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Section I: GENERAL PROGRAM INFORMATION

Introduction
This Department of Physician Assistant Studies Student Handbook has been prepared to provide Physician Assistant (PA) students with important information about the profession of a Physician Assistant, the Department of Physician Assistant Studies and the expectations of students who have been accepted into The College of St. Scholastica’s Master of Physician Assistant Studies Program. The Student Handbook should be reviewed thoroughly by all PA students and students should use this Handbook as a first source of clarification for any questions or concerns. All policies in this Handbook are applicable to students in the didactic and clinical phases.

The Master of Physician Assistant Studies Program is one of the graduate programs at The College of St. Scholastica and is located in the School of Health Sciences. The Department of Physician Assistant Studies follows the policies and procedures established by Graduate Studies and found in the Graduate College Catalog: http://www.css.edu/academics/catalog/graduate-catalog.html.

Your selection into the PA program is an indication of your outstanding academic abilities and personal characteristics. We are pleased to have you with us, and look forward to working and learning together. The faculty and staff extend our welcome and best wishes for an exciting and rewarding educational experience.

Program policies apply to all students, principal faculty and the program director regardless of location.
**Additional Resources**
CSS Student Handbook

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

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

**Professional Organizations**
Students will be members of the following professional organizations:
*The American Academy of Physician Assistants (AAPA)*
*The Student Academy of the American Academy of Physician Assistants (SAAAPA)*
*The Minnesota Academy of Physician Assistants (MAPA)*

www.aapa.org
https://www.aapa.org/saaapa/
www.mnacadpa.org

**Faculty and Staff Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Kruger, MD</td>
<td>Program Director</td>
<td>218-625-4893</td>
<td><a href="mailto:kkruger2@css.edu">kkruger2@css.edu</a></td>
</tr>
<tr>
<td>Cathy Cleary, MD</td>
<td>Medical Director</td>
<td>218-723-6081</td>
<td><a href="mailto:ccleary1@css.edu">ccleary1@css.edu</a></td>
</tr>
<tr>
<td>Shawn Garvey, PA-C</td>
<td>Director of Curriculum</td>
<td>218-625-4894</td>
<td><a href="mailto:sgarvey@css.edu">sgarvey@css.edu</a></td>
</tr>
<tr>
<td>Carolyn Jahr, PA-C</td>
<td>Principal Faculty</td>
<td>218-723-6119</td>
<td><a href="mailto:cjahr@css.edu">cjahr@css.edu</a></td>
</tr>
<tr>
<td>Jake Oestreich, MD</td>
<td>Director of Clinical Ed.</td>
<td>218-723-5912</td>
<td><a href="mailto:joestreich@css.edu">joestreich@css.edu</a></td>
</tr>
<tr>
<td>Julie Lonetto</td>
<td>Program Manager</td>
<td>218-723-6081</td>
<td><a href="mailto:jlonetto@css.edu">jlonetto@css.edu</a></td>
</tr>
<tr>
<td>Dawn Christenson</td>
<td>Admin. Specialist</td>
<td>218-723-6289</td>
<td><a href="mailto:dchriste@css.edu">dchriste@css.edu</a></td>
</tr>
</tbody>
</table>
**The College of St. Scholastica**

**CSS Mission Statement**
Shaped by the Catholic Benedictine heritage, The College of St. Scholastica provides intellectual and moral preparation for responsible living and meaningful work.

**CSS Vision Statement**
The College of St. Scholastica will be widely regarded as an academic community grounded in the rich Benedictine heritage and sending forth thoughtful leaders, sharpened and sensitized by the liberal arts, who are committed to serve and to transform the world.

The purposes of The College of St. Scholastica are to:

- Foster an environment in which students, staff and faculty will be inspired with the Benedictine values expressed in community, hospitality, respect, stewardship, and love of learning.
- Stimulate a zest for life-long learning by supporting the General Education goals of critical thinking, intellectual integrity, aesthetic appreciation, and intellectual curiosity.
- Prepare students, through undergraduate and graduate programs, for responsible leadership in professional positions and/or advanced studies.
- Provide programs for traditional and non-traditional students to meet community needs.
- Lead public interfaith discussions in ethics, peace, and social justice issues in the tradition of our Catholic, Benedictine intellectual heritage.
- Ensure continued access to a faith-based institution of higher learning through proper stewardship of human and fiscal resources.

For more information on CSS, please visit the website [www.css.edu](http://www.css.edu)

**Our Benedictine Heritage**
The College of St. Scholastica was founded in 1912 as a junior college for women when a group of Benedictine Sisters offered college courses to six young women. In 1924 CSS became a four-year college, graduating a class of two in 1926. In 1968, the admission of nine full-time and six part-time male students made the College co-educational. Today St. Scholastica, the only independent college in northeastern Minnesota, educates over 2600 men and women yearly in the baccalaureate, master’s, and doctoral programs through the main campus and multiple extended-site locations, with almost 16,000 alumni. From our Benedictine tradition and community come the values embraced by The College of St. Scholastica and all its programs:

**Community**

- Sharing responsibility to create and support community.
- Creating a climate which promotes a sense of community while valuing the uniqueness of the individual.
- Manifesting an ability to adapt to circumstances without compromising our values.
Hospitality

- Creating a welcoming atmosphere personally and institutionally.
- Listening and responding sensitively to all.
- Extending warmth and acceptance to all.
- Welcoming new ideas and being open to change.

Respect

- Cherishing and promoting the worth of all human life.
- Treating persons with dignity and reverence without regard to age, gender, race, minority, sexual preference or economic status.
- Honoring and supporting the spirituality of each person.
- Valuing the dignity of all work.
- Promoting participation of all persons in the decisions affecting their lives.

Stewardship

- Utilizing human resources responsibly.
- Providing wise and respectful use of all material and monetary resources.
- Promoting prudent use of resources and energy.
- Finding time for work, play and prayer in daily life, which will promote physical, mental and spiritual growth.

Love of Learning

- Preserving the intellectual and material heritage entrusted to us by past generations.
- Transmitting the treasures of human culture to new generations.
- Creating scholarly, artistic and scientific works which enrich and enlarge human life.
- Integrating thought and action as complementary aspects of a full human life.
School of Health Sciences

Vision Statement
The College of St. Scholastica will be widely recognized as a premier educator of health science professionals who are known for disciplinary excellence, multidisciplinary respect, cultural competence and thoughtful leadership.

Four descriptors are used within the Vision Statement to define the components of excellence.

The broad intent of the Vision Statement is expressed in the first descriptor “disciplinary excellence.” Each department and each program within the departments clearly articulates their attempts to focus on academic rigor, to continuously assess quality, to transform curricula on an ongoing basis, and to progressively renew teaching-learning strategies, all for the purpose of being at the leading edge of their disciplines.

The term “multidisciplinary respect” has a unique and developed meaning for School of Health Sciences' students at St. Scholastica. One of the agreed upon criteria for Health Science students at St. Scholastica is that graduates will be familiar with, know how to work with and respect the disciplinary knowledge of other health professionals. This will increase the effectiveness of each discipline and improve the outcomes and efficiency of client care.

“Cultural competence” has a broad meaning. Certainly, it means graduates will have the capacity and skills to serve a wide span of diverse human factors, but also, the adaptive capacity to practice in multiple service contexts.

“Throughtful leadership” is a term used to express the concepts of the Benedictine values as applied to the treatment of clients, working with colleagues, and providing leadership at any level. Thoughtful leadership implies that there is not one style of leadership that will always work. Leadership is dependent on the personal relationships, the goals involved and the larger context in which the process takes place.
CSS Physician Assistant Program

Mission Statement
In accordance with our Benedictine values, the College of St. Scholastica’s Master of Physician Assistant Studies program’s mission is to educate physician assistant students within a comprehensive, interprofessional and innovative curriculum to provide high-quality care across the lifespan and meet the healthcare needs of our region.

Vision Statement
The College of St. Scholastica’s Physician Assistant Master’s Program graduates will be the most highly regarded Physician Assistants in our region.

Program Aims
1. Teach across the lifespan to prepare graduates for practice in every setting.
2. Emphasize curriculum and clinical education around rural and aging populations to prepare graduates to practice in these areas.
4. Provide outstanding Physician Assistants for our regional healthcare systems.
5. Practice inclusive excellence in every experience and encounter.
6. Develop leadership skills to prepare PAs to be a valued member of the medical team.
7. Encourage dedication to our communities and the people we serve.
8. Incorporate our Benedictine values into our professional work.
9. Demonstrate the value of lifelong learning.
10. Add value to and enrich the PA profession.
11. Achieve Program Goals

*Program Goals
The program has defined the following measurable outcomes for its graduates:

1. The percentage of graduates working in primary care and underserved urban/rural settings will exceed the national average.
2. The majority of graduates will practice in the five state region, primarily in Minnesota/Wisconsin.
3. Graduates will be employed within three months of passing the Physician Assistant National Certifying Examination (PANCE).
4. First time PANCE pass rates will exceed the national average.
Program Student Learning Outcomes

The CSS MPAS program’s student learning outcomes are designed to prepare graduates for entry into practice with the competencies expected of a "practice-ready" PA. The student learning outcomes are derived from the following professional competencies described by the National Commission on Certification of Physician Assistants (NCCPA), Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA) and Physician Assistant Education Association (PAEA). These competencies are:

- Medical Knowledge
- Interpersonal and Communication Skills
- Patient Care
- Professionalism
- Practice-based Learning and Improvement
- Systems-based Practice

Upon completion of the CSS MPAS Program, graduates will be expected to demonstrate competency in the following student learning outcomes:

Medical Knowledge:
Upon completion of the program, and acting in the capacity as an entry level PA, students will be able to:

1. Demonstrate knowledge of established and evolving biomedical and clinical sciences and the ability to integrate and apply this knowledge to patient care
2. Demonstrate the medical, surgical, behavioral and social science knowledge necessary to effectively evaluate, diagnose, and manage patients across the lifespan
3. Demonstrate the ability to effectively evaluate, diagnose and manage patients with a range of problems seen in a variety of practice settings with emergent, acute and chronic presentations
4. Identify the appropriate interventions for prevention of disease conditions and promotion of healthy living behaviors

Interpersonal and Communication Skills:
Upon completion of the program, and acting in the capacity as an entry level PA, students will be able to:

1. Demonstrate oral and written communication skills to effectively exchange information with patients, families and other members of the healthcare team
2. Communicate in a respectful, patient-centered and culturally responsive manner to accurately obtain, interpret and utilize information and implement a patient-centered management plan
3. Demonstrate accurate and adequate documentation of care for medical, legal, quality and financial purposes
Patient Care:
Upon completion of the program, and acting in the capacity as an entry level PA, students will be able to:
1. Make informed, evidence-based and culturally sensitive decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence and clinical judgment
2. Demonstrate the ability to counsel and educate patients and their families
3. Demonstrate the ability to effectively work within an interdisciplinary and patient-centered healthcare team to develop and implement patient management plans

Professionalism:
Upon completion of the program, and acting in the capacity as an entry level PA, students will be able to:
1. Demonstrate professionalism in interactions with others including patients, families and other members of the healthcare team
2. Demonstrate knowledge of legal and regulatory requirements specific to the PA profession
3. Demonstrate the ability to recognize their own professional and personal limitations in providing care and make appropriate patient referrals when necessary

Practice-Based Learning and Improvement:
Upon completion of the program, and acting in the capacity as an entry level PA, the student will be able to:
1. Demonstrate the ability to critically evaluate research literature and apply that knowledge to educational and/or practice-based improvement projects promoting improved patient experiences and outcomes

Systems-Based Practice:
Upon completion of the program, and acting in the capacity as an entry level PA, students will be able to:
1. Apply the concepts of population health to patient care
**Technical Standards**
All individuals admitted to The College of St. Scholastica’s Master of Physician Assistant Studies Program must possess the capabilities to complete the entire curriculum. This description defines the capabilities that are necessary for an individual to successfully complete the Physician Assistant Program curricula.

**Observation and Sensation**
The PA student must possess sufficient visual, auditory, and tactile sensation to receive appropriate information in the classroom, laboratory, and other educational and clinical settings. Sensation must be satisfactory to receive verbal and nonverbal communications from patients and others, and to perform inspection, auscultation and palpation techniques during the physical examination.

**Communication**
The PA student must be able to speak, hear, and observe patients, family members, and other clinicians in English. This includes expressive and receptive modes of verbal, nonverbal, written and electronic communication. The student must have the ability to accurately assess receptive communication in order to make appropriate and timely responses. The student must be able to communicate attentively, effectively, and sensitively to others.

**Motor Functions**
Students must have sufficient strength and coordination to perform the activities required of a physician assistant. These include, but are not limited to, performing a physical examination utilizing diagnostic instruments and techniques in palpation and percussion. Students must have sufficient stamina to sit, stand, and move within classroom, laboratory, examination rooms, treatment rooms, and operating rooms for long periods of time. The student must have sufficient coordination to move about patient care environments, and sufficient dexterity to use common medical instruments.

**Intellectual Capability**
Clinical problem solving and reasoning require the intellectual ability to accurately measure, calculate, reason, analyze, integrate, learn, and retain information; and to make decisions in a timely manner. Students must be able to comprehend two and three-dimensional structures, and must be able to understand diagnostic testing and treatment regimens.

**Behavioral and Social Proficiency**
Students must possess the ability to establish and maintain appropriate professional relationships, which includes working collaboratively with all members of the health care team. This includes the ability to prioritize competing demands, to function in stressful circumstances, to exercise good clinical judgment, to act ethically, to be compassionate, empathetic, responsible, and tolerant toward patients and others. Students must have the emotional health to fully use their intellectual ability.
**Job Description**

**Typical Mental Demands**

The PA student must possess the ability to:
- Process, retain, comprehend, integrate, analyze, synthesize, and apply a large volume of data related to the art and science of medicine, including legal, ethical, and moral concepts
- Be present during long hours in the following settings: classrooms, laboratories, clinicals, and self-directed study situations and environments
- Respond appropriately and timely to constructive faculty feedback
- Effectively communicate through written and verbal communication skills
- Participate in educational activities that include tests, examinations, demonstrations, simulations, presentations, written communication skills, frequent and exacting evaluations
- Demonstrate the ability to gather patient data and perform and report the physical examination,
- Conduct patient assessment and evaluation, formulate a treatment plan and perform patient education
- Demonstrate perseverance to complete the PA curriculum and enter into the practice of medicine

**Typical Physical Demands**

The PA student must possess:
- Full range of body motion including assisting patient movement, manual and finger dexterity, and eye-hand coordination
- Normal visual and hearing acuity
- Physical capacity to stand and walk for extended hospital and clinic visits, and during frequent and prolonged patient and professional interactions
- Ability to respond to emergency situations quickly and appropriately
- Physical capacity to sit for long periods during classroom and laboratory experiences
- Capability to work in physically and mentally stressful situations with long and irregular hours and with exposures to communicable diseases and body fluids

**Typical Working Conditions**

The PA student must be able to:
- Work in clinical and classroom environments with exposure to communicable diseases, bodily fluids, toxic substances, ionizing radiation, medicinal preparations, hostile individuals, and other such conditions common to the medical and surgical environments
- Interact with diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions

**Student Performance Requirements**

The PA student will be required to perform in the following situations:
- Medical, surgical, pediatric, obstetric/gynecologic, and other primary care medicine settings (inpatient and outpatient) at both campus and off-campus locations
• Didactic and clinical education and training
• Invasive and non-invasive procedures
• Pre-, intra-, and post-operative activities
• Emergency care

The PA Student will be required to:
• Attend all classes and educational sessions
• Display an ability to perform for long hours (physical and mental stamina)
• Complete demanding didactic and clinical evaluations, examinations, etc.
• Perform at the level determined and required by the faculty
• Participate in community and/or professional service activities
• Arrange for transportation between educational and clinical settings
• Accept clinical site placements as assigned by the program
• Complete all rotations which may include extended hours of instruction including nights, weekends, holidays.
• Submit to a background check
• Sign the Academic Honesty Agreement in the Student Handbook
• Receive training in and uphold the tenets of HIPAA
• Complete other responsibilities and tasks as assigned or required

It is the responsibility of the student to affirm that they meet the technical standards. During enrollment, the program will monitor for continuing compliance with technical standards. If you have any questions regarding these standards or your ability to meet these standards, please contact the Program Director.

The College of St. Scholastica is an equal opportunity employer committed to enriching education and promoting opportunity through a culturally diverse faculty, staff and student body. The CSS PA Program will attempt to develop ways of opening its curriculum to competitive, qualified disabled individuals. In doing so, however, the program must maintain the integrity of its curriculum and preserve those elements deemed essential to the education of a PA.

Policy on Program Schedule
During the entire 24-month program, students will follow the program schedule. Holidays and time away may differ from the College schedule. Please note that during the clinical year students will be required to follow the schedule of their clinical preceptor(s).

Program Calendar
Entering Class of 2017
August 28-August 30, 2017 Orientation
September 4, 2017 Labor Day break
September 5, 2017 Fall Semester I Begin
October 27, 2017 Fall Semester I Classes End
October 30, 2017 Mid-Semester Break
October 31, 2017 Fall Semester II Classes Begin
November 22-26, 2017 Thanksgiving Break
December 15, 2017                      Last Day of Regular Schedule
December 18-21, 2017                  Exams
December 21, 2017                      Fall Term II Classes End
January 16, 2018                      Spring Semester begins
March 10-18, 2018                     Spring Break
March 29 - April 2, 2018              Easter Break
May 4, 2018                           Last Day of Regular Schedule
May 7-10, 2018                        Exams
May 10, 2018                          Spring II Classes End
May 12-20, 2018                       Break
May 21, 2018                          Summer Semester Classes Begin
May 28, 2018                          Memorial Day
July 4, 2018                           Independence Day
August 24, 2018                       Summer Session Classes End
August 27-29, 2018                    Orientation for all PA Students

**Didactic Year Schedule**

Please refer to individual syllabi for course details and designated instructional faculty contact information.

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
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<tbody>
<tr>
<td><strong>Fall I 2017: 19 Credits (16 weeks)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAS 6000</td>
<td>Clinical Skills I</td>
<td>2</td>
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<tr>
<td>PAS 6100</td>
<td>History and Physical Exam I</td>
<td>3</td>
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<tr>
<td>PAS 6200</td>
<td>PA Professional Issues I</td>
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<tr>
<td>PAS 6300</td>
<td>Fundamentals of Medicine I</td>
<td>4</td>
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<tr>
<td>PAS 6400</td>
<td>Pharmacology I</td>
<td>4</td>
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<tr>
<td>PAS 6500</td>
<td>Clinical Medicine I</td>
<td>.5</td>
</tr>
<tr>
<td>PAS 6700</td>
<td>Functional Anatomy I</td>
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</tr>
<tr>
<td>PAS 6777</td>
<td>Topics in Interprofessional Collaborative Practice</td>
<td>1</td>
</tr>
<tr>
<td><strong>Spring 2018: 19 Credits (16 weeks)</strong></td>
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<td></td>
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<tr>
<td>PAS 6010</td>
<td>Clinical Skills II</td>
<td>2</td>
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<tr>
<td>PAS 6110</td>
<td>History and Physical Exam II</td>
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<td>PAS 6210</td>
<td>PA Professional Issues II</td>
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<td>PAS 6310</td>
<td>Fundamentals of Medicine II</td>
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<td>PAS 6510</td>
<td>Clinical Medicine II</td>
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<tr>
<td>PAS 6600</td>
<td>Problem Solving in Medicine I</td>
<td>1</td>
</tr>
<tr>
<td>PAS 6710</td>
<td>Functional Anatomy II</td>
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<tr>
<td><strong>Summer I 2018: 19 Credits (14 weeks)</strong></td>
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Clinical rotation assignments will vary for each student

**Sample Clinical Year Schedule**

<table>
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<tr>
<th>ROTATION</th>
<th>CREDITS</th>
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<tbody>
<tr>
<td><strong>Fall II 2018: 16 Credits (16 weeks)</strong></td>
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<tr>
<td>Emergency Medicine Rotation</td>
<td>4</td>
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<tr>
<td>Pediatric Medicine Rotation</td>
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</tr>
<tr>
<td>Behavioral Medicine Rotation</td>
<td>4</td>
</tr>
<tr>
<td>Women’s Health Rotation</td>
<td>4</td>
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<tr>
<td><strong>Spring II 2019: 16 Credits (16 weeks)</strong></td>
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<tr>
<td>General Surgery Rotation</td>
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</tr>
<tr>
<td>Inpatient Medicine Rotation</td>
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<tr>
<td>Neurology/Musculoskeletal Rotation</td>
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<tr>
<td>Elective Rotation</td>
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<tr>
<td>Elective Rotation II</td>
<td>2</td>
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<tr>
<td><strong>Summer II 2019 18 Credits (14 weeks)</strong></td>
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<tr>
<td>Primary Care Rotation I, II, II</td>
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<tr>
<td>Capstone</td>
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</table>

**Clinical Elective Opportunities**

**Surgical Subspecialties**

- Urology
- Orthopedics
- ENT
- Plastic Surgery
- Trauma Surgery
- Wound Care
- Gastroenterology
- General Surgery
- Sports Medicine
Population Subspecialties
   Women’s Health
   Neonatal
   Adolescent (student health)
   Geriatrics
   Palliative Care

Medical Subspecialties
   Allergy
   Neurology
   PM&R/Occupational Medicine
   Nephrology
   Pulmonary
   Hematology/Oncology
   Dermatology
   Pain Management
   Emergency Medicine
   Urgent Care
   Cardiology
   Infectious Disease
   Endocrinology
Section II: GENERAL COLLEGE POLICIES

**CSS Safety Manual**

**Emergency Preparedness**

**Emergency Response and Disaster Recovery – Standard Operating Procedures**
http://www.css.edu/administration/safety-and-security/emergency-procedures.html

**Notification of Duluth Campus Closing/Delays or Emergencies**

*Saints Alert* is the College's rapid notification system for prompt communications during campus emergencies. Although participation is not mandatory, it is **strongly encouraged** and students are required to either register or formally opt-out of the program. Please note that all faculty, staff and students will receive message via their CSS email account regardless of participation status.

*Register or opt-out of Saints Alert:*
https://www2.css.edu/app/depts/IT/portal/alert/profile.cfm?santsalert
You will need to log into the site with your CSS User Name and Password.

If you accidently opt-out of emergency text messages, you may request to begin receiving text messages again by texting "SUBSCRIBE Saints" to 23177.

If you have questions about safety and security measures at the College please contact Michael Turner, Safety and Security Manager at mturner@css.edu or 218-723-6175.

**Policy on HIPAA and OSHA Training Requirements**

**HIPAA Compliance**

Prior to the beginning of the first year, all students will be trained in the Health Insurance Portability Accountability Act (HIPAA) medical privacy regulations. Students will not be permitted to begin any experiences in the clinical setting without HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the program. Failure to do so may result in dismissal from the program.

Students, preceptors and patients trust the program and the students with important information relating to their personal lives, practices and medical issues. The PA profession requires that you maintain all issues of confidentiality and it is the program’s responsibility to keep the information safe. This professional behavior earns the respect and trust of the people with whom the program and you will be working.
When you matriculate into the program you have an obligation to maintain confidentiality and have the same obligation after you leave the program. Any violation of confidentiality seriously affects the program’s reputation and effectiveness. Casual remarks may be misinterpreted and repeated, so please learn to develop personal discipline to maintain confidentiality.

**OSHA Compliance**
The PA program recognizes that as students interact with patients as part of their clinical training, they will encounter the risk of exposure to infectious disease. Safety is an important objective for the student and for patients. During the first year of the program, all students will receive training in accordance with the requirements of the Occupational Safety & Health Administration (OSHA) on Universal Precautions and will learn the appropriate methods of handling blood, tissues and bodily fluids as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student’s responsibility to become familiar with the policies and procedures for incorporating these precautions at each of the clinical sites to which the student is assigned. **All students will follow the requirements for safety and quality assurance compliance at the direction of each site assigned.**

**Needlestick/Bodily Fluid Exposure**
The PA program will address Universal Precautions and other methods of prevention as well as student exposure to infectious and environmental hazards prior to students participating in any educational activities that may place them at risk.

In the event the student has an exposure to infectious or environmental hazards:

- Flush the area thoroughly; wash with soap as appropriate.

- If the exposure takes place during the didactic year while on an off campus site experience, the student must notify the on-site faculty facilitator immediately (please see Needlestick/Bodily Fluids Exposure Guidelines). The student should proceed to the nearby facility (emergency department or CSS approved affiliated clinic) for emergency care. The student must also notify the Director of Clinical Education within two hours of the exposure and complete the *Student Exposure* form. Any and all expenses for the care and potential treatment are the responsibility of the student.

- If the exposure takes place during the clinical year while on a clinical rotation, the student must notify the supervising physician immediately (please see Needlestick/Bodily Fluids Exposure Guidelines). The protocol at the clinical site will govern the medical approach to that exposure. Immediate medical care and lab work will be done either at the rotation site or the nearest appropriate emergency department. The student must also notify the Director of Clinical Education within two hours of the exposure and complete the *Student Exposure* form. Any and all expenses for the care and potential treatment are the responsibility of the student.


**Policy on Accidents or Injury**  
[http://www.css.edu/administration/safety-and-security.html](http://www.css.edu/administration/safety-and-security.html)

The Safety and Security Department's (located in Tower Hall) goal is to provide a safe and secure environment for all members of our community—students, faculty, staff, as well as visitors to our campus. However, we must share that responsibility with you. Campus Security works to help maintain your personal safety and to protect your property by providing enforcement services and by sharing information you can use to reduce your chances of becoming a victim of crime. We will accomplish our goal by partnering and collaborating with the community, by providing service in a professional, courteous manner, and by affording dignity and respect to all individuals. Our goal is to partner with you to make the campus community a safe and secure place in which to live, work, and learn.

If a student sustains any accidents or injuries on the CSS campus, the CSS Department of Safety and Security should be contacted. This office operates 24 hours a day, 365 days a year. Uniformed security officers patrol on foot and in cars. Members of the security staff do not have law enforcement power and are not armed. However, they are in radio contact with local authorities and can summon assistance at a moment’s notice.

**Contact numbers**

- General inquiry: (218) 723-5937
- Non-Emergency requiring a campus security officer’s immediate response, call 6175 from any campus phone.
  - Non-emergency that does not require a campus security officer’s immediate response, call 5937 from any campus phone or 218-723-5937 from off campus.
  - Campus emergencies requiring police, fire and/or ambulance, call 911. From any campus phone 911 should be called directly, you do not need to dial 9 to get an outside line

**Policy on Change of Address**

Throughout the program, students are required to notify the Program Manager immediately when there is a change in address and/or phone number(s). The Program will not be responsible for lost mail or late notification when a student does not provide notification of a change.

**Student Healthcare**

**Health Insurance – College Policy**

Please see details regarding health insurance at:

Student Health Services
In order to be eligible for services in the Student Health Service office, all full-time undergraduate and graduate students in the Physician Assistant, Athletic Training, Exercise Physiology, Post Bach Nursing, Physical Therapy, and Occupational Therapy programs, pay a health fee each semester. Any other student may choose to pay the health fee and be entitled to services.

Somers Hall, Ground Floor, Room 47
Phone: (218) 723-6282
Fax: (218) 723-5939
studenthealthservice@css.edu

PA Program instructional faculty, the Program Director, or the Medical Director may not provide medical care to students enrolled in the program. Students are encouraged to identify a primary care provider and home clinic for medical services.

Wellness Services
http://www.css.edu/wellu

Violence Intervention and Prevention Program

CLEAN Program

OneStop Student Services
http://www.css.edu/onestop-student-services.html
OneStop provides students a single point of reference for questions ranging from registering for classes, reviewing grades, accepting financial aid awards, viewing and paying student bills and much more, all in one convenience location. The majority of these business transactions can be accessed and managed on the OneStop page in Cor, the College’s portal.
**Immunization Requirements**

Each student must meet the following health requirements prior to matriculation. Some clinical sites may impose additional requirements. With the exception of immunization and TB screening results, needle/sharp reports, drug screening results and criminal background checks, program instructional faculty or staff will not accept, maintain, access or review student health records. The program will provide the necessary forms and instructions for release of information.

The CSS policy on immunization of PA students is based on current Centers for Disease Control (CDC) recommendations for health professionals. [http://www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/).

**Students must submit their immunization history in MyHealth. This is a Student Health Service's portal for electronic health records. Access MyHealth through Cor login.**

PA program principal faculty, Program Director nor the Medical Director will participate as healthcare providers for any student in the program.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Immunization requirements are met in the following ways:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>A positive antibody test for measles, or Adam                              &lt;br&gt; Two (2) doses of measles or                               &lt;br&gt; A measles/mumps/rubella (MMR) vaccine received after 1st birthday</td>
</tr>
<tr>
<td>Mumps</td>
<td>A positive antibody test for mumps, or Adam                                &lt;br&gt; Two (2) doses of Mumps or a measles/mumps/rubella (MMR) vaccine received after 1st birthday</td>
</tr>
<tr>
<td>Rubella</td>
<td>A positive antibody test for rubella, or Adam                                &lt;br&gt; One (1) dose of rubella or a measles/mumps/rubella (MMR) vaccine received after 1st birthday</td>
</tr>
<tr>
<td>Pertussis</td>
<td>One dose of tetanus, diphtheria, pertussis (Tdap) vaccine (within last 5 years)                                             &lt;br&gt; NOTE: Tdad is not the same as other vaccines containing some or even all of the vaccine components (D-T-A-P) such as DTap, Td, or DT.</td>
</tr>
<tr>
<td>Varicella</td>
<td>A positive antibody test for varicella zoster, or Adam                                                                      &lt;br&gt; Two (2) doses of varicella vaccine</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td><strong>Must meet one of three requirements below:</strong></td>
</tr>
<tr>
<td></td>
<td>1. A negative lab documented TB screening (T-spot, TB Quantiferon) within the past 12 months.</td>
</tr>
</tbody>
</table>
2. A negative Tuberculin Skin Test (Mantoux, PPD) performed within the past 12 months.
   a. If this is the first tuberculin skin test (TST), or if it has been more than 12 months since the person had a negative TST, a two-step test is required. If the first TST is negative, the second TST must be administered 1-3 weeks after the first test is read.
   b. For annual 1-step TSTs, proof is needed to show negative results for previous 12 months.
3. A positive TST will require the student to be evaluated and treated in accordance with CDC guidelines.

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Positive antibody test to Hepatitis B, or</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completed Hepatitis B vaccine series</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Influenza</th>
<th>One (1) dose of influenza vaccine for current influenza season.</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1 through</td>
<td></td>
</tr>
<tr>
<td>March 31</td>
<td></td>
</tr>
</tbody>
</table>

**Liability Insurance**
The College will provide liability insurance coverage specific to the students enrolled at the College and participating in clinical experiences. The program will provide proof of liability insurance to all SCPE sites.

**Background Checks and Fingerprinting**
All students who are offered admission to the PA program are required to complete a National Criminal Background Check, a Minnesota and Wisconsin background check prior to matriculating into the program. The studies must be completed and returned with a “clear” status before a student may participate in the program. In the event your background investigation reveals evidence/history of criminal activity which disqualifies you from full participation in the required training experiences of the program or future licensure to practice medicine as a physician assistant, you may be dismissed from the program.

The student will be directed in how to complete the background checks and fingerprinting during orientation. These studies may be required (State dependent) on an annual basis and the student will be responsible for all fees.

**Financial Aid**
Please visit the website below for information regarding financial aid:
www.css.edu/graduate/masters-doctoral-and-professional-programs/financial-aid.html

**Policy on Refunds**
The PA program follows the general CSS policies and procedures for refunds of tuition and fees. Please visit the CSS website for details:
Counseling Services
The Student Center for Health and Well-Being (SCHAWB) empowers students through services, education, information, and support utilizing a multicultural and student centered wellness model that is essential for academic success. The model serves to enhance personal development, physical and emotional well-being, and responsible life choices in a supportive community. Students will be offered confidential services in treating health and emotional health concerns. Please contact The Student Center for Health and Well-Being at 218-723-6017.

If you want to get some ideas about how to help someone without talking to him or her directly you can call the CSS concern HOTLINE at 733-2233. The hotline is an anonymous way to let a counselor know of your concern for a student. Leave a message about your concern and the person for whom you are concerned. A counselor will call the person and talk to them. Come to the Counseling Center in Tower Hall 2150 or Health Services in Somers Lower Level, Room 58 and tell a counselor or nurse about your concerns. The staff will talk to you about some of the options you might have.

Learning Assistance Services
http://www.css.edu/student-affairs/support-services/academic-support.html
The Center for Academic Success (CAS) offers multiple services to help students become better learners. CAS focusses on students’ academic goals, teaching skills and developing strategies to aid success. Whether a student needs extra support with the hope of improving grades or reassurance of mastery, the CAS can assist any student.

The CAS will engage students in successfully learning strategies and practices that will support their academic goals. In line with our Benedictine Values, they will foster the love of learning and embrace all students with radical hospitality.

Writing/Critical Thinking Center
http://www.css.edu/academics/warner-writing-center.html
The Rose Warner Writing/Critical Thinking Center offers tutoring sessions on a drop-in basis or by appointment. The Center provides a casual, student-friendly atmosphere where all students can receive free, collaborative feedback on everything from proof-reading to thesis development, composing processes to text analysis. The Center provides techniques and resources to help students become a more capable, informed writer.

Library Services
http://libguides.css.edu/CSSLibrary

Information Technologies
http://www.css.edu/administration/information-technologies.html
**Career Services**
Your education is more than a list of credentials and coursework. It is your ability to connect this knowledge to your values and goals that will enable you to pursue meaningful work. Connect with Career Services for tools, resources and guidance:
http://www.css.edu/student-affairs/support-services/career-services/students.htm
(218) 723-6085 or careers@css.edu

**Veterans Resource Center**
http://www.css.edu/student-affairs/support-services/specialized-support/veterans-resource-center.html
The Veterans Resource Center (VRC) provides resources and transition services to all military veterans, current and former military members and their families.

**Disability Services**
It is the policy of The College of St. Scholastica that all otherwise qualified individuals with disabilities will be given equal educational opportunities in the classroom and other College-sponsored programs and activities, including study abroad programs. The College will ensure that no otherwise qualified individual with disabilities will be excluded from participation in, denied the benefits of, or subjected to discrimination in any College class, program, or activity (College of St. Scholastica, 2009).

Students with disabilities are entitled to appropriate and reasonable auxiliary aids and accommodations through The Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, provided that these disabilities are documented in appropriate evaluations administered by qualified professionals (including psychologists, physicians, or agencies specializing in the diagnoses of such disabilities). Students are encouraged to utilize the support services offered by the College to assist them in attaining their educational goals.

**Student Responsibility:** Equal access is a right of students with disabilities, but it requires students to advocate for this right. Students must initiate the request for an accommodation, provide current documentation, and bring forth additional requests with the Center for Equal Access at The College of St. Scholastica. The College of St. Scholastica must provide reasonable accommodations to "level the playing field", but the student must be able to meet all academic requirements and abide by the student code of conduct (College of St. Scholastica).

**Confidentiality:** The Americans with Disabilities Act mandates the confidential treatment of disability-related information. Specific guidelines have been established for post-secondary education to protect the rights of all students to confidentiality. The Department of Physician Assistant Studies abides by the ADA and its resulting regulations.

**Disclosure:** Students are not required to disclose that they have a disability, nor are they required to disclose any specific information about their disability, unless they wish to request accommodation of their disability. Formal disclosure requires that the student submit appropriate documentation to the Center for Equal Access at The College of St. Scholastica.
The information will be reviewed and the student will be assisted to identify appropriate accommodations.

Although students may discuss their disabilities or needs with their academic advisor or other faculty or staff, this discussion alone does not constitute formal disclosure. Faculty are not obligated to provide accommodations until formal disclosure is made and the Center for Equal Access has required the implementation of specific accommodations. Early disclosure may enable faculty to help the student adjust his or her program in ways that optimize the student's performance and that may prevent potential problems.

**Center for Equal Access**
http://www.css.edu/student-affairs/support-services/center-for-equal-access.html
It is the policy of The College of St. Scholastica that all otherwise qualified individuals with disabilities will be given equal educational opportunities in the classroom and other College-sponsored programs and activities, including study abroad programs. The College will ensure that no otherwise qualified individual with disabilities will be excluded from participation in, denied the benefits of, or subjected to discrimination in any College class, program, or activity.

**Office of Diversity and Inclusion**
The Office of Diversity and Inclusion offers students from all walks of life an opportunity to welcome and feel welcomed. Services encompass academic and personal advocacy, leadership opportunities, training, awareness, and fun.

**Harassment, Discrimination, and Workplace Violence Policy**
The College of St. Scholastica will not tolerate any form of harassment or workplace violence on its campuses or at any College-sponsored activity, by or against any student, faculty member, staff member, contracted service provider, or visitor. Persons who think they have been harassed or threatened, or have knowledge of harassment or threatening behavior, are encouraged to contact one of the following advisors to discuss the situation.

- Megan Perry-Spears, Dean of Students, T2142, Phone 723-6029)
  mperryspears@css.edu

**Family Education Rights and Privacy Act (FERPA)**
http://resources.css.edu/Registrar/FERPA/FERPA_policy.doc
Any student 18 years of age or older has the right to privacy of educational records. This includes grade reports, financial aid information, student account information, academic progress reports, etc. This right to privacy INCLUDES the right to withhold information from parents.
and guardians. In addition, federal law requires the College to protect this privacy for each student.

The College will not disclose information to anyone who is not authorized to view the student’s records. Students may want to consider allowing parents or spouse access to their accounts. To do so, you will need to designate specific persons by name on a Waiver for Authorization form. Instructions to access the Waiver for Authorization form: from One Stop Page in Cor, go to item #7. Once the form is completed on-line, your authorization will download to One Stop.

Students have the right to: Inspect and review their educational records. Seek an amendment to their educational records. Consent to the disclosure of their education records to a third party. File a complaint with FERPA Office in Washington, DC.
SECTION III: CSS GRADUATE PROGRAM AND PROGRESSION POLICIES

This section contains policies which govern academic performance and professional conduct for all CSS graduate programs. Section IV contains policies that are specific to the PA program. Policies are designed to promote standards for academic competency, professional behavior, conduct with integrity and personal and professional responsibility. The policies will be applied to all aspects of the student’s academic progress and conduct for as long as the student is enrolled in the program.

Policy on Grading
Students must maintain no grade lower than a C. A student’s performance is recorded in grades as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>96-100%</td>
</tr>
<tr>
<td>A-</td>
<td>93-95%</td>
</tr>
<tr>
<td>B+</td>
<td>90-92%</td>
</tr>
<tr>
<td>B</td>
<td>85-89%</td>
</tr>
<tr>
<td>B-</td>
<td>82-84%</td>
</tr>
<tr>
<td>C+</td>
<td>78-81%</td>
</tr>
<tr>
<td>C</td>
<td>73-77%</td>
</tr>
<tr>
<td>F</td>
<td>Below 73%</td>
</tr>
</tbody>
</table>

A = Exceptional Work  
B = Acceptable Work  
C = Minimally Acceptable Work  
F = Failing Work  

P = The P (pass) may be used if agreed upon ahead of time by the faculty and student. The P grade indicates successful completion of course requirements.

N = The N (no credit/no pass) grade is used with a Pass/No Pass course when it has been agreed upon that course requirements have not been successfully completed.

I = The I (incomplete) grade is given to students who have requested an I grade because they are unable to complete the course requirements by the end of the course/semester due to extraordinary circumstances. The request must be made to the faculty on the Graduate Course Incomplete Contract form or an incomplete may be assigned by the instructor at his/her discretion at the end of a term. Faculty and student must complete an Incomplete Contract Form. This form can be obtained from the Registrar’s Office.
The I grade must be converted to a letter grade (A through F) or P or N within 12 months from the time the course was ended. Alternatively, the faculty may assign a grade of W (withdraw). “Incompletes” must be resolved before the student can officially graduate.

**Procedure**

a. Faculty and student must complete the *Incomplete Contract* Form with the student outlining specific requirements to complete the “I”, the required completion date and the default grade. Both the student and faculty member sign the form and submit to the Program Director.

b. The program will keep a copy of the form in the student’s file

c. The Registrar will notify the instructor of any outstanding “I” grades. Advisors will be copied.

d. The instructor responds in one of two ways

   1. Requests an extension of the incomplete for the student
   2. Enters a default grade (A-F Pass/No Pass or W) on the student’s transcript

**Withdrawal from the College**

Any student who withdraws from the College during the course of the academic year must fill out an *Official Withdrawal from the College* form. This form can be obtained from the Registrar.

A student is legally registered until he/she files an official withdrawal or completes the course. Enrollment verification and refunds are based upon two documents: the official registration form and the *Official Withdrawal from the College* form.

A student who has left the College in good standing may re-enter at any time, depending upon program availability, by following the designated readmission and registration procedures.

**Completion of the Graduate Degree**

**Time Limits for Completion of the PA Graduate Degree**

The credits required for obtaining a graduate degree must have been earned within seven years.

**Graduation**

In order to be awarded the graduate degree, students must complete the *Application to Graduate* form. This form can be obtained from the Registrar or downloaded at [http://www.css.edu/student-affairs/office-of-the-vice-president/commencement.html](http://www.css.edu/student-affairs/office-of-the-vice-president/commencement.html) and should be submitted to the department along with the graduate fee by October 1st for Fall commencement according to the department policy. The *Application to Graduate* form must be signed by the Program Director and submitted to the School Dean who signs it and forwards the document to the Registrar.
**Disciplinary Policies**

Students may be placed on probation or dismissed for academic and behavioral reasons. Most lapses in ethical or academic standards will be addressed with probation, but some may be severe enough to warrant dismissal. Documentation of disciplinary action will be permanently maintained in the student file.

A student may be placed on probation only once during the timeframe of the program. Exceptions to this policy for individual students may be made with approval of the program department and the School Dean.

**Academic Probation**

Students must maintain a cumulative GPA of 3.0. If the cumulative GPA falls below 3.0, the student is placed on academic probation. The student must then achieve a 3.0 after completion of the subsequent semester course load.

Academic dishonesty such as plagiarism, falsification of data, or cheating will result at a minimum, in failure of the assignment involved, and may result in failure of the course. Course failure will result in academic probation. More than one instance of academic dishonesty will result in dismissal. However, in the cases of serious dishonesty, dismissal may result after the first instance. Any instance of academic dishonesty and the resultant disciplinary actions will be reported to the School Dean.

**Behavioral Probation**

Students are expected to conform to professional standards of behavior. Appendix XIV has the CSS MPAS Professionalism Contract that will be signed during orientation. Some examples of reasons for behavioral probation include, but are not limited to:

- a. Lying, stealing or breach of confidentiality when dealing with a patient/client or related health record data.
- b. Behavioral or emotional problems that are incompatible with competent and/or ethical performance as a graduate student.
- c. Failure to abide by the code of ethics governing the discipline.
- d. Impeding the learning of other students in the program through disruptive behavior, lack of cooperation, or other actions or lapses.
- e. Unprofessional behavior while in any setting.
- f. Academic dishonesty

The student and the faculty of the department will create a set of expectations to address the problems (i.e. a contract) and a specified period of time will be set in which to correct them. Failure to conform to the terms of the probationary contract will result in dismissal from the program.

Students will typically be placed on probation prior to being dismissed unless the student has committed acts of gross or irreparable unethical nature.
During a probationary period:
   a. Standards must not be higher than those of other students in the program; however, students on probation may be monitored more frequently or more intensively than other students.
   b. Clear descriptions of the reasons for probation and expectations for the future will be laid out in a written communication; copies to the student, faculty advisor, any other faculty member involved in the coursework and the Program Director.
   c. Faculty involved must follow up with the student and with the Program Director at regular intervals and give factual evidence of progress (i.e. weekly or bi-weekly grade reports or clinical evaluations.)

At the end of the probationary period:
   a. If the student has completed the probationary period satisfactorily, and has corrected all problems outlined in the probation agreement, the student is returned to regular status.

**Dismissal**
Students may be subject to dismissal for severe and/or repeated academic or behavioral issues whereby expected academic or behavioral standards are not met. Examples may include:

**Academic Dismissal**
   a. Failure to maintain an overall 3.0 GPA.
   b. Incursion of a second probationary status for either academic or behavioral cause.
   c. Repeated or serious plagiarism or other infractions of academic honesty.
   d. Failure to meet the stipulations of an academic probationary contract.

**Behavioral Dismissal**
   a. Failure to meet expectations outlined in a probationary contract designed to correct any behavioral infractions
   b. Commission of acts of gross or irreparable unethical nature.
   c. Incursion of a second probationary status for either academic or behavioral cause.

**Dismissal Procedure**
In cases of continued violations during the probationary period, unsatisfactory progress during the probationary period, or in cases of single but severe violations, the student will be referred to the Student Progression Committee and to the Dean of the School of Health Sciences for consideration of dismissal.

**Academic Appeal Procedure**

**Grounds for Appeal**
The academic appeal procedure is a process designed to address an academic situation that the student perceives as unfair or unjust. It is not a process to be used when there is dissatisfaction with a grade or to obtain a grade change.
The Masters of Physician Assistant Program encourages students to develop effective conflict resolution skills. It is considered an essential professional skill. Students experiencing a conflict are expected to make every effort to resolve the issue by first talking directly with the person involved. If this initial step does not result in satisfactory conflict resolution, students are encouraged to follow the program’s grievance policy and procedure.

**Administrative Appeal**

1. The student needs to attempt to remedy their grievance by talking with the individual with whom they have a grievance. If the grievance is unresolved, the student needs to follow the following order to find resolution:
   a. Instructor/Faculty Member
   b. Program Coordinator or Director if applicable.
   c. Program Director or person designated by the Dean of the School
   d. Dean of the School of Health Sciences
   e. Vice President for Academic Affairs

**Formal Appeal**

If, after discussion with the people listed above, the issue has not been resolved, the student may file a written appeal with the Vice President for Academic Affairs.

Upon receipt of the written appeal, the Vice President for Academic Affairs will contact the chair of the Graduate Council to select three faculty members, and the Vice President of Student Affairs to select two graduate students to serve on an appeal panel. One student and two faculty members will be from the School of Health Sciences; the other student and faculty member will be from another school(s). The Vice President for Academic Affairs will set up the first meeting of the panel and notify the involved student and the faculty member(s).

**Time Limits**

An administrative appeal must be initiated by the student within one month of the end of the semester in which the incident occurred. The formal appeal must be initiated within one month of completion of the administrative appeal process. Upon receipt of the written formal appeal, the appeal panel shall be formed within one week. The appeal panel shall meet within two weeks of being formed to be presented with the appeal. A hearing that includes the student and the faculty member will be scheduled as soon as practicable thereafter.

**Student Responsibility**

The student should clearly and concisely describe the incident and state the reason for the appeal. Any supporting materials should be given to the panel members and to the faculty member(s) through the Vice President for Academic Affairs prior to the first meeting of the panel.

**Faculty**

Any written documentation that the faculty member(s) wish to present to the panel should be given to the panel and the student through the Vice President for Academic Affairs prior to the first meeting of the panel.
Panel

1. At the first meeting of the panel, the Vice President for Academic Affairs will review the responsibilities and limits of the appeal panel and distribute any written materials from the student and the faculty member(s). The panel should then choose a chair and a secretary.

2. At the hearing, the student will present the concern. The student may ask to have a student advocate or another person present as a support/advisor. This request should be made prior to the meeting. Because this is a student initiated process within the College, it is not usual to have legal counsel present. If an exception is to be made, it should be arranged with the Vice President for Academic Affairs prior to the panel meeting.

3. At the hearing the panel will give the faculty member(s) an opportunity to respond to the accusation of unfairness or injustice. The faculty member(s) may invite the PA Program Director or the Dean of the School of Health Sciences to be present for this panel meeting. If the student has arranged for legal counsel, the faculty member(s) may also have legal counsel present. Legal counsel shall not be permitted to examine or to cross-examine anyone present. The Vice President for Academic Affairs will also be present as a resource for procedural questions.

4. At the hearing, the panel will ask questions and receive clarification of the issue from the student and faculty member(s), all of whom are present for presentation and clarification.

5. Following the hearing, the panel will meet alone to discuss the issue. The purpose of the panel is solely to determine whether an injustice was done.

6. To maintain confidentiality, the panel will seek any additional information needed to arrive at a decision through the Vice President for Academic Affairs.

7. The decision will be communicated to the Vice President for Academic Affairs who will relay the final decision to the student and faculty member(s). If and only if the panel members decide there was an injustice, they may suggest options for follow up action to the Vice President for Academic Affairs.

8. Detailed minutes of the panel proceedings should be kept by the secretary and filed in the office of the Vice President for Academic Affairs.

9. All deliberations of the panel are held in confidence. Panel members and anyone present at the meeting(s) should respect this confidentiality.

10. Decisions of the panel are binding.
Section IV: CSS PHYSICIAN ASSISTANT PROGRAM POLICIES

The program reserves the right to make changes at any time to this portion of the CSS PA Handbook with timely notification of students. The program may change the requirements for admission, graduation, tuition, fees, courses, content, calendar, schedule and any other rules or regulations. The program is responsible for graduating competent PAs who will be serving the public and consumer. As such, the program maintains the right to refuse to matriculate or graduate a student deemed by the faculty to be academically or professionally incompetent or otherwise unfit or unsuited for continued enrollment.

The CSS PA program will follow the CSS graduate school policies for grading and academic standing noted in the previous section.

GENERAL PROGRAM POLICIES

Basic Life Support for the Healthcare Provider
It is required that students take and pass a Basic Cardiac Life Support (BLS) for Healthcare Providers course prior to beginning the PA Program. This is a prerequisite for the Advanced Cardiac Life Support (ACLS) course and BLS refresher which will be taken at the end of the first year prior to Supervised Clinical Practice Experiences (SCPEs). The BLS Healthcare Provider course offered by the American Heart Association (AHA) is the only acceptable pre-ACLS course. [https://www.onlineaha.org/courses](https://www.onlineaha.org/courses)

Academic Advisement
[http://www.css.edu/student-affairs/support-services/academic-advising.html](http://www.css.edu/student-affairs/support-services/academic-advising.html)
All students are assigned an advisor who is a principal PA faculty member. The role of the faculty advisor is to provide academic advising relative to the student’s academic progress and success in the program. In addition to regularly scheduled meetings, students are encouraged to meet with their advisor more frequently if they have concerns regarding their academic performance. For counseling in matters regarding a student’s psychological or emotional health, an appointment with The Student Center for Health and Well-Being (SCHAWB) should be scheduled.

Meetings with Program Director
All students will meet with the Program Director at least annually, either individually or in a group, to discuss academic progress and success in the program.

Policy on Communication
Email is the primary communication mechanism used by the program to notify students of important information. All students are required to check their CSS email on a daily basis (at least once every 24 hours). The Program will not be responsible if a student has inaccurate information because they do not routinely read, check and clear their email account. Email from
accounts other than the student’s CSS email will not be accepted or used for any communication from the Program. Students are expected to keep their CSS email inbox “empty” and able to accept program communications. If a student’s CSS email is returned due to a “full” mailbox, the returned email will not be resent and the student will be responsible for the content of the returned email. PA Program announcements will also be posted on the BlackBoard Community Site. Students are asked to review the website frequently to stay informed.

**Policy on Student Employment**
The PA program is an extremely intense and rigorous program. The program expects that your position here is your primary responsibility and that any outside activity must not interfere with your ability to accomplish the program expectations. Employment is **strongly discouraged** during the program. Program expectations, assignments, deadlines and responsibilities will not be altered or adjusted to accommodate working students and it is expected that student employment will not interfere with the student learning experience. If a student feels it is necessary to work while in the program, it is recommended that the student discuss this need with his/her faculty advisor.

**Policy on Student Work to Benefit the Program**
Students will not be required to perform any clerical or administrative work or teaching or primary precepting on behalf of the PA program or any clinical sites. On occasion, the faculty or staff may make a request for a student to perform volunteer activity for the program. Examples may include outreach to prospective students, participation in college health fairs and similar student focused activities. Students will not be obligated to volunteer and will not be financially compensated for this activity. If a situation arises where an individual is asked to perform in a role other than that of a student or to substitute for a staff member, the student must contact their faculty advisor immediately for guidance.

**Students as Staff**
PA students will not be used to substitute for clinical or administrative staff during SCPEs. Students may not receive monetary or other compensation for their service at a clinical site.

**Policy on Advanced Placement**
Advanced Placement is not accepted or available.

**Policy on Experiential Learning**
No credit will be granted to students for experiential learning performed prior to the start of the program.

**Policy on Transfer Credit**
Due to the high volume of interest in the PA program at CSS, the Office of Graduate Admissions does not review unofficial transcripts to determine the completion of prerequisite coursework. In most cases, course titles match. If you have specific questions about a particular course, please reference our transfer credit center to determine if the course meets the stated requirement. The program does not accept transfer credits completed while attending another PA program.
**ATTENDANCE POLICIES**

_Attendance_

Students are expected to be present and prepared for all scheduled classes, labs and other program activities. Students are to be actively engaged as evidenced by critical thinking and meaningful participation. Students will also display professional behavior and responsibility by arriving at least 5 minutes before class start time. Students who encounter difficulty in maintaining a professional commitment to their education may be referred to the Student Development Committee.

Occasional weekend and evening time may be scheduled. Students will be notified and expected to attend. Program courses, lectures and exams may need to be moved on short notice. It is expected that medical and personal appointments be scheduled around the class and preceptorship schedules.

Students are not permitted to take time off or vacations unless they are College (traditional student calendar) and/or program defined holidays.

_Absence_

_Planned/Anticipated Absence_

While it is the policy of the program that students are expected to attend all classes, labs and preceptorship assignments, the program understands students may have exceptional events which may keep them from classes or program activities. Any student anticipating time away for an exceptional event or off-campus function including medical conferences during the didactic or clinical year must complete the “Student Time Away Request Form (Appendix VII).” This form must be submitted at least 15 days prior to the anticipated absence for consideration by the program. Any request submitted less than 15 days may not be considered. Time off may be granted for no more than 2 days. If the event occurs during the didactic year, the form should be submitted to the Director of Curriculum. If the anticipated absence occurs during the clinical year, the form should be submitted to the Director of Clinical Education.

In the event of an anticipated absence, students are responsible for all material missed including labs and exams. If a cost is incurred for the makeup of an exam or lab or other required component, such as travel back to the program, the student will assume the cost. If a student will be missing an exam for a planned absence, they should expect to take that exam within three days upon return to campus. The scheduling of the exam will be at the discretion of the Course Director. This exam may be in a different format and/or contain alternative questions than the original exam given to the rest of the students. Classes, labs, and program activities as well as quizzes, exams and other evaluative events will not be rescheduled for a planned absence.
Emergency/Unanticipated Absence

A rare or solitary absence or lateness due to unexpected medical and/or personal issues is unavoidable. Students are expected to e-mail the program manager and the didactic or clinical course director when possible by 8am if he/she will be missing class/clinical rotation. At a minimum, an unanticipated absence must be reported to the course director within 12 hours of the absence. Failure to notify the program manager and course director within 12 hours of the absence may result in the absence being deemed “unexcused” and may result in course failure, delay of program completion or other disciplinary action.

An extended medical absence (more than three days) will require a medical statement from a medical provider and must be reported to the program manager and the Director of Curriculum during the didactic year or to the Director of Clinical Education during the clinical year. These absences will require notification of course directors, instructors and/or clinical preceptors and may require specific make-up work as designated by the department and/or clinical preceptors. An absence of more than three days may require the course or rotation to be repeated. Absence from an instructional period for any reason does not relieve the student from the responsibility for the material covered.

For unanticipated absences, all possible efforts will be made by the program to provide an opportunity to make up missed work. The student bears the responsibility for learning any material missed and for arrangements with the instructor to complete missed assignments.

However, depending on the length of the absence and the area of instruction (e.g. courses with lab requirements, clinical rotations, etc.), it may be not be feasible even with reasonable accommodations to complete a particular course and may be necessary to take a leave of absence and the Graduate Stop-Out Policy will apply.

Funeral

Individual arrangements are between the student and the program. The details of making up missed work will be discussed between the Director of Curriculum/Course Director and the Program Director.

Jury Duty

Immediately upon receiving a notice for jury duty, the student must provide the Program Manager with a copy of the notice. Because jury duty at this time in the student’s education would create a hardship, the Program Manager will provide the student with a letter documenting the student’s position as a full-time graduate student and request a deferment.

Military

If a student is called to serve as a member of the U.S. Armed Forces, the student is eligible for re-admission following the term of service. The procedure is as follows:

a. The student must show their orders to the Program Director as soon as they are received.
b. The student must show verification of satisfactory completion of active duty service.

**Pregnancy**

Students who become pregnant while enrolled in the program are advised to notify the Program Director as soon as possible. Because there is always risk of exposure to infectious disease, it is important that the student take the necessary precautions to avoid any harm. If a student chooses to remain a part of the program, she is encouraged to consult with her healthcare provider before continuing in the curriculum.

A lactation room is provided for nursing mothers at HSC (Private restroom on 3rd floor) and on the main campus. If you would like access to this space, please contact reslife@css.edu.

**Graduate Stop-Out Policy**

A stop-out (leave of absence) occurs when a student decides not to enroll due to extenuating circumstances and does not wish to forfeit their spot in the program. A student may request the opportunity to stop-out if deemed necessary for medical or personal reasons. Requests to stop-out must be made in writing to the Program Director for consideration. Approval is not guaranteed. Reasons for a stop-out may include, but not limited to personal issues, family or personal medical leave, pregnancy, birth of a child, injury or disability. The program offers a maximum stop-out of 12 months. A student who has been granted admission into the program, enrolls in the program and then stops-out for more than 12 months must reapply to the program for readmission by the program application deadline and meet all admission requirements.

A student requesting a stop-out will need to contact the Program Director (or designee) who will advise the student regarding:

a. Implications for resuming the curriculum (course requirements and sequencing issues)
b. Duration of the leave (no longer than 12 months)
c. Method for demonstrating academic readiness upon return to the Program
d. Method for demonstrating ability to meet the technical standards upon return to the Program
e. Need to repeat criminal background check, fingerprinting and/or drug screen prior to return (at the student’s expense)
f. Curriculum or policy revisions to which the student will be subject upon return to the Program
g. Increases in tuition and fees to which the student will be subject to upon returning with the next cohort
h. If a student does not return from the stop-out at the specified time, the student will be administratively withdrawn from the program and will be responsible for all accrued fees and financial obligations.

Typically, if a student needs to stop-out during the first three semesters of the program (didactic year), the student will not be allowed to return to the program until the following year with the next cohort of students. Courses already completed will be audited without additional charge to
assure retention and progression. For a stop-out occurring during the final three semesters (clinical SCPE year), the student may re-enter the program as soon as they are able with the start of the next clinical block.

Any delay in progression may affect the student’s eligibility to receive financial assistance. A referral to the Financial Aid office will be recommended. Student fees already paid will not be refunded. Refunds of tuition may be prorated according to the CSS refund policy. www.css.edu/graduate/masters-doctoral-and-professional-programs/financial-aid/refunds.html

Deceleration Policy
Deceleration is the loss of a student from the entering cohort, who remains matriculated in the program. The CSS PA curriculum is designed to be delivered on a full-time basis to students in a cohort. There is no formal deceleration option to complete the curriculum on a part-time basis.

CLASSROOM POLICIES
Policy on Classroom Behavior
Students, faculty members and the administration share the responsibility to maintain appropriate student conduct in the classroom. Students must respect their peers’ right to learn. All interactions should be conducted with courtesy and respect. Disruptive student behavior that interferes with fellow students’ ability to concentrate and learn in the classroom, or impedes an instructor in conducting class or a speaker in making a presentation, are considered inappropriate and unprofessional. Demonstration of a respectful learning environment includes, but is not limited to, the following types of behaviors:

a. Be on time for class.
b. Inform the course director prior to class of an expected tardiness.
c. Should a student arrive late, enter the classroom quietly and do not disrupt anyone while finding a seat in the back of the classroom.
d. Do not leave the classroom during lecture unless a reasonable circumstance requires this action (e.g., illness); if you must leave, do so as quietly as possible.
e. During the presentation of the class, seminar or other learning session, refrain from conversation, texting, emailing, web-surfing or any use of an electronic or other device for purposes other than note taking. If it is essential you receive urgent information arrangements can be made with the program staff or course instructor.
f. Do not gather materials to leave the class until the instructor has completed his or her remarks.
g. Do not bring pets or other animals into class, seminars or other learning sessions (except for certified companion dogs).
h. Do not bring infants, children, family members or other personal guests into class, seminars or other learning sessions. Medical education includes laboratory and classroom experiences that may pose a safety risk (chemicals, sharps) and/or use HIPAA protected information.
i. In all academic and professional settings, PA program faculty and staff are to be addressed by their appropriate professional titles.
j. Under no circumstances should the following activities take place in the classroom: dishonesty, disruption of class activities, expression of derogatory or disrespectful
comments to the instructors or classmates, confrontations with instructors or classmates or a display of temper. Such behavior will be immediately referred to the Student Development Committee for disciplinary action and may result in program dismissal.

k. Students should feel comfortable asking questions in class. This requires cooperation of the entire class.

Faculty have the authority to identify disruptive students, instruct students to refrain from such behavior and require that students leave the classroom if, in the judgment of the instructor, their behavior is interfering with the learning environment.

**Use of Electronic Communication Devices**

In order to respect the learning environment of classmates and faculty, students must turn off all personal electronic devices while in class-related activities. Electronic devices may be utilized during class time at the instructor’s discretion (polling tools, quick research). Use of laptops or technology other than for instructional use is inappropriate (e.g. checking email, shopping, surfing the web, texting, etc.) A student who fails to comply will be asked to leave the class and may be referred to the Student Development Committee.

**Standards of Conduct**

Professionalism holds equal importance with academic progress. Students are expected to demonstrate legal, moral and ethical standards required of a healthcare professional and display behavior which is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. The program expects respect and professional demeanor at all times as outlined in the CSS Graduate Policy outlined above, the CSS MPAS Professionalism Contract signed at Orientation (Appendix XIV) as well as in the Professionalism Assessment Rubric (Appendix I).

**Academic Honesty Policy**


**Policy on Examination(s)**

**Exam Administration**

All students are expected to take examinations on the scheduled date and time.

**Exam Environment**

Proctors are empowered to maintain a quiet/calm environment. This includes removing any student disruptive to the exam environment. If the disruptive student has already started the exam, the course director and/or program director will determine a remediation plan for the exam on a case-by-case basis.

**Exam Tardiness**

Examinations are administered with a specified start time and students are expected to arrive on time. Doors to the exam room will close two minutes prior to the start of exam. All students arriving late to the exam will be allowed to enter 10 minutes after the start of the examination to
minimize disruption. No admittance will be permitted after 10 minutes. The student will not be given extra time to complete the examination. A student with more than 2 late arrivals to exams will be referred to the Student Development Committee.

**Exam Absence**
Due to personal emergencies or other exceptional circumstances, a student may miss sitting for an exam. Students are expected to notify the program manager and course director (via e-mail message) when possible before the start of the exam if he/she will miss the exam. At a minimum, an unanticipated absence must be reported to the program manager and course director within 12 hours of the absence. An absence will automatically be considered unexcused if the absence is not reported within 12 hours.

The student must be prepared to take the exam within three (3) days upon return to class. The scheduling of the exam will be at the discretion of the Course Director and the make-up exam may not be the same as the original exam.

Unexcused absence from an examination will result in a grade of zero (0) on that exam.

**Exam Room Integrity & Permitted Items**

**Permitted Items**
- Soft Earplugs
- Cough drops: Must show proctor and unwrap prior to exam

**Items Not Permitted**
- Bags, purses, backpacks
- Coats and jackets
- Hats and gloves
- Fleece tops with side pockets, sweatshirts with front pockets
- Notes, books, study materials
- Food or beverages
- All electronics, smart watches, recording devices
- Cell phones
- Writing instruments

**Provided in exam room (if determined necessary by course director)**
- Calculator
- Scratch paper
- Pencil

**Personal Breaks**
Only one student will be allowed to take a personal break from the examination at a time. Maximum duration is five minutes and is restricted to the use of the restroom.

**Exam Confidentiality**
The content of an examination is confidential and distribution of the content in the public domain
is strictly prohibited. In this circumstance the reproduction or transcription of the content of the examination by any means is unauthorized. Possession and distribution of the examination or the content of any examination is prohibited. Individuals possessing or distributing exams or exam content will be subject to academic disciplinary action for failure to meet professional standards.

**Policy on Dress Code and Personal Appearance**

Physician Assistant students are expected to maintain the highest possible standard of appearance. As is expected in the professional workplace, students are required to be neatly and conservatively dressed and groomed throughout all phases of the program. Students must demonstrate a public image consistent with the quality of patient care services they intend to provide.

The dress code is enforced at all times when the student is on campus, in any situation where patient care activities occur or the occurrence of direct patient or healthcare professional contact can be reasonably assumed. In the absence of a stated policy for an individual course or setting, the following dress code will apply:

1. **General Rules for all Settings**
   a. Maintain good personal hygiene, which includes regular bathing, use of deodorants and regular dental hygiene.
   b. Hair should be neat and clean. Hair longer than shoulder length should be secured if close contact with patients is anticipated. Beards and mustaches must be clean and well groomed.
   c. Perfume, cologne or scented lotions are not permitted as many people are allergic or sensitive to smells.
   d. Cosmetics should be used in moderation.
   e. Fingernails must be clean, neatly trimmed, and short to medium length. No polish or artificial nails for allergy and hygiene reasons.
   f. Tattoos must be covered with clothing.
   g. No hats can be worn at any time.
   h. The student must dress in a conservative fashion and allow for easy movement. Clothing must not be tight, sheer, above the knee, low cut, expose the trunk or undergarments, or reveal cleavage with low plunging necklines. No midriff, off-the-shoulder, spaghetti-strap, tank or strapless tops or dresses. Skirts, shorts and dresses should come at least to your knees while you are standing. Denim that is clean and unorn is acceptable.
   i. Shoes will be clean, comfortable and quiet.
   j. No scrubs.
   k. No clothing with inappropriate or vulgar lettering or messages.

2. **Appropriate Attire during Anatomy Lecture/Lab**
   a. Scrubs are permitted in both lecture and lab.
   b. The student’s body will be adequately covered (no shorts, short sleeves, or skirts) for protection.
c. Shoes must be closed toe. No perforated, mesh or shoes with holes are permitted (e.g. Crocs).

3. Appropriate Attire for History and Physical Exam Laboratory Sessions during Didactic Setting
   a. Short-sleeve t-shirt and knee-length gym shorts with elastic waistband.
   b. All clothing worn during physical exam lab must be cleaned regularly.
   c. Under-attire for females in physical exam lab must be a sports bra or similar under-attire.
   d. All students must be prepared and able to remove t-shirts for thoracic, cardiac and abdominal examinations at any time during the physical exam labs.
   e. Lab coat to wear when not in the role of the patient.
   f. Students will not be permitted into lab without the appropriate attire.

4. Appropriate Attire for the Clinical Setting
   a. The student will adhere to the dress policies of the clinical site to which they are assigned.
   b. The student must always look professional (business casual). **Men:** Collared shirt button down, necktie, and trousers in clean, pressed, and good condition. Long neck ties must be secured during patient contact. **Women:** Blouse with slacks or skirt, or a dress in clean, pressed, and good condition with appropriate undergarments.
   c. Short, clean and pressed white coats with the College of St. Scholastica PA Program patch attached and a name badge on the front pocket/chest area identifying the student.
   d. Any clean, quiet and closed-toe and closed-heel shoes constructed of sufficient strength to protect the foot may be worn.
   e. The official photo identification badge of the hospital or clinical site must be worn at all times, between the shoulder and the waist; with the name and picture easily visible.

5. Inappropriate Attire for the Clinical Setting
   a. Open-toed shoes including flip flops, sandals, bare feet, sling backs, or crocs are not permitted for safety issues.
   b. Jewelry in pierced noses, lips, tongues and other exposed body areas other than ears is not permitted. No more than two earrings per ear. Earrings should not extend past the earlobe. No gauges. No large rings or bracelets that interfere with gloving. Jewelry should not interfere with patient care performance and personal safety.
   c. Jeans, denim, or denim-like fabric.
   d. Shorts of any type, tights alone, leggings, yoga pants, skirts above the knee, sweat pants or shirts, and athletic wear.
   e. Torn, wrinkled, unclean clothing.
   f. Scrubs, unless specifically instructed by the preceptor.
If there is a need to deviate from this policy for medical, religious or cultural reasons, the student must inform the Director of Curriculum or Director of Clinical Education.

The Physician Assistant program and its preceptors reserve the right to require students who are in violation of the dress code to remove the inappropriate item(s) or leave the learning or patient care environment. Students improperly attired can expect to receive a verbal warning from a clinical preceptor, faculty or staff member. A second infraction may result in a letter of concern and/or dismissal from the rotation/course until the student can appear in proper attire. All administrative, faculty and support staff members will be expected to monitor student’s behavior applicable to this dress code and report violations to the Curriculum or Clinical Director.

**PROGRAM ACADEMIC POLICIES**

*Policy on Incomplete Grades*

**Didactic Year**
All required course assignments must be completed by the end of the semester or the student will receive an incomplete (I) for the course. All incomplete coursework must be successfully completed within one week of the beginning of the following semester. Failure to complete the required coursework during the time limit may result in an assignment of a failure (F) for the course and a referral to the Student Development Committee.

**Clinical Year**
Course requirements for clinical rotations are outlined in the Student Handbook in the Clinical Year section. A grade of incomplete (I) may be assigned for any missing evaluation, assignment or examination. Failure to fulfill these course requirements within one week following the rotation will result in an (I) for the rotation and a referral to the Student Development Committee.

*Policy on Evaluations*
Students are required to complete all program assigned evaluations. This information is extremely valuable when assessing course content and structure. Student final course grades will not be released until all required evaluations have been completed and submitted.

*Failure/Unsatisfactory Mid-Rotation and/or Final Preceptor Evaluations*
An unsatisfactory evaluation on any section of the mid-rotation preceptor evaluation shall be investigated by the Director of Clinical Education (in person or phone). Repeated unsatisfactory mid-rotation evaluations (>2) will result in the receipt of a Letter of Concern from the Director of Clinical Education and the Student Development Committee will be consulted.

On the final preceptor evaluation, students must achieve an average score of 2.0 (Reporter level on the O.R.I.M.E. competency based evaluation tool) or greater to pass the preceptor evaluation component of the course. The first failure will result in the receipt of a Letter of Concern from the Director of Clinical Education and the Student Development Committee will be consulted.

*Policy on Academic and Professional Progress*
Satisfactory academic (didactic and clinical) and professional progress must be evident and
maintained by all students in the program. Satisfactory progress is defined by the student’s ability to demonstrate the ongoing acquisition of knowledge, skills, professional behavior and attitude through the curriculum and by achieving and maintaining good academic standing. A student in good academic standing is defined as one who is not currently on probation. Students must meet the standards and requirements set by the Physician Assistant program and The College of St. Scholastica in order to remain in good academic standing. In the event a student fails to progress academically or professionally, or to maintain good academic standing, the student will be put on probation and will be referred to the Student Development Committee. Please see the College’s Disciplinary Policy.

If a student has been on probation at any time, the program retains the authority to deny or limit a student’s request for involvement or attendance at extracurricular/professional activities, events or conferences. Previously assigned clinical sites or elective rotations may be modified by the program to meet remediation needs.

Each student’s academic performance is continually tracked and monitored during the 24 months of the program. Examination, course, rotation and other failures in areas of the program expectations are tallied on a cumulative basis through the entire program. The guiding principle is that over the 24 months of the program, a student will be given the opportunity to remediate one (1) course/rotation failure. Failure of more than one course/rotation will result in referral to the Student Development Committee and may be subject to dismissal from the program.

Due to the sequential nature of the didactic year curriculum, students are expected to successfully complete all courses for a given semester before being considered eligible to take courses in the subsequent semester. In the event that a student is remediating a failed course or course component, they may progress to the subsequent semester only at the discretion of the Student Development Committee as specified in their Individual Remediation Plan (IRP). Students must successfully complete all courses in the didactic phase before they progress into the clinical phase of the program.

**Remediation Policy**

**Academic Deficiencies**

Academic performance is regularly reviewed by the course directors. Academic deficiency is defined as a student having difficulty meeting the academic rigor and/or requirements in any program courses or required components. Remediation is a program-defined process for addressing academic deficiencies, failures or professional misconduct. Remediation is the opportunity to correct unsatisfactory academic or professional performance and progress.

When the need for remediation is identified, a student meeting will be arranged with the appropriate course director, faculty members, faculty advisor, Didactic or Clinical Director, Student Development Committee and/or other CSS student support individuals. Students may be placed on an Individual Remediation Plan (IRP) to provide specific strategies to improve performance and arrange assistance (e.g., tutoring, study skills, etc.). Student progress will be monitored and reported to the Student Development Committee at regular intervals and
documented in the student’s permanent record.

**Individual Remediation Plan (IRP)**

Students who are identified as having academic difficulty and/or professional issues may be placed on an IRP by the Student Development Committee. An IRP is a formal agreement between the student and the program that defines required and/or recommended strategies, meetings and activities developed to support the student’s academic or professional development and success. A remediation plan is not automatic and may not be offered. All pertinent circumstances will be considered in each case, including but not limited to, the student’s demonstrated dedication to learning, active participation in the educational program, overall academic/clinical performance, regular attendance, individual initiative and utilization of resources available to him/her. Any student offered an IRP for remediation must successfully fulfill all of the terms defined in the plan within the designated time frame or face probation and/or dismissal. Appendix XIII provides a sample IRP.

The IRP will include:

- Assessment method and the student performance required for successful remediation
- Time frame for expected remediation

And may include, but not limited to:

- Re-examination by written, oral, or practical exam
- Reading assignment and written summary
- Review and written summary of lecture material
- Written answers to incorrect exam items with reference citations
- Problem-based learning exercises
- Written self-reflection exercise
- Individual tutoring with evidence of proficiency (practical skills deficiencies)
- Written or oral case presentation
- Direct apologies, letters of apology, ongoing monitoring and reports of professional behavior corrections by faculty and preceptors
- Repeat the course(s) the next time it's offered
- Repeat the clinical rotation
- Repeat the entire academic semester
- Repeat the academic year
- Audit previously taken courses or laboratory classes to demonstrate continued competency in previously learned material if their remediation plan involves extended time away

**Exam/Assessment Failures**

Any student failing one unit assessment within the same semester will receive a Letter of Concern. A copy of this notice will be sent to the student’s advisor and placed in the student’s file. The student will be required to make an appointment with the student’s advisor within one week of receipt of the e-mail to discuss the student’s performance on the examination.
Any student failing **two** unit assessments *within the same semester* will receive a Letter of Concern and be referred to the Student Development Committee. A copy of this letter will be sent to the student’s advisor and placed in the student’s file. The student will be required to make an appointment with the student’s advisor within one week of receipt of the e-mail to discuss the student’s performance on the examination.

**Failing Course/Rotation Grades**

Scoring below 73% in any course/rotation constitutes a failing grade and immediately places the student on academic probation, requiring that the course/rotation be remediated.

**Remediation of Failed Course/Rotation**

Course/Rotation failure is a significant event and remediation of an entire course/rotation may result in a delayed graduation. It is expected that the above processes will serve to minimize the chances for course/rotation failure by students.

- A student who remediates a course/rotation may not earn higher than a “C”.
- Students are allowed to remediate only one (1) course/rotation. A second course/rotation failure will result in referral to the Student Development Committee and may be grounds for dismissal from the program.
- Failure of a remediated course/rotation will result in referral to the Student Development Committee and may be grounds for dismissal from the program.
- If a student successfully remediates a course/rotation, the new grade for the course/rotation will be recorded on the official transcript as well as the original grade.
Section V: CLINICAL YEAR INFORMATION
This section provides more specific information pertaining to the clinical year.

Clinical Year Aims
1. Expose students to a variety of diseases and injuries involving all body systems and including, but not limited to, cardiovascular, pulmonary, gastroenterology, genitourinary/gynecology, nephrology, endocrinology, dermatology, neurology/musculoskeletal, hematology/oncology and psychology.
2. Develop the student’s ability to obtain an appropriate history.
3. Develop the student’s ability to conduct a thorough and accurate physical exam.
4. Develop the student’s understanding of the indications, limitations and costs of various diagnostic studies used in the evaluation of disease, injury and disease prevention.
5. Develop the student’s ability to recommend, select and interpret (where applicable) appropriate diagnostic methods in the evaluation of a patient.
6. Familiarize student with the therapeutic needs of patients with medical disorders as well as the indications, limitations and side effects of these therapeutic efforts.
7. Develop the student’s ability to generate written documentation of each patient counter.
8. Develop the student’s ability to generate differential diagnosis.
9. Develop the student’s ability to select a definitive diagnosis.
10. Develop the student’s ability to choose the appropriate treatment plan for each patient encounter, including pharmacologic and nonpharmacologic therapies.
11. Develop the student’s ability to recognize situations where referral to other healthcare providers is necessary and to identify the appropriate referral resource.
12. Facilitate the student’s use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team to include billing and coding information.
13. Expose the student to ways of incorporating the principles of public health and health promotion and disease prevention into patient care and practice.
14. Foster continued development of the student’s ability to effectively and efficiently communicate with a diverse population of patients, as well as with other professionals in the healthcare environment.
15. Foster continued development of the skills needed to search, interpret and evaluate medical literature in relationship to medical decision making and patient care.
16. Foster interprofessional understanding and collaboration.

Clinical Year Curriculum
The clinical year (12 months) of the PA program consists of a total of 11 blocks.

The student will not be allowed to begin the clinical year without successfully completing all didactic coursework, background checks, documentation of all required immunizations and titers, healthcare insurance and completion of HIPAA, OSHA and lifesaving courses. Failure to complete any of these required items by their designated due date may result in a delayed start to the clinical year. This may in turn delay the student’s graduation from the program. Some
rotations have additional requirements which students will also be required to complete prior to starting the specific rotation (i.e. drug testing or physical exam, site orientation).

The clinical portion of the program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned duties and student schedules will vary greatly depending on the site. Supervised Clinical Practice Experiences (SCPEs) will have a designated preceptor who is responsible for coordination of the student's overall learning experience. The preceptor may delegate some of the teaching or coordination functions to other qualified clinicians such as other attending physicians, residents, physician assistants or nurse practitioners. The organization of the clinical experiences is outlined below, though the order will vary for each student.

**Required Clinical Rotations (SCPEs) 2017-2018**

<table>
<thead>
<tr>
<th>Rotations</th>
<th>Length</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Medicine</td>
<td>4 weeks</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
<td>4</td>
</tr>
<tr>
<td>Inpatient Medicine</td>
<td>4 weeks</td>
<td>4</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>4 weeks</td>
<td>4</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4 weeks</td>
<td>4</td>
</tr>
<tr>
<td>Neuro/Musculoskeletal</td>
<td>4 weeks</td>
<td>4</td>
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<tr>
<td>Women’s Health</td>
<td>4 weeks</td>
<td>4</td>
</tr>
<tr>
<td>Primary Care I, II, III</td>
<td>12 weeks</td>
<td>12</td>
</tr>
<tr>
<td>Elective I</td>
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<td>2</td>
</tr>
<tr>
<td>Elective II</td>
<td>2 weeks</td>
<td>2</td>
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<td>Capstone</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>50</strong></td>
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</tbody>
</table>

SCPEs will average approximately 40 hours a week on-site. Some rotations may involve shorter or longer hours, evening or on-call responsibilities and weekend hours. **The preceptor will determine the student’s schedule and clinical responsibilities.** Students MUST adhere to each SCPE site schedule and to all assignments developed by the sites and preceptors. The clinical schedule does not always follow the CSS academic schedule.

**Supervised Clinical Practice Experiences (SCPEs)**

**Scheduling**

SCPE placement for students is the responsibility of the Director of Clinical Education and the program. All decisions regarding student placement will be made by the program.

The program maintains many clinical sites with clinicians who work with the program to provide clinical experience and training. Students may not develop or arrange their own clinical sites or clinical schedule, however, students will have the opportunity to request potential new sites and/or preceptors through the Preceptor/Site Request Form. The program is happy to look into
the requested site/preceptor and determine if it meets program standards. Please note that this process can take up to 90 days. The following steps outline the process the student must follow:

1. Complete the SCPE Request form providing details the student has identified on their own and turn into the Director of Clinical Education. This must be done 90 days in advance.

2. If the SCPE meets program standards, the Director of Clinical Education will arrange an affiliation agreement with all appropriate parties. This is a legal document needed for each institution or facility at which the preceptor desires to have the student work, including all hospitals. This process must be completed before a site can be approved and assigned to a student.

Once the SCPE schedule is finalized, requests for changes by the student will be limited to emergency situations only. Students may not switch assignments with other students to arrange their own schedule solely to avoid moving or placement at a particular site. The program works toward firmly establishing each SCPE, however, unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a SCPE.

While the program has many local sites, students should expect to be assigned to clinical rotations outside the Duluth area during the clinical year. As a result, students need to plan ahead and anticipate the need to relocate during that rotation. Students must accept site placements as assigned by the program.

**Housing and Transportation**
Students are responsible for securing and paying for their own housing and transportation during the clinical year. Students must plan ahead to ensure they have accommodations prior to the start of their rotation. Failure to secure housing may result in forfeit or removal from that rotation block, which will have to be rescheduled at the end of the clinical year. This could delay the student’s graduation. Students must have reliable transportation during the clinical year. Lack of transportation is not an acceptable excuse for missing a clinical assignment.

**Assignments/Paperwork/Contact Information for each SCPE**
Prior to each SCPE, students are responsible to read and complete all instructions in the Exxat scheduling database. Each SCPE site may have a different set of requirements that students must adhere to and may supersede or exceed the PA program or College’s policies. Students may be required to:

1. Attend a formal orientation (including HIPAA, EMR training or operating room scrub instruction) at multiple sites throughout the year. This may be time consuming and seem like duplication of training but the student must comply with the requirements of each site.
2. If requested, the program will share documentation of HIPAA certification, results of background checks and drug screening with the clinical site. The program can also share that the student has all required immunizations and a negative TB testing. However, some sites will require the student to personally bring this information into the Medical Staff or Human Resources office. The program requires students to give written permission to release immunization history. Students must keep in their possession a copy of their most current immunization records, lifesaving certifications, health insurance coverage, HIPAA training certificate, drug screen and background check. These items may be required for review by the clinical site and should always be maintained in a folder for easy access.

3. The SCPE schedule is maintained in the Exxat system. The clinical site contact information including the clinical site address, preceptor’s name and contact information is listed and updated through Exxat. Site specific requirements are available in Exxat. Students must refer to the clinical site information and site specific information at least one month prior to the start of the next rotation. Site specific requirements such as drug screening and immunization information may be required as early as one month in advance. It is the student’s responsibility to fulfill site specific requirements in advance in order to officially begin the rotation. Rotation start may be delayed if a student has not fulfilled all of the pre-rotation specific requirements.

4. It is imperative that the student contact the preceptor or the preceptor’s designee at least two weeks prior to the beginning of the next rotation to confirm your arrival at the site. The intent of this communication is to personally introduce oneself and inquire about the expectation for the first day (start time/place, dress code, etc.).

5. Students will be required to complete a Five-Day Checklist for each SCPE and submit it to the PA Program Manager. This list assures the student arrived at the site, connected with the assigned instructional faculty, established a schedule, received safety training and has adequate accommodations and resources to have a successful rotation experience. Students must turn in the completed form to the Program Manager. The program faculty contacts the site to assure the rotation is proceeding satisfactorily during the first month of use.

6. At the end of each SCPE, students are encouraged to write their preceptor a thank you note to personally thank them for their time and effort. The program will provide a thank you note and postage and mail it for the student. The preceptors appreciate your effort and this small gesture also helps maintain the program’s relationship with the site for future students.

The Preceptor−Student Relationship
The preceptor and student should maintain a professional relationship and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Students should not ride with or provide a
ride for preceptors if travel is necessary during the rotation. Contact through web-based social networking sites (e.g., Facebook, Instagram, etc.) should be avoided until the student fully matriculates through the educational program. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.

**Social Networking**

Some words of caution here are appropriate. It is not a good idea to be “friends” with patients. Always keep HIPAA regulations in mind. Pictures, information and postings on social media sites are visible to prospective employers and other professionals. Comments or posts should not defame, attack or otherwise disrespect. Profanity, obscene content and personal attacks will not be tolerated. Do not post copyrighted or trademarked materials. Anything that refers to drugs, alcohol, discrimination, racial profiling, or firearms is inappropriate and should be avoided.

**Exxat Tracking**

Students are required to log all patient encounters in Exxat on a daily basis. This includes every encounter regardless of the setting or level of the student’s participation. The student must still log the encounter even if the student participation involved “observation only.”

These patient logs allow the program to evaluate the adequacy of the student’s clinical encounters and the quality of clinical SCPE sites. They are also used to determine if the student has met the clinical experience requirements.

All entries for the week must be entered into Exxat by 8:00 pm every Friday. If entries are not completed in a timely manner, students may be required to remediate the rotation. The PA faculty will monitor student entries on a regular basis to ensure this requirement is met. Student entries may also be reviewed with the preceptor on a random basis; falsification of entries may result in probation or dismissal.

**Patient Visit Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to handwrite notes, if simply
for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

**Preceptor Evaluation of Students**

**The O.R.I.M.E. Framework for PA Student Clinical Assessment**

The O.R.I.M.E. (Observer, Reporter, Interpreter, Manager, Educator) competency based assessment framework will allow preceptors to more accurately assess student performance, the student to more clearly identify areas of strength as well as areas to improve upon, and the program to measure student progress over the 24-month curriculum.

This framework emphasizes a developmental approach and distinguishes between basic and advanced levels of performance. A student may function at a lower level for a complex problem initially (i.e. “Observer” or “Reporter” level), and at a higher level for problems that are more frequently encountered.

The acronym, **O.R.I.M.E.** is outlined as follows:

**“Observer”**
The learner is not participating in patient care directly, but observes the preceptor in all aspects of healthcare delivery. First-year Physician Assistant (PA) students most commonly fall into this area; however, it may also be suitable for second-year students training at clinics providing specialty care or surgical procedures.

**“Reporter”**
The student can accurately gather and clearly communicate clinical facts to the preceptor. Mastery in this step requires the basic skill to do a history and physical examination, and basic knowledge to know what to look for. Implicit in this step is the ability to recognize normal from abnormal and the confidence to identify and label a new problem. All students will perform at this level by the beginning of their second year. Some will achieve this level of performance by the end of the first year.

**“Interpreter”**
The learner begins to prioritize identified problems and signs of diagnostic reasoning become more apparent. This includes the ability to demonstrate knowledge of pertinent positives and negatives as well as key findings that imply differential diagnosis. The student will progress to an explicit differential that is clearly supported. Lab interpretation requires a higher level of knowledge, more skill in stating clinical findings that support a diagnosis, and in applying test results to specific patients. Students begin to answer the “why” questions as they relate to patient care. All second-year students should be able to “interpret” for more common problems; for unusual problems, their knowledge may be limited.

**“Manager”**
Managing patient care takes more knowledge, more confidence and more judgment in deciding when action needs to be taken – answering the “how” questions for getting things done. The learner should be able to provide at least 3 reasonable options in their diagnostic and therapeutic
plans by the end of the second year of training (June/July/August). An essential element of “managing” is to work with each particular patient’s circumstances and preferences – i.e. being patient-centered.

“Educator”
In the O.R.I.M.E. framework, “educator” means to go beyond the required basics, to pursue learning more deeply, and to share new learning with others. This step involves the learner defining important questions to study, differentiating amongst current evidence and sharing leadership within a team. Systematically learning from one’s own experience to become an “educator” would typically be seen in only highly advanced end-of-second-year students.

This outline serves as a guideline. See the Appendix III for the complete ORIME evaluation.

**End-of-Rotation Activities (EOR)**
Attendance is **mandatory** at all EOR activities throughout the clinical year. All students, regardless of location, are expected to be on campus for EOR activities. In general, students should expect to be on campus the last Friday of each rotation from 8am-5pm. Students must be on time for all sessions. The program’s examination policy applies to the End of Rotation Exams (EOR) and any other clinical exams given during this time. The Policy on Classroom Behavior and absence policies will apply unless otherwise instructed. Activities may include but are not limited to the following:

- End of Rotation objective examination (students must have patient logging and all paperwork from the rotation up-to-date prior to taking the exam).
- Program faculty and students will present seminars on topics of importance to the students’ professional education.
- Skill Sessions
- Clinical specialists will present topics to augment clinical learning to include: newborn exams, electrolytes and fluids; and how and when to make referrals.

**SCPE Site Visits**
At the discretion of the PA faculty, site visits will be performed with the student and/or clinical preceptor to discuss progression and other issues related to the student clinical experience and performance. During the site visit, the faculty may have the student give an oral presentation on an interesting patient and/or evaluate the student’s performance interacting with patients. In addition to routine site maintenance visits, the following situations may prompt a focused site visit to the clinical site:

- The preceptor expresses concern regarding student performance.
- The student expresses concern regarding the preceptor and/or site.
- The student is on academic probation or observation.
**Capstone Project**
All students will be required to complete an independent project as the culmination of the master’s degree. Specific details and deadlines for the Capstone Project components are available in the course syllabus and on Blackboard. Satisfactory completion of all components of the Capstone Project are required for graduation.

**Summative Evaluation**
The PA program will have a Summative Evaluation that includes both a multiple-choice examination and Objective Structured Clinical Examinations (OSCEs) that evaluate knowledge, patient care skills, interpersonal skills and professionalism.

The Summative Evaluation will occur at the end of the clinical year, within the final four months of the program, prior to graduation. Students will be required to successfully complete (passing grade of at least 75%) each component of the Summative Evaluation. If a student does not successfully complete any component of the Summative Evaluation, they will need to retake that component and successfully complete it prior to graduating. A student will be provided no more than three opportunities to successfully complete each component of the Summative Evaluation. Students who fail to successfully complete each component may be dismissed from the program.

**Safety**
The students will receive orientation to general safety policies (OSHA, HIPAA, Exposure/Needlestick safety, etc.) as well as information related to their personal safety. However, the student must receive orientation from the clinical site with regard to each institution’s specific safety and security policies. The student is to exercise good judgement while on clinical rotations in terms of their own personal security. If the student feels like they are in immediate danger, the student should call 911 immediately. Institutions have safety policies and security personnel available to walk the student to their car after hours. If a security incident occurs while on rotation the student should immediately contact the institution’s security team or local authorities and the Director of Clinical Education. A CSS PA Program Incident Form must be completed and submitted to the Director of Clinical Education.

In addition, the CSS online safety manual can always be referred to for more information:

**CSS Safety Manual:**

The following information are general safety considerations to keep in mind while on SCPEs. This will be reviewed during Orientation and should be supplemented with the information provided during orientation at specific SCPE sites.

**Infection Prevention**
This guide provides a consistent approach to be used by all personnel, students and faculty for basic infection prevention. This is essential to prevent transmission of potentially infectious agents among patients, visitors, students and personnel. Infectious agents are spread through the following cycle: Infectious Agent → Mode of Transmission → Susceptible Host.
**Hand Hygiene** is the single most important procedure for preventing transmission of infectious agents to patients, employees, and the environment.

- Hand hygiene is to be performed before and after touching a patient, before and after glove use, after body fluid exposure risk, before and after blowing nose, before and after using restroom, before and after handling food.
- The minimum duration of hand hygiene should be 15 seconds, and should be performed in view of patient and/or visitors.
- An alcohol-based hand rub is the product of choice for routine sanitizing of hands unless hands are visibly soiled. Hands and wrists must be covered with product. Rub until dry. Alternatively, soap and water may be used.
- When hands are visibly soiled, or if gloved hands have been in contact with feces, they must be washed with soap and water. Using warm water, soap hands and wrists rubbing for a minimum of 15 seconds. Rinse and dry thoroughly.
- Artificial fingernails or extenders are prohibited in patient care areas.
- Students with weeping hand lesions or conditions (e.g. hand casts/splints) that prevent effective hand washing are restricted from direct patient care clinical experiences.

**Respiratory Hygiene**

To prevent the spread of respiratory illnesses, in addition to hand hygiene, everyone must practice good respiratory hygiene. Always cough and sneeze into your sleeve or upper arm, or cough and sneeze into a tissue and discard immediately. Do not cough or sneeze into your hand because the germs on your hands can be spread to anything you touch.

**Surgical Site Infection (SSI) Prevention**

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Understanding modifiable risk factors and using prevention strategies help avoid surgical site infections.

**Modifiable Risk Factors for SSI:**

- Contamination of the surgical site at time of surgical incision
- Sterile technique failures
- Contaminated surgical instruments

**Prevention Strategies:**

- Pre-surgical patient skin prep (CHG bath/shower night before and morning of surgery)
- Pre-surgical patient skin prep with dual antiseptic agent (povidone-iodine/alcohol, CHG/alcohol)
- Appropriate selection and timing of pre-operative antibiotic when indicated for the procedure type
- No hair removal, or, if necessary, removal with clipper – never razor
- Peri-operative temperature control

**Gloves** are to be worn when touching blood and body substances, mucous membranes, rashes and the non-intact skin of all patients. Gloves must be worn when performing
Standard Precautions
Many people with an infectious disease will not have signs or symptoms and may not even be aware they have one. Examples can include:
- Infection with a blood borne pathogen
- Colonization (carrier) with antibiotic-resistant bacteria (MRSA, VRE)
- Persons who are “coming down with” an infectious illness

Standard Precautions refers to the routine use of personal protective equipment (PPE) when contact with blood or body substance is likely to occur. To prevent exposure to unknown cases of infectious disease, PPE use should be based on the task being performed, and not rely on a known diagnosis.

Appropriate Selection and Use of Protective Barriers
Personal protective equipment (PPE) include gloves, facial protection (masks/goggles or face shield) and cover gowns. They are provided at no cost to employees and students.
- In invasive procedures such as obtaining blood specimens and starting IVs. Gloves are to be worn when handling all items and surfaces soiled with blood or body substances. Gloves must be removed, and hands sanitized, immediately after completing the task they are worn for, or as soon as patient safety permits.
- **Facial protection** is to be worn when performing care of procedures that are likely to generate droplets of blood or other body substances. Examples include: surgical procedures, wound irrigations, intubations and trach care. A surgical mask is to be worn when placing a catheter or injecting material into the spinal canal or subdural space (during myelograms, lumbar puncture and spinal or epidural anesthesia.
- **Cover gowns** must be worn when performing care or procedures that are likely to expose skin or clothing to splashes of blood or other body substances.

Putting on and Taking off your PPE
PPE must be put on and removed in the correct order, using the correct methods, to prevent contamination of skin and clothing.

Put your PPE on in the following order: 1) Gown 2) Mask 3) Eye Protection 4) Gloves

Remove your PPE in the following order using the described techniques
- Gloves: Grasp the outside of one glove with our opposite hand and peel it away from hand, turning the glove inside out. Holding the removed glove in your gloved hand, slide two fingers of your ungloved hand under the cuff of the remaining glove. Peel the second glove away from hand, turning it inside out to cover the other glove. Discard in trash receptacle.
- Goggles/Face Shield: Grasp band or earpiece with clean hands. Discard in trash receptacle.
- Gown: Unfasten ties and peel gown off turning it inside out and holding it away from body. Discard cloth gowns in linen hamper; paper gowns in trash receptacle.
- Mask: Grasp elastic band (or untie) from the back of your head and bring the band up and overhead to remove. Do not remove by touching front of mask. Discard in trash receptacle.
If you are exposed to any blood or body fluids wash or rinse the exposed area thoroughly and report the incident to your instructor or preceptor as soon as possible

Transmission–Based Precautions and Patient Isolation Protocols
The risk of spreading most infectious agents can be managed by following the Infection Prevention Practices outlined in the preceding sections. However, some diseases, because they are transmitted by droplet or airborne routes, or because there is an increased risk for disease transmission in the hospital setting, require precautions in addition to standard precautions. Recommendations vary by patient location and practice setting.

In the Hospital and Emergency Room Settings

- Isolation needs are to be communicated to individuals entering the patient’s hospital and exam rooms by an isolation sign posted outside of the patient’s room.
- Isolation needs are communicated to individuals and departments involved in the care of the patient through chart header information, hand-off communication tool (SBAR), and verbal communications.
- When entering the hospital or procedure room of a patient in Contact Precautions for any reason, exam gloves and a cover gown are always required.
- When entering the hospital or procedure room of a patient in Droplet Precautions for any reason, a surgical mask is always required.
- When entering the hospital or procedure room of a patient in Airborne/Contact Precautions for any reason, exam gloves and cover gown are always required. A mask is required if the patient is not wearing a mask.

In the Clinic and Home Health Settings

- All patients, including those with MRSA and VRE, are to be managed with Standard Precautions.
  - Contain excretion/secrections with a dressing or other means
  - Disinfect environmental surfaces and patient equipment when visibly soiled and, at minimum, at the end of each workday.
- Patients with known or suspected airborne or droplet-transmitted pathogens are to be instructed to wear a snug fitting surgical mask and escorted to clinic exam rooms as soon as possible.
- In the event of admission to the hospital, isolation needs must be communicated to the receiving facility

Radiation Safety
As a student you may be exposed to radiation devices/sources during your clinical experience such as:

- X-ray machines
- Mammography
- Fluoroscopy
- Laser
Personnel who work around radiation on a regular basis must monitor their exposure using film badges. This helps ensure that they are not exposed to unsafe levels of radiation as established by radiation safety regulatory agencies. Unborn babies are especially sensitive to radiation. Notify your preceptor/instructor immediately if you think you are pregnant.

Follow these basic precautions to minimize your exposure to radiation:

- **Time**: Limit the amount of time you spend near sources of radiation
- **Distance**: Maximize the distance between yourself and any radiation (at least 6 feet)
- **Shielding**: Place shielding such as a lead apron between yourself and the radiation source to prevent exposure

**Workplace Safety and Expectations**

Your educational environment should be free from harassment in all forms including offensive language and behavior regarding an individual’s race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, or sex. Forms of harassment include, but are not limited to:

- **Sexual harassment** - unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature
- **Verbal harassment** - epithets (nicknames and slang terms), derogatory comments or slurs
- **Remarks about a person’s body or sexual activities**
- **Unnecessary touching, patting, pinching, hugging, inappropriate closeness**
- **Rudeness or refusal to cooperate with anyone because of his or her gender**
- **Retaliation against anyone for making a complaint about sexual harassment**
- **Visual harassment** - derogatory posters, cartoons, or drawings.

Both Federal and Minnesota statutes prohibit harassment in the workplace. All reports of harassment by coworkers, supervisors or third parties will be promptly and thoroughly investigated. Any complaints of harassment and actions taken to resolve such complaints will be treated as confidentially as possible consistent with identifying the problem. If the investigation confirms the complaints regarding the alleged offender, it will result in disciplinary action against that individual.

Any person who experiences/is witness to harassment or inappropriate behavior should report it to their preceptor and/or the Director of Clinical Education. No one who reports what he/she believes to be an incident of harassment may be subjected to retaliation of any kind for making the report.

Staying safe in the workplace is a growing concern nationally. Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the workplace. To stay safe, we need to watch for changes in behavior which may escalate to challenging others and potentially to physical abuse. If you recognize a patient, patient family member, colleague or stranger has escalating behaviors utilize these five ways of handling a difficult or confrontational person:
● Establish rapport by being respectful
● Empathize with the person and acknowledge their feelings
● Ask the person to stop and give a warning
● Calmly, but firmly, set limits
● Act quickly to help de-escalate, and call for help

How to Reduce Your Risks
● Be aware of your surroundings
● Know who is in your work area and for what reason
● Wear your ID badge and ensure other students and employees are wearing theirs
● Use the buddy system when traveling to dark or remote areas, or call Security for an escort
● Don’t bring large sums of money to work
● Never prop open a door that is supposed to be closed
● Let someone know when you are working alone

When to Contact Security or Police:
● Suspicious persons and activities
● Persons creating a disturbance
● Intoxicated/combative persons
● Vehicle accidents
● Vandalism, stolen/missing property
● Assaults/potential domestic threats
● Lighting and other safety/security deficiencies
● Unlocked doors that should be locked

Active Shooter
An active shooter is an individual killing or attempting to kill people in a confined and populated area. Common motives include anger, revenge, ideology and untreated mental health illness. Response Actions to action shooter:
● Alert and notify: ensure your own safety before calling your emergency number or 911
● Take action you feel will best protect yourself.
  ○ Evacuate - escape and get out
  ○ Hide - hide out, take cover and barricade
  ○ Take Action - as a last resort and when in imminent danger, do everything you can to incapacitate the shooter
# APPENDIX I

**PROFESSIONALISM ASSESSMENT RUBRIC**

The College of St. Scholastica
Physician Assistant Program

**PROFESSIONALISM ASSESSMENT RUBRIC**

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Highly Professional</th>
<th>Professional</th>
<th>Participating</th>
<th>Unprofessional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Attendance</td>
<td>Always arrives on time and stays for entire class; regularly attends class; all absences are excused; always takes responsibility for work missed; no deadlines missed; does not seek exceptions from class/college or university policies except institutional excuses</td>
<td>Late to class only once or twice; almost never misses a class; no unexcused absences. generally takes responsibility for material and work missed; no more than one deadline missed; does not seek exceptions from class/college or university policies except institutional excuses</td>
<td>Late to class more than once every month and regularly attends class; misses two deadlines; seeks exceptions to class/college or university policies not including institutional excuses</td>
<td>Late to class more than once/week and does not regularly attend class; demands exceptions to class/college or university policies not including institutional excuses</td>
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<tr>
<td>Promptness</td>
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<tr>
<td>Responsibility</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Respect</td>
<td>Careful not to distract others (socializing, sleeping, leaving early or during class, reading unrelated material, doing homework for another class or wearing inappropriate attire); never uses unapproved electronic devices in class; is respectful towards peers, adults, and the learning environment both in and out of class</td>
<td>Exhibits behavior that distracts others once or twice during the semester; rarely uses unapproved electronic devices in class; is almost always respectful towards peers, adults, and the learning environment both in and out of class</td>
<td>Recurring behavior that distracts others; recurring use of unapproved electronic devices; is not consistently respectful of peers, adults, and the learning environment both in and out of class</td>
<td>Is asked to leave class due to behavior that distracts others; is often extremely disrespectful to peers, adults, and the learning environment both in and out of class</td>
</tr>
<tr>
<td>Social Skills</td>
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<tr>
<td>Preparedness</td>
<td>Almost always participates in class discussions; contributions reflect exceptional preparation and are always substantive, well supported, and persuasively presented; does not dominate discussion</td>
<td>Regularly participates in class discussions; contributions reflect good preparation and are generally substantive, fairly well substantiated, and moderately persuasive; when called upon, can usually answer questions and refer to readings; occasionally dominates discussion</td>
<td>Rarely participates in class; contributions reflect adequate or less than satisfactory preparation and are occasionally substantive, somewhat substantiated and occasionally persuasive; when called upon, often cannot answer</td>
<td>Never participates in class; no evidence of preparation; when called upon, can’t answer questions in depth or refer to readings; any comments made are usually irrelevant</td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Work</td>
<td>Persistence</td>
<td>Integrity</td>
<td>Overall Impression</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------</td>
<td>-----------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>Provides work of the highest quality that reflects best effort; makes strong effort to improve work; shows positive, proactive behavior; is always honest and encourages other to do the same; always adheres to class, college, and university academic dishonesty policies</td>
<td>Provides high quality work that often reflects best effort; makes moderate effort to improve work; shows positive, proactive behavior; is always honest; always adheres to class, college, and university academic dishonesty policies</td>
<td>Provides work that reflects a good effort and occasionally needs to be checked or redone; rarely shows negative behavior; is honest; does not knowingly violate class, college, or university academic dishonesty policies</td>
<td>Professionalism at its best</td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td>Makes obvious and significant contributions on projects in terms of timeliness in completing assigned work, making genuine effort to work effectively with others and providing valuable, creative, competent skills to the team; often takes leadership role</td>
<td>One or two complaints from team members about lack of contribution; occasionally takes leadership role</td>
<td>More than a few complaints from team members about lack of contribution; does not contribute in a meaningful way to group work</td>
<td></td>
</tr>
<tr>
<td>Overall Impression</td>
<td>Professionalism consistently exhibited</td>
<td>Professionalism inconsistently exhibited</td>
<td>Lack of professionalism</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX II

O.R.I.M.E. Evaluation Tool

We utilize the O.R.I.M.E. (Observer, Reporter, Interpreter, Manager, Educator) competency-based evaluation tool for evaluating students during their clinical rotations. You will see this format applied to specific metrics in the evaluations on Exxat. This method will allow preceptors to assess our students’ performance in a developmental approach. Below is an outline of the five levels of student performance to keep in mind during the rotation:

<table>
<thead>
<tr>
<th>Professional Role</th>
<th>Level of Student</th>
<th>Description of Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>O - “Observer”</td>
<td>● All 1st Year PA-S</td>
<td>● The learner is not participating in direct patient care, they are observing the preceptor in most aspects of healthcare delivery.</td>
</tr>
<tr>
<td></td>
<td>● 2nd Year PA-S in surgical or specialty practice</td>
<td></td>
</tr>
<tr>
<td>(1.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R - “Reporter”</td>
<td>● Some 1st Year PA-S by end of first year</td>
<td>● The learner can accurately gather and clearly communicate facts to the preceptor.</td>
</tr>
<tr>
<td></td>
<td>● All 2nd Year PA-S</td>
<td>● Has mastery of performing a H&amp;P.</td>
</tr>
<tr>
<td>(2.0)</td>
<td></td>
<td>● Can recognize normal and abnormal findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Has confidence to label a new problem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Answers the “what” questions as they relate to patient care.</td>
</tr>
<tr>
<td>I - “Interpreter”</td>
<td>● All 2nd Year PA-S for common problems.</td>
<td>● The learner begins to prioritize identified problems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Progresses in development of differential diagnosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Uses clinical findings and diagnostic studies to help support a diagnosis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Answers the “why” questions as they relate to patient care.</td>
</tr>
<tr>
<td>(3.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M - “Manager”</td>
<td>● All 2nd Year PA-S, late in 2nd year.</td>
<td>● The learner should be able to provide at least 3 reasonable options in the diagnostic and therapeutic plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Answers the “how” questions for getting things done.</td>
</tr>
<tr>
<td>(4.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E - “Educator”</td>
<td>● Highly advanced 2nd Year PA-S at the end of their training.</td>
<td>● The learner will define important questions to study and differentiate current evidence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Shares leadership within a team.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Learns from one’s own experience to become an educator.</td>
</tr>
<tr>
<td>(5.0)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPENDIX III

Sample Preceptor Evaluation of Student Utilizing the O.R.I.M.E. framework

In preparation for the clinical practice of medicine, the CSS PA program uses performance-based mechanisms to provide benchmarks for the clinical year acquisition of skills and knowledge. (ORIME: Observer, Reporter, Interpreter, Manager, Educator student clinical assessment tool.) PA students are expected to progress from the “Observer” level in the Clinical Medicine course series of the didactic year to at least the “Interpreter” level for each of the rotations in the clinical year. (ORIME: Adapted from: Pangaro L. A new vocabulary and other innovations for improving descriptive in-training evaluations. Acad Med. 1999 Nov; 74(11):1203-7.)

Below is a sample of the preceptor evaluation of student for a First Year PA Student utilizing the ORIME framework. Similar evaluations will be used in each clinical course to evaluate student proficiency and competency:

<table>
<thead>
<tr>
<th>Eval Preview</th>
<th>Form: Preceptor Evaluation of Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color Key:</td>
<td>Yellow - Appropriate level for 1st Year student</td>
</tr>
<tr>
<td></td>
<td>Light Grey - Few, if any, 1st Year students at this level</td>
</tr>
<tr>
<td></td>
<td>Grey - Not appropriate for 1st Year student</td>
</tr>
<tr>
<td>(Question 1 of 32 - Mandatory)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes preceptors but does not have opportunity to share medical knowledge related to common illnesses encountered.</td>
<td>Student participates but has gaps in medical knowledge necessary to fully understand common illnesses encountered.</td>
<td>Student participates but has gaps in medical knowledge necessary to fully understand common illnesses encountered.</td>
<td>Student has outstanding fund of knowledge with regard to both common and uncommon illnesses encountered.</td>
<td>Student is self-directed and educates peers on common and uncommon illnesses encountered.</td>
</tr>
<tr>
<td>Medical Knowledge (Basic Knowledge of Common Illnesses)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Comments on Medical Knowledge (*Question 2 of 32*)

(Question 3 of 32 - Mandatory)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes preceptor perform history; does not contribute to patient care.</td>
<td>Student demonstrates consistent, complete and adequate data collection during history taking.</td>
<td>Student demonstrates consistent, complete and adequate data collection during history taking and is able to identify issues of clinical concern.</td>
<td>Student performs a focused or comprehensive medical history, as indicated by presenting issue, in an organized, complete and efficient manner, identifies area of clinical concern, and suggests next steps.</td>
<td>Student is a self-directed learner who contributes to the education of others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Clinical Care</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>
### Comments on Patient/Clinical Care (History Taking) (Question 4 of 32)

### (Question 5 of 32 - Mandatory)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes preceptor perform physical examination; does not contribute to patient care.</td>
<td>Student is able to perform all important components of the physical examination correctly with some guidance as to parts of the exam to be included.</td>
<td>Student performs all important components of the physical examination correctly.</td>
<td>Student performs either a focused or comprehensive physical examination, as indicated by presenting issue, in an efficient, correct and sensitive manner and is able to identify abnormal findings.</td>
<td>Student is self-directed learner who educates peers on physical examination techniques.</td>
</tr>
</tbody>
</table>

| Patient/Clinical Care (Physical Exam Skills) | 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

### Comments on Patient/Clinical Care (Physical Exam Skills) (Question 6 of 32)
Student observes or discusses formulation of differential diagnosis, assessment and medical decision making with preceptor, but does not contribute to its development.

Student recalls history and physical findings and then looks to preceptor for next steps in developing a differential and working diagnosis; discusses mechanisms behind medical decision-making.

Student jumps from information gathering to broad differential without focus; this may result in a myriad of tests/therapies; student is generally able to identify a logical diagnosis with some ability to support it through their medical decision-making.

Student synthesizes information for a working diagnosis and differential and articulates logical medical decision-making; able to select appropriate diagnostic or lab studies.

Student rapidly focuses on correct working and differential diagnosis; accurately interprets any and all diagnostic or lab studies. Educates peers around medical decision-making.

<table>
<thead>
<tr>
<th>Patient/Clinical Care (Assessment: Diagnosis, Differential Diagnosis, Problem Solving/Critical Thinking and</th>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Knowledge of Diagnostic Studies</td>
<td>Observer</td>
<td>Reporter</td>
<td>Interpreter</td>
<td>Manager</td>
<td>Educator</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Comments on Patient/Clinical Care (Assessment: Diagnosis, Differential Diagnosis, Problem Solving/Critical Thinking and Knowledge of Diagnostic Studies) <em>(Question 8 of 32)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Question 9 of 32 - Mandatory)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Observer</strong></td>
<td>Student observes or discusses development of patient management plan with preceptor, but does not contribute to its development or perform any procedures.</td>
<td>Student can report some components of a management plan, but looks to preceptor for full development of plan. Discusses important aspects of patient management plans.</td>
<td>Student develops a basic management plan that is not fully formulated or may leave out key components.</td>
<td>Student develops a patient management plan appropriate to the diagnosis and medical decision making; able to educate patients/families about most aspects of the plan.</td>
<td>Student develops and carries out patient management plans with no assistance. Student is able to educate peers in all aspects of plan development.</td>
</tr>
<tr>
<td><strong>Patient/Clinical Care (Plan)</strong></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Comments on Patient/Clinical Care (Plan) *(Question 10 of 32)*
### Patient/Clinical Care (Oral Presentations)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student listens to preceptor perform oral presentation; does not contribute to patient care.</td>
<td>Student oral presentations are generally organized, complete and accurate with occasional extraneous material; preceptor may occasionally need to ask for clarifying information especially in a specialty setting.</td>
<td>Student oral presentations are organized, accurate and complete; student is able to prioritize medical issues.</td>
<td>Student oral presentations are organized, accurate, complete, concise and include prioritization and analysis of medical issues and suggestions for management; preceptor can rely on these presentations to contain all relevant material necessary to determine plan of care.</td>
<td>Student is self-directed learner who educates peers on organization of oral presentations.</td>
</tr>
</tbody>
</table>

| Patient/Clinical Care (Oral Presentations) | 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

Comments on Patient/Clinical Care (Oral Presentations) (Question 12 of 32)
### (Question 13 of 32 - Mandatory)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes preceptors' preferred method of medical documentation; does not contribute to patient care.</td>
<td>Student written communications are generally organized, or complete and accurate in a primary care setting, though may need additional guidance in a specialty practice.</td>
<td>Student written communications are organized, accurate and complete. Student is able to identify some clinical issues.</td>
<td>Student written communications are organized, accurate, complete, concise and incorporate prioritization and analysis of most medical issues; they accurately reflect the major issues important for patient care and contain a plan.</td>
<td>Student is self-directed learner who educates peers on documentation techniques.</td>
</tr>
</tbody>
</table>

| Patient/Clinical Care (Written Patient Record) | 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

### Comments on Patient/Clinical Care (Written Patient Record) (Question 14 of 32)
Observer: Student observes and discusses typical clinic work flow with the preceptor.

Reporter: Student has the ability to focus on one task at a time; such as taking a history, or performing a physical examination. Needs guidance regarding what are priorities for clinic work flow.

Interpreter: Student can identify needs in clinic work flow; recognizes when a task, such as charting, should be put on hold in order to complete or participate in another activity, such as seeing the next patient.

Manager: Student has the ability to plan ahead and has some ability to multitask; charting is done efficiently and does not interfere with other assigned duties.

Educator: Student is able to chart efficiently and keep up with charting throughout the day, while simultaneously seeing patients and performing other assigned duties.

| Patient/Clinical Care (Time Management) | 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

Comments on Patient/Clinical Care (Time Management) (Question 16 of 32)
**Practice Based Learning and Improvement**

<table>
<thead>
<tr>
<th>Ability (Ability to identify gaps in knowledge &amp; integrate evidence into care, critical thinking/problem solving)</th>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes and may begin to identify personal gaps in medical knowledge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student can identify gaps in medical knowledge and is self-directed in his/her learning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student can appraise and may begin to integrate evidence from clinical studies and/or point of care tools related to patient health or problems; beginning to identify potential for system and individual error.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student applies and integrates evidence from clinical studies and/or point of care tools to patient or population health problems; creates plan for addressing individual limitations and initiates self-improvement; able to propose system changes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student can analyze practice experience and perform practice-based improvement activities with other members of the health care delivery team; educates peers on patient safety; proposed practice-based changes designed to improve patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Based Learning and Improvement</th>
<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
</tr>
</thead>
</table>

(Question 17 of 32 - Mandatory)
Comments on Practice Based Learning and Improvement (Ability to identify gaps in knowledge & integrate evidence into care, critical thinking/problem solving) (Question 18 of 32)

(Question 19 of 32 - Mandatory)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes but does not contribute knowledge of practice systems and community resources.</td>
<td>Student able to identify some important health care resources that would benefit his/her patient.</td>
<td>Student demonstrates an understanding of the importance of interdisciplinary teams, consultants, and health care resources for the benefit of the patient.</td>
<td>Student seeks out and utilizes local and community resources for the benefit of the patient; actively participates in multidisciplinary meetings or is able to help patients navigate the system of care.</td>
<td>Student is self-directed and educates peers on interdisciplinary teams, navigation of health care systems and community resources.</td>
</tr>
<tr>
<td>System-Based Practice (Knowledge of practice systems and community resources)</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>
### Comments on System-Based Practice (Knowledge of practice systems and community resources) (Question 20 of 32)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes communication with patients and families; does not participate in patient care.</td>
<td>Student communicates appropriately with patients/families but may not use active listening skills or open-ended questions consistently.</td>
<td>Student creates rapport with patients/families through active listening, use of open-ended questions, limited interrupting and use of words that demonstrate compassion and caring.</td>
<td>Student communicates even complicated or difficult information to patients and families and appropriately responds to their concerns/questions.</td>
<td>Student is self-directed and educates peers on effective methods to communicate with patients and their families.</td>
</tr>
</tbody>
</table>

### Interpersonal and Communication Skills (Listens and communicates clearly and effectively with patients/families)

<table>
<thead>
<tr>
<th></th>
<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.0</td>
<td>7.0</td>
<td>8.0</td>
<td>9.0</td>
<td>10.0</td>
</tr>
</tbody>
</table>
Comments on Interpersonal and Communication Skills (Listens and communicates clearly and effectively with patients/families and care team) *(Question 22 of 32)*

*(Question 23 of 32 - Mandatory)*

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes and discusses patient care while maintaining confidentiality.</td>
<td>Student beginning to recognize need for further knowledge or information but may need direction; student developing flexibility, adaptability and tolerance for change.</td>
<td>Student demonstrates ability to accept constructive feedback and begins to adapt behavior; accepts responsibility for own actions; beginning to recognize and/or suspend own biases/judgmental thinking.</td>
<td>Student has the ability to self-reflect and set goals; takes initiative and attempts to solve problems independently before seeking assistance.</td>
<td>Student has the ability to provide constructive and timely feedback; responds calmly in all situations; demonstrates ability to adapt effectively to multiple settings.</td>
</tr>
</tbody>
</table>

Professionalism (Professional)  

<table>
<thead>
<tr>
<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Comments on Professionalism (Professional Responsibility, Self-Confidence) (Question 24 of 32)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes interactions with patients but does not participate in care.</td>
<td>Student is courteous and respectful to all patients.</td>
<td>Student demonstrates humility and respect for all patients, particularly those at risk for health disparities.</td>
<td>Student is sensitive and compassionate; demonstrates ability to recognize distress in others; able to offer support to all patients, particularly those at risk for health disparities.</td>
<td>Student anticipates patient needs and actively advocates to meet those needs; especially those patients at risk for health disparities. Demonstrates ability to put needs of others ahead of personal needs.</td>
</tr>
</tbody>
</table>

**Professionalism (Compassion, Humility,)**

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>
Respect with Patients) (Question 26 of 32)

Comments on Professionalism (Compassion, Humility, Respect with Patients) (Question 26 of 32)

(Question 27 of 32 - Mandatory)

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes interactions between staff members and healthcare team.</td>
<td>Student demonstrates humility and respect for all members of the healthcare team. Fulfills basic patient care responsibilities required of him/her on their own initiative.</td>
<td>Student demonstrates humility and respect for all members of the healthcare team. Fulfills basic patient care responsibilities required of him/her on their own initiative.</td>
<td>Student is self-directed, a humble leader, respectfully educating and sharing their knowledge with peers and all members of the team.</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Professionalism (Compassion, Humility, Respect with Staff/Preceptor)
Comments on Professionalism (Compassion, Humility, Respect with Staff/Preceptor) *(Question 28 of 32)*

---

*(Question 29 of 32 - Mandatory)*

<table>
<thead>
<tr>
<th>Observer</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes but does not assist/perform procedures</td>
<td>Student observes and/or assists in procedures, is able to report some but not all components of procedure.</td>
<td>Student is able to first assist in procedures with basic knowledge of all components of procedure</td>
<td>Student is able to perform procedures commensurate with skill level and specialty rotation</td>
<td>Student is able to educate peers in all aspects of procedures</td>
</tr>
</tbody>
</table>

Ability to Perform Clinical Procedures

<table>
<thead>
<tr>
<th>Ability to Perform Clinical Procedures</th>
<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
<th>4.0</th>
<th>5.0</th>
</tr>
</thead>
</table>

Comments on Ability to Perform Clinical Procedures *(Question 30 of 32)*

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<table>
<thead>
<tr>
<th>Question</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Please comment on areas of strength</td>
</tr>
<tr>
<td>32</td>
<td>Please comment on areas in need of improvement</td>
</tr>
</tbody>
</table>
APPENDIX IV

Procedural Competency Checklist:

1. Identify student, patient, preceptor, date, location

2. Pre-procedural:
   • Background- history, allergies
   • Indications
   • Contraindications
   • Alternatives
   • Complications
   • Informed consent patient counseling
   • Patient preparation
   • Patient positioning

3. Procedural:
   • Relevant anatomy
   • Medications/dosages
   • Instruments
   • Site prep
   • Anesthesia/analgesia
   • Equipment selection
   • Equipment sterility
   • Technique:
     - Review steps
     - Observation
     - Supervised performance
     - Practice of skills in less than ideal settings
   • Instrument handling
   • Motor skills
   • In situ pathology recognition
   • Complication anticipation and management

4. Post-procedural
   • Pathology recognition
   • Complication mgmt.
   • Practice management aspects- billing, coding, documentation
   • Pt monitoring/resuscitation
   • Outcome evaluation
## APPENDIX V:
Procedural Competency Evaluation Form

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
</table>

| Identifies pertinent anatomy and physiology for a specific procedure. | Performs patient assessment, obtains informed consent and ensures monitoring equipment is in place in accordance with patient safety standards. Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for procedure. Performs the indicated common procedure on a patient with moderate urgency who has identifiable landmarks and a low-moderate risk for complications. Performs post-procedural assessment and identifies any potential complications. | Determines a backup strategy if initial attempts to perform a procedure are unsuccessful. Correctly interprets the results of a diagnostic procedure. | Performs indicated procedures on any patients with challenging features (e.g. poorly identifiable landmarks, at extremes of age or with co-morbid conditions). Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure. | Teaches procedural competency and corrects mistakes. |
APPENDIX VI

Physician Assistant Program

Acknowledgement of Receipt of Student Handbook

My signature below acknowledges receipt of The College of St. Scholastica’s Master of Physician Assistant Studies Program Student Handbook. I understand that I am responsible for the information contained in the Handbook and I will abide by the policies and procedures as stated in this Handbook. I also understand that, at any time, The College of St. Scholastica, the School of Health Sciences and the Department of Physician Assistant Studies reserve the right to amend or eliminate any information described in the Handbook as circumstances may require without prior notice to persons who might be affected. Students will be notified in writing of all amendments and asked to replace the current information contained in the Handbook with new or revised information.

I also understand that the provisions of the Handbook are not and may not be regarded as a contractual agreement between the College, School of Health Sciences or the Department of Physician Assistant Studies and its students and employees.

Student Name________________________________
Print

Student Signature_____________________________        Date___________________

Witness Signature________________________________        Date___________________
Physician Assistant Program

Release of Information Form

Criminal Background Checks and Drug Screening
Certain federal, state and local regulations now require students to provide criminal background checks and, in some cases, drug screen results to prospective clinical sites. I authorize The College of St. Scholastica’s Master of Physician Assistant Studies Program to release the results of my background checks and/or drug screen to clinical sites and/or preceptors or other institutions that require such information to allow me to function in the role of a PA student in their areas of authority.

Initials_______

Immunization Information and TB Test Results
I authorize The College of St. Scholastica’s Master of Physician Assistant Studies Program to release my personal information regarding immunization status and TB test results to clinical sites, and/or preceptors or other institutions that require such information to allow me to function in the role of a PA student in their areas of authority.

Initials_______

NCCPA Personal Information Release
I authorize The College of St. Scholastica’s Master of Physician Assistant Studies Program to release to The National Commission on Certification of Physician Assistants (NCCPA), my name, social security number, date of birth, gender, address, email address, graduation date and any other required information to ensure my eligibility to take the Physician Assistant National Certifying Exam (PANCE).

Initials_______

I authorize The College of St. Scholastica’s Master of Physician Assistant Studies Program release my information as outlined above.

Student Name________________________________
Print

Student Signature________________________________ Date___________________

Witness Signature_______________________________ Date___________________
APPENDIX VIII

Physician Assistant Program

Student Time Away Request Form

While it is the policy of the program that students are expected to attend all classes, labs, rotations and other program related functions, the program understands students may have exceptional events which might keep them from classes or program activities. This form must be completed no more two weeks prior to an anticipated absence (jury leave, conference).

Any student anticipating time away for consideration by the program should complete and submit this form to the Director of Curriculum (Didactic Year) or the Director of Clinical Education (Clinical Year) for consideration by the program. Students are responsible for all material missed including examinations. If a student will be missing an examination, they are to expect to take that exam within three (3) days upon return to campus. This exam may be in a different format than the original examination given to the rest of the students.

Student Name (PRINT): ________________________________

Class/SCPE: ______________

Anticipated date(s) off: ________________________________

Reason for Absence:

Student Signature: ________________________________

Date Submitted: ______________

Program Use Only

Request Approved: _____ Not Approved: _____ Date: __________

Signature: ________________________________

Comments:
Physician Assistant Program

Needlestick/Bodily Fluids Exposure Guidelines

If a student believes he/she has been exposed, the student should:

1. **Immediately** cleanse the affected area:
   - Wash needlesticks and cuts with soap and water
   - Flush splashes to the nose, mouth or skin with water
   - Irrigate eyes with clean water, saline or sterile irrigants

2. If the exposure occurs during the didactic year at a College of St. Scholastica site, **immediately** report the exposure to the faculty member in attendance.

   If the exposure occurs during the clinical year at a rotation site, **immediately** notify the supervising physician or other site supervisor and follow site established protocols.

3. **Immediately** seek medical evaluation and treatment. If there is no established protocol on site, seek treatment at the closest Emergency Department.

4. Within 2 hours, notify the Director of Curriculum if during the didactic year or the Director of Clinical Education if during the clinical year.

5. Complete and submit the Student Exposure Form to either the Director of Curriculum or the Director of Clinical Education as described above within 24 hours.
APPENDIX X

Physician Assistant Program

Student Needlestick/Exposure Form

Students must directly report the exposure/needlestick incident to the Director of Curriculum (Didactic Year) or the Director of Clinical Education (Clinical Year) within 2 hours of the exposure.

Please submit this form to the Director of Curriculum (Didactic Year) or the Director of Clinical Education (Clinical Year) within 24 hours of exposure.

Date: _________________________
Name of Student: _______________________________________________
Date and Time of Exposure: ______________________
Name of Course/Rotation where Exposure occurred: ___________________________
Name of Site where Exposure occurred: _____________________________________
Name of person(s) notified (course instructor/preceptor) at the site: _______________________________________________________________________
Date and time of site notification: ______________________________________
Name of witness(is), if any, to the incident: ________________________________
Please provide a detailed description of Incident, including how the exposure occurred and location (body part).
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Did you receive medical evaluation and/or treatment?  Yes  No

Date and time PA program notified: _____________________________________________

Name of person notified at the program: _________________________________________

Signatures:

Student: ________________________________

Director of Curriculum or Director of Clinical Education: _______________________
Physician Assistant Program

Student Incident Report

Immediately notify the Director of Curriculum or the Director of Clinical Education of the event and submit this report to the Program within 24 hours an incident occurring while participating in any required activity of the program. This form is not for needlestick or body fluids exposures.

Student Name________________________________________

STUDENT STATEMENT:

________________________________ was injured at _____________________________

(print name)                                                                      (location)

on________________________ at ________________________

(date)                                                             (time)

Please describe in full detail how the incident occurred:


Did you receive medical evaluation and/or treatment?   Yes     No
Date and time PA program was notified: ___________________________________________

Name of person at the PA program notified: ______________________________________

Did you miss time from a course or clinical rotation?   Yes     No
If yes, how many days? _____

NOTE: If your absence from a clinical rotation will exceed three (3) days, you must obtain a medical release note from the physician who saw and examined you in a clinic or hospital. This note must include the date you can resume clinical activities. You may not return to rotations until you have submitted this note to the Director of Clinical Education.

_________________________________________     __________________
Student Signature                                                                        Date
APPENDIX XII

The College of
St. Scholastica

Physician Assistant Program
Clinical Site/Preceptor Request Form

Student Name (PRINT): _____________________________   Date: _____________________

Clinical Experience Requested:  1  2  3  4  5  6  7  8  9  10  11

Site Name: __________________________________________________________________

Preceptor Name: ___________________________________ Specialty: __________________

Address: ____________________________________________________________________

Phone: __________________   Fax: __________________   Email: ______________________

Contact Person/Position: _______________________________________________________

Phone

Preferred Method of Contact:     ____Phone                    ____Email

Setting(s) in which the student will be involved (check all that apply):

     ____Outpatient                      ____Hospital
     ____Inpatient                       ____Emergency Department
     ____Operating Room                  ____other (specify)___________

If students will have experiences in a hospital setting:

Hospital Name __________________________________________________________

Contact for site agreements ___________________________ Phone: __________

Has this site worked with students before? ____yes     ____no

Information that you feel is important for us to know about this site:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

For PA Program Use Only

Date Received: _______________ Reviewed by: _____________________________________________

Approved _____      Rejected_____

Reason: __________________________________________________________________________
APPENDIX XIII

SAMPLE Individual Remediation Plan (IRP)

between

The College of Saint Scholastica’s Master of Physician Assistant Studies Program

and

Physician Assistant Student XYZ

The following will be initiated as an IRP for Student XYZ on March 10, 2018:


2) Student progress towards completion of the IRP will be presented to the PA Student Development Committee by the PA student advisor on April 10, 2018 with completion of full IRP by April 28, 2018.

3) Contact each instructor at the beginning, middle and end of each rotation to discuss expectations, goals and progress.

4) Weekly progress reports scheduled with PA student advisor.

5) 360 degree evaluations from peers and staff to be reviewed with PA faculty.

6) Self-evaluation of goals and improvement to PA student advisor and preceptor by 4/28/2018

7) Videotape 1 patient encounter and presentation each week to be reviewed by PA principal faculty.

The competency-based goals for this IRP are as follows:

a. Medical Knowledge
   i. Present expanded differential diagnoses for each presenting problem for inpatients and outpatients
   ii. Utilize the expanded differential to drive an appropriate work up
   iii. Following standards of care by utilizing point-of-care tools (e.g., UpToDate, Sanford Guide, Epocrates, EMR)
   iv. Read AAFP journal twice monthly and complete the online quizzes www.aafp.org
   v. Complete 10 board questions weekly on www.aafp.org
vi. Utilize Core Content Review of Family Medicine topics for the month of March and April and submit completed answer sheets to PA student advisor

vii. Submit (print out) CME completion certificate from AAFP to verify completion of Journal and Board Review to PA student advisor

b. Patient Care
   i. Change management based on results
   ii. Convey cohesive, thorough, succinct and relevant patient presentation at an Interpreter level

c. Interpersonal and Communication Skills
   i. Communicate patient care management with care-team members including goals, discharge planning, change in status
   ii. Take ownership for the patient as if primary provider

d. Professionalism
   i. Take ownership for expanding medical knowledge and finding answers
   ii. Take ownership for assigned patients
   iii. Demonstrate leadership and teamwork at an Interpreter level

e. Systems-Based Practice/Teamwork
   i. Follow up on test results on the day they were ordered

f. Practice-Based Learning
   i. Expand differential diagnosis for each presenting concern
   ii. Identify limits of own medical knowledge and expertise, asking for consultation when appropriate
   iii. Incorporate feedback into daily practice

The principal faculty of the CSS MPAS Program has confidence that Student XYZ can meet the requirements above and remain fully supportive of his/her continued progress in the program.

Faculty Advisor Signature:

Date: March 10, 2018

Course Director Signature:

Date: March 10, 2018

Program Director Signature:

Date: March 10, 2018

Student Signature:

Date:

Attachments: CSS Disciplinary/Grievance Procedures: Discipline/Dismissal/Deceleration: Remediation Policy
As a graduate student in a professional healthcare program, it is critical to demonstrate professional behavior. To that end, I have read and understood the behavioral expectations in this document, and agree to abide by these expectations.

- I understand professionalism to be how I conduct myself in classroom and clinical environments. It is exhibiting a courteous, conscientious, and generally businesslike manner. It involves maintaining my poise so that my demeanor demonstrates my ability to keep calm even during tense situations.
- I understand that if a faculty member asks me to discontinue behavior they perceive as unprofessional or disruptive, I am expected to do so, even if I do not agree with their assessment.
- If I disagree with an instructor about a grade or assignment, or am not getting the assistance I need, I should speak to the instructor privately at a mutually agreeable time.
  - If the situation cannot be resolved, I may take my concern to the MPAS Program Director
  - If I receive a grade that I believe to be unfair, I have the right to file a grade grievance, using the procedures outlined in the Student Handbook and Catalog.
- I understand that I, and I alone, am responsible for getting to class on time, and completing my assignments in a timely and professional fashion.
  - I understand that the instructor has the sole discretion, as defined in course syllabi, whether to accept late assignments, and/or how to grade a late assignment.
  - I also understand that my academic advisor can assist me in arranging for tutoring, coaching, and support in meeting these expectations.
- I understand that the design of the MPAS program, as well as professional practice, requires that students successfully work in collaboration with others.
  - Collaboration is a critical component of the MPAS program and I must do my fair share of group work in a timely and professional manner.
  - Work submitted must be appropriately cited, and should not require other group members to perform significant editing or revision.
- I understand that graduate education requires critical thinking, and individual and group work is expected to emphasize original ideas and concepts. Ideas that are not my own, and information from any sources must be cited in appropriate AMA format.
- I understand that critical thinking includes respectful communication. I may disagree with other viewpoints, or I may be asked to expand upon a particular idea, and/or to backup my
opinion with evidence. I recognize that there is a critical difference between personal attacks and engaging in mature discussion of an idea or issue. I will minimize interruptions and other disrespectful behavior.

Finally, I understand that, if I choose to act in a manner inconsistent with this agreement the college will take appropriate disciplinary action, which can jeopardize my status as a student.

________________________________________________
Signature

________________________________________________
Printed Name

________________________________________________
Date