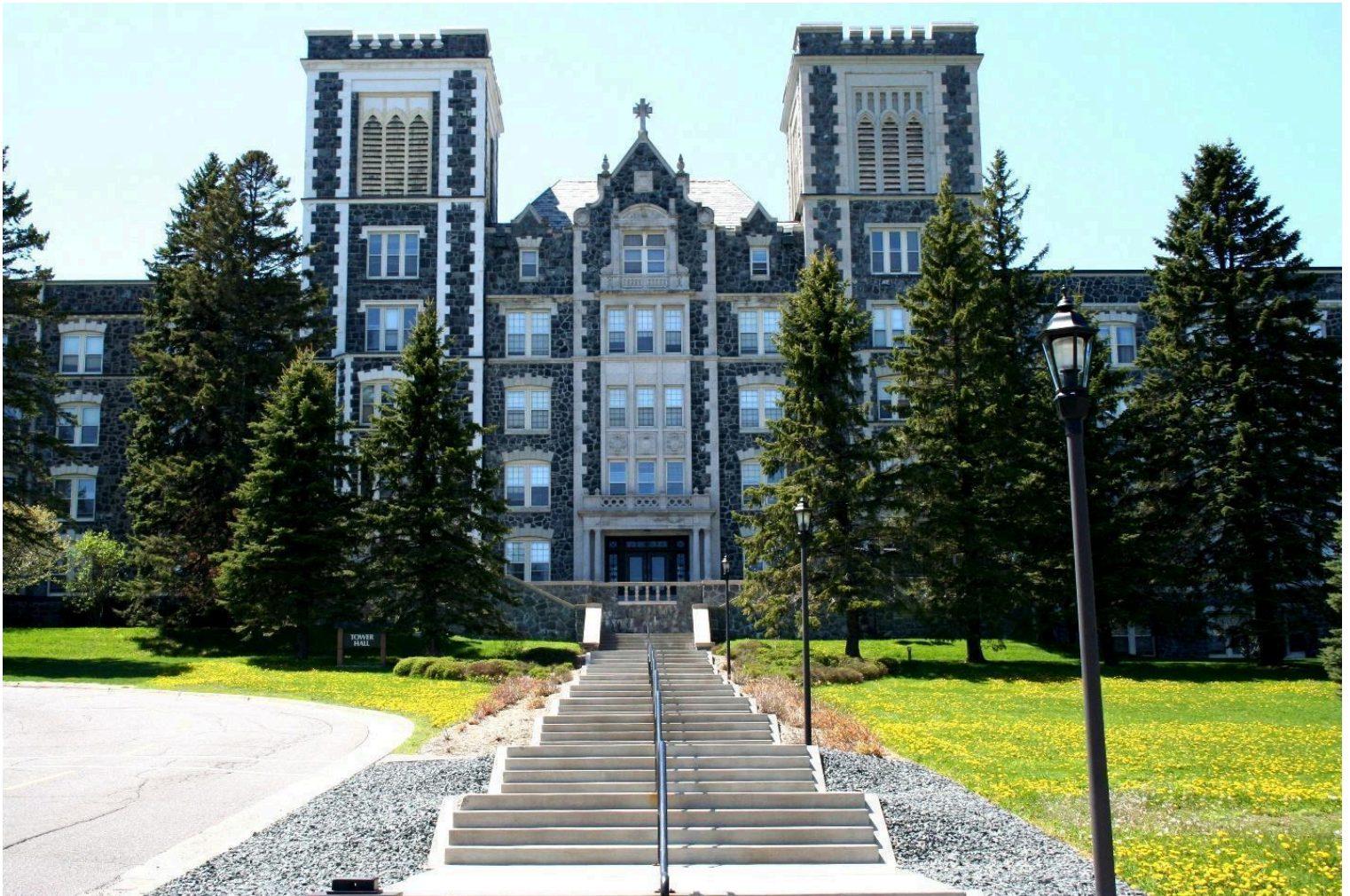




## **PA Medicine Program Student Handbook Didactic and Clinical Phases**



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## Section I: GENERAL PROGRAM INFORMATION

### Introduction

This PA Medicine Program Student Handbook has been prepared to provide PA students with important information about the profession of a PA, the Department of Medical Science and the expectations of students who have been accepted into The College of St. Scholastica (CSS) PA Medicine Program. The Student Handbook should be reviewed thoroughly by all PA students and should be used as the 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 PA Medicine Program is one of the graduate programs at CSS and is located in the School of Health Professions. The Department of Medical Science follows the policies and procedures established by Graduate Studies and found in the [Graduate Catalog](#).

Your selection into the PA Medicine 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 PA (ARC-PA)

[ARC-PA](#)

PA Education Association (PAEA)

[PAEA](#)

National Commission on Certification of PAs (NCCPA)

[NCCPA](#)

### ***Professional Organizations***

Students will be members of the following professional organizations:

\*The American Academy of PAs (AAPA) [www.aapa.org](http://www.aapa.org)

\*The Minnesota Academy of PAs (MAPA) [www.minnesotapa.org](http://www.minnesotapa.org)

\*The Student Academy of the American Academy of PAs (SAAAPA)  
<https://www.aapa.org/about/aapa-governance-leadership/student-academy/>

## Faculty and Staff Information

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Kim Lakhan, DHSc, PA-C, DFAAPA	Program Director	218-625-4863	klakhan@css.edu
Holly Levine, MD	Medical Director/Grants Manager	218-723-6688	hlevine@css.edu
Julie Lonetto	Program Manager	218-723-6081	jlonetto@css.edu
Maggi Seybold, MSBS, PA-C	Grants Manager	218-723-6314	mseybold@css.edu

## The College of St. Scholastica

### CSS Mission Statement

Shaped by the Catholic Benedictine heritage, CSS provides intellectual and moral preparation for responsible living and meaningful work.

### CSS Vision Statement

CSS aspires to be a diverse and inclusive academic community of excellence, grounded in the rich Catholic Benedictine heritage, sending forth thoughtful leaders sharpened and sensitized by the liberal arts, who are prepared and committed to serve and transform the world.

The purposes of CSS 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**

CSS 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 CSS and all its programs:

#### **Community**

- Sharing responsibility to create and support the 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 people with dignity and reverence without regard to age, gender, race, minority, sexual orientation 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**

- Using 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.

#### Statement on Inclusive Excellence

##### **Inclusive Excellence derives from our Catholic Benedictine tradition**

Inclusive Excellence — the idea that academic excellence is best realized in a community that is diverse and inclusive — is central to our mission as a Catholic Benedictine learning community.

The Catholic tradition reaches out to all peoples; this is its universal imperative. As a Benedictine institution, The College of St. Scholastica demonstrates hospitality to all, respects all persons as children of God, and creates a community that values the uniqueness of the individual and honors diverse opinions and experiences. In short, because we are Catholic and Benedictine, we are compelled to be diverse and inclusive.

##### **Inclusive Excellence provides a focusing lens for all that we do**

Thinking about academic excellence in terms of diversity, equity and inclusion requires that we ask why there is an achievement gap between historically disadvantaged students and other students. Does the gap reflect differences in effort and ability, or does it run along ethnic, racial and socioeconomic fault lines? The action of making excellence inclusive requires that we uncover inequities in student and employee success, identify effective educational and workforce practices, and build such practices organically for sustained institutional change. Inclusive Excellence abides by the principle that the College cannot consider itself to have achieved excellence unless all students and employees feel empowered to succeed, and there is equity in access, opportunity, and success.

##### **Inclusive Excellence articulates our unique identity**

Inclusive Excellence will increasingly become a distinguishing element of The College of St. Scholastica experience. It will come to reflect who we are and how we are experienced by students, employees and the broader community.

Inclusive Excellence is not a free-standing initiative to be treated as separate or distinct from other College planning and operational efforts. It is not additional work; it is the work. It needs to be embedded into all aspects of College operations. It must be a coordinated effort; systemic, deliberate and intentional.

View the [Statement on Inclusive Excellence](#)

View the [Inclusive Excellence Strategic Plan Summary](#).

## **Code of Conduct**

If there is a violation of the [Code of Conduct](#) or a concern within the community, it is through the lens of these values that we will examine what has happened and make decisions about how to move forward, preferably in a way that repairs the community and relationships within it. Disciplinary action is primarily viewed as an educational experience and an opportunity to repair and strengthen relationships between individuals and the community, which takes place whenever a student's conduct interferes with their own or others' ability to attain personal and educational goals, or violates the values of the community.

## **School of Health Professions CSS PA Medicine Program**

### **Mission Statement**

In accordance with our Benedictine values, The College of St. Scholastica PA Medicine Program's mission is to educate PA 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 PA Medicine Program graduates will be highly regarded PAs 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 underserved populations to prepare graduates to practice in these areas.
3. Provide interprofessional experiences to create "team-care-ready" PAs.
4. Provide outstanding PAs 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 and Outcomes](#)**

The program has defined measurable goals for its graduates. Qualitative data is not used in determining this program's achievement of goals.

### **Program Student Learning Outcomes**

The CSS PA Medicine 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 PAs (NCCPA), Accreditation Review Commission on Education for the PA (ARC-PA), American Academy of PAs (AAPA) and PA 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 PA Medicine 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 of an entry level PA, students will be able to:

- Demonstrate knowledge of established and evolving biomedical and clinical sciences and the ability to integrate and apply this knowledge to patient care
- Demonstrate the medical, surgical, behavioral, and social science knowledge necessary to effectively evaluate, diagnose, and manage patients across the lifespan
- 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
- 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 of an entry level PA, students will be able to:

- Demonstrate oral and written communication skills to effectively exchange information with patients, families, and other members of the healthcare team
- Communicate in a respectful, patient-centered, and culturally responsive manner to accurately obtain, interpret, and utilize information and implement a patient-centered management plan
- 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 of an entry level PA, students will be able to:

- 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
- Demonstrate the ability to counsel and educate patients and their families
- 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 of an entry level PA, students will be able to:

- Demonstrate professionalism in interactions with others including patients, families and other members of the healthcare team
- Demonstrate knowledge of legal and regulatory requirements specific to the PA profession
- 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 of an entry level PA, the student will be able to:

- 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 of an entry level PA, students will be able to:

- Apply the concepts of population health to patient care

## **Technical Standards**

**The technical standards delineated below must be met with or without reasonable accommodations.**

#### **Fulfillment of the requirements for the Master of Science in PA Medicine degree**

The College of St. Scholastica (CSS) offers an undifferentiated Master of Science in PA Medicine degree affirming the general knowledge and skills to function in a broad variety of clinical situations and qualify for medical licensure.

A candidate for the Master of Science in PA Medicine degree must have abilities and skills in six areas: observation, communication, motor, intellectual (conceptual, integrative and quantitative), behavioral and social, and demonstrate ethics and professionalism.

Essential abilities and characteristics required for completion of the Master of Science in PA Medicine degree consist of certain minimum physical and cognitive abilities and emotional characteristics to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training, with or without reasonable accommodation.

CSS is committed to diversity and to attracting and educating students who will make the population of health care professionals representative of the national population.

Our core values - Benedictine Values - Stewardship, Love of Learning, Hospitality, Community, and Respect translate into our work with all students, including those with disabilities. CSS actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful accountable culture through our confidential and specialized disability support. CSS is committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

## **Technical Standards**

### **Observation:**

Students should be able to obtain information from demonstrations and experiments in the basic sciences. Students should be able to assess a patient and evaluate findings accurately. These skills require the use of vision, hearing, and touch or the functional equivalent.

### **Communication:**

Students should be able to communicate with patients in order to elicit information, detect changes in mood and activity, and establish a therapeutic relationship. Students should be able to communicate via English effectively and sensitively with patients and all members of the health care team both in person and in writing.

### **Motor:**

Students should, after a reasonable period of time, possess the capacity to perform a physical examination and perform diagnostic maneuvers. Students should be able to execute motor movements required to provide general care to patients and provide or direct the provision of emergency treatment of patients. Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium.

### **Intellectual, conceptual, integrative and quantitative abilities:**

Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework, and engage in problem solving. Students are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students should be able to comprehend three-dimensional relationships, to understand the spatial relationships of structures, and to adapt to different learning environments and modalities.

**Behavioral and social abilities:**

Students should possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff. Students should be able to tolerate and engage in clinical work at least 40 hours per week, tolerate physically taxing workloads, and function effectively under stress. They should be able to adapt to changing environments, to display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education process.

Students must be aware of their own mental health status and attend to mental health needs as appropriate.

**Ethics and professionalism:**

Students should maintain and display ethical and moral behaviors commensurate with the role of a physician assistant in all interactions with patients, faculty, staff, students, and the public. The student is expected to understand the legal and ethical aspects of the practice of medicine and function within the legal and ethical standards of the medical profession.

**The technical standards delineated above must be met with or without reasonable accommodations.**

**Students who, after review of the technical standards, determine that they require reasonable accommodation to fully engage in the program should contact the Center for Equal Access to discuss their accommodation needs. Given the clinical nature of our program, time may be needed to create and implement the accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.**

To learn more about accommodations at CSS please contact:

Center for Equal Access  
The College of St. Scholastica  
1200 Kenwood Ave, Science Center  
Duluth, MN 55811  
[access@css.edu](mailto:access@css.edu)  
218-625-4891

**Process:**

Requests for accommodation by individuals with a disability as defined by the Rehabilitation Act of 1973 or the Americans with Disability Act will be considered on the basis of their abilities and the extent to which reasonable accommodation, if required, can be provided. The Center for Equal Access [website](#) describes the process for requesting an accommodation.

***Technical Standards adapted from Rush University, April 2020***

### **Policy on Program Schedule**

During the entire length of the program, students will follow the program schedule. Holidays and time away may differ from the College schedule. Please note that during the clinical phase students will be required to follow the schedule of their clinical preceptor(s).

### **Schema for PA Medicine Program**

[Schema](#)

## **Section II: GENERAL COLLEGE POLICIES**

### **CSS Safety Department**

For all Campus Safety Information and Resources, please click this [link](#) and log into your my.CSS account and click on the Campus Safety tab.

### **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 Health Insurance – College Policy](#)**

PA students are required to upload proof of health insurance into Exxat prior to the start of the didactic and clinical phases. If you have a change in coverage at any point during the PA program, you must notify the Program Manager in writing within one week of that change. In failing to do so, you may be removed from class or rotation until coverage is obtained.

### **[Student Health & Wellness Service](#)**

In order to be eligible for services in the Student Health Service office, all full-time undergraduate and graduate students in the PA Medicine, Athletic Training, Exercise Physiology, Post Bacc Nursing, Physical Therapy, and Occupational Therapy programs, pay a health fee each semester.

Phone: (218) 723-6282

Fax: (218) 723-5953

[studenthealthservice@css.edu](mailto: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.**



## [Resources for Infectious Disease Outbreak](#)

## [Violence Intervention and Prevention Program](#)

## [Recovery Resources for Substance Use and Mental Illness](#)

## [Student Services](#)

Student Services provides students references for questions ranging from registering for classes, reviewing grades, accepting financial aid awards, viewing and paying student bills, name changes, graduation and much more.

## [Financial Aid](#)

## [Name Change](#)

## [Policy on Refunds](#)

## [Counseling Services and JED Campus](#)

## [Academic Support Services](#)

## [Library Services](#)

## [Information Technologies](#)

## [Career Services](#)

## [Veterans Resource Center](#)

## [Center for Equal Access](#)

## [Family Education Rights and Privacy Act \(FERPA\)](#)

## [Inclusive Excellence](#)

## **Mistreatment, Harassment, Discrimination, and Workplace Violence Policy**

CSS will not tolerate any form of mistreatment, 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 mistreated, harassed or threatened, or have knowledge of mistreatment, harassment or threatening behavior, are encouraged to contact their faculty advisor, Director of Didactic Education or Clinical Education, Program Director, or Dean of Students to discuss the situation. Examples of student mistreatment can be found in Appendix XV

Megan Perry-Spears, Dean of Students, T2142, Phone 723-6029 [mperryspears@css.edu](mailto:mperryspears@css.edu)

## Immunization Requirements

Each student must meet the following health requirements prior to matriculation. Some clinical sites may impose additional requirements. Self-reported immunizations/disease and handwritten documentation will not be accepted. The CSS policy on immunization of PA students is based on current [Center for Disease Control](#) (CDC) recommendations for health professionals.

Students must submit their immunization history in Exxat, the PA program's data management system.

**With the exception of immunization and TB screening results, needle/sharp reports, drug screening results, health records and information should NOT be submitted to the program—you will be instructed to immediately delete the information if you do.** Program principal faculty or staff will not accept, maintain, access or review student health records. Please refer to FERPA in the Student Handbook for guidance on how to access your own records. The program will provide the necessary forms and instructions for release of information.

**Neither PA program principal faculty, Program Director, nor the Medical Director will participate as healthcare providers for any student in the program.**

Disease	Immunization requirements are met in the following ways:
<b>Measles</b>	A positive antibody test for measles, <i>or</i> Two (2) doses of measles <i>or</i> A measles/mumps/rubella (MMR) vaccine received after 1st birthday
<b>Mumps</b>	A positive antibody test for mumps, <i>or</i> Two (2) doses of Mumps <i>or</i> a measles/mumps/rubella (MMR) vaccine received after 1st birthday
<b>Rubella</b>	A positive antibody test for rubella, <i>or</i> One (1) dose of rubella <i>or</i> a measles/mumps/rubella (MMR) vaccine received after 1st birthday
<b>Pertussis</b>	One adult dose of tetanus, diphtheria, pertussis (Tdap) vaccine

	NOTE: Tdap 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.
<b>Varicella</b>	A positive antibody test for varicella zoster, <i>or</i> Two (2) doses of varicella vaccine, <i>or</i> Two (2) doses of Shingrix (shingles vaccine)
<b>Tuberculosis (TB)</b>	<p><b>Initial TB Testing:</b></p> <p><u>Two</u> negative Tuberculin Skin Tests 1-3 weeks apart (Mantoux, PPD) or <u>one</u> negative lab documented TB screening (T-spot, TB Quantiferon) prior to the start of the program. TB screening must be completed every 12 months.</p> <p>Individuals with a past positive TB screening must comply with each of the following:</p> <ul style="list-style-type: none"> <li>• Initial medical evaluation and clearance by provider including a chest x-ray within 12 months of starting clinical experiences, and</li> <li>• Subsequent annual medical evaluation and clearance by provider, and</li> <li>• Follow up chest x-ray required every 5 years</li> </ul>
<b>Hepatitis B</b>	Positive antibody test to Hepatitis B, <i>or</i> Completed Hepatitis B vaccine series
<b>Influenza</b> October 1 through March 31	One (1) dose of influenza vaccine for current influenza season, or approved influenza vaccine exemption.
<b>COVID-19</b>	Up to Date - received all recommended vaccines and boosters when eligible

### 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 Clinical Rotations sites as requested.

### Background Checks and Fingerprinting

All students who are offered admission to the CSS PA Medicine Program are required to complete a Minnesota, Wisconsin, and Federal National 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 a student’s background

investigation reveals evidence/history of criminal activity which disqualifies the student from full participation in the required training experiences of the program or future licensure to practice medicine as a PA, the student may be dismissed from the program.

All required background check instructions will be sent to students prior to orientation along with all other pre-start requirements. All requirements are due prior to orientation. Additional background checks may be needed if the student is coming from, or will be going to, a state other than MN or WI. Background check costs are the student's responsibility. Additional background checks (due to name change, marriage, etc.) will need to be completed at the student's expense.

## **Technology Requirements**

Course materials may be provided in different formats depending on the activity and the instructor. Students are expected to have the hardware and software to accommodate the variety of presentations (i.e. Google, Microsoft Office, Adobe Acrobat, pdf).

### **Minimum technology specifications**

You will need a smart phone, and a computer or a large-screen tablet in order to appropriately take exams and visualize exam images. All devices should be no more than three years old. It is the student's choice whether to use a laptop or desktop and whether you use a Windows computer or a Mac. Likewise, it is the student's choice to use a smartphone or tablet and whether you use an Android or an Apple. **Students will not be able to use a google chrome book for exams through Examsoft.** Any reputable computer dealer can assist you with the specifications.

### **Windows computer**

- i5 Processor or better
- 8 GB RAM
- Windows OS (Operating System) 11
- Microsoft Office 365 (will be supplied by the College)
- High-speed internet
- Webcam
- Headset

### **Apple computer**

- i5 or M1 Processor or better
- 8GB of RAM
- Mac OS (Operating system) Ventura 134 or newer
- Microsoft Office 365 (will be supplied by the College)
- High-speed internet
- Webcam
- Headset

## **Section III: CSS GRADUATE PROGRAM SATISFACTORY ACADEMIC PROGRESS POLICY**

This section contains policies which govern academic performance and professional conduct for CSS graduate programs: [Satisfactory Academic Progress Policy](#). 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.

## **Section IV: CSS PA MEDICINE PROGRAM POLICIES**

The program reserves the right to make changes at any time to this portion of the CSS PA Medicine Program 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.

It is the student's ongoing responsibility to report to the Program Director any arrests or criminal charges while enrolled in the PA Medicine Program. The College is required by law to notify students that arrests, charges, or convictions of criminal offenses may limit employment possibilities in specific careers and occupations, and may limit their ability to obtain federal, state, and other financial aid. If students have questions about the possible impact of criminal records, they should further investigate any such requirements for their desired occupation(s) or financial aid. Falsifying information about past or current criminal history may be grounds for dismissal.

The CSS PA Medicine Program follows the CSS graduate school policies for grading and academic standing noted in the previous section.

### **Equity Statement**

CSS and this PA Medicine Program are committed to providing a positive, safe, and inclusive place for all who study and work here. Making hostile, threatening, discriminatory, or disparaging remarks toward or about the instructor, other members of the class, or groups of people will not be tolerated.

Please use this form to report any concerns you may have regarding hostile, threatening, discriminatory, or disparaging behaviors you have either experienced or witnessed in the PA program. [PA Program Climate Reporting Form](#)

## GENERAL PROGRAM POLICIES

### Basic Life Support for the Healthcare Provider

It is required that students take and pass the American Heart Association (AHA) Basic Cardiac Life Support (BLS) for Healthcare Providers course **prior** to the beginning of Orientation. Certification must be current through December of your graduating year. This is a prerequisite for the AHA Advanced Cardiac Life Support (ACLS) course and BLS refresher which will be taken in the spring of the didactic phase prior to clinical rotations. **The BLS for Healthcare Providers course offered by the American Heart Association (AHA) is the only acceptable basic life support certification.** <https://elearning.heart.org/course/437>

### Academic Advisement

All students are assigned an advisor who is a principal PA faculty member. The role of the faculty advisor is to provide advising relative to the student's academic and professional 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 performance. For counseling in matters regarding a student's psychological or emotional health, an appointment with The Student Counseling Center 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 maintain their CSS email and read program communications. Program announcements will also be posted on the Learning Management System Program Community Site. Students are asked to review the website frequently to stay informed.

### Policy on Social & Online Media Participation

#### Overview

Social networks and other online media are a very popular mode of engagement and communication. These forums are great tools that aid communication, education, collaboration with others, research, business, remote work, etc. At the same time, these forums open risks associated with inappropriate use which must be addressed through professionalism training, guidelines, and appropriate corrective action when necessary.

The College of St. Scholastica PA Medicine Program relies on its faculty, staff, and students, to ensure the trust and support of the communities it serves. While we encourage open communication in all forms, both internally and externally, we expect that such communication reflects the highest standards of our enterprise and supports the privacy and trust of our affiliated clinical sites, preceptors & patients at those sites, students, faculty, and staff.

Monitoring appropriate use of social networks and online media is everyone's job as representatives of The College of St. Scholastica PA Medicine Program and we must behave and communicate in a professional manner both on- and offline.

## **Policy**

The following policy applies to The College of St. Scholastica, PA Medicine Program faculty, staff, and students who participate in blogging, social networking sites, and other social media. This includes, but is not limited to, YouTube, Facebook, Twitter, Snapchat, Instagram, LinkedIn, blogs, and Google groups.

The basic guiding principles for use of blogs and social networking sites require a conscious recognition of the profoundly public and long-lasting nature of on-line communication which provides a permanent record of postings. Each of us is responsible for our online behavior, and the same personal and professional values, guidelines, and policies apply in these spaces just as they do in other areas of professional life.

- Follow all applicable College and clinical site policies.
- Uphold the reputation of The College of St. Scholastica by being respectful and professional to faculty, staff, students, preceptors, and patients. This includes refraining from:
  - Posting information that may compromise the College, patient privacy, or security.
  - Engaging in any form of harassment, including derogatory or inflammatory remarks about an individual's race, age, disability, relation, national origin, physical attributes, sexual preference, or health condition.
  - Violating intellectual property, copyrighted, or trademarked information.

Please know that others' post on your page also reflect on you.

- Assume that anything posted to a social networking website can be seen by anyone, including the College and future employers. Never assume that what you post is private. Remember that if you wouldn't want faculty, staff, fellow classmates, or others to see your comments, it is unwise to post them to the Internet.
- Use your College affiliation appropriately.
  - Where your connection to The College of St. Scholastica PA Medicine Program is apparent, make it clear that you are speaking for yourself and not on behalf of the College.
  - If you communicate publicly on the Internet about The College of St. Scholastica PA Medicine Program-related matters, disclose your connection and role. Use good judgment and strive for accuracy in your communications; errors and

omissions reflect poorly on both you and the College and may result in liability for either/both parties.

- For any personal online activity, use a personal email address (not your css.edu email address) as your primary means of identification. Just as you would not use College stationery for a letter to the editor with your personal views, do not use your College email address for personal views.

### **Confidentiality for patients, research subjects, volunteers & cadavers**

- Patient privacy measures taken on social networking sites and other online media must be the same as those taken in any public forum.
- Discussions regarding specific patients, research subjects, volunteers, or cadavers are prohibited, even if all identifying information is excluded. It is always possible that someone could recognize the individual or client to which you are referring based upon the context.
- Under no circumstances may photos of patients, research subjects, volunteers, or cadavers, including photos depicting any body parts of these individuals, be displayed unless specific written permission to do so has been obtained.

### **Clinical settings**

- Refrain from accessing personal social networking sites while working in clinical work areas.
- Photos taken with a preceptor or fellow student at a clinical site for the purpose of the program newsletter or other program related-publications/events are permitted.
  - Photos must not contain any patients or patient-identifying information.

### **Patient contact**

- Interactions with patients within clinical sites are strongly discouraged.
- Do not give medical advice about individual cases using social media. Direct individuals with health inquiries to an appropriate hospital or clinic patient line.

### **Violation of the Social Media Participation Policy**

- Violation of the Social Media Participation Policy will result in a referral to the Student Development Committee for further discussion.
  - Remediation, Professionalism Probation and/or Dismissal from the program may occur and will be determined by the Student Development Committee and the gravity of the violation.

## **Policy on Artificial Intelligence (AI)**

This policy outlines the permissible use of Artificial Intelligence (AI) tools and technologies by students in the College of St. Scholastica PA Medicine program, including both the didactic and clinical phases of training. The goal of this policy is to foster responsible AI use while ensuring compliance with legal, ethical, and professional standards, particularly regarding patient privacy,



data security, and academic integrity. For more student guidance, please refer to this [Student Guide to AI](#).

### **General Principles of AI Use in PA Education**

AI tools, including but not limited to language models, diagnostic assistance platforms, and research aids, may be valuable educational resources when used appropriately. However, students must be aware of the limitations of these tools and the importance of independent clinical reasoning and human oversight in patient care.

#### **Permissible Use of AI Tools**

- **Didactic Phase:** Students may use AI tools to assist with study, research, and coursework. This includes summarizing articles, generating explanations of clinical concepts, and drafting assignments or study materials. However, all submissions must reflect the student's original understanding, and any material produced by AI tools should be [clearly cited](#).
- **Clinical Phase:** In the clinical setting, AI tools may be used only as approved by the clinical site and under the direct supervision of licensed healthcare professionals. AI tools should never be used as a replacement for clinical judgment but may assist in literature reviews, diagnosis support, or medical calculations when verified by a supervising clinician.

#### **Prohibited Uses of AI Tools**

- **Misrepresentation:** Students must not use AI tools to generate clinical documentation (e.g., patient notes, SOAP notes, H&Ps) unless explicitly approved by the clinical instructor for educational purposes. Any AI-generated content must be verified and supplemented with personal clinical judgment.
- **Plagiarism:** All AI-generated content for academic purposes must be cited. Failure to do so may result in a violation of the academic integrity policy.
- **Decision-Making:** AI tools should never replace human decision-making in clinical care. Diagnosis and treatment decisions must always be made based on sound clinical knowledge, consultation with supervisors, and evidence-based practice, not solely on AI outputs.

### **Privacy and Confidentiality**

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant privacy regulations:

- **No Patient Data in AI Systems:** Students are strictly prohibited from inputting or sharing any patient information, whether identifiable or de-identified, into any AI tool, platform, or software that is not part of an approved, secure healthcare system. This includes but is not limited to patient notes, lab results, medical images, or any other health-related data.
- **Secure Use of AI in Healthcare Facilities:** If AI tools are integrated into clinical practice at a healthcare facility, they must comply with the institution's data security and privacy protocols. Students must receive explicit guidance and

supervision when using such systems and must avoid using any external, non-compliant AI tools in these settings.

### **Supervision and Guidance**

- **Clinical Supervision:** During the clinical phase, students must consult their clinical site instructors or preceptors regarding the appropriate use of AI in patient care settings. Any diagnostic or clinical AI tool used must be approved by the healthcare facility and be under appropriate clinical supervision.
- **Faculty Support:** In the didactic phase, faculty will provide guidance on the ethical use of AI for academic purposes, including how to responsibly integrate AI tools into research and coursework.

### **Limitations of AI Technology**

Students should understand the limitations of AI tools:

- **Bias and Inaccuracy:** AI-generated information can reflect biases in the data or algorithms and may not always provide accurate, up-to-date, or contextually appropriate information.
- **Lack of Clinical Judgment:** AI does not replicate human clinical judgment or reasoning. All clinical decisions must involve human oversight, particularly in complex or uncertain cases.
- **Ethical Concerns:** AI platforms are not accountable for their sources. Copyrighted and intellectual property may be used by AI without consent. Consequences and values are not considered by AI.
- **Safeguards:** Guardrails for the use of AI are still being developed and we may not yet know all of the details of what is needed for safe use.

### **Consequences of Misuse**

Improper use of AI tools, particularly those that compromise patient privacy, violate academic integrity, or lead to clinical errors, is a professionalism concern and may result in disciplinary action. This can include academic penalties, dismissal from the program, and/or legal consequences, particularly in cases where patient data is compromised.

### **Continual Learning and Adaptation**

As AI technologies evolve, the CSS PA Medicine program will continue to update and revise this policy to align with the latest ethical guidelines, healthcare regulations, and technological advancements. Students are encouraged to stay informed about changes and adhere to new guidelines as they are implemented.

## **Policy on Student Employment**

This 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.

In addition, if a PA student is working in a paid position in a different healthcare-related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

### **Policy on Student Work to Benefit the Program**

PA Students do not substitute for instructional faculty and are not to perform any clerical or administrative work or teaching or primary precepting on behalf of the program or any clinical sites. On occasion, students may be asked to participate in collaborative learning experiences which involve sharing of any specialized knowledge or prior work experience. Students with specialty experience or skills may also be asked to assist the faculty in a specific area of instruction, sharing of prior experiences or demonstrations of specific laboratory or clinical procedures. 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.

### **Policy on Students as Staff**

PA students will not be used to substitute for clinical or administrative staff during clinical rotations. 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 program, the CSS 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.

## **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.

Throughout the course of PA education, the PA profession requires that students maintain confidentiality with regard to information that students may obtain related to patient care, practice issues in their clinical rotations, and academic concerns. This professional behavior earns the respect and trust of the people with whom students will be working.

### **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 and blood borne pathogens. 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 phase 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 found in Appendix VIII. Any and all expenses for the care and potential treatment are the responsibility of the student.

- If the exposure takes place during the clinical phase 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.

### **Process for Handling Latex Allergy**

Latex-safe environments (those areas which minimize exposure to materials containing latex across the continuum of their education) will be provided for latex allergic students. Latex-free products will be readily available to PA students. PA students will use only non-latex gloves.

Any PA student with symptoms indicating a possible latex allergy should, within 2 hours, notify the Director of Didactic Education if during the didactic phase or the Director of Clinical Education if during the clinical phase. The PA student should also complete and submit the [Student Exposure form](#) to either the Director of Didactic Education or the Director of Clinical Education as described above within 24 hours. The PA student will be referred to Student Health Services for assessment and/or further referral.

### **Care of PA Students with Latex Allergy:**

1. Identification of known or suspected latex allergy in students is accomplished at the time of matriculation and will be referred to the Center for Equal Access.
2. Education of students regarding latex allergy awareness will be covered at didactic phase and clinical phase orientation.
3. Students will be counseled on items containing latex so they can avoid them whenever possible.
4. Faculty will be notified to arrange for use of latex free products.

Current didactic students reporting a possible latex sensitivity will be referred to Student Health Services. Current clinical students reporting a possible latex sensitivity will be referred to Employee Health Services at their clinical site. Didactic and clinical students reporting a possible latex sensitivity will be counseled on items containing latex so they can avoid them whenever possible. Students are responsible for assessing latex products used away from their program.

### **Clinical Compliance Policy: COVID-19 Vaccination**

The PA Medicine program provides clinical rotations during the clinical phase and didactic phase clinical experiences for students. These are important learning opportunities and they are

required for graduation, in order to sit for PANCE, and by our accrediting body, the ARC-PA. The requirements for supervised clinical experiences are determined by the clinical facilities and include such items as cleared background studies, onboarding by the student, immunizations, and other requirements. These details are outlined in the PA Medicine Student Handbook.

Clinical facilities are now requiring students to be vaccinated against COVID-19, in addition to the influenza vaccination. In order for PA Medicine students to complete supervised clinical experiences, students will need to be in compliance with clinical site requirements regarding vaccination status. (Note: the PA Medicine program is only aware of site requirements as they get communicated to us; typically it is the large sites/systems that announce their requirements to the program. We have over 300 sites and are doing our best to keep apprised of vaccination requirements.)

The PA Medicine program will not be able to ensure the progression of students who are not able to complete supervised clinical experiences due to vaccination status. Students will either need to stop out until they are vaccinated (of no greater than one year per program policy) and the supervised clinical experience is offered again or withdraw from the program.

The PA Medicine program will not be able to alter the clinical placement process, site selection, or other factors that go into placement in order to accommodate unvaccinated students. Finally, because this landscape is emerging so quickly and changing daily, unvaccinated students risk being denied clinical placement due to site policy changes or gaps in information. In short, the PA Medicine program is not responsible for obstacles or problems that arise for a student due to vaccination status. Students are required to be fully vaccinated.

In order to participate in supervised clinical experiences a student agrees to:

- Adhere to the COVID-19 vaccination policy and vaccination dates set by the facility where they are doing supervised clinical experiences and to plan accordingly for future supervised clinical experiences.
- Upload proof of their COVID-19 vaccination to Exxat. This will be the means by which the program will report vaccination status to clinical facilities. So if a student is vaccinated but does not upload documentation, the student will be considered unvaccinated when planning clinical placements.
- Follow exemption (religious or medical) protocol and dates per facility, if any are allowed. Students are required to submit the documentation needed and according to the required facility timeline for site board review. Submitting an exemption request is not a guarantee of approval. If a student exemption request is denied and the student is not able to complete the supervised clinical experience, the student will stop out until the next supervised clinical experience can be identified, typically between a semester and a year. It is not the responsibility of the PA Medicine program to find a supervised clinical experience within the same timeframe (typically that semester). Note: in order to continue in the program, a student will still need to comply with clinical requirements which includes COVID-19 vaccination facility requirements.

- If a student is planning to submit an exemption per what the facility allows (religious/medical or otherwise) they are to email the PA Medicine program at [jlonetto@css.edu](mailto:jlonetto@css.edu) (Ms. Julie Lonetto, PA Medicine Program Manager) as soon as possible to receive the correct exemption forms and/or clinical facility contact email information, as each site is different, AND copy her on the email request to the clinical facility contact. This will allow the program to support the student where possible and is part of the congruency and transparency between the PA Medicine program and clinical partners as outlined in our agreements.
- If a student is granted an exemption, the exemption must be uploaded into Exxat and sent to the CSS Student Health Service for their medical record. At this point, the student would be allowed to attend the supervised clinical experience. Note: should a site grant an exemption it would be for that site only. A different site will have a different exemption process, if one at all.

The surest route to completing clinical experiences is to be fully vaccinated. Please direct questions to the Program Director.

## 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. Arrival after class has begun will be considered tardy. Students who encounter difficulty in maintaining a professional commitment to their education may be referred to the Student Development Committee.

Students should be available for classes Monday through Friday 8am-5pm. Occasional weekend and evening time may be scheduled. Program courses, lectures and exams may need to be moved on short notice. Students will be notified and expected to attend. It is expected that medical and personal appointments be scheduled around the class and preceptorship schedules when possible.

Students are not permitted to take time off or vacations unless they are Program defined holidays or following the time off request process below. The Program is not always able to adhere to College defined holidays.

### Absence

#### Personal Day

Students are permitted 2 personal days in didactic phase and 2 personal days in clinical phase. Personal days **cannot** be scheduled during OSCEs, Practicals, or Call-back days. During the clinical phase, students are expected to attend rotations at least 5 days per week with the

exception of federal holidays that their preceptor has off. To notify the program of intent to use a personal day the student must complete the [Clinical Phase Student Time Away Request Form](#) or the [Didactic Phase Student Time Away Form](#). This form must be submitted *at least 7 days* prior to the anticipated absence for consideration by the program. Any request submitted less than 7 days may not be considered. If approved, time off may be granted for no more than **2 days per phase (didactic and clinical)** unless otherwise approved by the Program. **There will be no make-up of planned assignments, assessments or exams given for personal day usage.** It is expected that students will use good judgment with scheduling of the personal day.

### **Emergency and Excused Absence**

A rare or solitary absence or lateness due to emergent issues is understandable. Students are expected to email [paemergencyonly@css.edu](mailto:paemergencyonly@css.edu) whenever possible by 8 am if they will be missing class/clinical rotation. An unanticipated absence must be reported within 12 hours of the absence. Faculty may check in with an absent student prior to the 12-hour grace period out of concern for student well-being. Failure to notify the program 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.

**Examples of excused absences** include personal illness, immediate family member emergency, military service, subpoena, or religious observances. The final determination of emergent/excused absence is at the discretion of the Program Director and/or Medical Director.

Absence for participation in a sanctioned College or PA conference/event may be excused if approved. Requests are submitted using the [Clinical Phase Student Time Away Request Form](#) or the [Didactic Phase Student Time Away Form](#). This form must be submitted *at least 7 days* prior to the anticipated absence for consideration by the program. Any request submitted less than 7 days may not be considered. Requests will be reviewed on a case by case basis and may or may not be granted based on programmatic activities scheduled during the time requested.

An extended absence (**three or more days**) must be reported to the Director of Didactic Education during the didactic phase or to the Director of Clinical Education during the clinical phase. 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 three or more days may require additional measures.** Absence from an instructional period for any reason does not relieve the student from the responsibility for the material covered.

For excused 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 not be feasible even with reasonable



accommodations to complete a particular course and may be necessary to withdraw from the program, repeat the didactic phase, or utilize the Clinical Phase Stop-Out Policy.

**COVID-19 Pandemic** - The program recognizes that the health of students and their households and families is of primary importance.

If you become ill or are caring for an ill household or family member:

- Follow the most recent CDC and local health department guidelines regarding when to seek medical care and testing
- **Notify the program as soon as possible of your situation at [paemergency@css.edu](mailto:paemergency@css.edu)**

Accommodations will be made to extend assignment deadlines, allow make up examinations and arrange make up work as much as possible. Lectures may be recorded to allow asynchronous study. If the absence becomes prolonged, then the program may need to determine if the work can be completed within a reasonable time frame or if other measures will need to be considered.

### **Funeral**

Individual arrangements are between the student and the program. The details of making up missed work will be discussed between the Director of Didactic Education/Director of Clinical Education/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, Director of Didactic Education (didactic phase) or the Director of Clinical Education (clinical phase) 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, they are encouraged to consult with their healthcare provider before continuing in the curriculum. Pregnant students have Title IX protections. More information on this can be found at [US Department of Education](https://www.ed.gov/department-of-education).

A lactation room is provided for nursing mothers at HSC (private room on the 1st floor) and on the main campus. If you would like access to this space, please contact the program manager.

## **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 might include family or personal medical leave, pregnancy, birth of a child, injury, or disability. Students considering a stop out should also contact the Center for Equal Access.

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. Application for admission follows the standard application process and admission is not guaranteed.

Any student who stops-out from the College during the course of the academic year must also communicate with the student's advisor and the Program Director to complete the official college stop-out process. A student is legally registered until either the official stop-out process is completed or the student completes the period of registration.

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. The potential for curriculum or policy revisions to which the student will be subject upon return to the program with the next cohort
- g. The potential for increases in tuition and fees to which the student will be subject to upon returning with the next cohort
- h. 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 Tuition and Fees Refund Policy](#)
- i. 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.

### **Didactic Phase**

The program curriculum is designed to be delivered on a full-time basis to students in a cohort. If a student needs to stop-out during the first three semesters of the program (didactic phase), the student will not be allowed to return to the program until the following academic year with the next incoming cohort of students. Courses already completed may need to be repeated or may be audited at the discretion of the Student Development Committee.

### **Clinical Phase**

If a student needs to stop-out during the final four semesters of the program (clinical phase), the return to rotations is dependent on the duration of the stop-out. If a student stops out for 12 weeks or less during the clinical phase, the student may re-enter the program starting with the next appropriate clinical block at the discretion of the Student Development Committee. A stop-out more than 12 weeks during the clinical phase may require that the student return to the clinical phase with the next cohort of clinical phase students. The student may be required to retake and pass the didactic summative exams with the next cohort in order to qualify to restart clinical rotations.

### **Deceleration Policy**

Deceleration is the loss of a student from the entering cohort, who remains matriculated in the program. The program 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 with faculty, instructors, staff, and fellow students 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. Arrival after class has begun is considered tardy.
- b. Inform the course director and instructor prior to class of an expected tardiness.
- c. Should a student arrive late, enter the classroom quietly and do not disrupt anyone while finding an empty seat.
- d. Masks may be required for certain classes.
- e. Do not leave the classroom during lecture unless a reasonable circumstance requires this action. If a student must leave, they must do so as quietly as possible.

- f. During the presentation of the class, seminar or other learning session, refrain from conversation, texting, emailing, web-surfing, e-shopping or any use of an electronic or other device for purposes other than note taking. If it is essential that a student must receive urgent information, arrangements can be made with the program staff or course instructor.
- g. Do not gather materials to leave the class until the instructor has completed his or her remarks.
- h. Do not bring pets or other animals into class, seminars, or other learning sessions (except for service animals approved by CEA).
- i. 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.
- j. In all academic and professional settings, program faculty and staff are to be addressed by their appropriate professional titles.
- k. 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.
- l. Students should feel comfortable asking questions in class. This requires cooperation of the entire class.

### **Policy on Zoom/Online Class Behavior**

- Try to log online to class from a quiet, distraction-free environment.
- Be on time for class.
- Enable video to foster interaction, unless unable to sustain due to internet connection or otherwise directed by the instructor.
- Students should be actively engaged in class on Zoom. Please refrain from texting, web surfing, conversations, or activities that are distracting to others.
- In general, keep audio on mute except when talking to limit background noise for all.
- The classroom behavior policies on respectful and non-disruptive interactions in class also apply to Zoom classes.

Instructors understand that participating in a class from home or another location may sometimes have unexpected disruptions (loss of internet connection, someone at the door, someone in the background). If there is a pattern of continued issues with a student's participation on Zoom, the student may be referred to the Student Development Committee. If you have concerns about your ability to participate in a particular class, please address this with the course instructor.

### **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.

There will be no student recording or taking photos of/during lectures unless this has been approved by the lecturer or is a sanctioned accommodation through the CEA and the proper releases have been signed. Lectures and course materials are considered the intellectual property of the lecturer and the CSS PA Medicine Program. Violations are considered unprofessional behavior.

### **Standards of Professional 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 PA Medicine Program Professionalism Contract signed at orientation (Appendix XII) and again prior to the clinical phase (Appendix XIII) as well as in the Professionalism Assessment Rubrics (Appendix I and II).

## **Academic Honesty and Integrity 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. When taking an exam online, the student is responsible for the testing environment considerations.

#### **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 2 minutes prior to the start of the 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 via [paemergencyonly@css.edu](mailto:paemergencyonly@css.edu) whenever

possible before the start of the exam if he/she will miss the exam. An unanticipated absence must be reported to the program 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. For anticipated absences (excluding personal days), 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.

Unapproved 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 and kleenex: 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 and/or hoods
- Notes, books, study materials
- Food or beverages (including water bottles)
- All electronics, smart watches, recording devices, smart glasses
- Cell phones
- Writing instruments

#### *Provided in exam room (if determined necessary by course director)*

- Calculator
- Scratch paper or white board
- Pencil or white board marker

### **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. Students will be escorted by a proctor.

### **Exam Confidentiality**

The content of an examination is confidential and retention, possession, copying, distribution, disclosure, discussion (outside of instructor led review) or receipt of any examination question, in whole or part, by written, electronic, oral or other form of communication including but not limited to e-mailing, printing and reconstruction through memorization or dictation, before, during or after an examination is unauthorized. Individuals possessing, distributing or receiving exams or exam content will be subject to academic disciplinary action for failure to meet

professional standards and academic honesty and integrity. It also includes information gained from exam review sessions, whether conducted in person or via teleconferencing. The program specifically prohibits recording of exam review sessions that are conducted via teleconference.

### **Policy on Remote Exams in the Learning Management System**

All students are expected to take examinations on the scheduled date and time. Please prepare prior to the exam by making sure any software updates have been installed and that you should have internet bandwidth needed to take the exam (coordinate with others at home so others are not streaming, etc. at time of exam). When taking exams remotely, students are responsible to log in from a quiet and distraction free environment. Students must follow any instructions for the examination. For Brightspace exams, this may include using a webcam to show the exam environment, showing whiteboard (or scratch paper) prior to exam and showing cleared whiteboard at the end of exam, and using a lockdown browser. For End of Rotation exams, this may include using one device to take an exam and a second device to allow for live proctoring on Zoom. If students are unable to access and begin the examination within 15 minutes of the scheduled start time they should notify the instructor (immediately or as soon as able to access e-mail). A student with more than two late exam starts or an excessively late start (> 60 minutes) may be referred to the Student Development Committee.

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

### **Alternative Testing Procedures**

Students in programs at the Health Science Center who wish to use their accommodations for alternative testing arrangements must work with the [CEA](#) and follow their policies and procedures. Students must abide by the Code of Conduct and Academic Integrity Policy as indicated by their respective programs and CSS.

### **Policy on Dress Code and Personal Appearance**

PA 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.
  - 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. Fingernails must be clean, neatly trimmed, and short to medium length. No polish or artificial nails for allergy and hygiene reasons.
  - e. The student must dress in a conservative fashion that allows for easy movement. Denim that is clean and untorn is acceptable except in the clinical setting.
  - f. Shoes must be clean, comfortable and quiet. Sandals or open toed shoes are acceptable outside of anatomy and clinical skills labs and clinical settings.
  - g. No scrubs unless specified by the instructor.
  - h. No clothing with inappropriate or vulgar lettering or messages.
- 2. Appropriate Attire during Anatomy Lab
  - a. Scrubs are encouraged in the lab.
  - b. The student's body must be adequately covered (no shorts or skirts) for protection.
  - c. Closed toe shoes must be worn. No perforations, 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.
  - 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 labs 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).
  - c. Students must wear short, clean, and pressed white coats with the CSS 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, slingbacks, or crocs are not permitted for safety issues.
- b. Hair and jewelry should not interfere with patient care performance and personal safety. This includes earrings that extend past the ear lobe, large rings, or bracelets that interfere with gloving.
- c. Jeans, denim, or denim-like fabric.
- d. Shorts of any type, tights/leggings alone, sweatpants or sweatshirts, 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 Didactic Education or Director of Clinical Education.

The 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**

All required course assignments must be completed by the end of the semester or the student will receive an incomplete (I) for the course. In order to receive an incomplete, the student must meet with the course director to establish a contract which outlines completion expectations and deadlines. All incomplete coursework must be successfully completed within the time specified in the contract. Failure to complete the required coursework during the time limit may result in a failure (N/F) for the course and a referral to the Student Development Committee.

Course requirements for clinical rotations are outlined in the Student Handbook in the Clinical phase section. A grade of in progress (IP) may be assigned for any missing Preceptor Evaluation of Student. A grade of incomplete (I) may be assigned for any missing 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 strongly encouraged to complete all program assigned evaluations because program accreditation requires data from these evaluations. This information is extremely valuable when assessing course content and structure. In addition to course evaluation forms,

feedback regarding the program is always welcome. Please follow the program's Feedback Guide.

### **Policy on Academic and Professional Progress**

Please refer to the **Policy on Grading** below regarding course grades for core courses and satisfactory academic 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 and professional standing. A student in good standing is defined as one who is not currently on probation. Students must meet the standards and requirements set by the program and CSS in order to remain in good standing. In the event a student fails to progress academically or professionally, or to maintain good standing, the student will be put on probation and will be referred to the Student Development Committee. Please see the College's [Disciplinary Policy](#).

Due to the longitudinal nature of the program's curriculum, the program retains the authority to deny or limit a student's request for involvement or attendance at extracurricular/professional activities, events, or conferences if a student is currently on probation. 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 a student's entire matriculation through 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 a student's entire matriculation through the program, a student will be given the opportunity to remediate one (1) clinical rotation course. Remediation of more than one (1) clinical rotation course will result in referral to the Student Development Committee and the student will be subject to dismissal from the program.

Due to the sequential nature of the didactic phase 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 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 Pass all courses in the didactic phase before they progress into the clinical phase of the program.

### **Policy on Grading**

Graduate students must maintain a "Pass" (P) in all courses. This "P" will be reflected as a B (3.0) on your transcript as the College does not yet have a system for assigning the 3.0 to a "P."

A student's performance is recorded in grades as follows:

P = The P (pass) may be used in a particular course. 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 the course requirements have not been successfully completed.

IP = The IP (in progress) grade is used to signify courses that are usually not completed within the term due to the nature of the course. The IP 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.

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 program retains the right to change the grading policy in the event of extenuating circumstances.

### Graduate Incomplete Policy

1. An incomplete may be assigned by the instructor at his/her discretion at the end of a term.
2. Faculty and students must complete an [Incomplete Contract Form](#).
3. A limit will be placed on the length of time that "I" may stand on the student's record: that limit, unless extended by the instructor, will be the fifth week of the subsequent term. "Incompletes" must be resolved before the student can officially graduate.
4. 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 default grade.  
Both student and faculty member sign the form and submit it to the campus site director.
  - b. Campuses will keep a copy of the form in the student's file.
  - c. The Registrar will notify the instructor of outstanding "I" prior to week five of the subsequent term. Advisors will be copied.
  - d. The instructor responds in one of two ways:
    - i. Requests an extension of the incomplete for the student.
    - ii. Enters a default grade (B or F) on the student's transcript
5. The I grade must be converted to a letter grade (B or F) or P or N within 12 months from the time the course ended. Alternatively, the faculty may assign a grade of W(withdraw). **"Incompletes" must be resolved before the student can officially graduate.**

## **Withdrawal from the College**

Any student who withdraws from the College during the course of the academic year must communicate with the students' advisor and the Program Director to complete the official college withdrawal process. A student is legally registered until the official withdrawal process is completed or the student completes the period of registration.

## **Graduation Requirements**

In order to graduate from The College of St. Scholastica PA Medicine Program and be awarded a Master of Science in PA Medicine degree, a student must:

1. Successfully complete all coursework including delayed course work resulting from leave of absence, deceleration, or remediation according to program defined academic standards within 1 year of program start date, unless other arrangements have been made with and agreed to by program faculty and leadership.
2. All required procedures performed and be in good academic and professional standing with a Pass in all courses at program completion.
3. Successfully pass all components of the Summative Evaluations at the end of the clinical year demonstrating all Program Learning Outcomes have been achieved.
4. Complete the graduation [application process](#). Please pay close attention to the deadline to apply and when the application is available.
5. Complete payment of tuition, program fees, graduation fees and outstanding university fees or library charges.

It is the responsibility of the student to make sure all degree requirements have been met to qualify for graduation. Graduating students must apply for their degree at the start of their final semester through the Registrar's Office (see #4 above).

## **Disciplinary Policies**

Students may be placed on probation or dismissed from the program for academic and professional 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 Chair and the School Dean.

## **Satisfactory Academic Progress & Academic Probation**

Students must maintain a cumulative GPA of 3.0 and completion ratio of 67 percent. If the cumulative GPA falls below 3.0 or completion ratio below 67%, the student is placed on academic probation. The student must then achieve a 3.0 cumulative GPA 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 dismissal from the program. 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.

Further information can be found in the [Graduate Catalog](#)

### **Professional Probation**

Students are expected to conform to professional standards of behavior. Appendix XII has the CSS PA Medicine Program Professionalism Contract that will be signed prior to orientation and Appendix XIII prior to the clinical phase. Some examples of reasons for professional probation include, but are not limited to:

- a. Behavioral or emotional issues that are incompatible with competent and/or ethical performance as a graduate student
- b. Failure to adhere to the [Guidelines for Ethical Conduct for the PA Profession](#)
- c. Impeding the learning of other students in the program through disruptive behavior, lack of cooperation, or other actions or lapses.
- d. Failure to adhere to the Professionalism Rubric while in any setting.

The student and the faculty of the department will agree to a set of expectations to address the problems (i.e. probationary 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 normally be placed on probation before being dismissed unless the student has committed acts of a 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.

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 from the PA Medicine Program**

Students will be subject to dismissal for severe and/or repeated academic or professional issues whereby expected academic or professional standards are not met.

Examples include:

#### Academic Dismissal

- a. Failure to achieve a Pass in all courses.
- b. Incursion of a second probationary status for either academic or professional cause.
- c. Repeated or serious plagiarism or other infractions of academic honesty.
- d. Failure to meet the stipulations of an academic probationary contract such as additional

assessment failures

### Professional Dismissal

- a. Failure to meet expectations outlined in a probationary contract designed to correct any professional infractions.
- b. Commission of acts of gross or irreparable unethical nature.
- c. A second probationary status for either academic or professional 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 Development Committee and to the Department Chair for consideration of dismissal; the Dean of the School of Health Professions and the VPAA will be notified.

## **Academic Appeal Procedure**

### **Grounds for Appeal**

The academic appeal procedure is a process designed to address an academic situation 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. For information on non-academic grievances, refer to the relevant sections of the CSS Student Handbook.

### **Administrative Appeal Process**

The student should try to resolve the situation by first emailing the faculty member or administrative official involved in the situation to discuss the situation. Should a student be concerned that approaching the involved faculty member or administrative official could result in retaliation or otherwise harm his or her career at the College, the administrative appeal may begin at the next level in the list below (if the student bypasses a level, the reason for the bypass must be discussed with the administrator at the next level), again with an email request.

The procedure would halt at any point that satisfaction has been reached. If the administrative path for the appeal is unclear, the student should consult with the VPAA for clarification.

1. Course faculty member
2. Program coordinator or director if applicable
3. Department chair
4. Dean of the school in which the department or program resides
5. Vice President for Academic Affairs

The student may request that another student or a faculty or staff member be present to provide support when working through the administrative appeal. The third party role is to provide support for the student, not to engage in dialogue with the administrative official.

The central conversation about the matter should occur between the student and the administrative official.

Administrative officials who are involved in administrative appeals are expected to seek information from the involved parties and to attempt to negotiate solutions that are satisfactory to all parties, consistent with the College's policies and procedures and with appropriate attention to academic integrity.

### **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.

For the remainder of the Procedure, please refer to the College's [Academic Appeal Procedure](#).

### **Policy on Progression to Clinical Phase**

The program will have a Summative Didactic Evaluation that includes three components: A multiple-choice examination , Objective Structured Clinical Examination (OSCE) and a Clinical Skills assessment.

The summative assessments are given at the end of the final didactic semester. Students will be required to successfully complete the assessments (passing grade of at least 82%). If a student does not successfully complete 1-2 components of the Summative Evaluation, they will need to retake that component and successfully complete it prior to progressing to the clinical phase. A student may not progress if they initially fail more than two components of the Summative Evaluation. A student will be provided with no more than one opportunity to successfully complete a reassessment of the failed component of the Summative Evaluation. Students who fail to successfully complete each component may be dismissed from the program.

### **Policy on Late Assignments during Didactic Phase**

Assignments submitted up to 24 hours after the due date will receive a 50% deduction of the grade earned. For example, if an assignment is worth 50 points and after grading the student earned 30/50, the grade would be reduced to 15/50 points if received late. Assignments submitted more than 24 hours late will receive a zero. This applies to any assignments for which no extension has been given.

Extensions may be requested from the instructor prior to the assigned due date in the event of an extenuating circumstance. The course instructor will decide if the extension will be given. Examples of acceptable reasons include: excused absence, serious illness, personal or family crises. Examples of unacceptable reasons: Didn't check email or the Learning Management System, is behind on work, had printer or computer issues or forgot/missed due date.

## **Policy on Late Assignments during Clinical Phase**

The clinical phase of training can be overwhelming for some students. Taking into consideration all the new responsibilities a student has during the clinical phase, along with the personal adjustments needed to learn and perform in the clinic/hospital environment, the Director of Clinical Education allows for three strikes before points are lost during the clinical phase. Late or missing assignments/logs/timesheets/evaluations will be communicated to the student in the form of a friendly email reminder. After three strikes, assignments submitted up to 24 hours after the due date will receive a 50% deduction of the grade earned. For example, if an assignment is worth 25 points and after grading the student earned 20/25, the grade would be reduced to 10/25 points if received late. Assignments submitted more than 24 hours late will receive a zero. This applies to any assignments for which no extension has been given.

Extensions may be requested from the Director of Clinical Education prior to the assigned due date in the event of an extenuating circumstance. This may include advance notice of any nights/shift work while on a clinical rotation. The Director of Clinical Education will decide if the extension will be given. Examples of acceptable reasons include: nights/shift work, excused absence, serious illness, personal or family crises. Examples of unacceptable reasons: student didn't check email or the Learning Management System, student is behind on work, student had printer or computer issues, or student forgot/missed due date.

## **Policy on Redaction within Clinical Documentation**

Patient privacy is of utmost importance to the CSS PA Medicine program. For this reason, HIPAA violations are taken very seriously during the didactic and clinical phases of PA training.

- Any clinical documentation submitted in Brightspace or Exxat with unredacted patient information will be immediately deleted.
- The student will receive a zero for the assignment and a Professionalism remediation assignment.
  - The remediation assignment will include a reflection paper and rewritten clinical documentation notes with all patient information redacted.
  - Maximum points after successful remediation would be 50% of the total points for the complete and accurate assignment.
- Any additional unredacted clinical documentation submitted in the didactic and clinical phases will also receive a zero, with no remediation assignment offered. Consequences may include but are not limited to professionalism probation, failure of a didactic course, failure of a clinical rotation course, and/or a delayed graduation date.

### **CSS PA Medicine Rules for Redaction in Clinical Documentation:**

This applies to any documentation submitted that is based on interactions with an actual person.

- Use XX for patient initials/name.
- Use XYZ Hospital/Clinic for all healthcare facilities.
- Do not include the month or day in the DOB.
- Do not include names or initials of family or friends.



- For the preceptor after the student's name at the end of a note, use "Preceptor MD" or "Preceptor PA."
- Do not include names of churches, gyms, schools, places of employment, etc...
- For extremely rare diagnoses (patient or family), please change the birth year/age to a different but age-appropriate year.
- All "HIPAA identifiers" within assignments submitted in Brightspace and Exxat need to be redacted.

HIPAA Identifiers (from US Department of Health):

- Name
- Address (all geographic subdivisions smaller than state, including street address, city county, and zip code)
- All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
- Telephone numbers
- Fax number
- Email address
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate or license number
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web URL
- Internet Protocol (IP) Address
- Finger or voice print
- Photographic image - Photographic images are not limited to images of the face.
- Any other characteristic that could uniquely identify the individual

### **Policy on Clinical Documentation Sharing**

Evidence of inappropriate sharing of clinical documentation is considered both academic dishonesty and a HIPAA violation. Students should never share their clinical documentation with anyone except CSS PA Medicine faculty. Clinical documentation should not be stored in shared drives. Submitting clinical documentation to any artificial intelligence (AI) platform would also be considered both academic dishonesty and a HIPAA violation.

### **Policy on Concerns and Warnings**

Concerns function as a type of early warning for students. The PA Medicine faculty are committed to providing students with feedback to facilitate success in their coursework as well as acquire a level of knowledge to be a competent medical provider. Faculty track this process so that we can ensure we are consistently coaching students and to measure progress.

**Academic and Professionalism Concern Forms** will be sent to the student for reasons that may include, but are not limited to:

- Minor Professionalism issue
  - Tardiness, unexcused absence, missed appointment time, email etiquette, poor communication skills, incomplete or late patient logs/timesheets
- Scoring between 82% and one SD below the mean score on an assignment, quiz, exam, or practical/OSCE
- Same student with 3 or more EoR Exams scores in the -1.0 to -1.5 SD range
- Scoring at or below -0.75 to -1.5 SD range on the EoC Exam

A student with a worrisome pattern of Concerns and/or Remediations will be required to meet with their advisor, the program director, and a representative from the Student Development Committee. The student will receive a **summary of the SDC meeting with the student**. This summary will be used to document the meeting and to inform the student of any risks for progression within the Program, including any risk for institutional probation or dismissal.

## **Remediation Policy**

### **Academic and Professional Deficiencies**

Academic and professional performance is regularly reviewed by program faculty and staff. Academic and professional deficiency is defined as a student having difficulty meeting the rigor and/or requirements in any program courses or required components. Remediation is a program-defined process to provide the student opportunity to correct unsatisfactory academic or professional performance and progress.

When the need for remediation is identified, the student will be notified via an **Academic (or Professional) Performance Deficiency with Remediation** form outlining the deficient area(s). The student will be advised of the deficiency or area of concern (either in person or via email) and given an Individual Remediation Plan (IRP) if deemed necessary. The focus of any IRP (academic or professional) will be to provide specific strategies to improve performance, correct behaviors, arrange assistance, or help the student learn the necessary material/skills. The student may be referred to the Student Development Committee and/or to other CSS student support resources.

### **Individual Remediation Plan (IRP)**

Students who are identified as having academic difficulty and/or professional issues may be given an IRP by the faculty. 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. Please refer to the Didactic and Clinical Phase Remediation/Concern flow charts (Appendix XIV, XV).

The IRP will include:

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

And may include, but is 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
- Practice general test-taking strategies
- Direct apologies, letters of apology, ongoing monitoring and reports of professional behavior corrections by faculty and preceptors
- Repeat the clinical rotation
- Repeat the didactic phase beginning with fall semester
- Audit previously taken courses or laboratory classes to demonstrate continued competency in previously learned material if their remediation plan involves extended time away

### **Didactic and Clinical Phase Assessment Failure**

Any student failing one assessment (e.g., exam, assignment) within the same semester may receive an **Academic Performance Deficiency with Remediation** form notifying the student of the assessment failure. A copy of this form will be sent to the course director and the student development specialist and be placed in the student's file. The student will be required to communicate with the faculty member identified in the form to discuss remediation.

- A first assessment failure in a course with a successful remediation of knowledge can earn 10% of the assessment score back, or the passing score of 82%, whichever is lesser.
- A remediated assessment score cannot exceed the passing threshold of 82%.
- Subsequent assessment failures within a course still require successful knowledge remediation, but the earned score on the original assessment will stand.

Any student receiving a score below passing on any major assessment and/or evaluation will receive an **Academic Performance Deficiency with Remediation** form notifying the student of the examination failure. A copy of this form will be sent to the student's advisor and placed in the student's file. The student will be required to communicate with the faculty member identified in the form to discuss remediation. Any student failing **two assessments within the same course** within the same semester will be referred to the Student Development Committee.

Any student needing three remediations across all courses within the same semester may result in Academic Probation for the didactic phase students. Any student needing three assessment and/or evaluation remediations across all courses in the clinical phase may result in Academic Probation for the clinical phase students. Once on academic probation, a student has one semester to demonstrate improved and sustained academic performance. Therefore, any additional assessment failures while on academic probation may result in dismissal from the program. A student can only be on probation (academic or professional) once during the entire course of the program.

Failure and subsequent remediation of these components follows the flow charts in Appendices XIV and XV.

### **Failure of End of Rotation (EoR) Exam**

PAEA EoR Exams are utilized for end of rotation academic assessments. These are national standardized exams for which national mean and standard deviation data is available. Each student's individual score on these exams is converted to a z-score, a student z-score less than -1.5 constitutes a failure of the first EoR Exam attempt. Failure and remediation of this component follows the flow charts in Appendix XV.

### **Failure/Unsatisfactory Mid-Rotation and/or Final Preceptor Evaluations**

An unsatisfactory evaluation of the formative mid-rotation preceptor evaluation shall be investigated by the Director of Clinical Education (in person, by phone, or email). On the final preceptor evaluation, students must achieve an average score of 3 or greater to pass the preceptor evaluation component of the course. A final average score of less than 3 constitutes failure of the Preceptor Evaluation portion of the Rotation. This may result in the receipt of an **Academic (or Professional) Performance Deficiency with Remediation** form from the Director of Clinical Education and the Student Development Committee will be consulted. Failure and remediation of this component follows the flow charts in (Appendix XV).

### **Failing Course Grades During Clinical Phase**

Obtaining a final score of less than 82% in any course constitutes a failing grade, and if occurs during the clinical phase, immediately places the student on academic probation, requiring that the course/rotation be remediated.

### **Remediation of Failed Course During Didactic and Clinical Phase**

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

- Students are allowed to remediate only one (1) clinical rotation course.
  - A second course failure will result in referral to the Student Development Committee and will be grounds for dismissal from the program.
- Failure of a clinical rotation course remediation attempt will result in referral to the Student Development Committee and will 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 PHASE INFORMATION**

This section provides more specific information pertaining to the clinical phase.

### **Clinical Phase 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 students 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 encounter.
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.
17. Foster professionalism in interactions with patients, families and other members of the healthcare team.
18. Develop the student's ability to recognize their own professional and personal limitations and identify and take appropriate corrective measures in response.
19. Develop the professionalism to work as an active and effective member of a team-based approach to comprehensive medical care for patients across the life-span.

20. Foster the development of appropriate interpersonal skills using clear communication, being open and receptive to feedback, treating all with respect and courtesy.

## **Clinical Curriculum**

The clinical phase of the program consists of a total of 8 rotational blocks and the phase-long Capstone course.

The student will not be allowed to begin clinical rotations without:

1. demonstrating professional behaviors
2. demonstrating sound medical decision making appropriate for level of training
3. successfully completing all didactic coursework and pre-clinical assessments (must not be on probation and must have a Pass in all courses)
4. completing required background checks
5. documentation of all required immunizations and titers
6. documentation of healthcare insurance coverage
7. completion of HIPAA, OSHA/Bloodborne Pathogens, MAT training, 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 rotations. 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 phase 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. Clinical rotations will have a designated preceptor who is responsible for coordination of the student's overall learning experience. The preceptor may share some of the teaching or coordination functions with other qualified clinicians such as other attending physicians, residents, PAs, or nurse practitioners. The organization of the clinical experiences is outlined below, though the order will vary for each student.

### **Clinical Phase Courses 2024-2025**

<b>Courses</b>	<b>Credits</b>
Pediatric Medicine	6
Emergency Medicine	6
Inpatient Medicine	6
Behavioral Medicine	3
General Surgery	6

Women's Health	6
Primary Care I, II	12
Behavioral Health Integration in Primary Care	3
Elective	1
Capstone I-IV	5
<b>Total</b>	<b>54</b>

For students to fulfill the learning outcomes in each clinical rotation course, students are expected to complete a minimum average of 40 hours a week on-site. Some rotations may involve shorter or longer hours, evening hours, shift work (e.g. one 80-hour work week, then one week off), on-call responsibilities, weekend hours, and/or holiday hours. The preceptor will determine the student's schedule and clinical responsibilities, however, if the preceptor has a day off, it is the student's responsibility to seek out other preceptors to work with at that clinical site. It is also the responsibility of the student to communicate any changes in the preceptor schedule with the Director of Clinical Education (DCE). The DCE will determine if appropriate clinical rotation hours have been met on a clinical rotation and will consider consultation with the Student Development Committee as needed. Any student who is not able to meet the recommended minimum average of 40 hours per week may need to schedule additional time on that rotation at the end of the clinical phase. Students **MUST** adhere to each clinical site schedule and to all assignments developed by the sites and preceptors.

The clinical rotation schedule does not always follow the CSS academic schedule.

## Clinical Rotations

### Scheduling

Clinical rotation 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 identify a **maximum of three** potential new sites and/or preceptors through the [Preceptor/Site Contact Information Form](#). The program is happy to look into the potential site/preceptor and determine if it meets program standards. **Please note that this process can take at least 90 days and does not guarantee placement.** The Preceptor/Site Contact Information Form following steps outline the process the student must follow:

1. Complete the [Preceptor/Site Contact Information Form](#) providing details the student has identified on their own and turn into the Director of Clinical Education. This must be done at least 90 days in advance and does not guarantee placement.
2. If the clinical rotation meets program standards, the Clinical Team will arrange a clinical site 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 clinical rotation 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 clinical rotation, 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 clinical rotation.

While the program has many local sites, ***students should expect*** to be assigned to clinical rotations outside the Duluth area during the clinical phase. 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 phase.** 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 phase. This could delay the student's graduation. Students must have reliable transportation during the clinical phase. Lack of transportation is not an acceptable excuse for missing a clinical assignment.

### **Assignments/Paperwork/Contact Information for each Clinical Rotation**

Prior to each clinical rotation, students are responsible to read and complete all instructions in the Exxat scheduling database. Each clinical site may have a different set of requirements that students must adhere to and may supersede or exceed the 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 phase. 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 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 Clinical Rotation 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 two months 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 one to 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. Early on in the clinical rotation the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation
6. Students will be required to complete a Five-Day Checklist for each clinical rotation and submit it in Exxat. 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. The program has current contact information for the student at their clinical site.
7. Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the Director of Clinical Education well in advance of the clinic absence.
8. At the end of each clinical rotation, students are encouraged to write their preceptor a thank you note to personally thank them for their time and effort. The program will provide blank thank you notes for the students to give to their preceptors at the end of their rotations. 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 are discouraged 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 progresses 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. Students should not request rotations with family members.

### **Existing College Policies**

The College of St. Scholastica has [Code of Conduct Guidelines](http://www.css.edu/) which can be found at <http://www.css.edu/>.

### **Clinical Rotation Tracking and Documentation**

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 sites. They are also used to determine if the student has met the clinical rotation requirements.

**All entries for the week must be entered into Exxat by midnight every Friday.** If entries are consistently not completed in a timely manner, students may be required to complete a professionalism remediation. 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.

Students are also required to track their time in the clinical environment as instructed by the Director of Clinical Education. **Time sheets must be entered into Exxat by midnight every Friday.**

### **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 payers 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." No other degree designations should be used. 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.

### **End-of-Rotation Activities (EOR)**

Attendance is **mandatory** at all EOR activities throughout the clinical phase. All students, regardless of location are expected to be on campus for EOR activities unless prior approval has been obtained from the Director of Clinical Education. **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 EOR exams 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 will present Grand Rounds presentations on topics of importance to the students' professional education.
- Skill Sessions

### **Clinical Rotation Site Visits**

At the discretion of the program 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 or the clinical site is new.
- The preceptor expresses concern regarding student performance.
- The student expresses concern regarding the preceptor and/or site.
- The student is on probation or requires closer 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 Capstone Handbook within the Capstone course in Brightspace. Satisfactory completion of all components of the Capstone Project are required for graduation.

### **Summative Evaluation**

The program will have a Summative Evaluation at the end of the Clinical phase that includes the End of Curriculum Exam (PAEA EoC Exam; a multiple-choice examination), Objective Structured Clinical Examinations (OSCEs), a clinical skills evaluation, completed program required procedures in the PAssport tracking spreadsheet, and an oral defense of the completed Capstone Project.

The Summative Evaluation will occur at the end of the clinical phase, within the final four months of the program, prior to graduation. Students will be required to successfully complete (passing grade of at least 82% for the Capstone, OSCEs, and clinical skills evaluation, a Z-score  $\geq -1.5$  on the EoC exam) each component of the Summative Evaluation. If a student does not successfully complete any component of the Summative Evaluation, they will need to remediate that component and successfully complete it prior to graduating. A student will be provided no more than two opportunities to successfully complete each component of the Summative Evaluation. PAEA requires a 60-day period between End of Curriculum (EoC) exam attempts, thus an unsuccessful first attempt at the EoC exam will result in delayed graduation. Students will have two attempts to pass the EoC. Students who do not successfully pass the EoC within two attempts will not be eligible for graduation and may be dismissed from the program. Students who fail to successfully complete each component may be dismissed from the program.

### **Clinical Rotation Safety Policies and Information**

The students will receive orientation to general safety policies (OSHA/Bloodborne Pathogens, HIPAA, Exposure/Needlestick safety, etc.) as well as information related to their personal safety prior to the clinical phase. However, the student must receive orientation from the clinical site with regard to each institution's specific safety and security policies.

The student is expected to exercise good judgment while on clinical rotations in terms of their own personal security. If the student feels 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 Medicine Program Incident Form](#) must be completed and submitted to the Director of Clinical Education.

The following information are general safety considerations to keep in mind while on clinical rotations. This will be reviewed during orientation and should be supplemented with the information provided during orientation at specific clinical 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 patients 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 20 seconds. Rinse and dry thoroughly.
- Hand washing with soap and water is required if exposed to MRSA, VRE or *C. Difficile*.
- 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
- Perioperative temperature control
- **Gloves** are to be worn when touching blood and body substances, mucous membranes, rashes and the non-intact skin of all patients.
- **Universal 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 bloodborne 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 students.

- **Gloves** are to be worn when performing invasive procedures such as obtaining blood specimens and starting IVs and 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.

### **Donning and Doffing 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:

1. **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 the trash receptacle.
2. **Goggles/Face Shield:** Grasp band or earpiece with clean hands. Discard in the trash receptacle.
3. **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.
4. **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 the 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/secretions 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 (i.e. COVID-19) are to be instructed to wear a snug fitting surgical mask and escorted to clinic exam rooms as soon as possible. Students should wear N95 masks, face shields and gloves when interacting with these patients.
- In the event of admission to the hospital, isolation needs must be communicated to the receiving facility

### **Policy on Clinical Rotations with regard to COVID-19**

Successful completion of the PA Medicine Program is dependent on the ability to be physically present and participate in rotations at clinical sites. This, in turn, is dependent on whether or not the clinical sites will allow students to be present at their facilities. COVID-19 has created a unique and challenging circumstance with regard to clinical rotations in that it may become necessary for clinical partners to pause accepting students for a varying period of time in response to the behavior of the virus. This will most likely result in a delay in matriculation. Students are required to be vaccinated or have successfully received an exemption from their clinical site as outlined on pages 36-38. Students potentially infected with SARS CoV-2 may not be allowed to participate in rotations based on facility policy. This will likely cause a delay in

matriculation as outlined above. While in clinical environments: Given the importance of ensuring students are free of the virus, while on rotation students are required to know and follow the infection control policies and procedures outlined elsewhere in this Handbook as well as to stay cognizant of any clinical site-specific policies. The student is advised that these may change and it may be necessary to review the policies periodically to stay current. Students must notify the Director of Clinical Education if they have any concerns regarding exposure to suspected or confirmed COVID-19 patients without PPE, or due to any PPE breach, while on rotations as outlined in the Needlestick/Bodily Fluid Exposure Policy and Appendix IX. Exposure to COVID-19 without appropriate PPE, or due to any PPE breach, during a rotation will require verification of freedom from infection as outlined below prior to resumption of rotation activities.

While outside clinical environments: Student actions and behaviors that occur outside of official rotation/course related duties will also affect student risk/likelihood of carrying the virus. In addition, actions and behaviors of a student's partner, family member, roommate, etc., also affect student risk. While it is outside the College and Program's ability to dictate these actions or behaviors, to remain eligible to continue to participate in clinical rotations, the PA Program strongly recommends that students closely follow the guidelines outlined on the Minnesota Department of Health website (Stay Safe MN). **This is ultimately the student's responsibility.** The student is, again, advised that the guidelines may change and it is necessary to remain current in their knowledge. It is also the student's responsibility to report any instances of noncompliance with the Minnesota Department of Health's guidelines to the Director of Clinical Education. Instances of noncompliance will necessitate a verification of freedom from infection as outlined below to determine suitability to resume rotation activities.

Verification of freedom from infection: Clinical verification of freedom from infection is dependent upon clinical site policies. You will need to check with your clinical site to determine what their policy is. Anytime missed due to exposure/infection of COVID-19 may lead to delays in completing a clinical rotation. Given the sequential nature of the clinical phase of the program, the above delays will very likely result in missing a rotation and needing to make it up at the end of the clinical phase, delaying graduation.

The above referenced **Stay Safe MN** guidelines will change and thus summarizing here will not be helpful. However, at all stages of the guidelines, baseline measures of wearing a facemask when appropriate, washing hands often, and getting tested when sick will go a long way to mitigating one's exposure risk. Finally, keeping open and free communication with the program and staying as flexible as possible will help ensure as smooth a clinical phase experience as possible.

### **Policy on 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
- Nuclear Medicine
- Radiation Therapy



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

### **General Clinical Site Safety and Expectations**

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

### **Policy on Racial Violence and Discrimination, Sexual and Gender Based Violence and Discrimination**

The College has an [Interim Policy for Equal Opportunity and Nondiscrimination](#) that prohibits sexual misconduct, harassment, bias, discrimination and retaliation. The core purpose of this policy is the prohibition of all forms of bias and discrimination which includes retaliation and harassment on the basis of sex as well as other forms of harassment which involves exclusion from activities within the educational program such as admission, athletics, or employment, sexual harassment under this policy encompasses sexual assault, stalking, sexual exploitation, dating violence or domestic violence.

The College of St. Scholastica values its ability to provide a safe and nondiscriminatory educational environment for students. Faculty and staff are required to report any misconduct including sexual assault, domestic violence, dating violence and stalking; as well as any discrimination, harassment or bias of a protected class.

To report any violations of the Interim Equal Opportunity and Nondiscrimination Policy go to the [online Title IX report](#) or search College Reporting Options in my.css, the [Title IX webpage](#), [Violence Intervention and Prevention](#), or the [Office of Equity, Diversity and Inclusion](#).

For additional information, contact Kelly Durick Eder, PhD, Title IX Coordinator at [equaloptitleix@css.edu](mailto:equaloptitleix@css.edu)

### **Students Seeking Campus Confidential Support are encouraged to contact:**

- Counseling Services (T2150) 218-723-6085; [counseling@css.edu](mailto:counseling@css.edu)
- Student Health Services (Somers 47) 218-723-6282
- Saints Assistance Program Download the iConnectYou mobile app Apple or Google Play store--Register using the passcode 147211 to text or video chat with a mental health professional

### **Non-confidential support resources:**

- Violence Intervention and Prevention 218-733-2227
- Office of Equity, Diversity and Inclusion [diversity@css.edu](mailto:diversity@css.edu) or 218-723-6453

The College of St. Scholastica is committed to ensuring that all students have full access to all educational programs, services and activities. This policy sets forward the provisions for the College's compliance with federal Title IX law and establishes the College's intent to protect students and employees against pregnancy discrimination.

The College shall not discriminate against any student on the basis of sex, including pregnancy, parenting and all related conditions will be excluded from participation in, be denied the benefits of, or be subjected to discrimination under:

- any education program activity or services;
- admission;
- coursework accommodations and completion;
- pregnancy leave policies;
- health insurance in educational programs and activities.

Students who are pregnant and staying in school are entitled to equal access under the law to educational programs and activities. Your rights include the opportunity to:

- stay in school and attend regular classes;
- progress toward your degree even with absences due to pregnancy and childbirth;
- access services and resources;
- maintain your eligibility and fully participate in academic and extracurricular programs and activities;
- stop out and return as you are able.

To access services for pregnancy, please complete this questionnaire at [go.css.edu/pregnant](https://go.css.edu/pregnant). The Title IX Coordinator will work with you to create a "Notice of Title IX Adjustments or Accommodations" that will inform faculty of your right to adjustments or accommodations for pregnancy.

# APPENDIX I

## CSS PA Medicine Program Professionalism Assessment Rubric - Didactic Phase

Performance Criteria	Highly Professional	Professional	Participating	Unprofessional
<b>Time Management</b>  Attendance Promptness Responsibility	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	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	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	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
<b>Respect</b>  Social Skills	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	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	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	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
<b>Preparedness</b>  Motivation Contribution	Almost always participates in class discussions; contributions reflect exceptional preparation and are always substantive, well supported, and persuasively presented; does not dominate discussion	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	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 questions in depth or refer to readings; may dominate discussion with irrelevant comments	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
<b>Quality of Work</b>  Persistence	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	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	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,	Provides work that reflects very little or no effort; shows negative behavior; is often not honest; knowingly violates class, college, or university academic dishonesty policies

Integrity	same; always adheres to class, college, and university academic dishonesty policies	class, college, and university academic dishonesty policies	college, or university academic dishonesty policies	
Teamwork	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	One or two complaints from team members about lack of contribution; occasionally takes leadership role	A few complaints from team members about lack of contribution	More than a few complaints from team members about lack of contribution; does not contribute in a meaningful way to group work
Overall Impression	Professionalism at its best	Professionalism consistently exhibited	Professionalism inconsistently exhibited	Lack of professionalism

## APPENDIX II

### CSS PA Medicine Program

#### Professionalism Assessment Rubric - Clinical Phase

Performance Criteria	Highly Professional (3 pts)	Professional (2 pts)	Participating (1 pts)	Unprofessional (0 pts)
<b>Time Management</b>  Attendance Promptness Responsibility	Always arrives on time and stays for entire day/shift; all absences are excused; always takes responsibility for work/patient care missed; completes documentation in a timely manner; does not seek exceptions from clinical site, college or university policies except institutional excuses	Late to clinic/shift only once or twice; almost never misses a day/shift; no unexcused absences. Generally, takes responsibility for work/patient care missed; no more than one reminder to complete documentation necessary; does not seek exceptions from clinical site, college or university policies except institutional excuses	Late to clinic/shift more than twice in a month; tends to avoid responsibility for work/patient care missed; requires two reminders to complete documentation; seeks exceptions to clinical site, college or university policies not including institutional excuses	Late to clinic/shift more than once/week; does not take responsibility for work/patient care missed; demands exceptions to clinical site, college or university policies not including institutional excuses
<b>Respect</b>  Social Skills	Almost always demonstrates compassion, humility, and respect toward patients, staff, and preceptor; never uses unapproved electronic devices in clinic; Almost always shows appreciation for the role of others in the care of patients; Almost always demonstrates cultural humility and respect, accounting for patient age, gender, culture, and ethnic background.	Regularly demonstrates compassion, humility, and respect toward patients, staff, and preceptor; almost never uses unapproved electronic devices in clinic; Regularly shows appreciation for the role of others in the care of patients; Regularly demonstrates cultural humility and respect, accounting for patient age, gender, culture, and ethnic background.	Rarely demonstrates compassion, humility, and respect toward patients, staff, and preceptor; recurrent use of unapproved electronic devices in clinic; Rarely shows appreciation for the role of others in the care of patients; Rarely demonstrates cultural humility and respect, accounting for patient age, gender, culture, and ethnic background.	Does not demonstrate compassion, humility, and respect toward patients, staff, and preceptor; frequent use of unapproved electronic devices in clinic; Does not show appreciation for the role of others in the care of patients; Does not demonstrate cultural humility and respect, accounting for patient age, gender, culture, and ethnic background.
<b>Preparedness</b>  Motivation Contribution	Almost always participates in case/patient discussions; contributions reflect exceptional preparation and are always substantive, well supported, and persuasively presented; does not dominate discussion	Regularly participates in case/patient 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	Rarely participates in case/patient discussions; contributions reflect adequate or less than satisfactory preparation and are occasionally substantive, somewhat substantiated and occasionally persuasive; when called upon, often cannot answer questions in depth or refer to readings; may dominate discussion with irrelevant comments	Never participates in case/patient discussions; no evidence of preparation; when called upon, can't answer questions in depth or refer to readings; any comments made are usually irrelevant

<p><b>Quality of Work</b></p> <p>Persistence</p> <p>Integrity</p>	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 clinical site, college, and university policies	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 clinical site, college, and university policies	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 clinical site, college, or university policies	Provides work that reflects very little or no effort; shows negative behavior; is often not honest; knowingly violates clinical site, college, or university policies
<b>Teamwork</b>	Makes obvious and significant contributions to patient care 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	One or two complaints from colleagues or clinical staff about lack of contribution; occasionally takes leadership role	A few complaints from colleagues or clinical staff about lack of contribution	More than a few complaints from colleagues or clinical staff about lack of contribution; does not contribute in a meaningful way to group work
<b>Overall Impression</b>	Professionalism at its best	Professionalism consistently exhibited	Professionalism inconsistently exhibited	Lack of professionalism

## APPENDIX III

### Preceptor Evaluation of Student

Below is an outline of the five levels of student performance to keep in mind when completing the final evaluation of the student during the rotation: (A sample evaluation can be found in Appendix IV)

Competency Level	Level of Student	Description of Role
<b>1 - Unsafe</b>	<ul style="list-style-type: none"> <li>Not well prepared for the clinical phase</li> <li>Lack of interest in learning</li> </ul>	<ul style="list-style-type: none"> <li>The learner is not showing interest or participating in direct patient care.</li> <li>The learner is unable to answer the “what” and “why” questions.</li> <li>The learner is unable to perform an H&amp;P.</li> <li>Cannot recognize normal and abnormal findings.</li> </ul>
<b>2 - Marginal; Needs Improvement</b>	<ul style="list-style-type: none"> <li>Prepared for clinical phase, but needs extra guidance</li> <li>A few Clinical Phase PA-S students during their first couple rotations</li> </ul>	<ul style="list-style-type: none"> <li>The learner can accurately gather and clearly communicate facts to the preceptor, but may be missing some important aspects of patient care.</li> <li>Can recognize normal and abnormal findings.</li> <li>Lacks confidence to label a new problem.</li> <li>Answers the “what” questions as they relate to patient care. Unable to answer “why.”</li> </ul>
<b>3 - Competent</b>	<ul style="list-style-type: none"> <li>All Clinical Phase PA-S for common problems.</li> </ul>	<ul style="list-style-type: none"> <li>Has mastery of performing a H&amp;P.</li> <li>Has confidence to label a new problem.</li> <li>The learner begins to prioritize identified problems.</li> <li>Progresses in development of differential diagnosis.</li> <li>Uses clinical findings and diagnostic studies to help support a diagnosis.</li> <li>Answers the “why” questions as they relate to patient care.</li> </ul>
<b>4 - Above Average</b>	<ul style="list-style-type: none"> <li>All Clinical Phase, PA-S late in Clinical phase.</li> </ul>	<ul style="list-style-type: none"> <li>The learner is confident with their H&amp;P, able to develop a differential, and discuss a plan of care.</li> <li>The learner should be able to provide at least 3 reasonable options in the diagnostic and therapeutic plans.</li> <li>Answers the “how” questions for getting things done.</li> </ul>
<b>5 - Practicing Clinician</b>	<ul style="list-style-type: none"> <li>Highly advanced Clinical Phase PA-S at the end of their training.</li> </ul>	<ul style="list-style-type: none"> <li>The learner is able to perform H&amp;P, develop differential and plan of care, and implement that plan under supervision.</li> <li>The learner will define important questions to study and differentiate current evidence.</li> <li>Shares leadership within a team.</li> <li>Learns from one’s own experience to become an educator.</li> </ul>



## APPENDIX IV

### Sample Preceptor Evaluation of Student

In preparation for the clinical practice of medicine, the CSS PA Medicine Program uses performance-based mechanisms to provide benchmarks for the clinical phase acquisition of skills and knowledge. The competency-based assessment tool allows faculty to see how preceptors assess student performance and competency.

#### The College of St. Scholastica's PA Medicine Program

#### Evaluation form used by preceptors to evaluate students during clinical rotations

##### PAS 6950 - Emergency Medicine

- **The End of Rotation Evaluation of Student is required at the end of the rotation.**
- The evaluation is weighted as 35% of the student's rotation grade.
- **Your prompt attention to evaluation of our students is appreciated.**
  - **Please note, the student will receive an *In Progress* as their final grade until the evaluation is returned.**
- The Program recommends that preceptors review their evaluations with students.
- **Please use a Chrome or Firefox browser to complete the evaluation.**
- Use the 1 to 5 scale as defined to rate the clinical year student's ability to demonstrate each of the following learning outcomes. All items should be rated. (A detailed description of each competency level can be found in the Preceptor Handbook.)
- **Please explain any 1 or 2 responses in the comment section at the end of the evaluation.**

**The students will need to obtain an average of 3 overall to pass the rotation.**

1. The student is able to evaluate medical literature in order to apply <u>scientific concepts</u> to current practices in emergency medical care, demonstrate knowledge of diagnoses, and understand evaluation and management of patients presenting with emergency medical conditions to include:	1 Unsafe	2 Marginal; needs improvement	3 Competent	4 Above Average	5 Practicing Clinician
a. Overall	1	2	3	4	5
b. <u>Emergent</u> Medical Conditions	1	2	3	4	5
c. <u>Acute</u> Medical Conditions	1	2	3	4	5

2. The student is able to elicit an accurate <b><u>medical history</u></b> from patients seeking emergency medical care, including:	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. Full history -Emergency Medical Conditions requiring hospital admission	1	2	3	4	5
c. Problem-focused history - <u>Acute</u> Medical Conditions	1	2	3	4	5
3. The student is able to conduct a <b><u>physical exam</u></b> for patients seeking emergency medical care, including:	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. Full physical exam - Emergency Medical Conditions	1	2	3	4	5
c. Problem-focused physical exam - <u>Acute</u> Medical Conditions	1	2	3	4	5
4. The student is able to develop and evaluate a <b><u>differential diagnosis</u></b> list considering history, physical exam, and laboratory/diagnostic findings for problems encountered in emergency medical care.	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. <u>Emergent</u> Medical Conditions	1	2	3	4	5
c. <u>Acute</u> Medical Conditions	1	2	3	4	5
5. The student is able to justify a proposed <b><u>laboratory and diagnostic</u></b> plan to evaluate patients seeking emergency medical care based on analysis of the differential diagnosis and list of possible diagnostic tests and procedures for:	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. <u>Emergent</u> Medical Conditions	1	2	3	4	5

c. <u>Acute</u> Medical Conditions	1	2	3	4	5
6. The student is able to develop a personalized patient management plan and implement comprehensive <b><u>clinical intervention</u></b> , to include the required procedures in the Procedures/Skills section of the syllabus when indicated, for patients seeking emergency medical care for:	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. <u>Emergent</u> Medical Conditions	1	2	3	4	5
c. <u>Acute</u> Medical Conditions	1	2	3	4	5
7. The student is able to demonstrate culturally sensitive <b>patient/caregiver education and counseling</b> , at the patient and caregiver's level of oral and/or written communication, for patients seeking emergency medical care for:	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. <u>Emergent</u> Medical Conditions	1	2	3	4	5
c. <u>Acute</u> Medical Conditions	1	2	3	4	5
8. The student is able to determine and prescribe appropriate pharmacologic and non-pharmacologic <b><u>clinical therapeutic modalities</u></b> to address diagnoses encountered in emergency medicine for:	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. <u>Emergent</u> Medical Conditions	1	2	3	4	5
c. <u>Acute</u> Medical Conditions	1	2	3	4	5
9. The student is able to integrate <b><u>health maintenance, disease prevention</u></b> , and public health principles into comprehensive patient-centered emergency medical care.	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician

a. Overall	1	2	3	4	5
10. The student is able to <b>communicate</b> the findings of a clinical encounter in oral and written forms to all members of the health care team, including:	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. Oral presentation of case to preceptor	1	2	3	4	5
c. Emergency Medical Conditions requiring hospital admission - Full written H&P	1	2	3	4	5
d. Procedure Note	1	2	3	4	5
11. The student is able to demonstrate <b>professionalism</b> while they work as an active and effective member of a team-based approach to patient-centered emergency medical care.	<b>1</b> Unsafe	<b>2</b> Marginal; needs improvement	<b>3</b> Competent	<b>4</b> Above Average	<b>5</b> Practicing Clinician
a. Overall	1	2	3	4	5
b. The student is able to demonstrate <b>professional responsibility and self confidence.</b>	1	2	3	4	5
c. The student is able to demonstrate <b>compassion, humility, and respect with <u>patients.</u></b>	1	2	3	4	5
d. The student is able to demonstrate <b>compassion, humility, and respect with <u>staff and preceptor.</u></b>	1	2	3	4	5
12. The student was <b>adequately prepared</b> for the rotation.	1	2	3	4	5
<b>Course Specific Tasks</b>	<b>Yes</b>		<b>No; Please explain below.</b>		
13. The student was able to <b>interpret ECGs with preceptor guidance.</b>					

14. The student was able to <b>interpret extremity X rays with preceptor guidance.</b>		
15. The student was able to <b>interpret CXRs with preceptor guidance.</b>		
16. The student was able to <b>educate &amp; counsel patients on safety.</b>		
17. The student was able to <b>interpret lab results (i.e. CBC, CMP, UA, TSH) with preceptor guidance.</b>		

Please comment on areas of strength:

Please comment on areas in need of improvement:

**\*PA & NP preceptors:** If you would like to receive AAPA Category 1 CME credit for teaching, please complete the [AAPA Preceptor Program Reporting Form & Evaluation](#). After that is complete, the CSS PA Medicine Program will be able to send you a CME certificate with your teaching hours. Preceptors can obtain 2 credits per week of teaching.

## APPENDIX V

### Procedure Competency Form

Students are required to perform two of each of the required procedures during their clinical phase of training. Preceptors will be asked to verify procedural competency during the clinical rotations. A list of required procedures can be found in Appendix VI. Below is an outline of the five levels of procedural competency to keep in mind when verifying procedural competency for the student during a rotation:

### Competency Measure for Procedures & Skills

Competency measure	<b>1</b> <b>Unacceptable</b> (Clearly inadequate; unsafe)*	<b>2</b> <b>Poor</b> (Many deficiencies)*	<b>3</b> <b>Competent</b> (Adequate)	<b>4</b> <b>Proficient</b> (Exceeds in many areas; top 20%)	<b>5</b> <b>Educator</b> (Superior in every way; top 10%)
	Student is <u>unable</u> to safely perform the procedure or skill	Student is able to perform the procedure or skill but is missing important components	Student is able to perform the procedure or skill	Student is able to perform the procedure or skill very well	Student is able to effectively teach the procedure or skill to others

**\*A score of 1 or 2 requires comments in the space provided.**

Components borrowed from the AAPA Center for Healthcare Leadership and Management - Sample Competency Assessment Tool;  
<https://www.chlm.org/wp-content/uploads/2018/02/SCAT-CH>

## APPENDIX VI



### PA Medicine Program

#### List of Required Clinical Phase Procedures

Students must perform two of each procedure and the competency of performance must be verified by a preceptor or faculty member.

1. Cervical Cancer Screening & Pelvic Exam
2. Perform Breast Exam
3. Assess Fundal Height
4. Prenatal Exam
5. Vaginal Swab for STDs or Wet Prep/KOH collection
6. Fetal Heart Tone Identification
7. Rectal/Prostate Exam
8. Preoperative Exam
9. OR Sterile Technique
10. Suture Repair of Laceration/Surgical Incision
11. Local Anesthesia
12. Skin Biopsy
13. Incision & Drainage (I&D)
14. Wound Culture
15. IV Insertion
16. Venipuncture
17. Splinting
18. Fluorescein Eye Stain/Slit Lamp Exam
19. Intramuscular Injection
20. Nebulizer Treatment
21. Nasopharyngeal Swab or Viral Nasal Swab
22. Pharyngeal Swab
23. Ear Irrigation/Cerumen Removal
24. Cryotherapy for Warts/AK

## APPENDIX VII



### PA Medicine 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 CSS PA Medicine 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 CSS PA Medicine 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 CSS PA Medicine Program to release to The National Commission on Certification of PAs (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 PA National Certifying Exam (PANCE).

Initials\_\_\_\_\_

I authorize the CSS PA Medicine Program to release my information as outlined above.

Student Name\_\_\_\_\_

Print

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



## APPENDIX VIII



### PA Medicine 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 phase at a College of St. Scholastica site, **immediately** report the exposure to the faculty member in attendance.

If the exposure occurs during the clinical phase 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 Didactic Education if during the didactic phase or the Director of Clinical Education if during the clinical phase.
5. Complete and submit the [Student Exposure Form](#) to either the Director of Didactic Education or the Director of Clinical Education as described above within 24 hours.

## APPENDIX IX



### PA Medicine Program

### Sample Academic and Professionalism Concern Forms

[Academic Concern Form](#)

[Professionalism Concern Form](#)

## APPENDIX X



### PA Medicine Program

#### Sample Academic and Professionalism Deficiency with Remediation Forms

[Academic Performance Deficiency with Remediation](#)

[Professional Performance Deficiency with Remediation](#)

## APPENDIX XI



### PA Medicine Program Sample Outcome Form

#### Outcome Form

## APPENDIX XII



### PA Medicine Program

#### Professionalism Contract - Didactic Phase

\_\_\_\_\_ – Student # \_\_\_\_\_

**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 have reviewed and promise to adhere to the [Guidelines for Ethical Conduct for the PA Profession](#)
- 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 PA Medicine Program Director
- 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 PA Medicine Program, as well as professional practice, requires that students successfully work in collaboration with others.
  - Collaboration is a critical component of the PA Medicine 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 format as outlined in the Capstone Handbook.

- 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 back up 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.

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Signature

---

Printed Name

---

Date

## APPENDIX XIII



### PA Medicine Program

#### Professionalism Contract - Clinical Phase

\_\_\_\_\_ – Student # \_\_\_\_\_

**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 have reviewed and promise to adhere to the [Guidelines for Ethical Conduct for the PA Profession](#)
- I understand professionalism to be how I conduct myself in 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 preceptor, preceptor colleague, or clinical site staff 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 feel I am not getting the assistance I need, I should speak to the preceptor privately at a mutually agreeable time.
  - If the situation cannot be resolved, I may take my concern to the PA Medicine Director of Clinical Education (DCE).
- I understand that I, and I alone, am responsible for getting to the clinic/shift on time, and completing my patient documentation, patient logs, time logs, and rotation assignments in a timely and professional fashion.
  - I understand that the DCE 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 PA Medicine Program, as well as professional practice, requires that students successfully work in collaboration with others.
  - Collaboration is a critical component of the PA Medicine Program and I must do my fair share of work in a timely and professional manner.
- I understand that graduate education requires critical thinking, and 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 format as outlined in the Capstone Handbook.
- 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 back up 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 not engage in 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

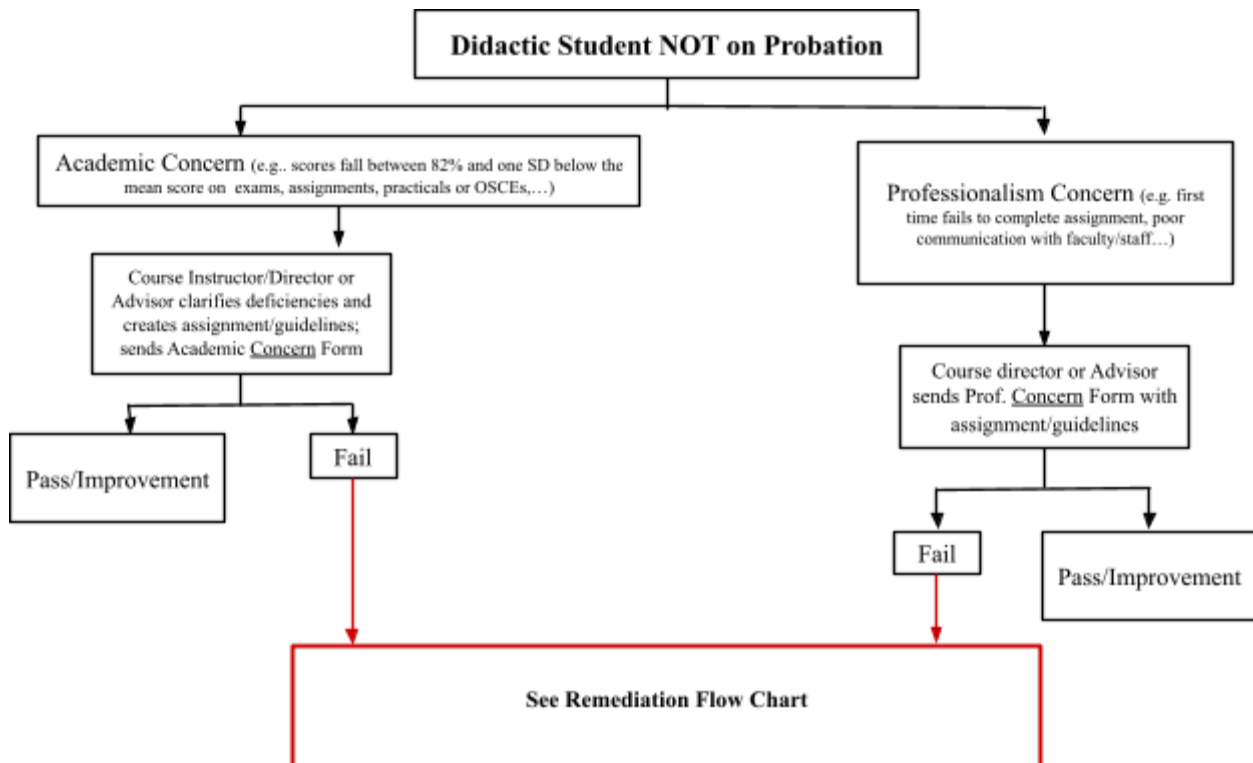


## APPENDIX XIV

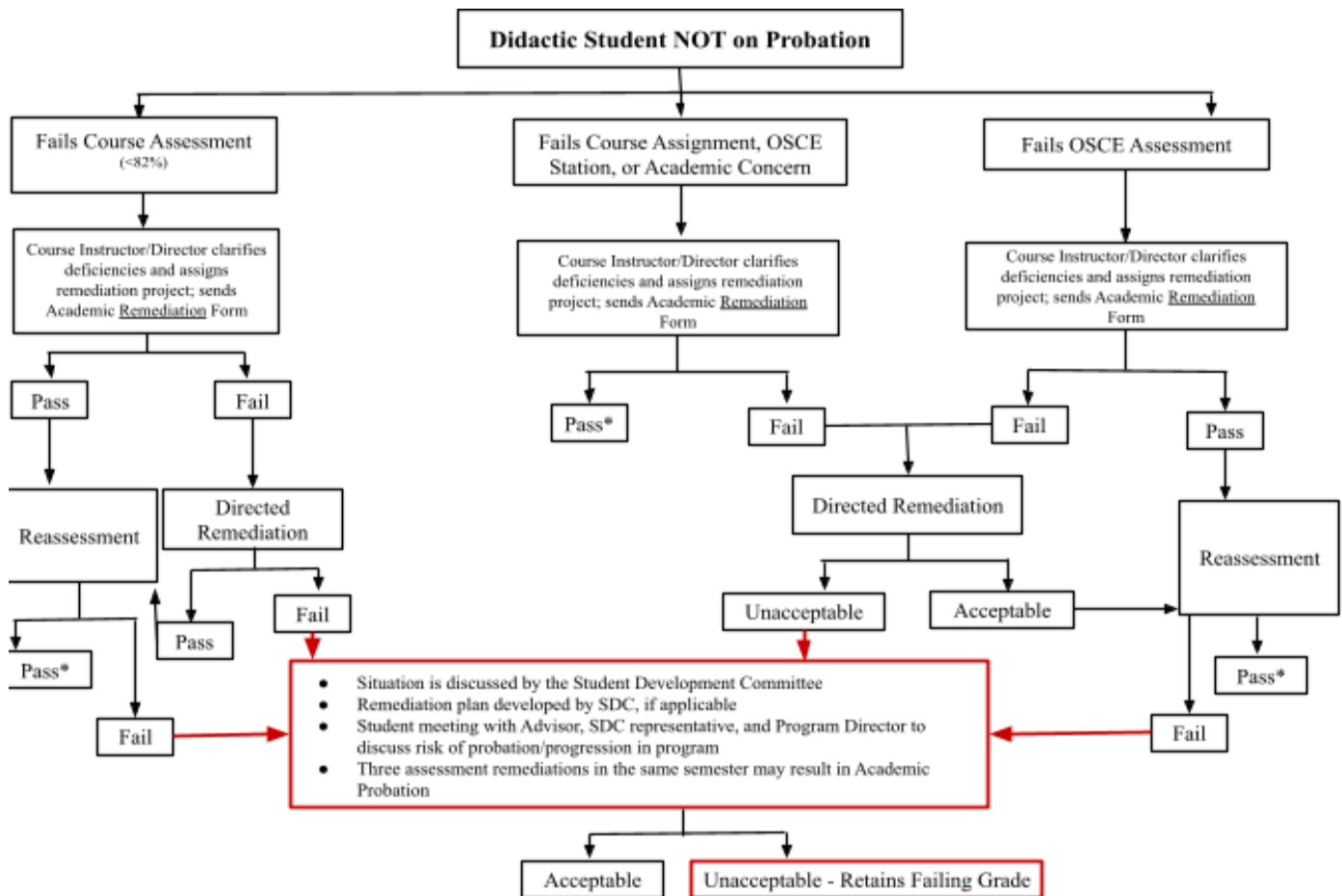


### Didactic Student Concern & Remediation Flowcharts

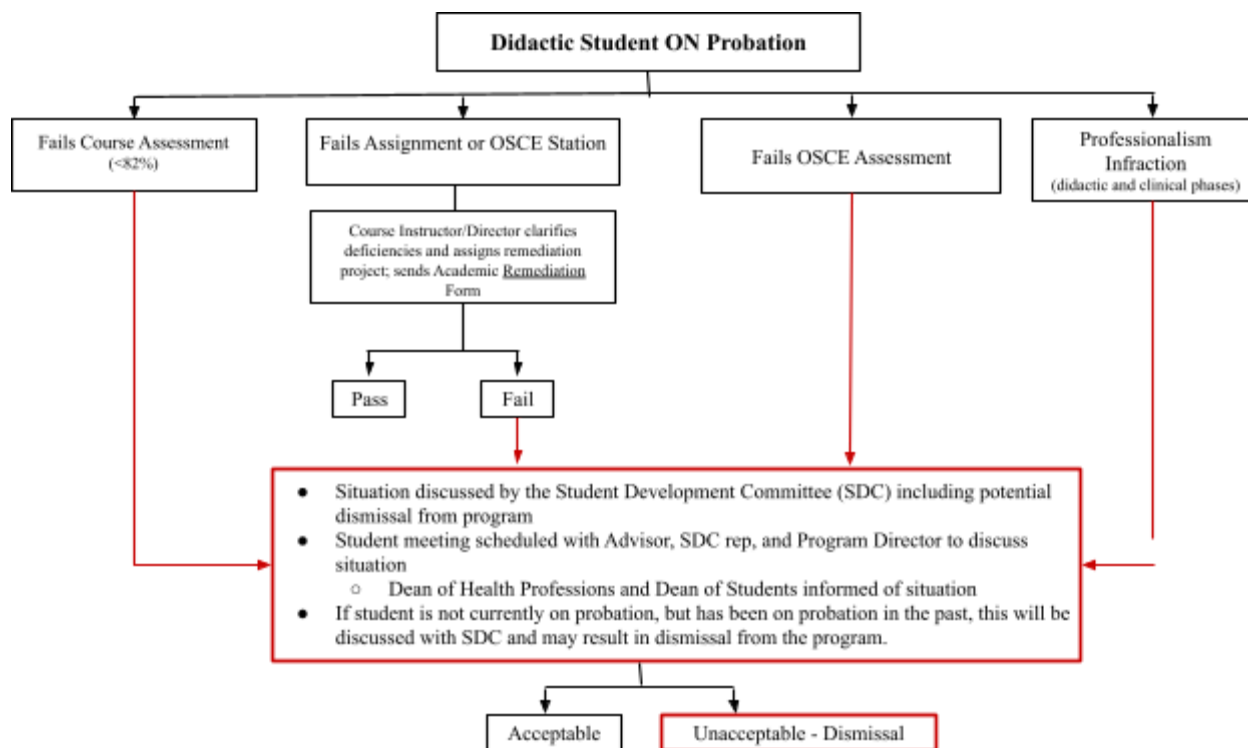
#### Academic or Professionalism Concern in Didactic Phase



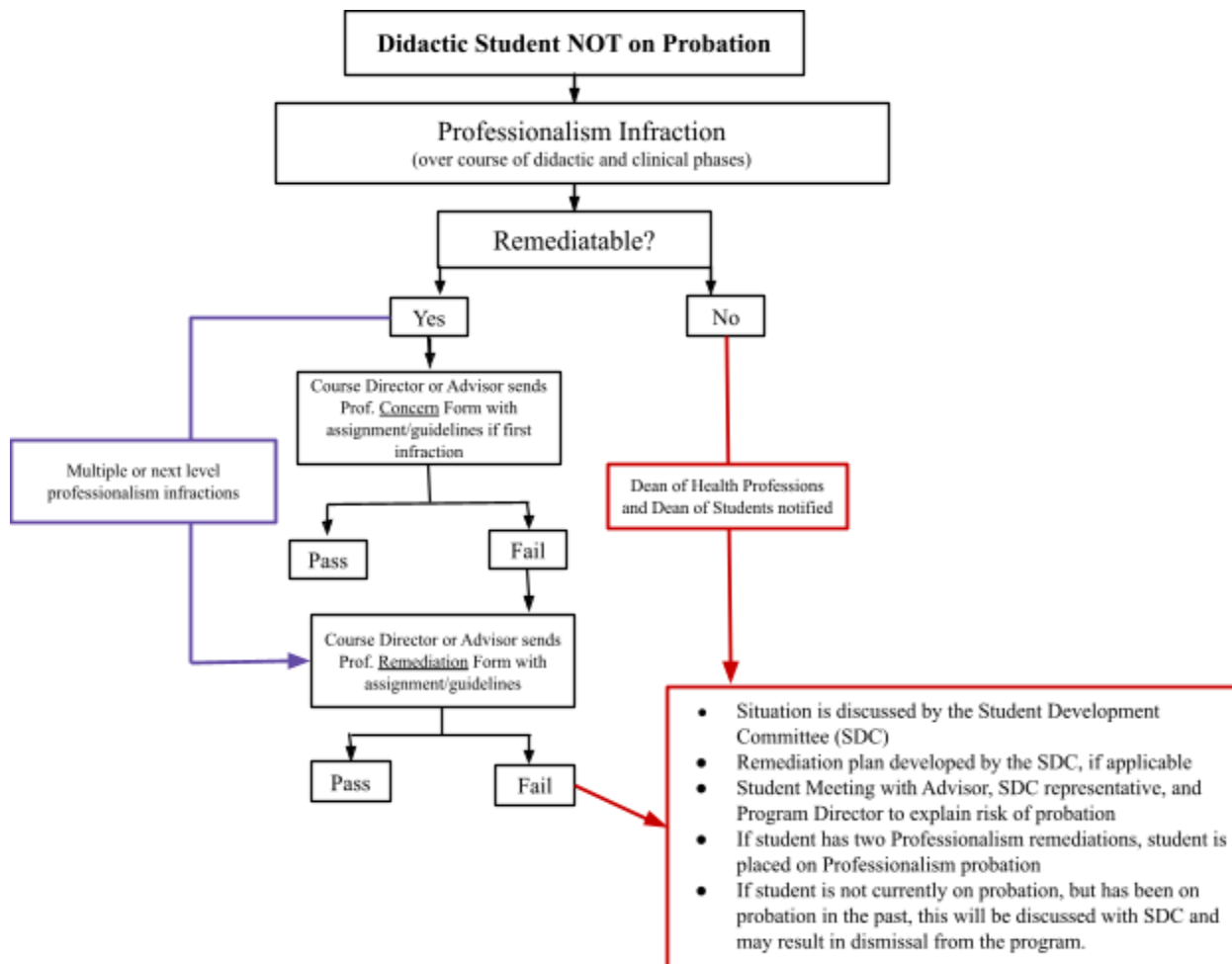
## Academic Remediation in Didactic Phase



\* A first assessment failure in a course with a successful remediation of knowledge can earn 10% of the assessment score back, or the passing score of 82%, whichever is lesser. Any subsequent assessment failure in the same course within the same semester would result in referral to the SDC with no assessment grade adjustment.



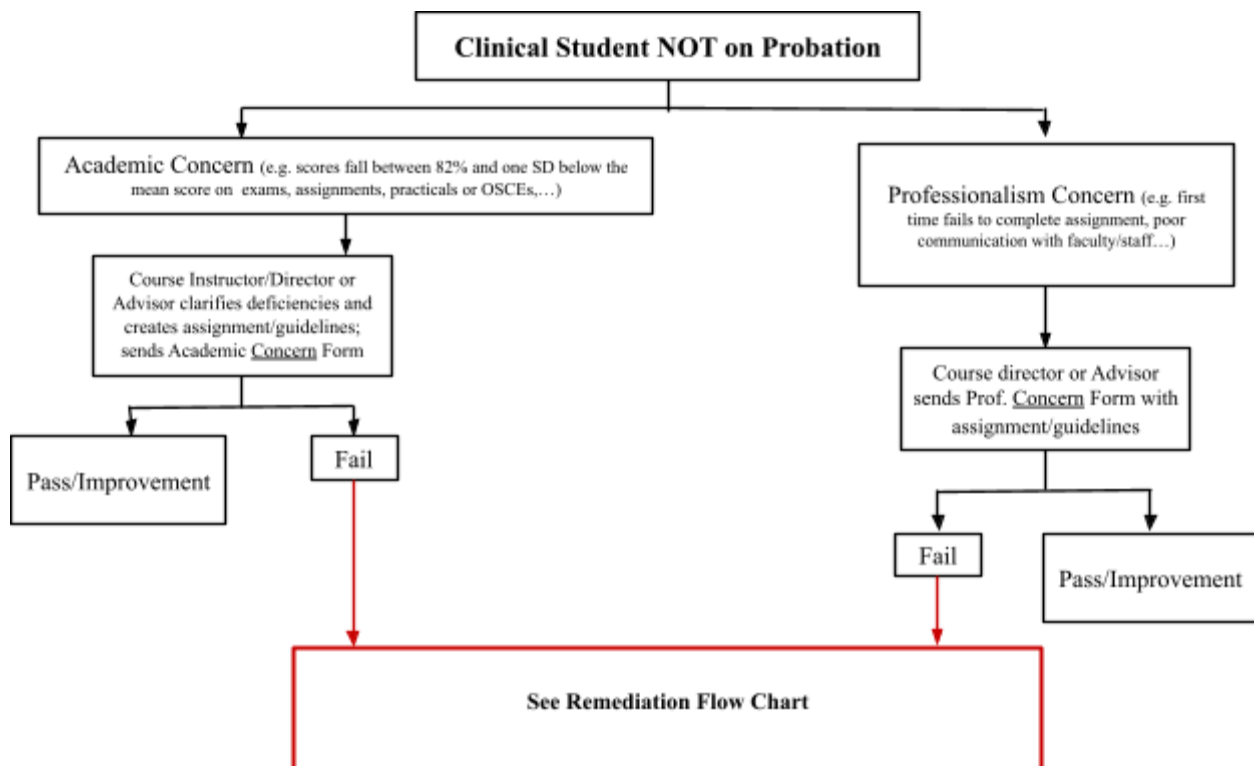
## Professionalism Infraction in Didactic Phase



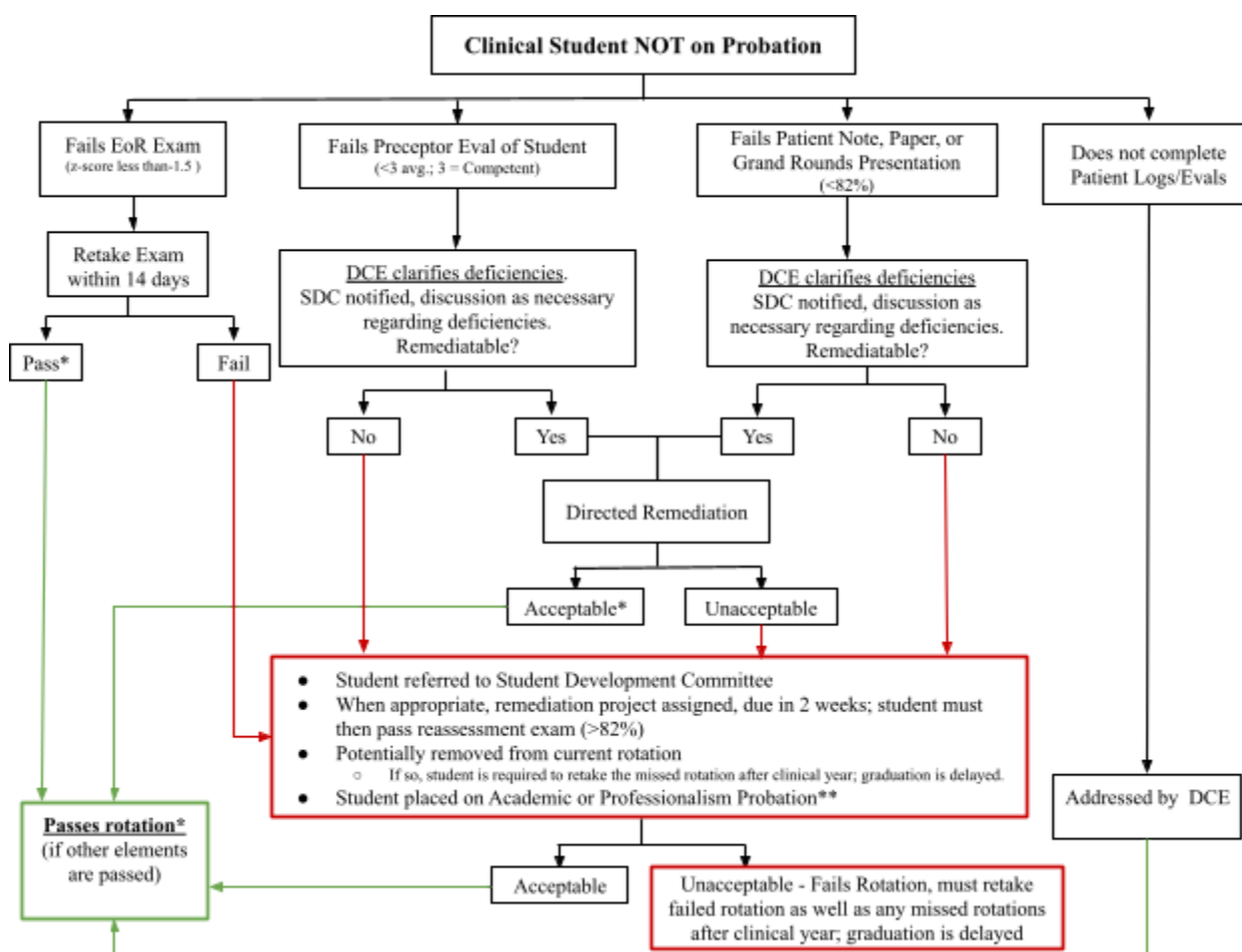
## APPENDIX XV

### Clinical Student Concern and Remediation Flow Charts

#### Academic or Professionalism Concern in Clinical Phase

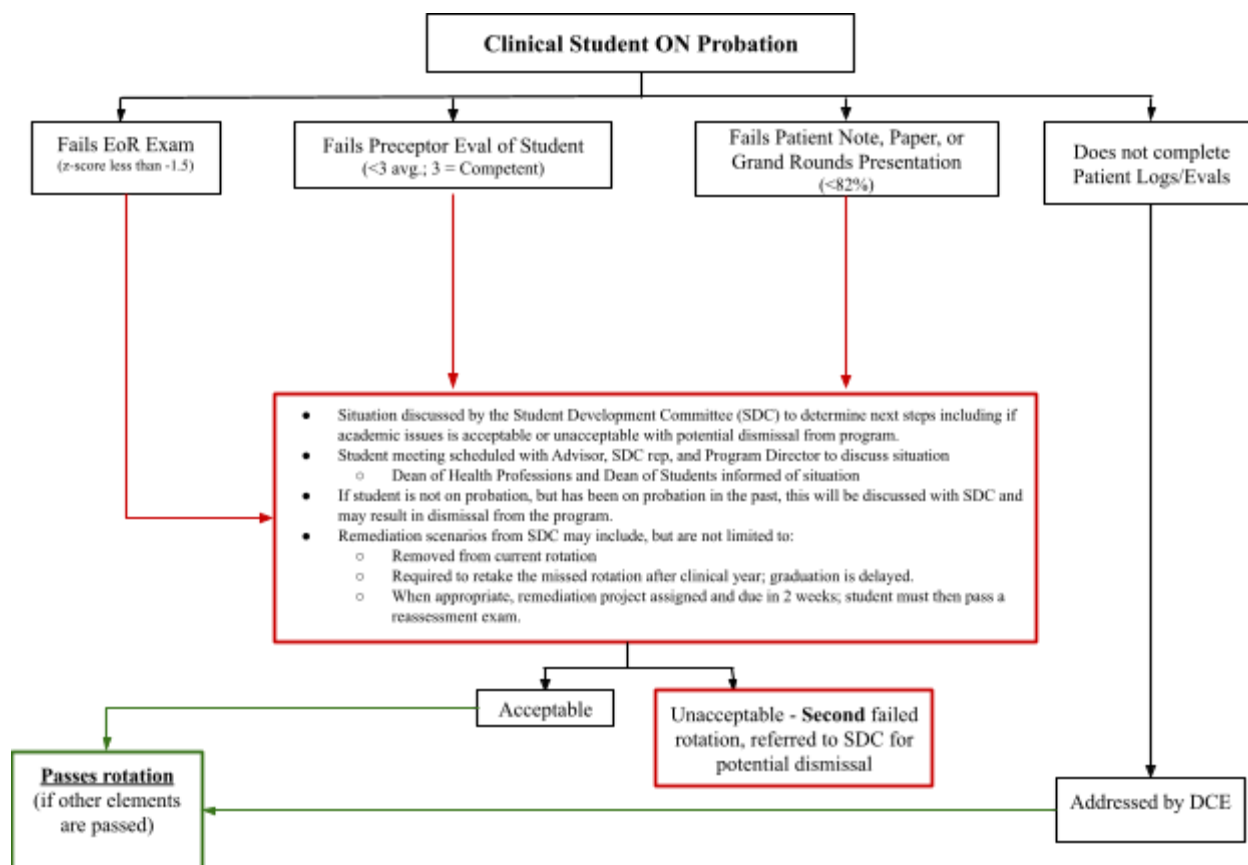


## Academic Remediation in Clinical Phase

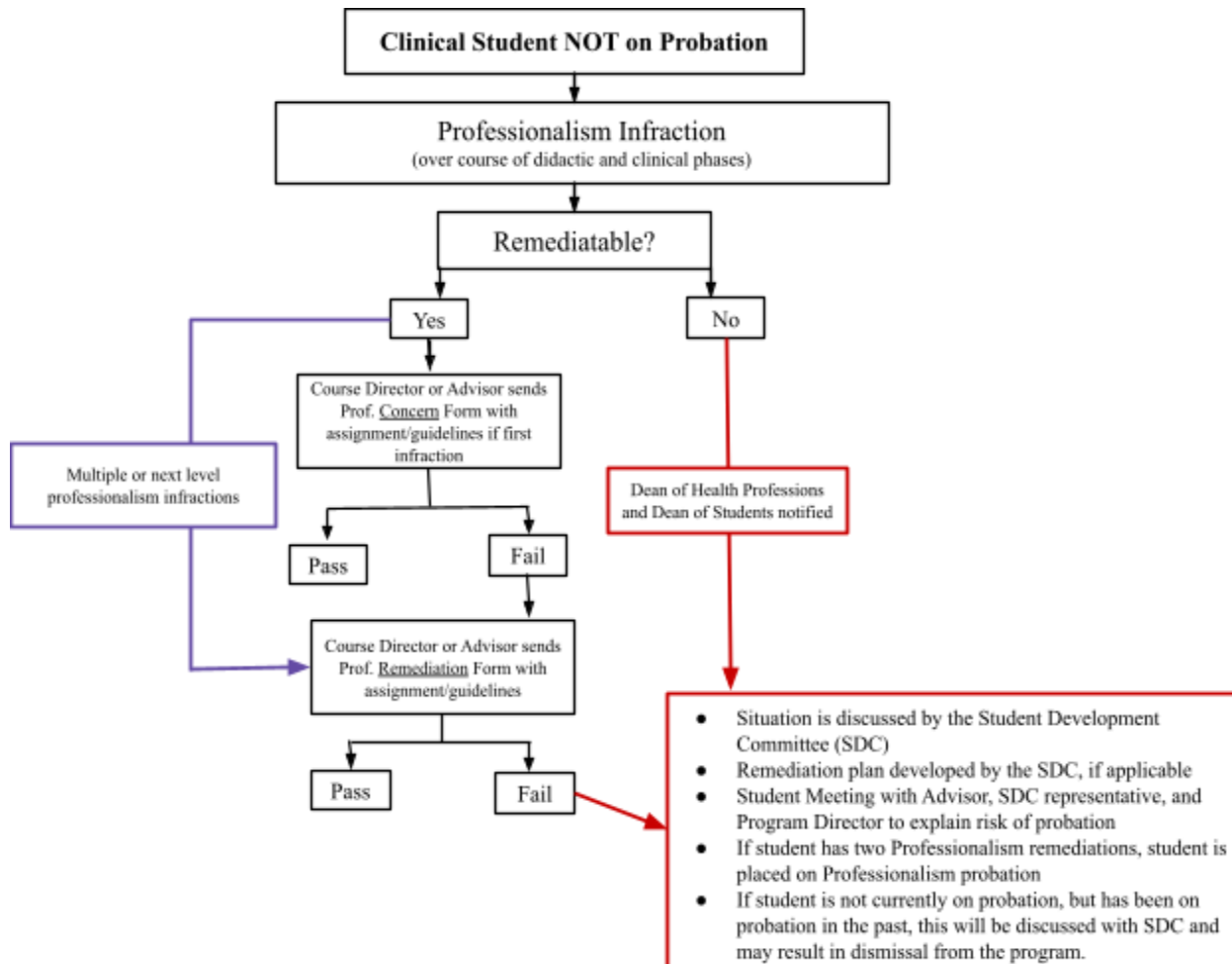


\* A first assessment failure in a course with a successful remediation of knowledge can earn 10% of the assessment score back, or the passing score of 82%, whichever is lesser. Any subsequent assessment failure in the same course within the same semester would result in referral to the SDC and with no assessment grade adjustment.

\*\*Please see additional considerations for academic probation in clinical phase in **Didactic and Clinical Phase Assessment Failures** policy in the Student Handbook.



## Professionalism Infraction in Clinical Phase





## Is It Mistreatment? Practices for Productive Teacher–Learner Interactions

Michael Ainsworth, MD, professor and senior associate dean for educational performance, and Karen Szauder, MD, professor and assistant dean for educational affairs, University of Texas Medical Branch School of Medicine

### Mistreatment is complicated ...

- It is personal and involves perception.<sup>1</sup>
- It is not limited to negative feedback or confrontation.
- It can occur unintentionally during interactions.

		EMPHASIZE interactions more likely to be perceived as SUPPORTIVE	AVOID interactions more likely to be perceived as MISTREATMENT
<b>Apply behaviors that are PROFESSIONAL</b>  Emphasize interactions that are constructive, appropriate to the encounter, and not shame inducing <sup>2</sup>	EMPHASIZE	Providing feedback on strategies for improvement—not just faults or weaknesses Focusing criticism on the behavior needing improvement Basing critique on direct observation and performance	Providing feedback on mistakes without providing suggestions or means for correction Focusing criticism on the learner's faults on a personal level Basing critique on value judgments or inferences
<b>Apply behaviors that are RESPECTFUL</b>  Engage learners using methods that allow them to recognize you as their advocate	EMPHASIZE	Providing a calm, measured amount of criticism Conveying criticism in suitable settings—privately when needed Providing input early enough to allow time for improvement	Providing emotionally charged, rushed, overwhelming criticism Conveying criticism in public when privacy is more appropriate Blindsiding learner with criticism too late for improvement
<b>Apply behaviors that are HUMANISTIC</b>  Be deliberate in your sensitivity to learner values, culture, and background	EMPHASIZE	Demonstrating sensitivity to learner vulnerability Making suggestions tailored to learners as individuals Extending equal learning opportunities and benefits to all	Exploiting power differential to control learners Making offhand remarks that stereotype learners Discriminating in treatment based on gender, race, ADA* factors, or other protected classes
<b>Apply behaviors of an EXPERT TEACHER</b>  Use teaching methods that reflect validated techniques	EMPHASIZE	Focusing on relevant learner skills integral to the task Focusing on skills that are under the learner's control Providing orientation and direction appropriate to the task	Providing vague, confusing, or task-irrelevant instruction Focusing criticism on areas (e.g., environmental, programmatic) beyond the learner's control Assuming expectations are obvious to the learner without direction

\*ADA, Americans with Disabilities Act

### AVOID these unproductive attitudes and strategies

- **Offensive/misinterpreted behaviors:** Touching, vulgarity, or personal errands
- **Overygeneralizations:** Concluding that differences in perception mean someone will inevitably be offended, so why attend to words so closely
- **Personalizations:** Conveying the sentiment that mistreatment prepared you for life
- **Frustrations:** Sharing regrets that learners are simply oversensitive to any criticism
- **Complaints:** Using generational differences or political correctness as a justification for mistreatment
- **Ignoring learners/avoiding feedback:** Sidestepping difficult feedback conversations, which is unhelpful and often viewed as dismissive<sup>3</sup>
- **Relying too heavily on humor:** Joking as a means to build camaraderie, but which may be misinterpreted, may be at another's or a group's expense, and may be offensive

### References:

1. Gan R, Snell L. When the learning environment is suboptimal: Exploring medical students' perceptions of "mistreatment." *Acad Med.* 2014;89:608–617.
2. Bynum WE 4th, Artino AR Jr, Uijtdehaage S, Webb AMB, Varpio L. Sentinel emotional events: The nature, triggers, and effects of shame experiences in medical residents. *Acad Med.* 2019;94:85–93.
3. Buery-Joyner SD, Ryan MS, Santen SA, Borda A, Webb T, Cheifetz C. Beyond mistreatment: Learner neglect in the clinical teaching environment. *Med Teach.* 2019;41:949–955.

Author contact: mainswor@utmb.edu



## **CSS PA Medicine Program**

### **Acknowledgement of Receipt of Student Handbook**

My signature below acknowledges receipt of the CSS PA Medicine 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, CSS, the School of Health Professions and the Department of Medical Science 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 amendments and updates and will be expected to abide by the revised version.

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 Professions or the Department of Medical Science and its students and employees.

I also understand that I will not be allowed to progress in the program if this form is not signed and uploaded into Exxat by the due date specified in the email with the Handbook link.

Student Name \_\_\_\_\_  
Print

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