

# PA Surgical Residency Program Technical Standards

## A. Introduction

All candidates for the PA Surgical Residency program must meet the criteria necessary to successfully complete the program. To achieve the optimal educational experience and to maintain patient safety, trainees are required to participate in all phases of the training program. The study of surgery and its specialties and subspecialties is not a pure intellectual exercise. Rather a specific minimum set of observation, communication, motor, intellectual/conceptual, integrative and quantitative abilities, behavioral and social attributes and ethical and legal standards are needed to be a successful PA resident. To be successful, one must progress with increasing independence throughout the program and by the time of program completion must be capable of competent practice as a surgical PA. Essential abilities and characteristics required for the completion of the training program consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to complete the entire training program. Trainees must possess all of the requirements defined as technical standards listed in the six categories below. Although these standards serve to delineate the necessary physical and mental abilities of all candidates, they are not intended to deter any candidate for whom reasonable accommodation will allow the fulfillment of the complete training program.

## B. TECHNICAL STANDARDS

### I. Observation:

- a. Observe materials presented in the learning environment including, but not limited to, audiovisual presentations, written documents, tissues and gross organs in the normal and pathologic state and diagnostic images.
- b. Accurately and completely observe patients both at a distance and directly and assess findings.
- c. Obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.

### II. Communication:

- a. Communicate effectively, efficiently, accurately, respectfully and sensitively with patients, their families and members of the health care team.
- b. Perceive non-verbal communications, including facial expression, body language and affect.
- c. Respond appropriately to emotions communicated verbally and none verbally.
- d. Synthesize accurately and quickly large volumes of medical information from different types of written forms and formats, electronic medical records, both typed and hand written, that constitutes medical history.

- e. Record information accurately and clearly and communicate effectively in English with other health care professionals in a variety of patient settings including a variety of hand written and computerized record systems.

### **III. Motor Function:**

- a. Elicit information from patients and perform physical examinations and diagnostic maneuvers, at a minimum via palpitation, auscultation, and percussion.
- b. Carry out diagnostic maneuvers required (e.g. positioning patients, coordinating gross and fine motor movements).
- c. Respond to emergency situations in a timely manner and provide general and emergency care necessitating the coordination of gross and fine motor movements, equilibrium and sensation.
- d. Adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.
- e. Manipulate equipment and instruments to perform basic laboratory tests and procedures as required to attain residency goals (e.g. stethoscope, central site sets, ultrasound etc).

### **IV. Intellectual/Conceptual, Integrative, & Quantitative Abilities:**

- a. Perform calculations necessary to solve quantitative problems as required by patient care and testing needs.
- b. Collect, organize, prioritize, analyze, synthesize and assimilate large amounts of technically detailed and complex information in a timely fashion and with progressive independence. This information will be presented in a variety of educational and clinical settings including lectures, small group discussions and individual clinical settings.
- c. Analyze, integrate, and apply this information for problem solving and decision-making in an appropriate and timely manner for the clinical situation.
- d. Comprehend and learn factual knowledge from readings and didactic presentations.
- e. Apply knowledge and reasoning to solve problems as outlined by the curriculum.
- f. Recognize, comprehend and draw conclusions about three dimensional spatial relationships and logical, sequential relationships among events.
- g. Formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical modalities.
- h. Develop habits for life long learning.

### **V. Behavioral and Social Attributes:**

- a. Possess and demonstrate the maturity and emotional stability required for full use of intellectual skill, exercise good judgment, and have the ability to complete all responsibilities attendant to the diagnosis and care of patients.

- b. Develop a mature, sensitive and effective relationship with patients and colleagues.
- c. Tolerate work hours consistent with ACGME duty standards, function effectively under stress, and display flexibility and adaptability to changing environments during training and patient care including call, sustained work up to 30 hours at a stretch and up to 80 hours/week of clinical work or the specialty-specific duty hours.
- d. Function in the face of uncertainty and ambiguity in rapidly changing circumstances.
- e. Behave in an ethical and moral manner consistent with professional values and standards.
- f. Exhibit sufficient interpersonal skills, knowledge, and attitudes to interact positively and sensitively with people from all parts of society, racial and ethnic backgrounds, and belief systems.
- g. Cooperate with others and work collaboratively as a team member.
- h. Demonstrate insight into personal strengths and weaknesses.
- i. Seek the advice of others when appropriate.
- j. Be punctual, present at all assignments when expected or notify superiors.
- k. Complete work including documentation and dictations in a timely manner
- l. Acknowledge conflicts of interest, mistakes and adverse outcomes and cooperate in their resolution.
- m. Remain awake and alert for assigned duty periods and teaching activities within duty hours and abide by rules and policies.

## **VI. ETHICAL AND LEGAL STANDARDS:**

- a. Candidates must meet the legal standards to be licensed to practice as a Physician Assistant in the State of North Carolina. As such, candidates for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them.
- b. Should the PA Resident be convicted of any felony offense, or any offense that puts medical licensure at risk, while in the Program, he/she agrees to immediately notify the Program Director as to the nature of the conviction.
- c. Failure to disclose prior or new offenses can lead to disciplinary action that may include dismissal.

## **C. PROCESS**

Program directors recognize their responsibilities to verify that at program completion, trainees are capable of competent practice as a Physician Assistant. To do so, trainees will have to have demonstrated competencies that include knowledge, attitudes, and skills that equip them to function in a broad variety of clinical situations.

The PA Surgical Residency Program has an commitment to provide equal opportunities for qualified Physician Assistants with disabilities who apply for admission. The program

has a strong commitment to full compliance with state and federal laws and regulations (including the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.)

A “qualified person with a disability” is an individual with a disability who meets the academic and technical standards requisite to admission or participation in the residency program, with or without reasonable accommodations.

Admitted candidates with disabilities are reviewed individually, on a case-by-case basis, with a complete and careful consideration of all the skills, attitudes and attributes of each candidate to determine whether they can satisfy the standards with or without any reasonable accommodations.

An accommodation is not reasonable if it poses a direct threat to the health or safety of patients, self and/or others, if making it requires a substantial modification in an essential element of the program, if it lowers program standards, or possesses an undue administrative or financial burden. As noted above, except in rare circumstances, the use by the candidate of a third party (e.g., an intermediary) to perform any of the functions described in the Technical Standards set forth above would constitute an unacceptable substantial modification.

Admission to the program is conditional on the candidate’s having the willingness and ability to satisfy the technical standards, with or without reasonable accommodation.

Admitted candidates who have a disability and need accommodations should initiate discussions with the Program Director as soon as the offer of admission is received and accepted. It is the responsibility of a candidate with a disability to provide sufficiently current information documenting the general nature and extent of his/her disability, and the functional limitations proposed to be accommodated. The program reserves the right to request new or additional information.