A four-week rotation in obstetric and gynecological clinics. This rotation aims to develop proficiency in taking histories, performing pelvic examination, providing obstetrical prenatal and postnatal care and management of common problems in the field of obstetrics and gynecology. While on the obstetric service, the management of pregnancy, labor, and delivery including antenatal, natal, and postnatal complications is taught. The student is responsible for taking obstetrical histories, performing obstetrical physical examinations, and following the patients through labor, deliver, and the early postpartum period. While on the gynecological service, the student is exposed to methods and programs related to cancer detection, sexually transmitted diseases, and contraception. Learning to take gynecologically-oriented patient histories and performing complete and accurate gynecological examinations is required.

**IPAP 703. Orthopedics Rotation (6 cr)**

A six-week rotation devoted to orthopedic and podiatry services. The aim of this rotation is to develop proficiency in taking histories, performing physical examinations, formulating working diagnoses, and developing plans of management of orthopedic and podiatry patients. This rotation surveys the knowledge necessary for understanding the many problems of the orthopedic and podiatry patients. This experience includes learning specialized orthopedic and podiatry historic review and physical examination techniques, delivering emergency care to patients suffering from acute trauma, care for the pre- and postoperative orthopedics and podiatry patient, and maintaining sterile operating room techniques. An understanding of the pathophysiology and complications of bone and joint injury as well as the ability to fabricate and apply a variety of splints, traction, and casts is taught. The course includes training in the capabilities and modalities of physical and occupational therapy.

**IPAP 704. Psychiatry Rotation (3 cr)**

A three-week rotation devoted to psychiatry service. The aim of this rotation is to develop a working knowledge of recognition and emergency treatment of suicidal states, alcoholism, psychoses, neuroses, and other emotional and thought disorders. This clinical experience in inpatient and outpatient psychiatry is geared to the anticipated role of a physician assistant. Students have the opportunity to initiate patient evaluation, learn to do psychiatric interviews, assess mental status, develop a working diagnosis, treatment and prognosis, formulate tentative medical management plan, make referral to a physician or community agency, and learn follow-up management with the treating physician or agency.

**IPAP 705. Internal Medicine Rotation (6 cr)**

A six-week rotation devoted to the medical clinic. This rotation aims to develop proficiency in taking histories, performing physical examinations, formulating working diagnoses, and developing plans of management for internal medicine conditions. The indications, limitations, and methods of performing the necessary diagnostic procedures and therapeutic measures used in the treatment of general medicine disorders are reviewed. Through the collection and acquisition of historical, physical, and laboratory data, the student develops an understanding of patient evaluation and treatment under physician supervision.

**IPAP 706. ENT/Allergy Rotation (4 cr)**

A four-week rotation devoted to the ENT/Allergy clinics. This rotation aims to develop proficiency in taking histories, performing physical examinations, formulating working diagnoses, and developing plans of management for various ENT and allergy conditions. The student develops an understanding of problems and how to initiate the first step in the management of such problems. Evaluation of the otorhinolaryngologic and allergy patient by appropriate history and physical examination, diagnostic work-up, following the course of disease processes, and evaluating the response to treatment are required. Learning and performing tracheotomy care, assisting with the management of the pre- and post-operative patient, assisting in the operating room, and learning to perform special audiometric tests are also required.

**IPAP 707. Pediatrics Rotation (5 cr)**

A five-week rotation devoted to the pediatric clinic. The aim of this rotation is to develop proficiency in taking histories, performing physical examinations, formulating working diagnoses, and developing plans of management of various pediatric conditions including newborn nursery care, immunizations, feeding problems, and common diseases affecting the pediatric population. The student will learn to manage various acute and chronic childhood illnesses and learn to evaluate normal variations of growth and development.

**IPAP 708. Ophthalmology Rotation (2 cr)**

A three-week rotation devoted to the ophthalmology clinic. The aim of this rotation is to develop proficiency in taking histories, performing physical examinations, formulating working diagnoses, and developing plans of management of various ophthalmologic conditions. The following areas will receive particular emphasis: 1) Ophthalmologic history taking and its correlation to the general medical history. 2) Functional evaluation of the visual system including determination of areas and distance, visual acuity, the size, shape and capacity of the visual field, color vision, bi-visual potential, and other testing procedures designed to detect dysfunction of any components of the visual system. 3) Direct examination of the visual system including both applanation and indentation tonometry, the use and limitations of the slit-lamp, direct and indirect ophthalmoscopy. 4) Observation and participation in ocular surgical procedures.

**IPAP 709. Emergency Medicine Rotation (3 cr)**

A two-week rotation (+ 160hrs) devoted to the emergency medicine department. The aim of this rotation is to develop proficiency in history taking, performing physical examinations, formulating working diagnoses, and developing plans of management for various emergency medical conditions. Opportunities to deal with a variety of medical emergencies under the supervision of Emergency Department physicians and staff are provided. The student learns to collect and integrate information regarding the emergency patient. Management of trauma, drug overdose, cardiac life support, ACLS certification, and common illnesses and injuries seen in an emergency care setting are emphasized.

**IPAP 710. Family Practice/Outpatient Medicine Rotation (4 cr)**

A four-week rotation devoted to the family practice and/or general outpatient clinic. The aim of this rotation is to develop proficiency in history taking, performing diagnoses, and developing plans of management for conditions commonly encountered in the family practice/general outpatient clinical setting. This clinical experience under the supervision of a community-based primary care physician is designed to acquaint the student with those aspects of the practice of medicine unique to the community setting. The student works with the physician in the hospital, in the office, and all other areas where the physician works. In the office the student learns about management procedures in a private practice and helps the physician by providing services consonant with her/his individual background and clinical training.

**IPAP 711. Clinical Elective Rotation (4 cr)**

Four weeks are spent in clinical areas of interest to the student or repeat areas in which the student wishes to increase their knowledge. A minimum of one week in the radiological services is recommended.

**IPAP 712. Directed Study (2 cr)**

This course is designed to enhance both written and verbal communication, and will span 26 of the 29 months of the program. Students will utilize skills learned in the Research Evaluation course to design and complete an Investigational Research/Review paper. This paper will be written to strict guidelines and evolve in a three-step process: proposal presentation, literature review and final paper. In addition, each student will be required to present a minimum of four cases to their colleagues and preceptors during Phase 2. These presentations will cover: a defense of their original research/review paper, a current medical topic of personal interest, a disease of current military significance, and a session on professional military development

## **SECTION VI**

### **GENERAL PROGRAM POLICIES**

#### **Authority**

Interservice Training Regulation – signed by all Services in 2012

Interservice Training Review Organization Memorandum of Agreement – signed by all Services in 2006, extended by Interservice Training Advisory Board Chair in 2012

Interservice Training Review Organization Memorandum of Agreement Addendum – signed by all Services in 2010

#### **Individual Student Assessment Plan**

See Appendix E for the current Individual Student Assessment Plan (ISAP)

The student evaluation plan establishes policies, assigns responsibilities, and prescribes procedures for the management of students attending IPAP. The policies, procedures, and responsibilities herein shall apply to all Service members participating in this educational program. You will be briefed during IPAP Orientation Week, as well as receive guidance from your respective Senior Service Representatives (SSRs).

#### **Academic Honor Code**

See Appendix F for the current Academic Honor Code (AHC)

You will be briefed during IPAP Orientation Week, as well as receive guidance from your respective Senior Service Representatives. Each semester, you will sign an acknowledgment form stating you understand and will comply with the AHC.

#### **Fraternization**

Service Fraternization Policies are in effect - to include AR 600-20, NAVINST 5370.2A, AFI 36-2909, and COMDINST 1000.6A.

You will be briefed during IPAP Orientation Week, as well as receive guidance from your respective Senior Service Representatives.

You can also expect to be briefed by local Service Component Commanders.

Engaging in prohibited relationships is punishable under the Uniform Code of Military Justice and strictly prohibited IAW IPAP Standard Operating Procedures and Policy letters.

## **Equal Opportunity & Sexual Harassment**

Department of Defense Policy states all Service members shall enjoy equality of opportunity in an environment free from:

- Unlawful discrimination on the basis of race, color, national origin, religion, or sex
- Sexual harassment
- Other personal, social, or institutional barriers that prevent Service members from rising to the highest level of responsibility possible

You will be briefed on EO and SHARP during IPAP Orientation Week, as well as receive guidance from your respective Senior Service Representatives (SSR) during IPAP Orientation Week, as well as receive guidance from your respective Senior Service Representative or the Program Director (PD).

Discrimination is NOT tolerated at IPAP, and needs to be reported if occurs or is suspected to have occurred. If you perceive there are barriers to reporting, please notify the EO Representative, your respective SSR, or the PD.

Sexual harassment is NOT tolerated at IPAP, and needs to be reported if occurs or is suspected to have occurred. If you perceive there are barriers to reported, please notify the SHARP representative, your respective SSR, or the PD. The IPAP SHARP Victim Advocate is SFC Morales (IPAP Ops NCOIC) at 221-6005.

The JBSA Sexual Assault Hotline number is (210) 808-7272.

Hazing, in any form, is also NOT tolerated at IPAP, and needs to be reported if occurs or is suspected to have occurred.

You are requested to participate in IPAP and/or Command Climate Surveys when requested.

Reminder: There should be no fear of reprisal for expressing concern for another person's safety, security, or well-being. If there are concerns, please see your SSR or PD.

## Acceptable Use

The Acceptable Use Policy (AUP) defines proper use of government computer systems. This must be reviewed and signed in order to maintain network access. See Class Advisor for additional information.

## Accountability

All IPAP students are expected to attend all scheduled lectures, small groups, labs, counseling sessions, and participate in all written & practical examinations. Never be in a situation where you are unaccounted for – always ensure your Class Advisor knows where you are. If there will be an instance where you must miss a part of the IPAP duty day, you must first complete and route the IPAP Student Pass through your primary instructor(s) and Class Advisor. This should occur prior to leaving campus. This is in addition to signing out in the appropriate class log book.

All students must route leave requests in accordance with (IAW) your respective Service and IPAP rules of engagement (ROE).

- Students may not take regular leave when they have classes scheduled.
- Students are encouraged to take leave during semester breaks
- If students do not take leave during semester breaks, they will report to their Service Chain of Command as directed; usually before 0900hrs and in the UOD

## Uniforms

All students are required to wear the Service-specific prescribed uniform of the day (UOD). All uniforms will be worn in accordance with Service-specific guidelines, and must be maintained in a proper fashion. On the first Friday of every month, Army personnel (to include ARNG and USAR) will wear Class B's, Air Force personnel will wear Blues, Coast Guard will wear Tropical Blues, and Navy personnel will wear Navy Khakis. If there are any questions, students should contact their respective Senior Service Representative. **During normal duty hours of 0700-1700, all students must remain in their prescribed UOD when on JBSA-Fort Sam Houston.**

Only on days with certain class activities (Physical Examinations, Clinical Correlations, Labs), students are authorized to wear their Service-specific PT uniform to class. It must be worn in accordance with Service-specific uniform regulations, maintain a sharp military appearance with shirts tucked in, and not bring discredit upon the IPAP. The PT uniform may not be worn off-post while at local establishments such as restaurants or stores. If there are any questions, students should contact their respective Senior Service Representative.

## Classroom Etiquette

### Professionalism

- Students will conduct themselves as officers/officer candidates at all times, and will show deference and respect towards all IPAP faculty & staff
- When one person is talking, others are listening
- IPAP faculty members are authorized to dismiss students (from classroom) if not conducting themselves in a highly professional manner. The Class Advisor and Senior Service Rep will follow-up accordingly
- There will be no offensive calendars, posters, pictures, stickers posted in the classroom.

### Eating in the classroom

- There is no eating of meals while a professor is lecturing
- Please be considerate of your classmates in regards to the smell of food (sardines and anchovies could be offensive)
- Light snacking (quietly) during lectures is generally okay

### Usage of electronic communication devices in the classroom

- Students may use IPAP-issued laptops during lecture presentations
- Professors may decide to not allow other computing/communication/recording devices to be on during their presentation
- No other electronic/communication devices should be on/used while a guest lecturer is teaching
- No games/texting/talking on phone/use of commercial web sites allowed during class UNLESS directed to a site by the professor
- Class Advisor MAY allow the student class leader to leave their phone on for official messages
- Electronic communications devices discovered to be in a student's possession during an examination is a violation of the IPAP Test Policy and will be grounds for dismissal from the testing room - and possible relief from program

### Appliances

- Per MEDCOE Facilities Department, a maximum of one refrigerator and two microwave ovens may be located and used in each IPAP classroom. A coffee machine is also authorized. All devices must be kept clean at all times.
- All devices must be safety tagged and maintained in a safe operating condition.

## Sanitation

- **All IPAP classrooms and lab spaces will be cleaned at the end of each use/duty day. All IPAP students are expected to participate in classroom cleaning – this is NOT the role of IPAP NCO staff members.**
- All IPAP classrooms and labs will maintained as if the Commanding General were to conduct a walk-through.
- Failure to maintain classrooms/labs in a clean manner will result in further restrictions on food and drinks.
- Program Director will direct (after-hours) student working parties to clean IPAP classrooms and lab spaces if necessary.

## Additional Program Policies

### Fire/Fire Drill

- All students must muster with the rest of the IPAP faculty, staff, and students (and other Graduate School Programs). NCOIC will report muster compliance to the Graduate School.
- The primary rally point is on Worth Road (between MEDCOE and MEDCOM).
- The alternate rally point is located across Stanley Road on the Parade Field.

### Active Shooter/Drill

- In most cases, shelter in place inside the classroom. Lock the doors and await further instruction. The IPAP NCOs will conduct muster.

### Student Employment

- All IPAP student are employed by the military with the understanding that IPAP is your place of duty. No other employment is authorized while serving as a student in the IPAP.

### Advanced Placement

- There is no advanced placement at IPAP. All students selected for matriculation will start as freshmen and must successfully complete the 29-month program in order to graduate.

### Grievances

- The IPAP will receive and be open to the merits of any complaint made by interested parties, but not limited to, current or former students, principal faculty, instructional faculty, staff, and Phase 2 site clinical personnel.

- Student complaints involving grades, evaluations, unfair treatment, or other situations will be handled within the program using the student and faculty chain of command with the Program Director mediating and gathering facts regarding the complaint.
- If the Program Director is the object of the complaint, the Graduate School Dean will attempt to resolve the dispute. If the complaint remains unresolved, the Vice Provost of the MEDCOE HRCoE will be notified.
- Complaints from within the program that cannot be handled using the MEDCOE chain of command may also be referred to the MEDCOE and the JBSA - Fort Sam Houston Inspector General Office to obtain legal counsel.

#### Physical Training

- All IPAP students are REQUIRED to participate in regular physical fitness training to maintain Service specific physical fitness standards along with height and weight. All IPAP students will be tested per their respective Service policy throughout the entire 29-month program. Students who fail their fitness testing or height and weight standards may be subject to removal from the program.

## SECTION VII

### PA PROFESSIONAL ORGANIZATIONS

The PA profession has several professional organizations dedicated to the promotion of PAs at the local and national levels.

#### **AAPA**

The American Academy of Physician Assistants was founded in 1968, and serves as the national professional society for the PA profession. The AAPA lobbies in support of legislative agenda at the national level, as well as in support of PA organizations at the state level. The AAPA also actively supports the military and VA PA societies. IPAP students are encouraged to become AAPA members at a significantly reduced student rate. More at [www.aapa.org](http://www.aapa.org)

#### **TAPA**

The Texas Association of Physician Assistants is one of many state and regional PA organizations in the United States. Active-duty military and students of PA programs in Texas are eligible to join at a significantly reduced rate. TAPA sponsors several CME events, including one which includes a student challenge bowl event. In February 2014, the IPAP sent two students teams to compete in the annual challenge bowl and IPAP leadership is looking at other ways to participate with this organization. More at [www.tapa.org](http://www.tapa.org)

#### **SAPA, NAPA, SAFPA**

The Army (SAPA), Navy (NAPA), and Air Force (SAFPA) all have their own respective PA associations – all aligned under AAPA. IPAP students are encouraged to consider membership in their respective organization – in some cases with free membership until program graduation. More at

[www.sapa.org](http://www.sapa.org)

[www.safpa.org](http://www.safpa.org)

[www.napasite.net](http://www.napasite.net)

#### **IPASS**

All IPAP students are encouraged to support and participate in your PA student society. This is an opportunity to get involved in your class, PA program, and the American Academy of Physician Assistants (AAPA). See your Class Advisor or IPASS Sponsor for additional information.

## **ARC-PA**

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency that protects the interests of the public and physician assistant profession by defining the standards for physician assistant education and evaluating physician assistant educational programs within the territorial United States to ensure their compliance with those standards ([www.arc-pa.com](http://www.arc-pa.com)). The IPAP has been ARC-PA accredited since 1996.

## **NCCPA**

The National Commission on Certification of Physician Assistants (NCCPA) is the only nationally recognized certifying body for physician assistants in the United States. Established as a not-for-profit organization in 1975, NCCPA is dedicated to assuring the public that certified physician assistants meet professional standards of knowledge and clinical skills. All U.S. states, the District of Columbia and the U.S. territories have decided to rely on NCCPA certification criteria for initial licensure or regulation of physician assistants. More than 100,000 physician assistants have been certified by NCCPA.

Upon IPAP graduation, you will be eligible to sit for the PA National Certifying Exam (PANCE). After passing the PANCE, the PA is then entitled to the PA-C designation.

More at [www.nccpa.net](http://www.nccpa.net)

## **PAEA**

The Physician Assistant Education Association (PAEA) is the only national organization representing physician assistant educational programs in the United States. Currently, all of the accredited programs in the country are members of the Association. PAEA provides services for faculty at its member programs, as well as to applicants, students, and other stakeholders. The Association was founded in 1972 as the Association of Physician Assistant Programs. Member programs voted to adopt the current name in 2005 ([www.paeaonline.org](http://www.paeaonline.org)).

The PAEA sponsors Pi Alpha. Pi Alpha is the national physician assistant honor society organized for the promotion and recognition of significant academic achievement, leadership, research community/professional service, and related activities, and the encouragement of a high standard of character and conduct among both physician assistant student and graduates. A select group of students are nominated, selected, and inducted into Pi Alpha by the end of IPAP Phase 1 and are recognized at the Closing Ceremony.

## **SECTION VIII**

### **STUDENT SUPPORT**

#### **Educational Support**

Required classroom material will be provided to you at the beginning of each semester. You are responsible for every item and it will be signed for on a hand-receipt. This will include textbooks, handouts, and physical examination equipment.

Lecture materials such as course syllabi, electronic handouts, and slides will be posted to the UNMC CANVAS Learning Management System. See course instructors for additional information and/or questions.

References and research resources are available free of charge via Online Portals (ie: NKO, AKO, Air Force Knowledge Exchange) and via the government issued laptops over the MEDCoE network.

Stimson Library (MEDCoE, Bldg 2840) and the BAMC (SAMMC) Medical Library have a wealth of additional resources and very knowledgeable staff members to assist you.

All IPAP students have access to medical references for didactic, clinical, and/or research via the UNMC McGoogan Library of Medicine. This is accessed on or off post via UNMC CANVAS. You also have FREE access to Exam Master the entire time you are enrolled as an IPAP student. This is an outstanding resource for PANCE practice examination questions. You may self-enroll (with your UNMC email address) via the link inside the McGoogan web page.

#### **Student Class Leadership**

Class leadership is essential to keeping the chain of command informed of issues. All issues should be handled at the lowest appropriate level, however, the Class Advisor should be notified of any issues that could potentially affect individuals outside of the classroom. Student leadership is comprised of the following:

**Student Class Leader:** Selected by the Class Advisor. Coordinates all class related issues and communicates directly with the Class Advisor.

**Assistant Class Leader:** Works with the Class Advisor. Acts as class leader in the absence of the class leader.

**Squad Leaders:** Works with class advisor to ensure classroom is clean and that their squad is present for each class.

S1: Class Admin: Maintains key for classroom. Completes all administrative tasks (mail, etc). Liaison to the Service-specific S1.

S4: Maintains key for PE room. Makes sure classroom and PE room are stocked (paper, testing material, PE equipment).

AV Technical: Ensure smart podium and projectors are maintained. Ensures batteries are maintained in the Audio-visual equipment.

Academic issues should be addressed with the individual's Academic Counselor.

Personal and military professional issues should be addressed with the Class Advisor.

Any Service-specific concerns should be addressed with the appropriate SSR who can assist you with addressing concerns that require action by your Service chain of command.

### **Student Counseling**

Academic counselors are assigned to each student. This is your best resource for educational and personal problems while you are assigned to the IPAP. Please ensure you closely liaison with this valuable resource. Academic Counselors can assist (directly or via referral) students who may have deficiencies in the following areas:

- Medical knowledge
- Clinical reasoning and judgement
- Communication
- Mental well-being
- Time management and organization
- Interpersonal skills
- Professionalism
- Clinical skills

Student counseling is scheduled throughout each semester. This counseling is mandatory for all students, and is the students' responsibility to coordinate this counseling (monthly times are scheduled on the syllabus). Please ensure you actively participate in this critical academic requirement. If you need to make alternate arrangements, contact your Academic Counselor. Reminder – Graduate level students are expected to be proactive in seeking assistance from Academic Counselors, Instructors, and Senior Service Representatives.

Student counseling (and written documentation via Exam Failure Memo) is required EVERY time a student earns a failing grade on a written examination. The course instructors generate the test-failure sheets, complete the test-assessment portion during

the review of the examination, and then the student delivers this to their Academic Counselor for counseling & documentation. The Academic Counselor will then file the form in the student's official Student Record. Students who fail to complete this process will have Student Record documentation to reflect non-compliance with policy.

Students on academic probation are required to meet with their Academic Counselor at least twice monthly. This is imperative to help ensure student success, while tracking the remediation progress. A goal is to help students build the problem-solving skills necessary to thrive in this fast-paced, graduate level program. The Academic Counselors represents your best interests strives to assist each student in finding academic success. The Academic Counselor serves as your primary representative at any performance review board.

### **Mentorship**

Officer professional development and mentorship occurs at the IPAP. Senior Service Representative conduct breakout sessions for each Service. This is a forum to discuss Service-specific officer related topics. The SSR will usually chair these sessions. In addition, guest speakers such as specialty leaders, detailers, and other service representatives may attend and present information regarding professional development, officership, leadership issues, and career progression.

### **CSF Prep**

Comprehensive Soldier and Family Fitness (CSF2) is designed to build resilience and enhance performance of the Army Family — Soldiers, their Families, and Army Civilians. CSF2 does this by providing hands-on training and self-development tools so that members of the Army Family are better able to cope with adversity, perform better in stressful situations, and thrive in life. Institutional Resilience Training (IRT) is training provided at every major level of the Army education system, from basic training to the War College.

In this multi-service setting, CSF training & services are available to ALL IPAP students.

You should expect a CSF brief during Orientation Week.

For further information, please call (210) 808-6089.

### **Family Readiness Group (FRG)**

IPAP students receive positive support from an active FRG. Family members of all Services are welcome to participate in this social network. Class Advisors will post contact information during orientation.

### **Motivation, Study Strategies, Test-Taking Strategies**

Dr. Howitt (Campus Behavioral Health Service) offers assistance to anyone wanting to attend one of his classes. This is a walk-in, first-come basis – each Thursday from 0645-0745.

### **Health & Wellness Coaching**

Available Monday-Saturday through Military OneSource. Call 1-800-342-9647 to find out more or to get started.

### **Other Student Support**

Please see Section IX for additional support/Campus Services.

### **Comments Related to Student Support & Safety**

All students are encouraged to contact their Class Advisor and/or SSR regarding a perceived lack of student support. If these personnel are unavailable for some reason, the student may report directly to the Program Director. Students may also leave comments in the Student Suggestion Box, located just inside the IPAP Front Office.

Any perceived safety issue/violation needs to be immediately reported to your Class Leader and Class Advisor.

## **SECTION IX**

### **CAMPUS SERVICES**

#### **Child, Youth, & School Services**

Child Development Center - The CDC offers hourly care, full day care, and before and after school care for children ages 6 weeks - 5 years. Hourly care is available on first-come, first-serve basis and reservations may be made up to 30 days in advance. Phone (210) 221-5002

Family Child Care - The Family Child Care (FCC) program offers a non-traditional alternative for child care, perfect for families who want their child/children in a home-like environment. In addition to full and part time care, some providers offer drop in services, weekend and evening/night time care as well as shift work and special needs care. Phone (210) 221-3828

School Liaison Office - Our SLO helps parents and youth transition between schools before and after a move. They can help with registration and offer information about local schools, policies & procedures and home schooling. They connect the link between military families and schools to ensure maximum educational opportunities and academic success. Phone (210) 221-2214

School Age Services - SAS provides care and offers age appropriate activities children in grades 1 - 5. SAS offers before-school and after-school care seasonal camps during Winter and Spring breaks and full day camp during the Summer Transportation to SAS is provided for schools on post and off post from several local schools. Phone (210) 221-5151

Middle School & Teen Center - The MST Center gives youths grades 6 - 12 a place to hang out and meet new friends. The activities within the programs are fun, diverse, and, youth-driven. We plan a wide-ranging recreational, social and leadership driven activities and try to encourage personal growth during the transition from childhood to young adulthood. Phone (210) 221-3630

Youth Center - In addition to the MST Center, the Youth Center is another location that provides a fun and friendly environment for youth in grades 6 - 12. Phone (210) 221-3502

#### **Dental**

Budge Dental Clinic (3145 Garden Ave) Mon – Friday 0600-1000; M,T,W,F 1200-1400 & Th 1300-1400

Front Desk: (210) 808-3735/3736

## **Housing**

### Lincoln Military Housing Office (On-post Housing):

Lincoln Resident Center,  
Bldg 407, Dickman Road, Office: 270-7638  
RANKS: O1 – O6 requiring 2, 3, or 4 Bedrooms

Harris Heights Community Center,  
3751 Patch Rd, Office: 824-9587  
RANKS: E1 – E6 requiring 2 Bedrooms  
E-7 – O3 requiring 3 or 4 Bedrooms

Watkins Terrace Community Center,  
5840 Frazier Rd, Office: 832-8104  
RANKS: E1 – E6 requiring 3 or 4 Bedrooms

### Housing Management Office (Off-Post Housing):

Building 367  
Phone: (210) 221-0881 Alt:(210) 295-8519/8539/8569

The Housing Management Office, assists Soldiers in finding suitable Off-Post Housing in the San Antonio Area. Assistance is provided for PTDY, in home and apartment rentals, purchasing, selling or renting a home, and applying for utility waivers. Rental properties may also be found at <http://www.ahrn.com>  
Hours of Operation:  
0715 – 1600 Monday – Friday

## **Insurance**

TRICARE South Region: (210) 444-5445 or go to [www.tricare.mil](http://www.tricare.mil) for additional information

## **Legal**

The Fort Sam Houston Staff Judge Advocate Office  
Bldg 134 Stanley Road  
Phone: (210) 221-0484

Mailing Address  
1306 Stanley Road, Suite 19  
Fort Sam Houston, TX 78234

Office Hours: 0800 – 1630 Mon-Fri

## **Medical**

The McWethy Troop Medical Clinic (TMC) provides accessible, high quality and customer focused interdisciplinary health care for active duty and soldiers training on Fort Sam Houston. The scope of comprehensive services includes readiness care, chronic and acute illness care, preventive health maintenance, health promotion and wellness, education and counseling, and specialty consultation and referral.

TMC Location: 3101 Taylor Rd, Bldg 2560, Ft Sam Houston, TX

Hours of Operation: Monday - Friday, 0500-1500

Sick Call for Active Duty in Training Status (students): 0500-0730, Monday - Friday

The central appointments line for JBSA is (210) 916-9900.

Try not to schedule any appointments during class hours. If it is absolutely necessary to utilize classroom hours to complete an appointment, the student must obtain a Student Pass. Signatures must be obtained from each instructor whose class you will miss, your Academic Counselor, and the Class Advisor. Failure to complete this form and turn it in to the Class Advisor will be considered an unauthorized absence and prosecuted as such.

If no appointment is available, or it is after hours, students should use the closest MTF urgent care or ER. All emergencies should proceed to the nearest ER. All students must notify their class leader and class advisor if they will miss any class. Students who are placed on limited duty or sick in quarters (bed rest), must bring their slip to/or call class advisor before returning to quarters.

SAMMC Emergency – (210) 916-4979

IPAP Faculty members are not authorized to treat students as patients. This includes, but is not limited to, ordering labs, x-rays, tests, or consults. Staff cannot fill prescriptions for students. This is an ARC-PA Standard, and is non-negotiable.

## **Military Clothing**

The Fort Sam Houston uniform shop is located just inside the Walters Street main gate.

Phone number: (210) 221-3794 (Closed Mondays)

## **MWR**

Please check out the 502 Force Support Squadron webpage at: [www.myjbsa-fss-mwr.com](http://www.myjbsa-fss-mwr.com)

## **Optometry**

McWethy TMC Optometry

Location: 3101 Taylor Rd, Bldg 2560, Ft Sam Houston, TX

Hours of Operation: Monday - Friday, 6:00 am – 3:00 pm

0600 – 0730 SICK CALL for Active Duty in Training Status (students) ONLY!

Everyone else must call the Optometry Clinic to schedule an appropriate evaluation.

CLOSED after 1245 hrs EVERY Wednesday for Training

Appointment Line: (210) 916-1717

## **Parking**

Ample parking is available around Bldg 2841 and 2841, as well as nearby acrofss from the MEDCoE Medical Museum. WARNING – do NOT park on curbs, grassy areas, or sidewalks as you risk getting a ticket

## **Personal Issues**

Students with personal issues that may interfere with their progress in the program should contact one of the following resources for assistance.

BAMC Behavioral Health: Contact TRICARE at 210-916-9900

Community Behavioral Health Services (TMC): 210-295-4094

Military & Family Life Consultant Program: 210-426-6499

Military One Source: 1-800-342-9647

MEDCoE Chaplain: 210-221-6163

For additional resources, you may contact your primary care provider. You should keep your Class Advisor in the loop.

## **PHA**

The Medical Exams PHA Process has two parts. Part I Location is at 2533 Garden Ave Bldg 1102. Front Desk (210) 808-2309/2422. This is the same location where you will take care of mandatory Tb screening and immunizations

## **Printing Services**

The Vice Provost and Stimson Library Chief have repeatedly warned students NOT to use Stimson Library copy machines for printing/copying PowerPoint slides/handouts. If you need to print out your slides, purchase a printer/copier unit for personal use or us a copy service off post.

## **Recreation**

There are multiple opportunities on and off post. For JBSA FSH options, please see the website at <http://www.jbsa.af.mil>

## **Religious**

JBSA FSH provides pastoral support and services at several locations around post. Please see the JBSA website for more detailed information.

The FSH Chaplain Office number is (210) 221-5007.

The MEDCoE Chapel number is (210) 221-3231.

For after-hours emergency pastoral needs, please call (210) 221-9363.

## **Security**

The MEDCoE Security Office is located in Aabel Hall (Bldg 2840), wich is the same building as Stimson Library. When you enter through the glass doors, it is the first office on your left.

## **Ticket Office**

The ITT ticket office is the place to get discounted tickets to local attractions and sporting events. It is located at Bldg 1395. Phone (210) 808-1378.

## SECTION X

### CLINICAL YEAR INFORMATION AND POLICIES

#### **Policies & Guidance**

ISAP – The same Individual Student Assessment Evaluation Plan (ISAP) used at Phase 1 governs all IPAP Phase 2 students.

Phase 2 Manual – Used by IPAP Clinical Coordinator, Phase 2 Committee, and Phase 2 Site Clinical Coordinators to manage the 13-month clinical phase. In addition, there are handbooks to guide the Phase 2 Site Clinical Coordinators and Preceptors at the Phase 2 sites.

Phase 2 Brief – All IPAP students will receive a Phase 2 Brief prior to completion of Phase 1. You need to ensure you understand what to expect when you get to Phase 2. As PD, I expect ALL students to attend and actively participate in the Phase 2 Brief.

Phase 2 Orientation – All IPAP students will participate in a 2-week Phase 2 Site Orientation, which will include AHLTA, HIPPA, ACLS, and other MTF/Service topics.

Phase 2 References, and Objectives – Will be posted to the UNMC CANVAS LMS for universal access by all students.

All patient and procedure logging will be maintained via Myevaluations.com. This should be accomplished weekly throughout Phase 2.

#### **Phase 2 Rotation Assignments**

All IPAP students will provide input as to location preference while at Phase 1. The Senior Service Reps and Phase 2 Reps will collaborate on their respective Service assignments and all students will be notified well in advance of Phase 1 completion. The actual clinical rotation schedules will be distributed to students at the Phase 2 sites.

**Phase 2 POC** – See the following for additional information

IPAP Clinical Coordinator – LCDR Lance Beahm

IPAP Army Phase 2 – LTC Lauris Trimble

IPAP Navy Phase 2 – LCDR Lance Beahm

IPAP USCG Phase 2 – LT David Irving

IPAP USAF Phase 2 – Maj William Roasa

## SECTION XI

### SERVICE-SPECIFIC GUIDANCE

#### Army Student Information

(Please refer to the Bravo Company 187<sup>th</sup> Medical Battalion Policy Letters posted on the company's website)

##### 1. DUTY ASSIGNMENT -

B Company, 187<sup>th</sup> Medical Battalion  
2840 Stanley Road  
JBSA, Fort Sam Houston, TX 78234

The company handles all administrative actions (i.e., pay inquiries, name change, TDYs, in-processing, out-processing, etc.) and has the authority to approve/disapprove leave, task you for details, or assign you extra duty when classes are not in session and you are not on leave. TELEPHONE: (210) 221-8427.

##### 2. LEAVES:

To begin, originate your leave form (DA Form 31) with your designated class S1 representative. Once approved by your Senior Service Rep/Branch Chief or Deputy Army Branch Chief when applicable, your class S1 should take the form to the IPAP NCOIC for submission. All students requesting ordinary leave must have the entire leave packet with signature submitted to the designated B Co Platoon Sergeant for IPAP NLT 10 duty days prior to the first day of leave. Any leave request submitted late has the potential to be disapproved.

##### 3. PASSES:

The Program Director or designated representative will review Leave and Pass packets to ensure academic standing, content accuracy, and supporting documentation requirements are met prior to routing the packet through the Company. The approval authority for overnight Passes up to 250 miles will be the Company Commander. The approval authority for overnight Passes over 250 miles, will be the Battalion Commander. Students will not go on overnight Pass every weekend they are attending the course. This discretion will be provided by the Program Director and the Company Commander or Battalion Commander. All Students in good standing will be authorized a Pass under 250 miles for holiday weekends. Exemption is if the Holiday falls on the 1st weekend of the program cycle, then no Passes will be authorized. Requirements for Passes over 250 miles during holiday weekends remain in place.

#### 4. APFT:

(Army Physical Fitness Test) - conducted biannually. Passage of the APFT is a requirement for graduation from both Phase I and Phase II of the IPAP. Exercising is a professional responsibility and will be in addition to the mandatory physical training on your academic schedule. In addition, you are expected to maintain your weight and fitness IAW military standards. (AR 600-9, The Army Weight Control Program). Failure of the APFT and/or the height/weight standards results in immediate non-academic probation and may be grounds for removal from the IPAP.

Soldiers who fail to meet the APFT and/or height/weight or body composition standards of AR 600-9 will be marked "Failed to Achieve Course Standards" under block 11d, and the comments "Failed to meet APFT standards" and/or "Failed to meet body composition standards" under block 14 on the DA Form 1059 Academic Evaluation Report IAW AR 623-2 and DA PAM 623-3.

NOTE: A "Failed to Achieve Course Standards" AER may result in termination from the IPAP.

#### 6. DRUG TESTING:

Periodically or when ordered by the B Company Commander, IPAP students will undergo random urinalysis testing IAW the Company Policy Letter #23. As an Army leader and steward of good order and discipline, you are expected to uphold and emulate the Warrior Ethos and Army Values. As such, especially as a budding healthcare provider, there is no tolerance of illegal behaviors in regard to illicit/illegal substances.

#### 7. MEDICAL SICK CALL:

If you need to report to sick call (0500-0600) at McWethy TMC for acute care, first notify your class leadership and faculty class advisor prior to doing so. This can be done simply via phone call, text, or e-mail. If possible, try to schedule medical appointments outside of class time whenever possible. Appointments can be made by calling 916- 9900.

#### 8. DENTAL SICK CALL:

Similarly, if you need to report to dental sick call (0600-1000 & 1200-1400) at Budge Dental Clinic, first notify your class leader and faculty Class Advisor. This can be done simply via phone call, text, or e-mail. As always, try to schedule dental appointments outside of class time whenever possible.

## 9. TEXTBOOKS:

The Interservice Physician Assistant Program will provide most of the required textbooks for all students either electronically through the Stimson or McGoogan Libraries, or in hardcopy. Be aware that you may be responsible to purchase some textbooks that are not available electronically. All issued hardcopy textbooks will be hand-receipted to the student for accountability purposes. It is incumbent upon the student to ensure accountability of his/her hardcopy textbooks, as they will be required to be turned-in at the completion of each semester.

## 10. MEDICAL EQUIPMENT:

All required medical instrumentation/equipment needed for various physical exam labs, hands-on learning, or clinical competency labs will be purchased by the student for the IPAP with guidance from the class advisor.

## 11. WEAR AND APPEARANCE OF THE UNIFORM:

If you have questions regarding the wear and appearance of your uniforms speak to the senior service representative, the branch NCO, Class Advisor, or refer to the regulation AR 670-1. Again, during the normal duty hours of 0700-1700 Monday through Friday, all students must remain in the duty uniform of the day when at the MEDCoE.

## **Navy Student Information**

### **1. DUTY ASSIGNMENT :**

- a. You will be assigned to Navy Medicine Training Support Center (NMTSC), Fort Sam Houston, TX. Your personnel files will be located at the Student Administrative Services Department.
- b. You will report to Student Administrative Services at NMTSC for in-processing and then will in-process with the Interservice Physician Assistant Program.
- c. NAVPERS 1070/602 and SGLI must be updated upon check-in and will be maintained on file. Your security clearance must also be current prior to starting at IPAP.
- d. You must ensure that Student Admin Services has an accurate address and contact information.
- e. Random recalls are conducted.
- f. Command contact information:

Navy Medicine Training Support Center  
2931 Harney Path  
JBSA Fort Sam Houston, TX 78234

Quarterdeck: (210) 808-1445  
Student Admin: (210) 808-3844/3866/3831

- g. All administrative actions will be handled by Student Admin Services (i.e., pay inquiries, name change, TDYs, in-processing, out-processing, etc.) - which has the authority to approve/disapprove leave, task you for details, or assign you additional duty when classes are not in session and you are not on leave.

### **2. LEAVE/LIBERTY:**

Leave policy for Navy students is in accordance with MILPERSMAN 1050 series. All leave requests must be submitted on NAVCOMPT Form 3065 and routed through Navy Senior Service Representative at IPAP, Executive Officer and then to CO of NMTSC for final signature. Leave must be submitted at least five days prior to the commencement. If you return early or decide not to take leave, you must call Student Admin Services. Special liberty will be submitted on a NAVPERS 1336/3 and routed in the same manner as leave IAW MILPERSMAN 1050 series. Out of bounds request is used for holiday periods of 3-4 days and are submitted the same way as special liberty.

### **3. PHYSICAL FITNESS ASSESSMENT (PFA):**

Will be governed by the NMTSC Commanding Officer. The PFA is held twice a year. If at any time you fail any portion of the official PFA, you will be placed on the Fitness Enhancement Program (FEP). If placed on FEP, weekly weigh-ins and monthly mocks, along with 3-5 days of physical conditioning are a requirement.

#### 4. DRUG TESTING:

Command Directed Urinalysis is conducted by the NMTSC, IAW OPNAVINST 5350.4 series. All students are required to participate. You must notify Student Admin Services if you will be TAD at any time during your program.

#### 5. DISCIPLINE:

Authority for judicial and non-judicial punishment and non-punitive disciplinary measures fall under the CO of NMTSC.

#### 6. MEDICAL RECORDS:

Maintained in the Readiness Office at NMTSC. Records will be hand carried to and from appointments or sick call. Report to the TMC for sick call, or if necessary, the emergency room at Brooke Army Medical Center during non-duty hours. Enroll in TRICARE with BAMC Family Medicine Clinic. Appointments can be made by calling 210-916-9900. Notify Class Leader and Class Advisor immediately if you will be missing class to report to sick call.

#### 7. DENTAL RECORDS:

Maintained in the Readiness Office at the NMTSC. Records will be hand carried to and from appointments or sick call. Report to the Budge Dental Clinic for sick call. Appointments can be made by calling (210) 808-3735.

#### 8. FITNESS REPORTS:

Will be submitted through Student Admin Services and forwarded to your file IAW BUPERSINST 1610.10 series. Input will be solicited from the program you are attending. Reports are NOB. However, awards received, class leader/assist class leader positions and outstanding PFA scores will be noted in block 41.

#### 9. COMMUNICATIONS WITH NMTSC CO:

Commanding Officer Call will be held regularly and all students will have the opportunity to attend. The date and time will be posted by the Navy SSR. Additionally, there is a CO Suggestion Box posted at NMTSC for those who wish to communicate with the CO outside of CO Call.

## **Air Force Student Information**

Welcome to the IPAP and 381st Training Squadron (381 TRS), Joint Base San Antonio (JBSA) Fort Sam Houston, Texas. We have developed this information to assist you with your transition to IPAP.

### **1. INPROCESSING:**

You will in-process through Joint Base San Antonio-Fort Sam Houston. The in-processing date will be provided by the Commander's Support Staff (CSS). You will receive area information, turn in medical and dental records, and file your travel voucher during in-processing. You will also in-process at the CSS, where you'll receive your Cadet rank insignia.

### **2. FITNESS TESTING:**

You are responsible for maintaining a professional military image and participating in regular aerobic and strength training. The individual programs should consist of cardiovascular activities at least three times per week for 20 to 60 minutes as well as strength training and flexibility exercises. IPAP has built physical training into the schedule. In other words, it's up to you as an Air Force member to maintain your level of fitness.

All personnel will be required to complete their annual or semi-annual assessment during the month in which they had previously tested. The 381 TRS will conduct an initial "mock" fitness assessment upon your arrival. All personnel scoring in the "Unsatisfactory" category on their formal assessment will be required to meet with Squadron Commander for counseling and complete the BE WELL class. The student will be placed on non-academic probation IAW Student Evaluation Plan.

### **3. LEAVE:**

You will be allowed and strongly encouraged to take leave during semester breaks and during the December holiday period. Ordinary leave during class time is not allowed. Emergency leave will be coordinated on a case by case basis.

Before buying airline tickets or making reservations, contact Senior Service Representative or IPAP AF Liaison on current leave policy timelines and approval.

Students are on pass during normal non-duty days (Saturday - Sunday) to include three-day and four-day holiday weekends. Normal rules for regular pass and for leave apply. A pass will start and end in the local area. The "local area" will be defined by the 381 TRS and/or 937 TRG on how many miles or hours away a student may be before you will need to take leave. All CONUS leave requests will be coordinated through the Senior Service Representative or IPAP AF Liaison. For OCONUS leave, you will need to complete the Overseas Checklist and it must be completed NLT 30 days prior to the

first day of leave. The checklist is required for Alaska, Hawaii or U.S. Territories. OCONUS leave requests need to be approved by the Squadron Commander. A pass will not be taken in conjunction with leave. Students failing to return after a pass will be charged leave for the entire period of absence. All other absences will require proper authorization. Students will be present for both Opening and Closing ceremonies as directed by IPAP staff. Students in use or lose status are not eligible for waiver of accrued leave over 60 days. Again, during the five-day break between semesters, students are strongly encouraged to take leave during the break or report to the IPAP AF Liaison as directed. Students are highly encouraged to take leave during these breaks.

#### 4. DRESS AND APPEARANCE (Ref: AFI 36-2903, AETC Sup 1)

Duty uniforms: Students will wear blues each Monday and ABUs Tuesday through Friday unless otherwise specified.

Officer Trainee Insignia (for enlisted students):

Wearing of Phase I and 2 rank for Officer Trainees (OTs) IAW guidance from AFI 36-2903 and AFI 36-2903 AETCSUP 14 NOVEMBER 2014:

- a. Phase 1 students will wear rank with one silver stripe (Cadet 2<sup>nd</sup> Lieutenant) and Phase 2 students will wear rank with two silver stripes (Cadet Captain)
- b. No rank will be worn on the flight (wear the blue officer flight cap with silver braid) or ABU caps.
- c. ABU Shirt: Wear metal or subdued cloth rank on the collar with the silver stripe vertical to the bottom of the collar.
- d. Service Dress and Lightweight Blue Jacket: Phase 1 students will wear black shoulder boards with a ½-inch silver braid attached ¼-inch from the board's lateral edge. Phase 2 students shoulder boards will have a second silver braid spaced ¼-inch from the first braid.
- e. Blue Shirt: Wear the soft shoulder mark insignia.
- f. APECS/Improved Rain Suit: Will have a slip-on (or pin-on if slip-on unavailable) subdued rank that will be worn on the rank tab. The stripe will be parallel to the ground.
- g. Sage Green Fleece: It will have a 2 inch squared Velcro subdued cloth rank with a solid sage green background (no ABU pattern on background) flushed and centered above the last name tape on the wearer's right chest. The stripe will be parallel to the ground. The pin-on rank is also authorized.
- h. Sweaters (Pullover/Cardigan): Soft shoulder boards will be worn on the pullover and cardigan sweater. Place shoulder rank as close as possible to shoulder seam. The cardigan sweater will be buttoned when worn outside.

Upon arrival, enlisted personnel will be issued two sets of soft shoulder and two sets of metal Phase I rank. Enlisted Air Force students enrolled in Phase I and Phase II of IPAP will wear shoulder board insignia similar to that worn by candidates attending Officer Training School (OTS). Enlisted personnel will be required to purchase their

own Phase II rank; you will need it for your Phase I Closing Ceremony. Hard shoulder boards are worn with the mess dress.

To order soft shoulder rank:

<http://www.vanguardmil.com/products/usaf-rotc-afrotc-captain-epaulet>

To order Pin-on metal rank:

<http://www.vanguardmil.com/products/usaf-rotc-afrotc-captain-rank-on-battle-dress-uniform>

Sew-on and Velcro rank: <http://www.irotc.com/1187-usaf-cadet-rank>

Officer Insignia (for officer students): Officer personnel will wear their current officer rank for Phase I and II, IAW AIR FORCE INSTRUCTION 36-2903

Physical Examination Uniform: Students may wear the Air Force PT uniform during the physical examination (PE) and lab phases of training. The PT uniform will only be worn on scheduled PE or other lab days. Students may wear any combination of PT uniform IAW AIR FORCE INSTRUCTION 36-2903

#### 5. ADLS/Ancillary Training:

While in IPAP, you will need to keep up-to-date on your ADLS and all additional ancillary training. DoD Information Assurance/CyberAwareness Challenge, Information Protection, Force Protection, and Human Relations training are completed annually in ADLS. Sexual Assault Prevention and Response Training and Suicide Awareness Training are completed face-to-face annually.

## Coast Guard Student Information

### 1. DUTY ASSIGNMENT

Coast Guard (CG) students will be assigned to the Interservice Physician Assistant Program (IPAP) at JBSA Fort Sam Houston. Personnel files will be maintained by PERSRU/ADMIN Sector Houston Galveston. Students will report to the CG Senior Service Representative (SSR), MEDCoE. All supervisor actions will be handled by the SSR and administrative actions through HQ or Sector Houston/Galveston. Students should contact Sector Houston Galveston early and often providing accurate contact information.

SECTOR HOUSTON GALVESTON	281-464-4787 (Admin Office)
13411 HILLARD STREET	281-464-4797 (YN1)
HOUSTON, TX 77034	281-464-4786 (YN3)

### 2. LEAVE/LIBERTY

Leave policy for Coast Guard students is in accordance with current COMDTINST. All leave must be submitted via Direct Access for approval by the SSR at least ten days prior to commencement. Liberty and out-of-bounds requests must be submitted for approval to the SSR for travel beyond 250 miles or if air travel is involved. Leave/liberty may be granted for long weekends or during semester breaks. Non-emergency leave/liberty will not be granted during formal instruction. Students should consider this while planning lose/use leave. Emergency leave will be coordinated on a case by case basis. Students are subject to recall. Students must keep CGPAAS updated at all times.

### 3. CG ACCOUNT ACCESS

There is one CG workstation on JBSA Fort Sam Houston located in the Moreno Clinic. Students are responsible for logging into their CG account periodically in order to maintain account access, complete annual training requirements, and check email. CG email can be accessed through <https://mail.uscg.mil/owa/> remotely with any CAC enabled computer. However, this does NOT count as access to a CG workstation account—which will be locked/closed due to inactivity if students do not log into their accounts at Moreno Clinic.

### 4. BIENNIAL WEIGH IN and ANNUAL TRAINING REQUIREMENTS

Weigh-ins will be conducted by the CG SSR twice a year in April and October IAW COMDINST. Students that fail HT/WT and body fat standards will be placed in a probationary period and all rules/regulations of COMDINST will be apply. Students are required to maintain and complete all annual/mandatory training requirements according to CGBI. It is highly recommended students complete their triennial in-person civil rights training immediately prior to reporting to JBSA Fort Sam Houston due to a

lack of on-base training. Students must ensure annual admin requirements are current.

## 5. DISCIPLINE, UCMJ, and DRUG TESTING

Command Directed Urinalysis is conducted by the CG SSR as directed by CG Headquarters (CG-1121). Authority for judicial and non-judicial punishment and non-punitive disciplinary measures fall under CG-1121.

## 7. MEDICAL, DENTAL, RECORDS, and APPOINTMENTS

Students are required to call Tricare and update their current address and PCM upon arrival. Students are generally assigned to the McWethy TMC or Moreno Clinic for medical care and the Budge Dental Clinic. These clinics will handle student medical records. Prior to reporting to sick call, first notify your class leadership and class advisor via phone call, text, or email. Students should strive to schedule medical/dental appointments outside of formal instruction whenever possible. Students are required to maintain all immunizations and health readiness in CGBI, including the PHA, while in the program. PHAs can be completed at the Medical Readiness Clinic at the McWethy TMC. All students are required to maintain retention standards (officers) or meet accession standards (enlisted). Students are required to immediately notify the CG SSR if the student believes they may be outside service regulations.

## 8. EVALUATION REPORTS/MARKS

CG officer students while in DUINS status will receive evaluations as per PSCINST M1611.1. Your final graded and academic standing will be noted in your personnel file. CG enlisted students do not receive evaluations while in student status.

## 9. TEXTBOOKS and MEDICAL EQUIPMENT

IPAP will provide most of the required textbooks either electronically or hand-receipted hardcopy for turn-in upon completion of the semester. Students, on occasion or for professional development, may be required to purchase textbooks or professional materials (i.e. PANCE review books). Students are **REQUIRED TO PURCHASE** medical instruments/equipment in order to properly conduct physical exam labs and mock patient encounters. These instruments will provide a lifetime of service to the students—which students are encouraged to keep in mind while selecting equipment.

## 10. UNIFORMS

The uniform of the day for CG students is the ODU. Sometimes, at the direction of IPAP, students are authorized the wear of the PT uniform (T-shirts tucked in) for events such as physical exam lab. On the first instructional Friday of every month, students will wear their Tropical Blue uniform. The Service Dress Blue Bravo is the uniform for formal occasions and graduation. Wear and appearance of all uniforms is IAW COMDINST. All students must remain in the uniform of the day when at MEDCoE.

## **Competencies for the Physician Assistant Profession**

*(Originally adopted 2005; revised 2012)*

### **PREAMBLE**

Between 2003-2004, the National Commission on Certification of Physician Assistants (NCCPA) led an effort with three other national PA organizations (Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), and Physician Assistant Education Association (PAEA) -- formerly Association of Physician Assistant Programs (APAP)) to define PA competencies in response to similar efforts conducted within other health care professions and the growing demand for accountability and assessment in clinical practice. The resultant document, *Competencies for the Physician Assistant Profession*, provided a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.

This document was updated in 2012 and then approved in its current form by the same four organizations.

### **INTRODUCTION**

This document serves as a map for the individual PA, the physician-PA team, and organizations committed to promoting the development and maintenance of professional competencies among physician assistants. While some competencies will be acquired during formal PA education, others will be developed and mastered as physician assistants progress through their careers. The PA profession defines the specific knowledge, skills, attitudes, and educational experiences requisite for physician assistants to acquire and demonstrate these competencies.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.

Patient-centered, physician assistant practice reflects a number of overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession's dedication to the physician-physician assistant team benefits patients and the larger community.

## PHYSICIAN ASSISTANT COMPETENCIES

### Medical Knowledge

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

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

### Interpersonal & Communications Skills

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

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

## Patient Care

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Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients
- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

## Professionalism

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

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

## Practice-based Learning & Improvement

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Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and

other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

### **Systems-based Practice**

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

- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide effective, efficient patient care
- recognize and appropriately address system biases that contribute to health care disparities
- apply the concepts of population health to patient care

*Adopted 2012 by ARC-PA, NCCPA, and PAEA  
Adopted 2013 by AAPA*



# Code of Conduct for Certified and Certifying PAs and PAs with the PA-C Emeritus Designation

## Preamble

The National Commission on Certification of Physician Assistants (NCCPA) endeavors to assure the public that certified physician assistants (PAs) meet professional standards of knowledge and skills. Additionally, NCCPA attempts to ensure that the PAs it certifies are upholding appropriate standards of professionalism and ethics in practice. The NCCPA's *Code of Conduct for Certified and Certifying PAs and PAs with the PA-C Emeritus Designation* outlines principles that all certified or certifying PAs and PAs holding the PA-C Emeritus designation are expected to uphold. Breaches of these principles may be cause for disciplinary review. Disciplinary actions taken at the conclusion of that review may include formal censures, fines, suspension, revocation of certification or eligibility for certification or PA-C emeritus designation and/or other actions deemed appropriate by NCCPA. Disciplinary actions may be reported to the Federation of State Medical Boards, any state licensing authority, the federal government, the PA's employer and other interested parties, including individuals seeking information about the PA's certification or PA-C Emeritus designation, as solely determined by the NCCPA and in compliance with NCCPA's information disclosure policy. This *Code of Conduct* represents some, though not necessarily all, of the behaviors that may trigger review under NCCPA's *Policies and Procedures for PA Disciplinary Matters*.

## Principles of Conduct

**Certified or certifying PAs shall protect the integrity of NCCPA-issued credentials and of the processes by which those credentials are earned and awarded. Certified or certifying PAs and PAs with the PA-C Emeritus designation:**

- shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during or after an NCCPA examination.
- shall not engage in irregular behavior, as defined in NCCPA's *Policies and Procedures for PA Disciplinary Matters*.

- shall not employ deceptive means, including submitting to the NCCPA any document or testimony that contains a misstatement of fact or omits a fact to obtain, attempt to obtain or assist others in obtaining or maintaining an NCCPA credential.
- shall not manufacture, modify, reproduce, distribute or use a fraudulent or otherwise unauthorized NCCPA certificate.
- shall not falsely represent themselves in any way to be a Physician Assistant-Certified (PA-C) designee, a Certificate of Added Qualification (CAQ) recipient, or a PA-C Emeritus or otherwise use or assist others in using fraudulent credentials, as set forth in the NCCPA's *Policies and Procedures for PA Disciplinary Matters*.
- shall promptly inform NCCPA when possessing knowledge or evidence that raises a substantial question of cheating on or misuse of questions from an NCCPA examination, fraudulent use of an NCCPA card, certificate or other document or misrepresentation of NCCPA certification status by a physician assistant or any other individual.

**Certified or certifying PAs shall comply with all applicable laws, regulations and standards related to their professional role, including but not limited to those governing clinical practice.**

**Certified or certifying PAs:**

- shall respect appropriate professional boundaries in their interactions with patients and others.
- shall avoid behavior that would pose a threat or potential threat to the health, well-being or safety of others apart from reasonable risks taken in a patient's interest during the delivery of health care.
- shall not disclose patient confidential information, publicly disclose information about a patient that the PA learned as part of the PA's practice, nor disparage any patient in a public setting, (including through social media) based on information observed or learned in the PA's practice.
- shall recognize and understand their professional and personal limitations.
- shall practice without impairment from substance abuse and shall practice without impairment from cognitive deficiency or mental illness that, even with appropriate reasonable accommodation, adversely affects their practice.
- shall maintain and demonstrate the ability to engage in the practice of medicine within their chosen areas of practice safely and competently.
- shall behave in a manner that is lawful and ethical, and that upholds accepted standards of professional practice.
- must report to the NCCPA any adverse regulatory or credentialing action within 30 days of revocation, suspension, surrender, lapse, loss or denial of or any restrictions imposed on a license, authorization, or credential to practice as a health care provider (including authorization to practice as an employee of the federal government or in a jurisdiction not requiring licensure), whether such adverse action is by decision, consent order, stipulation, or agreement.

- must report to NCCPA within 30 days convictions, guilty pleas or no contest pleas to felonies and certain misdemeanors, as described more fully in the *Policies and Procedures for PA Disciplinary Matters*.

**PAs with the PA-C Emeritus designation shall not use the PA-C Emeritus designation in any clinical setting or in the context of any clinically-related interaction, including clinical volunteer service.**

*Adopted: November 2005*

*Last Revised: November 2015*



# Content Blueprint for PANCE

(effective January 2019)

**Beginning in 2019, there is a new content blueprint for the Physician Assistant National Certifying Examination (PANCE). The content blueprint provides guidance on the information assessed on the Physician Assistant National Certifying Exam (PANCE). The examination is categorized in two dimensions:**

1. Knowledge of the diseases and disorders physician assistants encounter; and
2. Knowledge and skills related to tasks physician assistants perform when treating patients.

The detailed listings provided under each of these two categories represent examples of the material that may be covered on PANCE. It is not possible to include all topics on a single exam, and it may be possible that some questions on the exam cover content that is not listed in the examples.

The content blueprint for PANCE is based on information provided from certified physician assistants who participate in profession-wide practice analysis studies. Certified PAs are involved throughout the exam development process, including: reviewing results of the practice analysis, writing questions that appear on PANCE, reviewing exams before they are administered, reviewing performance data for exam questions, and developing recommendations for the passing standard. Certified PAs work with NCCPA to continuously review the content included on PANCE to ensure it is relevant and current, as the practice of medicine changes and treatment guidelines are revised or new ones introduced.

Medical Content Categories	Percent Allocation*
Cardiovascular System	13%
Dermatologic System	5%
Endocrine System	7%

Eyes, Ears, Nose, and Throat	7%
Gastrointestinal System/Nutrition	9%
Genitourinary System (Male and Female)	5%
Hematologic System	5%
Infectious Diseases	6%
Musculoskeletal System	8%
Neurologic System	7%
Psychiatry/Behavioral Science	6%
Pulmonary System	10%
Renal System	5%
Reproductive System (Male and Female)	7%

Task Categories	Percent Allocation*
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History Taking and Performing Physical Examination	17%
Using Diagnostic and Laboratory Studies	12%
Formulating Most Likely Diagnosis	18%

Managing Patients

Health Maintenance, Patient Education, and Preventive Measures	10%
Clinical Intervention	14%
Pharmaceutical Therapeutics	14%
Applying Basic Scientific Concepts	10%
Professional Practice	5%

\*Medical content comprises 95% of the exam. All medical content questions are also coded to one of the task areas, with the exception of the professional practice task category. Questions related to professional practice issues comprise 5% of the exam. In addition, up to 20% of the exam may be related to general surgical topics. The specific percentage allocations may vary slightly on exams.

*New - PANCE Content Blueprint (effective for all PANCE administrations beginning in January 2019)*

The blueprint for all 2018 PANCE administrations is provided [here](#).

## **SAMPLE NCCPA PROFESSIONAL PRACTICE ITEM**

PAs preparing for NCCPA's certifying exam have often asked the NCCPA about how the exam items are developed. For the 2019 PANCE exam, [click here](#) to review a sample professional practice item. As more sample items become available we will publish them here.

## **Sample NCCPA Questions & Critiques**

PAs preparing for NCCPA's initial and recertifying exams have often asked the NCCPA about how the exam items are developed and should be answered. To help address that request, NCCPA has taken items removed from the item pool and created a tool for PAs. In the PDF document below, PAs can review sample NCCPA items and critiques written by NCCPA test committee members.

To review sample NCCPA questions and explanations regarding why the correct answer is correct and why the other answer choices are incorrect, please [click here](#).



## **Guidelines for Ethical Conduct for the PA Profession**

(Adopted 2000, amended 2004, 2006, 2007, 2008, reaffirmed 2013)

### **Introduction**

### **Statement of Values of the PA Profession**

#### **The PA and Patient**

- PA Role and Responsibilities
- The PA and Diversity
- Nondiscrimination
- Initiation and Discontinuation of Care
- Informed Consent
- Confidentiality
- The Patient and the Medical Record
- Disclosure
- Care of Family Members and Co-workers
- Genetic Testing
- Reproductive Decision Making
- End of Life

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

- Conflict of Interest
- Professional Identity
- Competency
- Sexual Relationships
- Gender Discrimination and Sexual Harassment

#### **The PA and Other Professionals**

- Team Practice
- Illegal and Unethical Conduct
- Impairment
- PA-Physician Relationship
- Complementary and Alternative Medicine

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

Workplace Actions

PAs as Educators

PAs and Research

PAs as Expert Witnesses

## **The PA and Society**

Lawfulness

Executions

Access to Care / Resource Allocation

Community Well Being

## **Conclusion**

### **Introduction**

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

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

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

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

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

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

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

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

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

### **Statement of Values of the PA Profession**

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

### **The PA and Patient**

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

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

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs

have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination

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

PAs should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

## **The PA and Diversity**

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

## **Nondiscrimination**

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

## **Initiation and Discontinuation of Care**

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

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

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

## **Informed Consent**

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

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on **Confidentiality**.)

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

## **Confidentiality**

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

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

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

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

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

PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

## **Disclosure**

A PA should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

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

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

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

## **Genetic Testing**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

### **Reproductive Decision Making**

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

### **End of Life**

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

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

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

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

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

## The PA and Individual Professionalism

### **Conflict of Interest**

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

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

### **Professional Identity**

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

### **Competency**

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

### **Sexual Relationships**

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

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

### **Gender Discrimination and Sexual Harassment**

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

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

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

## The PA and Other Professionals

### **Team Practice**

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

### **Illegal and Unethical Conduct**

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

### **Impairment**

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

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

### **PA–Physician Relationship**

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

## **Complementary and Alternative Medicine**

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

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

### **Workplace Actions**

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

### **PAs as Educators**

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

### **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

PAs involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

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

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

### **PAs as Expert Witnesses**

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

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

## The PA and Society

### **Lawfulness**

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

### **Executions**

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

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

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

### **Community Well Being**

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

### **Conclusion**

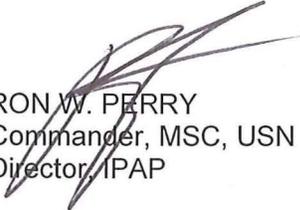
AAPA recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. PAs wrote these guidelines for themselves and other PAs. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible.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

US Army Medical Department Center and School  
Health Readiness Center of Excellence  
Graduate School  
Interservice Physician Assistant Program  
JBSA, Fort Sam Houston, Texas 78234



INDIVIDUAL STUDENT ASSESSMENT PLAN

6H-65D ARMY  
B-300-0031 Phase 1 NAVY  
B-300-0032 Phase 2 NAVY  
J50QA42GI-01AA Phase 1 AIR FORCE  
J50B042GI-02AA Phase 2 AIR FORCE  
200655 COAST GUARD

  
RON W. PERRY  
Commander, MSC, USN  
Director, IPAP

  
SCOTT W. SHAFFER  
Colonel, SP, USA  
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TANYA A. PEACOCK  
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**INDIVIDUAL STUDENT ASSESSMENT PLAN (ISAP)**  
**Interservice Physician Assistant Program (IPAP)**

**I. PREFACE.** This program is designed to fill the needs of the uniformed services by providing highly qualified entry-level physician assistants (PAs). This assessment plan establishes policies, assigns responsibilities, and prescribes procedures for the execution of the Interservice Physician Assistant Program (IPAP). The policies, procedures, and responsibilities prescribed herein shall apply to student members of all military branches participating in this education program.

**II. PROGRAM DESCRIPTION.**

A. Purpose. The purpose of the IPAP is to provide the uniformed services with highly competent, compassionate physician assistants who model integrity, strive for leadership excellence, and are committed to lifelong learning.

B. Scope.

1. The IPAP is a 29-month, federally-funded graduate program, consolidated via the Interservice Training Review Organization (ITRO) in 1996. The IPAP is a two-phased program. Phase 1 is 64 weeks in length (66 total to include leave/holidays) and is conducted at the Graduate School, Health Readiness Center of Excellence (HRCoE), Army Medical Department Center & School (AMEDDC&S), Fort Sam Houston, Joint Base San Antonio. Successful completion of all academic and non-academic requirements for Phase 1 culminates in the award of a Bachelor of Science (BS) degree from the affiliated university. Phase 2 is 55 weeks in length (57 total to include leave/holidays) and is conducted at designated Army, Navy, and Air Force medical treatment/training facilities (MTFs). Successful completion of all academic and non-academic requirements for Phase 2 culminates in the award of a master's degree from the affiliated university. All students must be commissioned/commissionable to be awarded an academic degree.

2. The IPAP is dedicated to educating and developing qualified students as PAs. In order to accomplish this, the program's curriculum and standards must be in compliance with civilian regulatory agencies as well as the policies and regulations of the participating military branches. The Council on Occupational Education accredits the AMEDDC&S HRCoE. The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) accredits the IPAP.

3. The entire 29-month program of instruction is designed to meet the needs of the Army, Navy, Air Force, and Coast Guard; preparing graduates who meet uniformed services credentialing standards and are ready for clinical practice upon program completion and national certification. The competency-based curriculum supports the PA Competencies and the PA National Certification Examination (PANCE) blueprint administered by the National Commission on Certification of Physician Assistants (NCCPA). Please see Appendix B – IPAP Course Title & Credits.

4. The program philosophy is based upon a cohort model. All students take a common core curriculum and share a consistent course load throughout the 29-month program. Students may not be transferred into the IPAP with advanced standing status.



C. Prerequisites. The Interservice Physician Assistant Program Course, (6H-65D) prerequisites are listed in the Army Training Requirements and Resources System (ATRRS) located at [www.atrrs.army.mil](http://www.atrrs.army.mil).

1. To enter the program, an individual must:

- a. Be a uniformed service member
- b. Have completed a minimum of 60 transferable college credits from an accredited educational institution(s), and accepted by the affiliated university
- c. Be screened by the affiliated university, and selected via a service-specific selection board

2. Starting with Class 2-19 (convening January 2019), all incoming students must meet the program-defined minimum standard of 60 college credits, SAT within five years, minimum overall GPA of 2.5, minimum sciences GPA of 3.0, minimum of 40 hours of PA shadowing, BLS provider card, and all sciences completed within ten years.

D. Service Obligation. Service obligations are outlined in service-specific recruitment/accession or training regulations. These regulations include: Army Regulation (AR) 614-200, Enlisted Assignments and Utilization Management; AR 601-20, The Interservice Physician Assistant Training Program and AR 351-3. Professional Education and Training Programs of The Army Medical Department, for the Active Component; National Guard Regulation (NGR) 351-1, Individual Military Education and Training, for the Army National Guard; AR 135-200, Active Duty For Missions, Projects, and Training For Reserve Component Soldiers, for the United States Army Reserves; Office of the Chief Naval Operations Instruction (OPNAVINST) 6110.1 series, Physical Readiness Program, for the Navy; Air Force Instruction (AFI) 36-2107, Active Duty Service Commitments for the Air Force (AF) and COMDTINST 1524.1 series, Coast Guard Advanced Education Program. See Appendix A for referenced publications.

### III. PROGRAM REQUIREMENTS

A. Academic Standards. Students will be evaluated on the ability to pass critical program objectives and standards. This includes demonstration of acceptable interpersonal skills, appropriate peer, patient, and professional interactions, and the ethical behaviors expected of a health care provider and military officer. Phase 1 accomplishment is evaluated through the use of written, oral, and practical (performance) examinations, to include writing assignments. Student academic progress will be constantly evaluated throughout each semester. In Phase 2, the ability to meet critical objectives is demonstrated to site coordinators and clinical preceptors who evaluate student competence through the use of both written, practical (performance) examinations, and direct observation of patient encounters.

All students are required to earn passing scores for each component of the Directed Studies course; including the master's project, oral and written presentations, professional attributes, and summative Objective Standardized Clinical Exam (OSCE). Additionally, all Phase 2 students are required to comply with established standards for patient and procedure logging.

1. In Phase 1, academic success is defined as achievement of a minimum grade of 75% in each course AND an overall test point average (TPA) of 80% in each semester.

2. In Phase 2, academic success is defined as achievement of a minimum grade of 75%:

(a) On each rotation examination.

(b) On each rotation clinical preceptor evaluation.

(c) On all components of the Directed Studies course.

## B. Nonacademic Standards

1. Standards of Conduct. As a military member, students will be held to the highest standards of behavior. Proper personal appearance, respectful behavior, and subordination to those in authority will be maintained at all times. Actions such as substance abuse, disruptive behavior in or out of class, and other actions that display the military service in an unfavorable light will be viewed as unacceptable performance. Students engaging in these actions/behaviors will be subject to elimination from the program through the service-specific chain of command, and may result in actions under the Uniform Code of Military Justice (UCMJ). Each student will review this ISAP, and will sign & date a statement signifying they have read, understood, and will comply with the document (Appendix D, Student Acknowledgement Form).

2. Physical Training. Physical fitness and weight control standards are essential to the mission of the uniformed services. All students are expected to actively participate in physical training and are provided ample time to do so. Students must maintain their service-specific height and weight standards during the 29-month program. All students must pass service-specific physical fitness examinations in order to successfully remain in the program. Physical fitness exam scores will not be used to determine course grades. Students who do not adhere to physical fitness and weight control standards may be referred for processing IAW service-specific regulations. See Appendix E for service-specific regulations.

### 3. Medical Policy.

a. Should a student enter the IPAP with a medical condition restricting him or her from full participation in the program or become so restricted, the Program Director may recommend, to the Graduate School Dean, that the student be relieved, recycled, or permitted a new start. A medical condition will not be a barrier to the continuation of education unless it is (1) deemed an excessive constraint to the student or his or her colleagues or; (2) the student will miss 25% or more of the scheduled class meetings in one or more courses.

b. Pregnancy will not be a barrier to continuation of training unless (a) medically deemed as a barrier or (b) the student will miss 25% or more of the scheduled class meetings in one or more courses. Should a student enter the program while pregnant, or should she become pregnant during the program, her service chain of command and a credentialed provider will counsel her. If the credentialed provider or Program Director determines the pregnancy will negatively impact the student's ability to successfully complete the program, a recommendation for relief/recycle/new start will be initiated.

c. All students must be medically qualified to serve as a commissioned officer and certified physician assistant (PA-C).

#### **IV. PURPOSES OF EVALUATION**

- A. To measure the degree to which the student has achieved stated course objectives.
- B. To provide students with feedback on academic progress, achievement, and competency development.
- C. To rank-order students.
- D. To support decisions for counseling, probation, and relief procedures.
- E. To ensure that each student is capable of fulfilling the duties of a military officer and demonstrates the fundamentals of professional ethics.
- F. To provide the Program Director feedback on the effectiveness of instruction and instructional materials.
- G. To provide data for ongoing program self-assessment and accreditation compliance.
- H. To ensure that each student has successfully met all academic and non-academic requirements for program advancement and completion.
- I. To provide measurable outcome criteria for granting a certificate of completion from the AMEDDC&S HRCoE, and for granting the BS and master's degrees from the affiliated university upon successful completion of Phase 1 and 2 respectively.

#### **V. POLICIES/PROCEDURES**

##### **A. Examination/Evaluation Procedures.**

1. Phase 1 Didactic Evaluation. Students are evaluated for didactic knowledge and skills using a variety of methods which may include examinations (oral and written, performance/practical), quizzes, papers, oral presentations, projects, group activities, and class participation. Written examinations will normally be administered via the Blackboard learning management system.

2. Phase 2 Clinical Evaluation. Students are evaluated for didactic knowledge, clinical knowledge, and skills using a variety of methods which may include examinations (oral and written, performance/practical), quizzes, papers, oral presentations, projects, group activities, clinical rounds, patient & procedure logging, and clinical preceptor evaluations. Clinical rotation written examinations will normally be administered via the Blackboard learning management system. Clinical preceptor evaluations will normally be administered via the MyEvaluations.com clinical management system.

##### **B. Reteach/Retest.**

1. Phase 1. Students who fail a hands-on performance examination such as Physical Exams practical, Whole Man, Clinical Correlations, or Objective Standardized Clinical

Examination (OSCE) must seek counseling and remediation, followed by a retest. One retest is allowed for each performance examination. Students who fail a written exam must also seek counseling and remediation, but are not offered the opportunity for a retest.

2. Phase 2. Students who fail the hands-on Summative OSCE must seek counseling and remediation, followed by one additional opportunity to retest and pass the Summative OSCE. Students who fail a clinical rotation exam must seek counseling and remediation, followed one retest opportunity to retake another version of that clinical rotation examination.

### C. Student Counseling.

1. Assignment of counselors. In Phase 1, each student will be assigned a principal faculty member as Academic Counselor. In Phase 2, the Phase 2 Site Clinical Coordinator will serve as Academic Counselor.

2. Counseling sessions. Counseling gives the student regular time throughout the program to review academic progress. It affords frequent opportunities for counselors to affect the academic and professional development of students. Students may request counseling with program faculty at any time.

a. Routine counseling. Counseling sessions are conducted upon arrival and will continue at least monthly throughout Phase 1, and NLT the close of each rotation in Phase 2. The student's progress is discussed, summarized in writing on the routine counseling form, and presented to the student. The student is provided the opportunity to take an active part in self-evaluation and express his/her views in writing on the counseling form.

b. Threshold counseling. Students may receive counseling in addition to routine monthly counseling. Students on probation status must seek counseling a minimum of twice monthly.

(1) Students may have various issues (physical, mental health, family, financial, etc.) impacting their performance at any time during the course. The student may seek the guidance of their Academic Counselor, Class Advisor, Senior Service Representative, and/or Program Director as needed.

(2) Students must seek counseling after each examination failure and for any semester TPA less than 80 percent. Any student failing an examination is required to make an appointment for counseling with the course instructor within 24 - 48 hours of completing the examination. The student must also make an appointment with their Academic Counselor after they have seen the course instructor.

### 3. Counseling session documentation.

a. Each counseling session must be documented, dated, signed by the faculty member, and signed by the counselee along with a statement such as, "I have been counseled on this date", or "I concur/non-concur with this counseling statement." The student signs the counseling form to indicate that he/she was counseled and did review the written statements, even if the student does not concur with this written evaluation.

b. All unscheduled counseling must be documented in the counseling record and should be countersigned by the student within 24 hours. This provides proof that the student is aware of any negative or positive information on record about him/her.

4. Additional counselors. Community Behavioral Health and Stress Management counselors are available to the students. Legal assistance officers are also available.

#### D. Grading.

1. In Phase 1, grades are recorded as numerical grades and computed as the average of the written examination scores within a course. The minimum passing grade on each singular examination is 75%. You must obtain at least 75% to pass each course. Successful completion of all performance examinations is defined as achieving a minimum score of 75%. One retest is allowed for each performance examination (such as Physical Exams, Whole Man, or OSCE), with a maximum grade of 75% awarded on a performance retest. Failure to meet this standard will result in the student being referred to the Performance Review Board (PRB). The master's project paper will be graded on a numerical scale, with a minimum grade of 75% needed to pass. One revision will be accepted for a re-grade, with a maximum grade of 75% awarded on a re-graded paper. A re-grade failure will be referred to the PRB.

2. In Phase 2, you must score at least 75% on the written examination given at the end of each rotation and at least 75% on the clinical preceptor evaluations submitted by the preceptors at the end of each rotation. The score on the clinical preceptor evaluation will count as 75% of the final rotation grade, and the score on the written examination will count as the remaining 25%. Exceptions:

a. Elective Rotation. There is no written examination, so the clinical preceptor evaluation accounts for 100% of the rotation grade.

b. Directed Studies. Students must earn a passing grade of at least 75% in each component in order to pass the course. The course grade is computed as follows:

- Investigational Research/Review Paper = 30%
- Objective Standardized Clinical Exam (OSCE) = 30%
- Defense of the above cited Investigational Research/Review paper = 10%
  
- Disease of current military significance presentation = 10%
- Disease or medical topic of personal interest presentation = 10%
- Professional Attributes = 10%

3. Percentage grades are rounded to the lowest whole number. Numerical grades will then be converted to letter grades based on the following grading system:

GRADE	PERCENTAGE EQUIVALENT
A+	97-100
A	90-96
B+	87-89
B	80-86
C+	78-79

C 75-77  
F <75

#### E. Probation

1. Purpose of probation. Probation is a positive action intended to help students recognize weaknesses and correct them through increased attention and remediation of identified deficiencies. Probation also serves as a period of increased student performance documentation for the benefit of the student and faculty. In order to decrease demands during probation and to enhance your opportunity to succeed in satisfactory program completion, students will be relieved from all administrative and leadership duties (i.e., class/squad leader).

2. Procedures for probation. The student is notified of probationary status verbally and by written documentation in the student academic record. Documentation will include the category of probation (academic vs. nonacademic), reason(s) probation was initiated (i.e., failure to meet specific objectives), the anticipated duration of the probation, and suggestions for improving academic or nonacademic performance. The student acknowledges by signing the counseling statement. Documentation of probation is maintained in the student's academic record for two years following his/her successful completion of the IPAP. After that time, all counseling/probation records are destroyed. Counseling/probation records of students who do not successfully complete the IPAP are kept indefinitely.

3. Students on probation are ineligible for any favorable actions such as academic awards or honors.

#### 4. Academic Probation.

a. Phase 1. Student academic progress will be reviewed on or about the 8<sup>th</sup>, 12<sup>th</sup>, and 16<sup>th</sup> weeks of each semester. Students failing to maintain a minimum 80% semester cumulative TPA will be placed on academic probation. Students will remain on academic probation until reevaluation at the next performance review board.

b. Phase 2. Students will be placed on academic probation when the end-of-rotation examination grade is less than 75%, or if the clinical preceptor evaluation grade is less than 75%. Students will remain on academic probation until they successfully pass the rotation re-test, and the following rotation examination & clinical preceptor evaluation.

#### 5. Nonacademic Probation. Criteria:

a. Any student who displays personal behaviors which interfere with the conduct of the class/rotation, fails to meet the prescribed standards of behavior, constitutes a habitual disciplinary problem, or in any way demonstrates unsuitability for the PA profession, may be considered for nonacademic probation. These cases will be referred to the appropriate Senior Service Representative (SSR) and Program Director. Students placed on nonacademic probation will remain on nonacademic probation at the discretion of the Program Director.

b. Readiness. This applies to students failing to maintain body weight and physical fitness standards IAW service-specific guidelines. Affected students will remain on nonacademic probation until such time as service-specific standards are met. SSRs will initiate actions, with status updates provided to Program Director.

USE OF PROBATION DOES NOT REPLACE NOR PRECLUDE FURTHER ACTION UNDER THE UCMJ.

F. Academic Standing. A student is considered to be in good academic standing when any of the following criteria applies:

1. Phase 1. Student has an average of  $\geq 75\%$  in each course. Student has a semester cumulative TPA of  $\geq 80\%$ . Student has failed no examinations.

2. Phase 2. Student has achieved a minimum of 75% on all rotation examinations and clinical preceptor evaluations. Student has failed no examinations.

G. Student Relief/Recycle. Students may be relieved from this program for academic and/or nonacademic reasons. Depending on the reason for relief from the program, a student may receive a negative service evaluation. Relief measures will be recommended to the Dean, Graduate School, when a student fails to maintain the standards of performance as outlined in this ISAP. Relief may be processed for a combination on academic and/or nonacademic reasons. The AMEDDC&S & FSH Regulation 351-12 and ITRO MOA provide guidance.

1. Academic Relief.

a. Phase 1. Academic success in Phase 1 is predicated upon three principles; Successful completion of each course of instruction with a minimum of 75%, maintenance of a cumulative semester average of at least 80%, and successful completion all performance examinations and paper requirements.

(1) On or about the 8<sup>th</sup>, 12<sup>th</sup>, and 16<sup>th</sup> weeks of each semester, a PRB will convene to review the performance status and counseling folder for each student with a semester cumulative TPA below 80%. For each student whose case is reviewed, the PRB will make a recommendation for relief recycle, or retain to the Program Director.

(2) If a student fails to achieve an end of course grade of at least 75%, the student will be referred to the PRB for review. The PRB recommendation for relief or recycle will be forwarded to the Program Director.

b. Phase 2. Academic success in Phase 2 is based on the following principles; Successful completion of each clinical rotation with a combined grade of at least 75% and a combined grade of at least 75% in the Directed Studies course.

(1) A student scoring less than 75% on any end-of-rotation examination will be placed on probation and given one opportunity to retest. If the student passes the retest, a score of 75% is assigned, and the student progresses to the next rotation. If student fails the retest, he/she will meet a Phase 2 PRB for consideration of relief or recycle. Student failing two end-of-rotation exams will meet a Phase 2 PRB for consideration of relief or recycle.

(2) A student scoring less than 75% on the clinical preceptor evaluation will be placed on academic probation and will meet a Phase 2 PRB for consideration for relief or recycle. If student is allowed to continue in the program, he/she will repeat the failed rotation. The maximum grade on a repeated rotation will be 75%. If the time spent on the repeated rotation exceeds 14 days, the student must be considered for relief or recycle.

c. Students may either accept the Program Director's recommendation, appeal the decision to the Dean, Graduate School, or elect to request resignation from the program.

2. Nonacademic Relief (Phase 1 & 2).

a. Nonacademic relief procedures are to be initiated by your Class Advisor, Program Director, or Component Commander in Phase 1 IAW service-specific rules, regulations, and/or standards. In Phase 2, nonacademic relief procedures are to be initiated by the Phase 2 Site Clinical Coordinator, Phase 2 Site Medical Director, or Phase 2 Component Commander. Nonacademic reasons for relief may include, but are not limited to the following:

(1) Violation of the IPAP Academic Honor Code (see Appendix C).

(2) Inappropriate Conduct. Students will conduct themselves as military officers/officer candidates at all times, on & off duty. Proper personal appearance and hygiene, respectful behavior, and deference to those in authority will be maintained while students are in the program. Actions that portray the military in an unfavorable light will be viewed as unacceptable behavior.

(3) Dishonesty. Possible relief for academic dishonesty applies not only to the student guilty of such behavior, but also to students who knowingly observe or tolerate such behavior without reporting it to a faculty member or Program Director.

(4) Unauthorized absence from an assigned place of duty and training.

(5) Repeated tardiness or repeated absences from class and or examinations.

(6) Use of obscene, profane, or abusive language.

(7) Disruptive behavior.

(8) Substance abuse.

(9) Fraternalization.

(10) Sexual harassment.

(11) Failure to maintain established service-specific physical fitness and weight standards.

(12) Behavior unbecoming a health care professional.

(13) Failure to comply with established standards for patient, procedure, and rotation hours logging

b. Nonacademic situations that may interfere with your education and training may be categorized as either disciplinary or non-disciplinary.

(1) If disciplinary in nature, your service-specific command will investigate and notify the Program Director. If your command determines that there is no evidence of misconduct, you may continue in the program. If you have been determined to have engaged in misconduct, your command will pursue either non-judicial or UCMJ action. Your command will either disenroll you from the program or allow you to continue in the program.

(2) If non-disciplinary in nature, your service-specific command will investigate and notify the Program Director. If your command determines that your situation is resolvable, you may be recommended for retention with your class. If your command determines that your situation is not resolvable within a reasonable period of time, you may be disenrolled.

(3) In Phase 2, in collaboration with the program Phase 2 site coordinator, military treatment facility (MTF) Education Department / command may suspend Phase 2 training within the facility resulting in a hold status and referring the student back to the AMEDDC&S HRCoE program director for determination of continuance in the program IAW AMEDDC&S HRCoE Regulation 351-12. While in a hold status, you will be released to the chain of command for accountability during the period of consideration of further proceedings.

USE OF NONACADEMIC RELIEF/RECYCLE DOES NOT REPLACE NOR PRECLUDE FURTHER ACTION UNDER UCMJ.

3. Voluntary Resignation/Withdrawal. A student may request voluntary resignation from the program. This request must be in writing and submitted to the Program Director, via the appropriate SSR. The Program Director may accept such a request to avoid unnecessary administrative delay, and will expedite routing to the Dean, Graduate School for approval.

4. Recycle. The program recognizes that some students may suffer from a sudden illness or other serious and unforeseen event or set of circumstances which adversely affects his/her academic performance. These mitigating circumstances may include medical matters or events directly affecting someone other than the student, such as a member of the immediate family.

a. Program Recycle. This is evaluated on a case-by-case basis. There must be documented, verifiable evidence of mitigating circumstances.

b. Students will be afforded no more than one program recycle opportunity.

## **VI SPECIAL RECOGNITION FOR STUDENTS**

### **A. Academic Awards**

1. Honor Graduate. Class ranking is calculated on the basis of total earned academic points at the end of phase 1, with the top 10% of students being considered for academic honors. One Distinguished Honor Graduate may be designated from within this cohort, with the remainder (of this top 10%) receiving Honor Graduate designation.

2. Honor Society. Students with a minimum TPA of 90% at the end of Phase 1 may be considered for Pi Alpha nomination. This is the PA honor society (administered by the Physician Assistant Education Association); existing for the promotion and recognition of significant academic achievement, leadership, research, research, community/professional service, and the encouragement of a high standard of character and conduct among PA students and graduates. The program is limited to selecting a maximum of 15% students for induction per cohort.

3. Students are ineligible for special recognition if they have received disciplinary action or counseling for improper behavior/personal conduct. Students who have been recycled are ineligible for academic honors. The program does not bestow academic awards upon conclusion of Phase 2.

B. Nonacademic Awards. Nonacademic awards may be bestowed by individual service branches separate from program activities (such as Closing Ceremony).

#### **VII. ELIBILITY FOR DIPLOMAS/CERTIFICATES OF COMPLETION**

A. Letter grades will be calculated and reported to the affiliated university. Grades for courses attempted by students who are relieved, recycled, or resigned will be reported as withdrew passing, withdrew incomplete, or withdrew failing at the time of the student's change of status, in accordance with the affiliated university's policy.

B. A BS degree from the affiliated university will be awarded upon successful completion of all academic and nonacademic requirements of Phase 1. An AMEDDC&S HRCoE certificate of completion, and a master's degree from the affiliated university will be awarded upon successful completion of all academic and nonacademic requirements of Phase 2. Students must be medically qualified, commissioned/commissionable, and have met all service branch requirements in order to be recommended for the certificate of completion and master's degree. Students who do not complete all requirements for program graduation will not be certified as eligible to sit for the national certification examination (PANCE).

**VIII. PROCEDURES FOR STUDENTS TO OBTAIN DOCUMENTATION OF ACADEMIC COMPLETION.** Academic transcripts are available from the affiliated university. Program graduates must contact the affiliated university's registrar office and pay any applicable transcript fees. The AMEDDC&S does not provide transcripts.

**IX. ACADEMIC EVALUATION REPORTS.** Student performance and behavior will be noted on the appropriate service-specific evaluation form, and will become a part of each service member's permanent record. Army students will receive a DA Form 1059, Service School Academic Evaluation Report, at the end of Phase 1 and again at the end of Phase 2. Navy students, at the end of each phase, will be given NAVPERS 1070/613, Administrative Remarks and a "Non-observed" enlisted evaluation report NAVPERS 1616/26, Evaluation Report & Counseling Record. Air Force students will receive AF Form 475, Education/Training Report at the end of Phase 1 and AF Form 494, Academic/Clinical Evaluation Report, at the end of Phase 2. Coast Guard students will receive a CG-3307 form, for both enlisted and officers with further remarks noted on the officer's DUINS OER comment sections if needed with the 3307 attached.

**X. PROGRAM SELF-ASSESSMENT.** The IPAP has a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of educational practices, policies, and outcomes. Graduate School students are expected to actively engage in program self-assessment at every opportunity. This includes timely completion of course & faculty critiques, Phase 1 and 2 Exit Interviews, and clinical preceptor & rotation evaluations. This also includes active participation in Phase 2 site accreditation inspections, climate assessments, and ARC-PA accreditation site visits. Student feedback is vital to the IPAP mission, accreditation maintenance, and the continued pursuit of academic excellence.

## References

### Army

AMEDDC&S Form 1218-W	DMS Phase 2 Questionnaire for Interservice Physician Assistant Program (IPAP) End of Phase 2 (Web Survey Only)
AMEDDC&S Form 1228-W	DMS Phase 2 Questionnaire for IPAP End of Rotation Student Critique (Web Survey Only)
AMEDDC&S & FSH Reg. 351-12	Schools, Enrollment, Relief, New/Start/Recycle, Administrative Disposition, and Counseling of Student Personnel
AR 135-200	Active Duty for Missions, Projects and Training for Reserve Component Soldiers
AR 351-3	Professional Education and Training Programs of the Army Medical Department
AR 614-200	Enlisted Assignments and Utilization Management
AR 601-20	The Interservice Physician Assistant Training Program
DA Form 1059	Service School Academic Evaluation Report (AER)

### National Guard

NGR 351-1	Individual Military Education and Training
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### Navy

OPNAVINST 6110.1 (OPNAVINST) 6110.1	Physical Readiness Program
NAVPERS 1070/613	Administrative Remarks
NAVPERS 1616/26	Evaluation Report and Counseling Record

**Air Force**

AF Form 475

Education/Training Report

AF Form 494

Academic/Clinical Evaluation Report

AFI 36-2107

Active Duty Service Commitments

**Coast Guard**

COMDTINST 1524.1 series

Coast Guard Advanced Education  
Program

**Department of Defense**

Interservice Training Review Organization MOA

ITRO MOA

**University of Nebraska Medical Center  
School of Allied Health Professions**

**Interservice Physician Assistant Program (IPAP)  
Curriculum (Effective for Spring 2016 and after)**

**PHASE I. Freshman Semester**

<u>Course #</u>	<u>Course Title</u>	<u>Credit Hours</u>
IPAP 500	Anatomy and Physiology I	7
IPAP 502	Biochemistry	3
IPAP 503	Microbiology	5
IPAP 504	Clinical Laboratory	4
IPAP 506	Med / Law Ethics	2
IPAP 608	Research Evaluation	2
<b>TOTAL SEMESTER HOURS for FRESHMAN SEMESTER</b>		<b>23</b>

**PHASE I. Sophomore Semester**

IPAP 501	Anatomy and Physiology II	7
IPAP 505	Pathology	3
IPAP 602	Pharmacology I	3
IPAP 603	Radiology	2
IPAP 604	Psychiatry	3
IPAP 606	EKG	2
IPAP 609	Gastroenterology	2
IPAP 623	Military Public Health / Dental	2
IPAP 631	Patient Evaluation I	3
<b>TOTAL SEMESTER HOURS for SOPHOMORE SEMESTER</b>		<b>27</b>

**PHASE I. Junior Semester**

IPAP 605	Orthopedics	4
IPAP 607	Pulmonary	2
IPAP 610	Cardiology	4
IPAP 611	Endocrinology	2
IPAP 612	Clinical Correlations I	1
IPAP 614	Pediatrics	3
IPAP 620	Neurology	2
IPAP 630	Pharmacology II	4
IPAP 632	Patient Evaluation II	2
<b>TOTAL SEMESTER HOURS for JUNIOR SEMESTER</b>		<b>24</b>

**PHASE I. Senior Semester**

IPAP 600	Hematology/Oncology	1
IPAP 613	Clinical Correlations II	1
IPAP 615	Surgery	4
IPAP 616	Dermatology	2
IPAP 617	Obstetrics/Gynecology	3
IPAP 618	Emergency Medicine	5
IPAP 619	Infectious Diseases	3
IPAP 622	Genitourinary	2
IPAP 624	PA Professional Issues	1
IPAP 628	Otolaryngology/Ophthalmology	2
IPAP 629	Gerontology/Rheumatology	2
<b>TOTAL SEMESTER HOURS for SENIOR SEMESTER</b>		<b>26</b>

**PHASE II. Academic Year**

IPAP 700	Surgery Rotation	5
IPAP 701	Dermatology Rotation	4
IPAP 702	Obstetrics/Gynecology Rotation	4
IPAP 703	Orthopedics Rotation	6
IPAP 704	Psychiatry Rotation	3
IPAP 705	Internal Medicine Rotation	6
IPAP 706	ENT/Allergy Rotation	4
IPAP 707	Pediatrics Rotation	5
IPAP 708	Ophthalmology Rotation	2
IPAP 709	Emergency Medicine Rotation	3
IPAP 710	Family Practice/Outpatient Medicine Rotation	4
IPAP 711	Clinical Elective Rotation	4
IPAP 712	Directed Study	2
<b>TOTAL SEMESTER HOURS for ACADEMIC YEAR</b>		<b>52</b>
<b>TOTAL SEMESTER HOURS for IPAP</b>		<b>152</b>

Note: Students will be registered for Phase II over three terms during the final academic year based on a typical rotation schedule. Final grades for all students will be due at the completion of all coursework.

Students who are relieved during the final academic year will have their registration changed to reflect only the specific coursework started with final grades available (including W, WP, and WF).

## Interservice Physician Assistant Program (IPAP)

# Academic Honor Code (AHC)

*"A cadet will not lie, cheat, steal, or tolerate those who do."*  
United States Military Academy

*"Midshipmen are persons of integrity: They stand for that which is right. They tell the truth and ensure that the full truth is known. They do not lie. They embrace fairness in all actions. They ensure that work submitted as their own is their own, and that assistance received from any source is authorized and properly documented. They do not cheat."*  
United States Naval Academy

*"We will not lie, steal or cheat, nor tolerate among us anyone who does."*  
United States Air Force Academy

*"Cadets do not lie, cheat, steal, or attempt to deceive."*  
United States Coast Guard Academy

# Academic Honor Code

1. **Purpose:** To establish an Academic Honor Code (AHC) for the Interservice Physician Assistant Program (IPAP), Graduate School, Health Readiness Center of Excellence, AMEDDC&S, JBSA, Fort Sam Houston, Texas. To publish policy, procedures, and guidelines governing its implementation and enforcement.

2. **Applicability:** This instruction is applicable to all faculty, staff, and students assigned to the IPAP.

3. **Policy:** All personnel assigned to the IPAP, and its detachments (to include all Phase 2 sites) are expected to exhibit honesty and integrity in all aspects of their military and personal lives, and especially in their academic pursuits. Academic integrity is a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. From these values, flow principles of behavior that enable academic communities to translate ideals into action. All are expected to acquaint themselves with, and make use of, all procedures established for doing research, writing reports, completing homework assignments, performing laboratory and clinical assignments, and taking examinations. Failure to act in accordance with such procedures will be considered academic dishonesty. Acts of academic dishonesty are legal, moral and intellectual offenses against the academic community and will be handled as disciplinary problems in accordance with the Individual Student Assessment Plan (ISAP).

## 4. **AHC Principles:**

a. The AHC is based on the five fundamental values of honesty, trust, fairness, respect, and responsibility:

(1) An academic community of integrity advances the quest for truth and knowledge by requiring intellectual and personal honesty in learning, teaching, research, and service.

(2) An academic community of integrity fosters a climate of mutual trust, encourages the free exchange of ideas, and enables all to reach their highest potential.

(3) An academic community of integrity establishes clear standards, practices, and procedures and expects fairness in the interactions of student, faculty, and administrators.

(4) An academic community of integrity recognizes the participatory nature of the learning process and honors and respects a wide range of opinions and ideas.

(5) An academic community of integrity upholds personal accountability and depends upon action in the face of wrongdoing.<sup>1</sup>

b. Integrity is an essential part of any true educational experience. This includes integrity on the part of the faculty members as well as integrity on the part of students. The AHC requires each to student accept his or her role as a member of the academic community and to execute that role with self-confidence, determination, hard work, and a desire to excel. Students will not violate nor permit other students to violate the provisions of this AHC.

c. The AHC is the standard of student conduct while assigned to the IPAP. The AHC exists in conjunction with, and in parallel to, the Uniform Code of Military Justice (UCMJ). Therefore, all conduct and performance must be acceptable within the parameters set forth by both of these documents.

d. The AHC supports leadership development. It affords the student an opportunity to make conscious decisions regarding its application and to accept the consequences of his or her decisions.

**5. Definitions:** For the purpose of the AHC, the following definitions are applicable.

a. **Academic Activity** - Any activity undertaken during the course of instruction to instruct, review, provide practice, or assess performance or knowledge within a given subject area. Academic activity includes, but is not limited to: lectures, review sessions, quizzes, examinations, homework, projects, laboratory assignments, tutorials, remediation's, simulated or actual clinical performance, oral reports/presentations, and other such assigned activities.

b. **Improper Assistance** - Help, either given or received, on any academic activity in a manner not otherwise prescribed/authorized by the assigned instructor.

c. **Cheating** - Knowingly using unauthorized assistance in any academic activity.

d. **Plagiarism** - The act of stealing and/or passing off the ideas or words of another, whether published or unpublished, as one's own.

e. **Irregular Behavior** - Student conduct during any evaluation, to include examinations, quizzes, laboratory assignments and observed physical examination performance, that causes the instructor, evaluator or proctor to suspect that the student's performance is being (or attempting to be) augmented from any source external to the student's own accumulated fund of knowledge.

**6. Prohibited Acts:** All forms of cheating, plagiarism, improper giving/receiving assistance, and irregular behavior are expressly prohibited under the AHC and may be punishable under the UCMJ. Prohibited acts include but are not limited to:

a. The use of notes, texts, issued materials, handouts, or electronic devices (including but not limited to: cellular telephones, calculators, tablets, computers and/or listening devices) during examinations, quizzes or any testing exercises, unless specifically authorized by the instructor.

b. Any visualization of or attempt to visualize another student's test or answer key.

c. Any attempt to enable another student's visualization of any other student's test or answer key during an examination.

d. Knowingly permitting another student to copy any student's answers from an examination paper (or computer screen), writing assignments, speech or briefing materials.

e. The act of providing or accepting (to include the visualization or possession of) unauthorized assistance or materials such as research papers, study guides, prior tests (or parts thereof), review session notes and course information prepared or provided by students outside the current class. This includes any materials possessed by a recycled student (authorized material for that student only) that was obtained or prepared in a prior class (semester).

f. The act of giving or receiving improper assistance such as, but not limited to, copying answers from another's examination.

g. Using previously written research papers, briefings, or other types of student work normally assigned by the program, provided by former students of the program.

h. Collaboration and/or plagiarism on lab assignments, clinical performance, workbooks, special projects, "take home" quizzes or any other type of graded or mandatory assignments unless specifically authorized by the instructor for that particular assignment.

i. Beginning a "timed" assignment, whether examination, quiz, laboratory assignment or other academic activity, prior to being told to begin the activity.

j. Continuing to work on a "timed" assignment, exam, quiz, lab assignment or other academic activity, after being told that time has expired.

k. Giving or receiving any type of communication during an academic activity unless expressly permitted by the assigned instructor.

l. Submitting previous or subsequent work for a given academic activity under the false premise of having accomplished that work during the designated timeframe for that academic activity.

m. Disclosing or soliciting disclosure of any information regarding examination questions or answers prior to, during, or subsequent to an examination or other graded activity. This specifically includes the prohibition of disclosing any examination content to subsequent class members or solicitation of any examination content from preceding class members.

n. Any behavior that undermines or threatens the integrity of an IPAP assessment processes regardless of whether it occurs before, during, or after a particular academic activity.

## **7. Enforcement:**

a. Responsibility for enforcing the AHC rests with the IPAP faculty, as well as the student community.

b. In the event a student is suspected of violating the AHC, the following procedure will be followed:

(1) Whenever possible, the activity will be immediately terminated by the faculty member. The student(s) involved will be informed of the suspected infraction of the AHC. Any supporting evidence will be confiscated and turned over to the Program Director. If a student observes any act in violation of the AHC, he/she will immediately notify the faculty member in the classroom, Class Advisor, Senior Service Representative, and/or Academic Counselor.

(2) All faculty and students are obligated to report suspected violations of the AHC. A written statement concerning the occurrence will be completed by the faculty member involved and forwarded to the Program Director as soon as practical.

(3) The Program Director will evaluate the report and conduct an interview with the reporting party, the student(s) involved, the assigned faculty member, and any other applicable parties. The Program Director may determine the student's disposition as any of the following: (a) dismissal of the suspected incident, (b) recommendation (to Graduate School Dean) for relief from the program, (c) placement on program probation, (d) referral to that student's Service command for possible disciplinary action.

**8. Action:** The Program Director will ensure all students are thoroughly briefed on the AHC during Orientation Week. All students will acknowledge receipt of this briefing by signing the Acknowledgement of ISAP and AHC Briefing form. This form will be retained as a permanent part of the student's academic record.

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<sup>1</sup> The International Center for Academic Integrity (ICAI). Accessed via <http://www.academicintegrity.org> on 27 April 2016.

## IPAP Student Acknowledgement of ISAP and AHC Briefing

I have received an oral briefing on the Individual Student Assessment Plan, to include the Academic Honor Code. I hereby acknowledge awareness and understanding of the ISAP, and will comply as written. I understand that I am expected to exhibit honesty and integrity in all of my academic pursuits. I am aware of where to locate the ISAP for further reference. Furthermore, I am expected to acquaint myself with and make use of all established procedures for conducting research, writing reports, taking examinations, and engaging in other academic activities. My failure to act in accordance with such procedures will be considered academic dishonesty and will be handled as a disciplinary issue in accordance with the ISAP.

Initial Counseling

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

Print Student name    Print Briefer name

\_\_\_\_\_  
Student Signature    Briefer Signature

2<sup>nd</sup> Semester Counseling

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

Student Signature    Print Counselor name

\_\_\_\_\_  
Counselor Signature

3<sup>rd</sup> Semester Counseling

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

Student Signature    Print Counselor name

\_\_\_\_\_  
Counselor Signature

4<sup>th</sup> Semester Counseling

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

Student Signature    Print Counselor name

\_\_\_\_\_  
Counselor Signature

**\*\*This form to be maintained in student academic record\*\***

# Service-Specific Regulations Regarding Fitness Standards

## 1. ARMY

- a. Physical fitness and weight control standards are essential to the mission of the Army. As stipulated in AMEDDC&S & FSH Reg 351-12, Army 6H-65D students are required to pass the semi-annual Army Physical Fitness Test(s) IAW Army Physical Readiness Training (FM 7-22), Standards of Medical Fitness (AR 40-501), and meet height and weight standards IAW the Army Weight Control Program (AR 600-9). The results are documented on the student's Service School Academic Evaluation Report (AER) in Phase 1 and Phase 2. Failure to meet standards will result in a "Failed to meet course standards" rating on the AER.
- b. Military students failing to meet physical fitness or weight control standards prior to graduation are counseled and processed IAW the regulations listed in (the above paragraph). Failure MAY disqualify the student from successful completion of the program and/or receiving the diploma and/or assigned AOC/skill identifier.

## 2. NAVY

- a. Navy officers must demonstrate a commitment to physical health and readiness at all times. Throughout training, Navy officer candidates must maintain fitness standards prescribed in OPNAVINST 6110.1j and NAVADMIN 178-15. Physical Readiness Test (PRT) results will be documented on annual student rank specific evaluations.
- b. Navy officer candidates failing to meet fitness or body composition analysis prior to graduation will be counseled and placed on non-academic probation until completion of the program. Failure to meet standards may be cause for immediate dismissal from the IPAP program, non-issuance of a diploma, and/or cancellation/alteration of follow-on orders.
- c. Recommendation for dismissal will be determined on a case by case basis.

## 3. AIR FORCE

- a. It is every Airman's responsibility to maintain the physical fitness standards set forth in AFI 36-2905, *Fitness Program*.

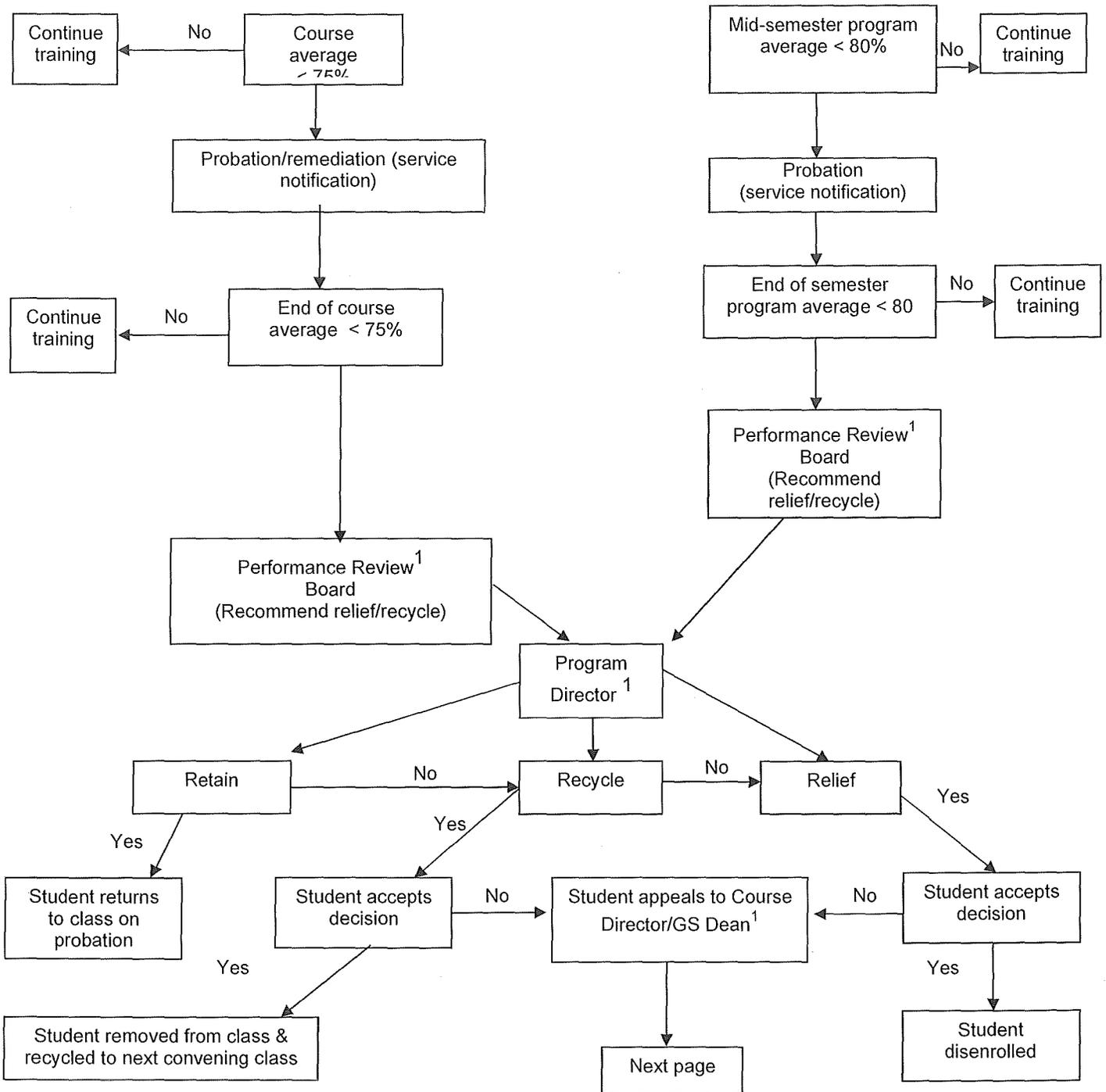
Being physically fit allows Airmen to properly support the Air Force mission. Fitness evaluations are recorded in the Air Force Fitness Management System (AFFMS II) throughout an Airmen's career. Student fitness programs will be managed by the supporting Air Force training command.

- b. Failure to maintain fitness standards may result in, but not limited to, disciplinary action; removal from training; denial of assignment, graduation and/or commission.

#### 4. COAST GUARD

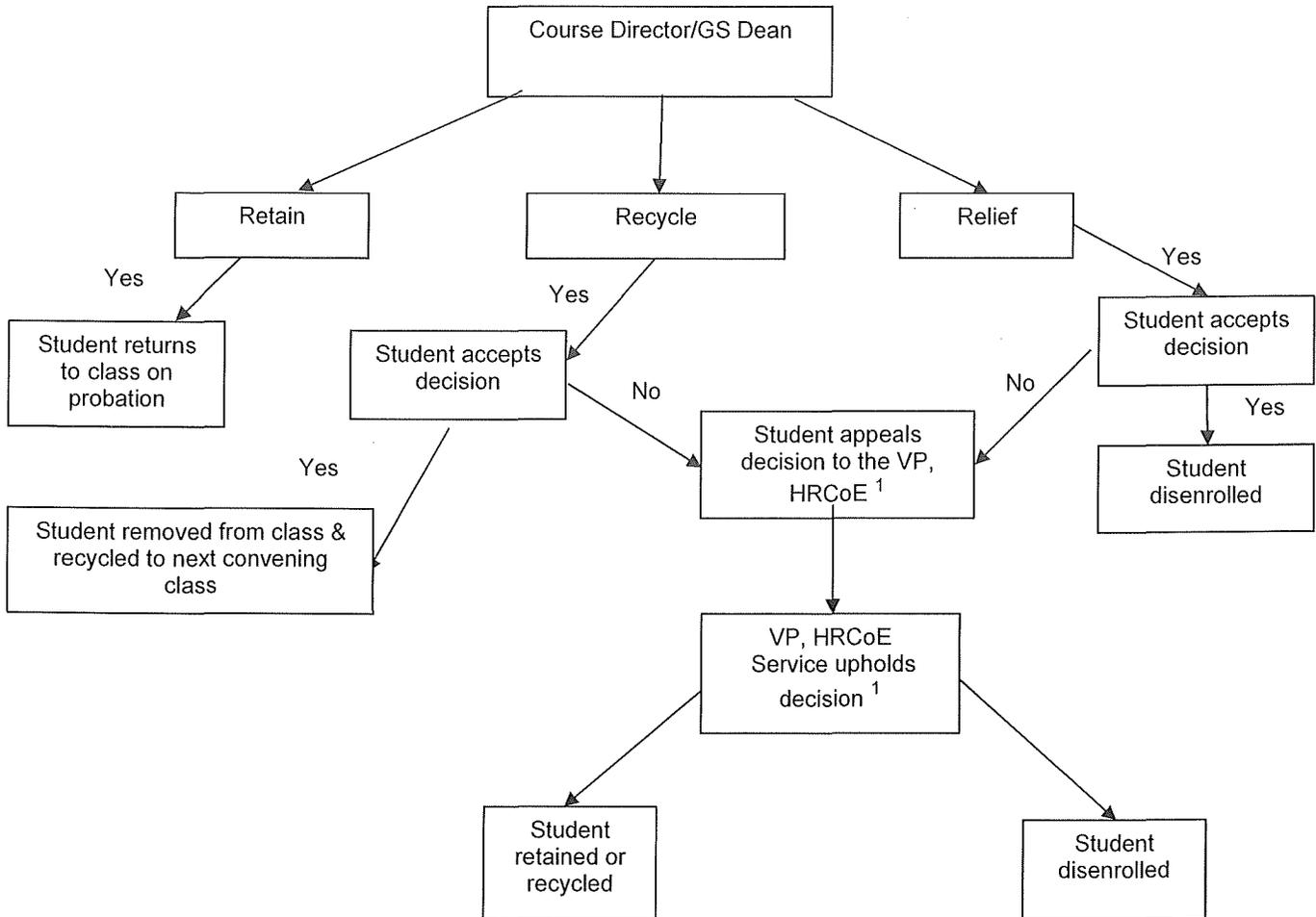
- a. Physical fitness is an important factor in mission readiness and an essential component of total wellness, and should be strongly encouraged at all levels. Coast Guard fitness standards, as stipulated by the CG Health Promotion Manual - **COMDTINST M6200.1C** and Coast Guard Weight and Body Fat Standards Program Manual, **COMDINST M1020.8** (series). All active duty CG students are required to weigh-in on a semi-annual basis during the months of **April** and **October** and recorded in the Semi-Annual Weigh-in worksheet. Members exceeding both their Maximum Allowable Weight (**MAW**) and body fat percentage will be placed on probation, during which they must lose their excess weight or body fat. Students will also require completion of a **CG-6049** to assess an individual's fitness level as part of the Coast Guard Weight and Body Fat Standards and Health and Fitness Programs.
- b. Commanding officers or Officers in charge may waive fitness enhancing activity and PFP requirements for CG students if they determine course requirements fulfill the fitness enhancing activity requirement, or if fitness-enhancing activity cannot be reasonably accommodated in the training schedule.
- c. Failure to maintain standards **MAY** disqualify the student from successful completion of the program and/or receiving the diploma.

**APPENDIX F  
IPAP ACADEMIC PERFORMANCE REVIEW PROCESS  
PHASE 1**



**NOTE 1:** Specific services CC/CO/OIC will be kept informed at all decision points. Final decision regarding the students will be accomplished with approval of the individual's service CC/CO/OIC.

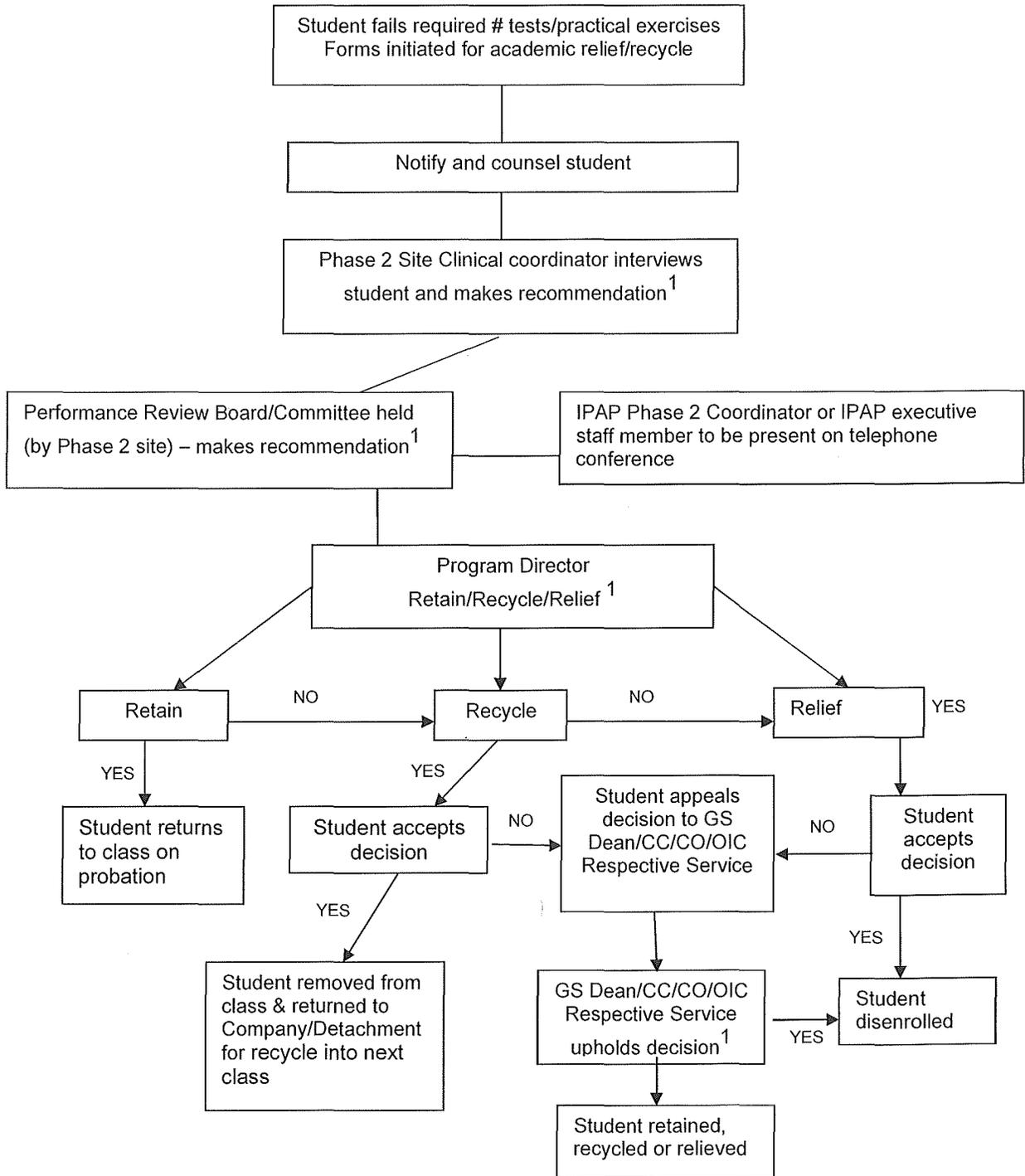
**APPENDIX F  
IPAP ACADEMIC PERFORMANCE REVIEW PROCESS  
PHASE 1**



**NOTE 1:** Specific services CC/CO/OIC will be kept informed at all decision points. Final decision regarding the students will be accomplished with approval of the individual's service CC/CO/OIC.

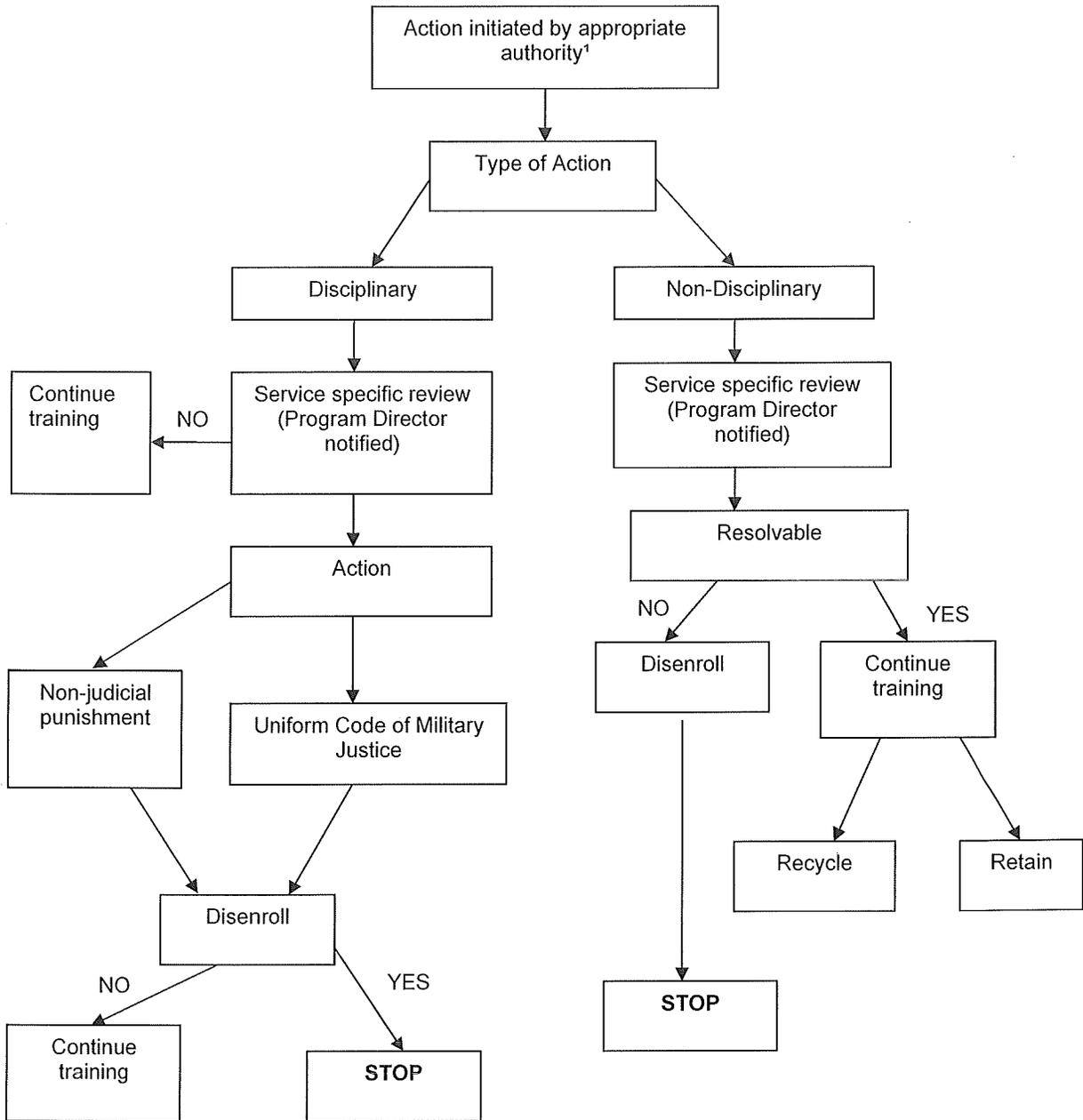
**NOTE:** Officer Students, who do not accept the decision, have a right to appeal the decision to the Commanding General.

**APPENDIX G  
IPAP ACADEMIC PERFORMANCE REVIEW PROCESS PHASE 2**



**NOTE <sup>1</sup>:** Program Director and specific services CC/CO/OIC will be kept informed at all decision points. Final decision regarding the student will be accomplished with approval of the individual's service CC/CO/OIC.

**APPENDIX H  
IPAP NON-ACADEMIC REVIEW PROCESS  
PHASE 1 and PHASE 2**



NOTE <sup>1</sup>: Phase 1- Class Advisor, Program Director, or Component Commander.  
Phase 2 – Phase 2 Site Clinical Coordinator, P2 Site Medical Director, or Phase 2 Component Commander.



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL,  
U.S. ARMY HEALTH READINESS CENTER OF EXCELLENCE  
3630 STANLEY ROAD  
JBSA FORT SAM HOUSTON, TEXAS 78234-6100

MCCS-WBB-GI

20 December 2016

MEMORANDUM FOR RECORD

SUBJECT: Correction of POI weeks in ISAP for IPAP Phase 1

1. This memo is to make a correction to the Interservice Physician Assistant Program ISAP POI Phase 1 weeks from 67 to 66 weeks.
2. Point of contact is the undersigned or Mr. Mike Kroger at 210-221-8004, or 210-808-2907.

*For*   
*Julie A. Freilino, Lt Col, USAF, MC*  
RON W. PERRY  
CDR, USN, MSC  
Director, Interservice Physician  
Assistant Program



# Interservice Physician Assistant Program

## Academic Honor Code

### **“Honesty & Integrity”**

***“A cadet will not lie, cheat, steal, or tolerate those who do.”***

United States Military Academy

***“We will not lie, steal or cheat, nor tolerate among us anyone who does.”***

United States Air Force Academy

***“Midshipmen are persons of integrity: They stand for that which is right. They tell the truth and ensure that the full truth is known. They do not lie. They embrace fairness in all actions. They ensure that work submitted as their own is their own, and that assistance received from any source is authorized and properly documented. They do not cheat.”***

United States Naval Academy

***“Cadets do not lie, cheat, steal, or attempt to deceive.”***

United States Coast Guard Academy

**Academic Honor Code**

# Interservice Physician Assistant Program

1. Purpose: To establish an Academic Honor Code for the Interservice Physician Assistant Program located at the Army Medical Detachment Center & School, Health Readiness Center of Excellence located on Joint Base San Antonio - Fort Sam Houston, Texas. To publish policy, procedures, and guidelines governing its implementation and enforcement.

2. Applicability: This instruction is applicable to all personnel assigned to the Interservice Physician Assistant Training Program.

3. Policy: All personnel assigned to this Command and its detachments must exhibit honesty and integrity in all aspects of their military and personal lives, and especially in their academic pursuits. "Academic integrity is a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. From these values flow principles of behavior that enable academic communities to translate ideals into action."<sup>1</sup> All must acquaint themselves with, and make use of, all procedures established for doing research, writing reports, completing homework assignments, performing laboratory and clinical assignments, and taking examinations. Deliberate failure to act in accordance with such procedures constitutes academic dishonesty. Acts of academic dishonesty are legal, moral and intellectual offenses against the academic community, and handled as disciplinary problems in accordance with the Individual Student Assessment Plan (ISAP).

## 4. Academic Honor Code

a. The academic honor code focuses on the five fundamental values: honesty, trust, fairness, respect, and responsibility:

(1) An academic community of integrity advances the quest for truth and knowledge by requiring intellectual and personal honesty in learning, teaching, research, and service.

(2) An academic community of integrity fosters a climate of mutual trust, encourages the free exchange of ideas, and enables all to reach their highest potential.

(3) An academic community of integrity establishes clear standards, practices, and procedures and expects fairness in the interactions of student, faculty, and administrators.

(4) An academic community of integrity recognizes the participatory nature of the learning process, and respects a wide range of opinions and ideas.

(5) An academic community of integrity upholds personal accountability and depends upon action in the face of wrongdoing.<sup>1</sup>

# Interservice Physician Assistant Program

b. Integrity is an essential part of any true educational experience, integrity on the part of the faculty members as well as integrity on the part of students. The Academic Honor Code is based on the expected honesty and integrity of the individual student and requires that each student accept his or her role as a member of the academic community and execute that role with self-confidence, determination, hard work, and a desire to excel. Integrity is a quality of character we need to nurture, and this requires practice. One can only be a person of integrity if that individual practices integrity every day. In executing that role, students will not violate nor permit other students to violate the provisions of this Academic Honor Code. Such violations will not be tolerated by this Program.

c. The Academic Honor Code is the standard against which all students will be held accountable.

d. The Academic Honor Code supports basic leadership development. It affords the student an opportunity to make conscious decisions regarding its application and to accept the consequences of his or her decisions. Academic integrity involves a system of interconnected rights and responsibilities that reflect our mutual dependence upon one another. The success of our individual efforts in this program depends on all of us conscientiously exercising our rights and living up to our responsibilities.

## 5. Prohibited acts

a. Such acts include the use of notes, texts, handouts, hand-held electronic devices, computers or listening devices during examinations or testing exercises, unless specifically authorized by the instructor.

b. Any attempt to visualize another student's test or answer key (or attempt to enable another student visualization of the same) during an examination.

c. Knowingly permitting another student to copy one's writing assignments.

d. The act of providing or accepting (to include the possession of) unauthorized assistance or materials such as; research papers, study guides, prior tests (or parts thereof), crib sheets, review session notes and course information prepared or provided by students outside the current class. This includes any materials possessed by a recycled student (authorized material for that student only) that was obtained or prepared in a prior class (semester).

6. Definitions: For the purpose of the Academic Honor Code, the following definitions are applicable.

a. Academic Activity: Any activity assigned during the course of instruction which is used to instruct, give practice, and/or assess performance or knowledge within a given subject area. Academic activity includes, but is not limited to, quizzes, examinations, homework, projects, laboratory assignments, clinical performance, oral reports/presentations, and other such assigned activities.

# Interservice Physician Assistant Program

b. Assistance: Help that is either given or received for any academic activity in a manner not otherwise prescribed/authorized by the assigned instructor.

c. Cheating: Knowingly using unauthorized assistance or making attempts to gain assistance through copying another student's responses in any academic activity, specifically on examinations.

d. Plagiarism: The act of stealing and passing off the ideas or words of another, whether published or unpublished, as one's own. This also includes the use of an individual's previously turned-in assignment for another class or program.

e. Prohibited Acts: All forms of cheating, receiving/giving assistance, and plagiarism are expressly prohibited under the Academic Honor Code. Prohibited acts include but are not limited to:

(1) The act of giving or receiving improper assistance such as, but not limited to, copying answers from another's examination; using texts, notes, issue materials, or other references not authorized for examinations or other assigned work; using previously written research papers, briefings, or other types of student work normally assigned by the school, provided by former students of the course; knowingly permitting another student to copy one's writing assignments, speech or briefing materials, or answers from an examination paper

(2) Collaboration and/or plagiarism on lab assignments, clinical performance, workbooks, special projects, "take home" quizzes or any other type of graded or mandatory assignments unless specifically authorized by the assigned instructor for that particular assignment.

(3) Beginning a "timed" assignment, whether examination, quiz, laboratory assignment or other academic activity, prior to being told to begin the activity.

(4) Continuing to work on a "timed" assignment, exam, quiz, lab assignment or other academic activity, after being told that time has expired.

(5) Giving or receiving any type of communication during an academic activity unless expressly permitted by the assigned instructor.

(6) Substituting work completed prior to, or following, a given academic activity, for work to be completed during that academic activity and passing it off as though it were completed during that activity.

(7) Disclosing or soliciting disclosure of any information regarding questions or answers to questions on the content of such activities prior to, during, or after an examination or other graded activity.

(8) Any behavior that undermines or threatens the integrity of the assessment of processes of IPAP, whether it occurs before, during or after a particular academic activity.

# Interservice Physician Assistant Program

## 7. Enforcement of the Academic Honor Code

a. Responsibility for enforcing the Academic Honor Code rests with the instructional staff as well as the student community.

b. In the event a student is suspected of violating the Academic Honor Code, the following procedure will be followed:

(1) Whenever possible the activity will be immediately terminated by the instructor. The student(s) involved will be informed of the suspected infraction of the Academic Honor Code. Any supporting evidence will be confiscated and immediately turned over to the Program Director. If a student observes any act in violation of the Academic Honor Code, he/she will immediately notify the instructor assigned to the class or the Academic Advisor for the class.

(2) All instructors and/or students are obligated to report suspected violations of the Academic Honor Code. A sworn statement will be completed and forwarded to the Program Director immediately, during normal working hours, or immediately upon commencement of the next working day.

(3) The Program Director will evaluate the report and conduct an interview with the reporter, the student(s) suspected of cheating, the assigned instructor, and military advisor, if applicable, and will make a written recommendations for disposition: (a) dismissal of the incident, or (b) recommendation for non academic relief from the program.

## 8. Action

The Program Director will ensure all students are thoroughly briefed on the Academic Honor Code during the orientation phase of their training program. All students will acknowledge receipt of this briefing by signing enclosure (1). Enclosure (1) will then be placed in each student's academic record and will be retained as a permanent part of the record.



Brian E. Burk, PhD, PA-C  
COL, SP, US Army  
Program Director, IPAP

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<sup>1</sup> The Center for Academic Integrity, affiliated with the Kenan Ethics Program at Duke University in Durham, North Carolina. <http://www.academicintegrity.org>

# Interservice Physician Assistant Program

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## Student Acknowledgement of ISAP and AHC Briefing

I received an oral briefing on the Individual Student Assessment Plan (ISAP), to include the Academic Honor Code (AHC). I hereby acknowledge awareness and understanding of both documents, and will comply as outlined. I understand that I must exhibit honesty and integrity in all of my academic pursuits. I have access to the AHC and ISAP via the IPAP Student Handbook. Furthermore, I must acquaint myself with and make use of all established procedures for conducting research, writing reports, taking examinations, and engaging in other academic activities. My failure to act in accordance with such procedures will be considered academic dishonesty and will be handled as a disciplinary issue in accordance with the ISAP and the applicable Service regulations.

### Initial Counseling:

**ISAP Version Date: December 2016**

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

\_\_\_\_\_  
Print student name

\_\_\_\_\_  
Print Briefer's Name

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

\_\_\_\_\_  
Briefer's Signature

### 2<sup>nd</sup> Semester Counseling

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

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

\_\_\_\_\_  
Academic Counselor (Print)

\_\_\_\_\_  
Academic Counselor Signature

### 3<sup>rd</sup> Semester Counseling

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

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

\_\_\_\_\_  
Academic Counselor (Print)

\_\_\_\_\_  
Academic Counselor Signature

### 4<sup>th</sup> Semester Counseling

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

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

\_\_\_\_\_  
Academic Counselor (Print)

\_\_\_\_\_  
Academic Counselor Signature

**\*\* This signed form is maintained in the student academic record \*\***