STUDENT HANDBOOK

2026–2027 ACADEMIC YEAR

PA Medicine Program

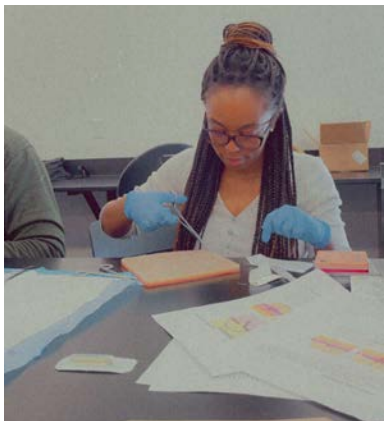
Department of Medical Science • School of Health Professions

Duluth, Minnesota

Prepare for Rural PA Practice.
Be Ready to Practice Anywhere.





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Handbook Foreword

This PA Medicine Program Student Handbook has been prepared to provide PA students with important information about the PA Medicine Program and the expectations of students who have been accepted. 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 all students, faculty, staff, and the program director regardless of location.**

The program reserves the right to make changes at any time to 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 policies, procedures, rules or regulations herein. 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 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, including that of a PA, 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 defined Program policies in conjunction with CSS Graduate policies for grading and academic standing.

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.

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 an instructor, staff, 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

Section I: ABOUT CSS AND THE PA MEDICINE PROGRAM

The College of St. Scholastica

Our Benedictine Heritage

CSS was founded in 1912 by the Benedictine Sisters of the St. Scholastica Monastery. Today St. Scholastica, the only independent college in northeastern Minnesota, educates students at the baccalaureate, master's, and doctoral level. From our Benedictine tradition and community come the common values embraced by all its programs:

- Community
- Hospitality
- Respect
- Stewardship
- Love of Learning

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.

For more information on CSS, please visit the website www.css.edu

Statement on Inclusive Excellence

Inclusive Excellence — the idea that academic excellence is best realized in a community that is 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, respect all persons as children of God, and create a community that values the uniqueness of the individual and honors all opinions and experiences. In short, because we are Catholic and Benedictine, we are compelled to be inclusive.

Institutional Student Handbook

- College level student handbook that applies in conjunction with the PA Medicine Program Handbook.

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.

The School of Health Professions

The PA Medicine Program is one of the many healthcare oriented programs at CSS and is located in the Department of Medical Science, within the School of Health Professions. Other programs in the School of Health Professions include nursing, nurse practitioner, occupational therapy, physical therapy, and exercise science.

In addition to Program level policies, the PA Medicine Program follows the Graduate Studies policies of the College, which can be found in the Graduate Catalog.

The PA Medicine Program

PA Medicine Program Mission Statement

In accordance with our Benedictine values, the mission of The College of St. Scholastica's PA Medicine program is to educate PA students within a comprehensive, interprofessional and innovative curriculum to meet the diverse healthcare needs of our region, specifically rural and medically underserved communities.

PA Medicine Program Goals

The PA Medicine Program has defined the following measurable goals:

1. The PA Medicine program will prepare students for practice in rural and medically underserved communities.

   Benchmarks:

   - 90% of PA Medicine graduates will have completed at least one rotation in a rural area or a medically underserved community* in the surrounding 6-state region**
     - *Rural and medically underserved community as defined by HRSA
     - **MN/WI/IA/SD/ND/MI is the 6-state region that mirrors our admissions preference
   - First-time PANCE pass rates will meet or exceed the national average

2. PA Medicine students will engage with the values of respect, community, hospitality, stewardship, and love of learning throughout the curriculum.
   Benchmark:
   - 100% of matriculated PA Medicine students will participate in activities that reflect the Benedictine values throughout their training.

Published Information on Achievement of Program Goals

PA Medicine Faculty and Staff Contact Information

Name	Position	Phone	Email
Jocelyn Bollins, DO	Director of Clinical Education	218-723-5912	jbollins@css.edu
Dana Cope, APRN, CNP	Clinical Coordinator	218-625-4929	dcope@css.edu
Sara Dungan, MS, MSHS, PA-C	Didactic Phase Faculty	218-723-6116	sdungan@css.edu
Sara Feldbrugge, MS, PA-C	Didactic Phase Faculty, Student Support Specialist	218-723-6675	sfeldbrugge@css.edu
Shawn Garvey, MS, PA-C, DFAAPA	Director of Didactic Education	218-625-4894	sgarvey@css.edu
Amy Gordon, DNP, NP-C	Clinical Phase Faculty	218-723-6269	agordon1@css.edu
Carolyn Jahr, DMSc, PA-C, DFAAPA	Dept. Chair, Program Director	218-723-7097	cjahr@css.edu
Sarah Johnson, MS, PA-C	Didactic Phase Faculty	218-723-5942	sjohnson30@css.edu
Holly Levine, MD	Medical Director, Grants Project Director	218-723-6688	hlevine@css.edu
Kristen Lindvall, MPAS, PA-C	Didactic Phase Faculty	218-723-6570	klindvall@css.edu
Julie Lonetto	Program Manager	218-723-6081	jlonetto@css.edu
Maggi Seybold, MSBS, PA	Grants Manager	218-723-6314	mseybold@css.edu

Curriculum Schema for PA Medicine Program

A curriculum schema provides a visual representation of how a curriculum (course of study) is organized and sequenced. It illustrates the progression of coursework and learning experiences across the didactic and clinical phases of the program. You can view the CSS PA Medicine Curriculum Schema here.

PA Medicine Program Level Student Learning Outcomes

PA Professional Competency Areas have been described by the National Commission on Certification of PAs (NCCPA), the Accreditation Review Commission on Education for the PA (ARC-PA), the American Academy of PAs (AAPA) and the PA Education Association (PAEA). These competency areas are:

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

The CSS PA Medicine Program has developed program-level student learning outcomes for each PA Professional Competency Area that describe the broad, program-level abilities that we expect graduates to possess once the program is completed. They are designed to prepare graduates for entry into practice with the skills expected of a "practice-ready" entry level PA, and are aligned with the PA Professional Competency Areas.

Upon completion of the CSS PA Medicine Program, students will be expected to demonstrate achievement of the following program learning outcomes in these competency areas:

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

Accreditation Statement

The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted Accreditation-Continued status to The College of St. Scholastica PA Medicine Program sponsored by The College of St. Scholastica. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be September 2031. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

The program's accreditation history can be viewed on the ARC-PA website.

Additional PA Professional Website Resources

National Commission on Certification of PAs (NCCPA)

- Board certifying body for PAs.

American Academy of Physician Associates

- National professional organization for the PA profession.
- All CSS PA Medicine Students receive student membership.

Minnesota Academy of Physician Associates

- MN state professional organization for the PA profession in Minnesota.
- A constituent organization of the AAPA.
- All CSS PA Medicine Students receive student membership.

Minnesota Board of Medical Practice

- MN state licensing body for the PA profession in Minnesota.

Accreditation Review Commission on Education for the PA (ARC-PA)

- Accrediting body for PA programs.

Students are highly encouraged to familiarize themselves with the state PA professional practice organizations and PA state licensing agencies for states outside Minnesota where they may have interest in practicing after graduation.

Section II: ENROLLMENT AND PROGRAM REQUIREMENTS

PA Medicine Program Technical Standards

The College of St. Scholastica (CSS) offers an undifferentiated Master of Science in PA Medicine degree. This degree affirms attainment of the general knowledge and skills necessary to

function as a PA in a broad variety of clinical situations and qualify for PA board certification and licensure.

Accordingly, in addition to successfully completing all program requirements and achieving the program's learning outcomes and competencies, students must possess certain minimum physical, cognitive, and emotional abilities necessary to complete the course of study and participate fully in all aspects of PA education and training, *with or without reasonable accommodation.*

The Program Technical Standards are:

Acquire Information

- Acquire information from demonstrations and experiences in courses, such as lecture, group and physical demonstrations
- Acquire information from written documents and computer systems (e.g., literature searches and data retrieval)
- Identify information presented in accessible images from paper, slides, videos with audio description and transparencies
- Recognize and assess patient changes in mood, activity, cognition, verbal and non-verbal communication

Use and Interpret

- Use and interpret information from assessment techniques/maneuvers
- Use and interpret information related to physiologic phenomena generated from diagnostic tools

Motor

- Possess psychomotor skills necessary to provide or assist in holistic PA care and perform or assist with procedures and treatments
- Practice in a safe manner and appropriately provide PA care and assessment in emergencies and life support procedures and perform universal precautions against contamination

Communication

- Communicate effectively and sensitively with patients and families
- Communicate effectively with faculty, preceptors and all members of the health care team during practicum and other learning experiences
- Accurately elicit information, including a medical history and other information to adequately and effectively evaluate a population's, client's or patient's condition

Intellectual Ability

- Measure, calculate, reason, analyze and synthesize data related to diagnosis and treatment of patients and populations
- Exercise proper judgment and complete responsibilities in a timely and accurate manner according to the PA role
- Synthesize information, problem-solve and think critically to judge the most appropriate theory, assessment or treatment strategy

Behavioral

- Maintain mature, sensitive, effective relationships with clients/patients, families, students, faculty, staff, preceptors and other professionals under all circumstances
- Exercise skills of diplomacy to advocate for patients in need
- Possess emotional stability to function under stress and adapt to rapidly changing environments inherent to the classroom and practice settings

Character

- Demonstration of concern for others, integrity, accountability, interest and motivation are necessary personal qualities
- Demonstrate intent and desire to follow the Physician Assistant code of ethics

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

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 disability 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.

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.

Inability to successfully meet the Technical Standards of the Program, with or without reasonable accommodation, can result in dismissal from the Program, regardless of academic or professional standing.

Policy on Program Schedule

During the entire length of the program, students are required to follow the program designated schedule. Holidays, breaks, 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).

Policy on 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

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 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.

Policy on 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.

Policy on Technology Requirements

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

Technology Requirements Checklist

To ensure all PA Medicine students have the technology they need to be successful in their courses, the PA Medicine Program requires our graduate students to own or have access to electronic devices that support the exam and simulation software used in their programs. Tablets DO NOT support these software programs and resources.

The specifications are described below:

1. **A laptop or desktop computer.**
   See Brightspace platform requirements and ExamSoft Minimum System Requirements for the most current specification.
   Apple Mac: Big Sur, Monterey, and Ventura.
   OR
   Windows: 64-bit versions of Windows 10 and 11. Windows 10 22H2, 11 21H2, and 11 22H2.
   Note: due to exam and simulation software requirements, a tablet or Chromebook is NOT acceptable as the student's *sole* computer. These devices may be used in class or other situations for casual use, but are not compatible with PA Medicine software needs.

2. **Peripherals**
   The following are typically part of the laptop or monitor. You must have one of each of the following:
   Web-enabled camera
   Microphone
   Speakers or headphones

3. **Anti-Virus**
   All students are required to have anti-virus software on their computers. This software must be updated regularly (no less frequently than weekly).

4. **Word Processing, Spreadsheet, Presentation Software**
   Both Microsoft Office and Google Suite are available free for students.
   Office is available here: https://www.css.edu/office/
   G-suite is available here: https://drive.google.com/ (log in with your css.edu account)

The College strongly recommends using a computer that was purchased within the last 2 years. Older computers frequently cannot handle software requirements.

In many cases, financial aid may be used to cover the cost of a new computer. If you would like to explore this possibility, please discuss it with a financial aid counselor.

Section III: STUDENT RESPONSIBILITIES AND PROFESSIONAL EXPECTATIONS

Academic Advisement

All students are assigned a faculty advisor within the PA Medicine Program. The faculty advisor supports the student's academic and professional development and provides guidance related to progress and success within the Program. Faculty advisors may also assist students in identifying appropriate academic, professional, and institutional resources when additional support is indicated.

Students are expected to engage actively and professionally in the advising process. This includes responding to advising-related communications in a timely manner, scheduling appointments when requested, completing required advising forms fully and accurately, and attending required advising meetings.

Didactic Phase Advising Schedule

During the Didactic Phase, students are required to meet individually with their faculty advisor at least once per semester. Students are responsible for scheduling their advising appointment in a timely manner after being notified by their advisor of appointment availability. They are also responsible for fully completing all required pre-advising forms prior to the scheduled appointment.

Clinical Phase Advising Schedule

Because student schedules and locations vary while completing clinical rotations, routine individual advising appointments are not required during the Clinical Phase. Clinical Phase students are, however, required to complete the Program's advising form once per semester following notification from the Program. Students may request an individual advising appointment through the advising form or by contacting their faculty advisor directly.

Additional Advising and Student Support

Students are encouraged to contact their faculty advisor whenever they have questions or concerns related to their academic progress, professional development, or experience within the Program and do not need to wait until a routinely scheduled advising period to seek assistance.

The faculty advisor or Program may also require additional meeting(s) when additional discussion or follow-up regarding a student's academic progress, clinical performance, professional development, or other program-related concerns is indicated.

Faculty advising is not intended to provide personal counseling or mental health services. Students seeking assistance related to psychological, emotional, or personal concerns should utilize the College's Student Counseling Center or other appropriate student support resources. Faculty advisors may assist students in identifying and accessing appropriate College or Program resources when needed.

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 all program communications. Students are also responsible for checking the Learning Management System daily for any additional course-level communications.

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.

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, TikTok, X (formerly Twitter), Snapchat, Instagram, LinkedIn, Facebook, blogs, and Google groups.

Policy

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' posts on your page(s) 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 and Online Media Participation Policy

- Violation of the Social and Online 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 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 Student Employment While Enrolled

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. **Students may also not be permitted to rotate at a site where they hold current employment in a different healthcare capacity, due to the potential for role confusion and conflict of interest. School provided liability insurance will not cover any student assuming the "PA student" role outside of an assigned clinical rotation or other clinical experience placement, or engaging in patient care in a different capacity from that intended when on rotation.**

Policy on Student Work to Benefit the Program

Participation in Educational Activities

Collaborative and peer learning are expected components of PA education. Students may participate in educational activities that involve sharing knowledge, skills, or perspectives gained through prior employment, education, training, or other relevant experiences. For example, a student with prior experience or specialized skills may be invited to share relevant experiences or demonstrate a clinical or laboratory skill as part of a faculty-supervised learning activity.

Student participation in these activities does not transfer responsibility for instruction, supervision, assessment, or course delivery from faculty or other appropriately designated instructional personnel to the student. Students are never required or responsible for instruction in the program.

Participation in Voluntary Program Activities

Students may periodically be invited to participate voluntarily in activities that support the PA Medicine Program or College, such as prospective student events, outreach activities, health fairs, or other student- or community-focused events.

Participation in such activities is voluntary unless the activity is an established curricular or program requirement communicated to students as such. A student's decision not to participate in an optional volunteer activity will not adversely affect the student's academic standing, evaluation, progression, or relationship with the Program. Students are not financially compensated for voluntary activities unless otherwise specifically communicated by the Program.

Student Role at External Sites

PA students will not be used to substitute for clinical support staff, administrative staff, preceptors, or any other role outside of a PA student during clinical rotations or clinical

experiences. Students may not receive monetary or other compensation for their service at a clinical site.

Concerns Regarding Student Role

If a student believes they are being asked or expected to function as faculty, staff, a clinical preceptor, clinical site personnel, or in another capacity inconsistent with their role as a PA student, the student should promptly contact the Program Director for guidance. Raising a concern regarding appropriate student roles will not adversely affect the student's academic standing or evaluation.

Learning Environment and Professional Conduct

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 must notify the instructor if they are unable to enable video due to internet connection, and this should be an isolated event.
- 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 director and instructor.

Policy on Use of Electronic and Personal Technology in Class

To maintain a professional and respectful learning environment, students are expected to use personal electronic devices and technology only for authorized educational purposes during class-related activities. This includes, but is not limited to, laptops, tablets, mobile phones, smartwatches and other wearable technology, smart glasses or other electronically enabled eyewear, earbuds or headphones, and other devices capable of communication, accessing information, photography, audio or video recording, or receiving notifications.

Electronic devices may be used during class-related activities when permitted by the instructor for educational purposes, such as accessing course materials, participating in polling activities, taking notes, or conducting directed research. Use of technology for non-instructional purposes, including checking personal email or messages, texting, shopping, accessing social media, browsing unrelated websites, or other activities unrelated to the learning experience, is inappropriate.

Students may be directed by an instructor to turn off, silence, remove, or store electronic or wearable devices when their use is not appropriate for the learning activity. A student who fails to comply with these expectations may be asked to leave the class or activity and may be referred to the Student Development Committee for review of professional conduct.

Photography and Recording
Students may not photograph, audio record, video record, livestream, transcribe, or otherwise electronically capture lectures, instructional activities, faculty, classmates, patients, standardized patients, simulations, or instructional materials without prior authorization. This prohibition applies regardless of the type of device or technology used, including personal electronic devices, wearable technology, smart glasses, and other devices with recording, photography, transcription, or similar capabilities.

Recording or other electronic capture may be permitted only when specifically authorized by the instructor or when provided as an approved accommodation through the Center for Equal Access (CEA), consistent with applicable requirements and releases.

Lectures and course materials are the intellectual property of the lecturer and/or the CSS PA Medicine Program, as applicable. ***Unauthorized recording, photography, capture, reproduction, or distribution of instructional content is considered unprofessional conduct and may also constitute a violation of applicable academic integrity or College policies.***

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
- The CSS PA Medicine Program adheres to the College level Academic Honesty and Integrity Policy, and associated reporting procedure, as linked above.

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 1 late arrival to an exam 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 whenever possible before the start of the exam if they 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, if absent for illness or emergency. An unexcused absence from an exam would result in a zero (0%) for the assessment. Scheduling of any make-up exams will be at the discretion of the Course Director and the make-up exam may not be the same version as the original 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 beyond laptop used for exam (if applicable); this includes but is not limited to smart watches, recording devices of any kind, smart glasses, cell phones
- Writing instruments (outside of what may be provided directly by the Program)

Provided in exam room (if determined necessary by course director)
- Calculator
- Scratch paper or white board
- Pencil or white board marker

Restroom Breaks
The only breaks permitted during examinations are for use of the restroom. Only one student will be allowed to take a restroom break from the examination at a time. Maximum duration is five minutes and the student may not enter any other rooms aside from the restroom during the break. Students will be escorted to the restroom 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 disciplinary action for failure to meet professional standards and violating academic honesty and integrity. It also includes information gained from exam review sessions, whether conducted in person or via teleconferencing/Zoom. The program specifically prohibits recording of exam review sessions that are conducted via teleconference/Zoom.

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 approved testing accommodations for disabilities must work with the CEA and follow their policies and procedures to utilize the testing accommodations. Students must abide by the Code of Conduct and Academic Integrity Policy as indicated by their respective programs and CSS regardless of the setting or venue in which they take an exam.

Policy on Professional Appearance and Attire (Dress Code)

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 (including standardized patients or simulations) is anticipated. Beards and mustaches must be clean and well groomed, and may not be permitted in all settings.
    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, gel overlays, or artificial nails are permitted for allergy and hygiene reasons.
    e. The student must dress in a conservative fashion that allows for easy movement. Business casual preferred. Denim that is clean and untorn may be acceptable in the didactic phase classroom setting (unless otherwise instructed). Denim is never acceptable in any clinical setting (including simulations and testing events on campus).
    f. Shoes must be clean, comfortable and quiet. Sandals or open toed shoes are only acceptable outside of anatomy lab, clinical skills labs and clinical settings. No high-heeled shoes at any time.
    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).
    d. Hair below chin length must be secured away from the face.

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 individuals with female breasts in physical exam lab must include 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, Crocs, etc., are not permitted for safety issues.
    b. Hair and jewelry should not interfere with patient care performance and personal safety. The only earrings permissible are stud earrings with no dangling elements. No large rings that interfere with gloving or appropriate hand hygiene. Dangling/long necklaces and bracelets should not be worn.
    c. Facial piercings of any kind should be removed, with the exception of one low profile stud piercing of a nare (nostril).
    d. Jeans, denim, or denim-like fabric.
    e. Shorts of any type, tights/leggings alone (worn as pants), sweatpants or sweatshirts, and athletic wear.
    f. Torn, wrinkled, unclean clothing.
    g. Scrubs, unless specifically instructed by the preceptor/clinical site.
    h. Beards/facial hair cannot interfere with the ability of a student to wear an N-95 mask appropriately.

If there is a need to deviate from this policy for medical reasons, the student will need to work with the Center for Equal Access to investigate whether reasonable disability accommodations can be made. The student should also notify the Director of Didactic Education during the Didactic Phase or the Director of Clinical Education during the Clinical Phase if accommodations for this policy are being sought.

If there is a need to deviate from this policy for religious or cultural reasons, the student must discuss this with the Director of Didactic Education during the Didactic Phase or the Director of Clinical Education during the Clinical Phase.

In either event, the Director of Didactic Education and the Director of Clinical Education must be notified as far in advance as can be reasonably anticipated if a deviation from the policy may be requested.

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 and/or letter of concern from faculty, including preceptors. A second/repeated infraction(s) may result in a professionalism probation, 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 are empowered to report violations to the Director of Didactic Education, Director of Clinical Education, or Program Director.

Policy on Student Completion of Programmatic Evaluations

The PA Medicine Program engages in continuous evaluation and improvement. Student feedback obtained through formal evaluations is an important component of this ongoing process.

Although participation in course evaluations, instructor evaluations, and other formal programmatic evaluations is voluntary, students are strongly encouraged to complete all evaluations requested by the Program. The Program uses aggregated evaluation data to assess educational effectiveness, identify opportunities for improvement, and support accreditation-related evaluation processes. Higher response rates produce more representative and meaningful data, thereby strengthening the Program's ability to make informed decisions and improve the educational experience.

Section IV: ATTENDANCE, ABSENCE AND LEAVE

Attendance Expectations for Classes and Program Activities

Policy on Attendance

Arrival and Engagement

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 or an event 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.

Didactic Phase Availability
Students are expected to be available for Didactic Phase classes and events Monday through Friday 8am-5pm.

Clinical Phase Availability
Students will be available according to the preceptor schedule, and are encouraged to attain at least 40 hours per week (full time status) over the course of the rotation. Clinical Phase students are also required to attend any scheduled call back days or activities as scheduled.

Other Expected Availability Across the Program
Occasional weekend and evening time may be scheduled during both phases of the program. Program course schedules and events may also need to be moved on short notice. Students will be notified as soon as possible and expected to attend. It is expected that medical and personal appointments be scheduled around the class and clinical rotation 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 (see Policy on Program Schedule).

Absences and Leave

Policy on Personal Days

Students are permitted 2 personal days in didactic phase and 2 personal days in clinical phase. Personal days must be approved by the program in order to be taken, and **cannot** be scheduled during exams, OSCEs, Practicals, Simulations, Call-back days, or other events, as decided by the faculty.

To notify the program of a request to use a personal day, the student must complete and submit the Didactic Phase Personal Day, Professional Leave or Excused Absence Request form during the Didactic Phase, or the Clinical Phase Personal and Professional Leave Request form during the Clinical Phase ***at least* 7 days prior to the anticipated absence for consideration by the program.** Any request submitted less than 7 days will 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 or assessments given for personal day usage**. It is expected that students will use good judgment with scheduling of the personal days.

Policy on Emergency Absence and Excused Absence

A rare or solitary absence or lateness due to emergent issues is understandable. Students are expected to email paemergencyonly@css.edu whenever possible by 8 am if they will be missing a class, clinical rotation, or other program related event. 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.

Absence for participation in a sanctioned College event or PA professional conference/event may be excused if approved. Requests are submitted using the Didactic Phase Personal Day, Professional Leave or Excused Absence Request in the Didactic Phase or the Clinical Phase Personal and Professional Leave Request in the Clinical Phase. 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**) of any kind must be reported to the Director of Didactic Education during the didactic phase or to the Director of Clinical Education during the clinical phase, as well as the Program Director. These absences will require notification of course directors, instructors and/or clinical preceptors and may require specific make-up work as designated by the program and/or clinical preceptors. **An absence of three or more days may require additional measures as determined by the program.** Absence from an instructional period for any reason does not relieve the student from the responsibility for the material covered.

Any absence related to a personal medical condition that causes an extended absence of any kind should be reported to the Center for Equal Access for consideration of accommodation(s).

For emergency/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 consider a stop-out or withdrawal.

Policy on Funeral Leave

Individual arrangements are between the student and the program on a case-by-case basis. The student should notify the program of the request at the earliest possible time via email (requests are sent to the Director of Didactic Education in Didactic Phase, the Director of Clinical Education in the Clinical Phase, and the Program Director). 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.

Policy on 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 from the Program documenting the student's position as a full-time graduate student and request a deferment.

If a deferment is not granted, the Program Director will work with the affected student regarding further arrangements, on a case-by-case basis.

Policy on Military Leave

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 prior to re-admission.

Pregnancy and Lactation

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 or other potential occupational hazards in a healthcare training program, 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 personal healthcare provider before continuing in the curriculum. Pregnant students have Title IX protections, which the program abides by. More information on this can be found at US Department of Education.

A private lactation room is provided for nursing individuals on the 1st floor of the Health Science Center. Additional private lactation rooms are available on the main campus as well. If you need access to these spaces, 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 that there may be curricular or policy revisions that the student will be subject to upon return to the program
g. The potential that there will be increases in tuition and fees which the student will be subject to upon returning
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 model. 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 is dependent on the timing and duration of the stop-out. If a student stops out at the beginning of clinical phase, prior to initiation of clinical rotations, the stop out process from didactic phase will apply. After rotations begin, 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 rotation 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 a delay in a student's progression through the PA Medicine Program that results in completion of the curriculum later than the student's originally anticipated graduation date. **The PA Medicine Program permits deceleration only through the approved stop-out processes described in the Stop Out Policy. No other forms of deceleration, including but not limited to, repeating coursework while remaining continuously enrolled or joining a subsequent cohort due solely to academic non-progression, are permitted.**

Section V: STUDENT HEALTH, SAFETY, AND SUPPORT

Health Requirements and Clinical Compliance

Policy on Faculty and Program Leadership as Healthcare Providers

To maintain appropriate professional boundaries and avoid potential conflicts of interest or dual relationships, the PA Medicine Program Director, Medical Director, and principal faculty may not participate as healthcare providers for students enrolled in the PA Medicine Program.

Emergency Exception: In an emergency situation, the Program Director, Medical Director, or principal faculty may provide medical care to an enrolled student when necessary to address the immediate health or safety needs of the student. Any care provided under this exception should be limited to that which is appropriate to the emergency circumstances. Ongoing, routine, or non-emergent healthcare must not be provided by the Program Director, Medical Director, or principal faculty.

Students are responsible for establishing access to appropriate personal healthcare services independent of the PA Medicine Program and are encouraged to identify a primary care provider and/or home clinic for routine and ongoing medical care.

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 - College Requirement

In order to be eligible for services in the Student Health Service office, all full-time PA Medicine students pay a health fee for fall and spring semesters.

Policy on Immunization, Health Screening Requirements, and Student Health Records

Immunization, Health Screening, and Participation Requirements

Students enrolled in the PA Medicine Program must meet all applicable College and PA Medicine Program immunization, health screening, and other related participation requirements prior to matriculation and must maintain compliance with applicable requirements throughout enrollment in the Program.

The PA Medicine Program establishes minimum immunization and health screening requirements necessary for participation in the curriculum and clinical education. The minimum immunization requirements are based on current CDC recommendations, MDH recommendations for healthcare personnel, applicable College requirements, and requirements commonly established by the Program's clinical education partners. Program requirements may be updated when public health recommendations, College requirements, or clinical education requirements change.

Clinical sites are independent entities and may establish additional immunization, health screening, or other participation requirements beyond those required by the College or PA Medicine Program. Students are responsible for meeting all applicable College, Program, and clinical site requirements by established deadlines and prior to participation in clinical experiences.

Documentation and Ongoing Compliance

Students must submit required immunization and screening documentation through Exxat, the PA Medicine Program's designated data management system, according to Program instructions and established deadlines.

Documentation must be obtained from an appropriate healthcare provider, laboratory, immunization registry, or other verifiable source acceptable to the Program. Self-reported immunizations, self-reported history of disease, and other unverifiable documentation will not be accepted as evidence of compliance unless specifically permitted by an applicable requirement.

Students are responsible for ensuring that required documentation remains complete and current throughout enrollment in the Program. Failure to submit required documentation or maintain compliance by established deadlines may prevent participation in required educational or clinical experiences and may affect the student's ability to progress in the Program.

Minimum PA Medicine Program Immunization Requirements

The PA Medicine Program maintains minimum immunization, health screening, and other participation requirements for enrolled students. Current requirements, acceptable forms of documentation, renewal requirements, and applicable deadlines are communicated to students by the Program and maintained within the Program's designated compliance system (Exxat).

Minimum Program Immunization Requirements

Disease	**Immunization requirements are met in the following ways:**
Measles, Mumps, Rubella (MMR)	Two (2) dose series required after 1st birthday **OR** Positive antibody titer for all three (3) components
Pertussis	One adult dose of tetanus, diphtheria, pertussis (Tdap) vaccine within 10 years 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.
Varicella	Two (2) dose series required **OR** Positive antibody titer
Tuberculosis (TB)	QuantiFERON Gold or T-spot **OR** **2 step** negative Tuberculin Skin Tests 1-3 weeks apart (Mantoux, PPD)

	● Visit 1: Place the first PPD ● Visit 2: 58-72 hours later, the PPD is read ● Visit 3: 1-3 weeks after Visit 1, the second PPD is placed ● Visit 4: 48-72 hours later, the second PPD is read Individuals with a positive TB screening must have: a. A negative chest x-ray report completed after the positive test result (valid for 5 years), **AND** an initial medical evaluation and clearance by provider TB screening **must** be completed every 12 months while enrolled in the program.
Hepatitis B	Three (3) dose series **OR** Two (2) Heplisav-B vaccinations **OR** Positive antibody titer
Influenza **October 1 through March 31**	One (1) dose of influenza vaccine for current influenza season
COVID-19	One dose of J &J **OR** Two doses of previously available Pfizer or Moderna vaccines **OR** One dose of the Bivalent/2022-2023 vaccine (regardless of previous vaccination status) **OR** Two doses of Novavax Vaccine, (if previously unvaccinated) **OR** One dose of Novavax Vaccine along with primary vaccination of J&J/ Pfizer/Moderna **OR** One dose of Pfizer (COMIRNATY) or Moderna (SPIKEVAX) received after 9/11/23 (regardless of previous vaccination status) **OR** Any vaccine received in 2025- 2026

Specific vaccine formulations, schedules, testing methods, documentation requirements, renewal intervals, and deadlines may be updated in accordance with current public health recommendations and College, Program, or clinical education requirements.

Clinical sites may require additional immunizations, testing, documentation, or other participation requirements not included among the Program's minimum requirements.

PA Medicine Vaccination Declination Notification

A student who is unable or chooses not to meet an applicable PA Medicine Program vaccination requirement must notify the Program and complete the PA Medicine Program Vaccination Declination Notification Form. Completion of this form documents notification to the Program and does not constitute an exemption from College, Program, or clinical site requirements.

The Program Director will meet with the student to review the potential educational and clinical implications of unmet vaccination requirements. These may include inability to participate in required educational or clinical experiences, inability to meet clinical site requirements, a stop-out from the Program, and the potential inability to complete the PA Medicine Program.

Clinical sites establish and enforce their own health and participation requirements. Completion of the Program's Vaccination Declination Notification Form does not require a clinical site to permit participation, approve an exemption, or modify its requirements. The PA Medicine Program cannot guarantee that a clinical site will accept a student who does not meet its requirements or that an alternative clinical placement will be available.

Completion of the Vaccination Declination Notification Form documents the student's acknowledgment that these potential consequences have been reviewed and that the student understands the possible impact of unmet vaccination requirements on participation, clinical placement, progression, and completion of the PA Medicine Program.

Clinical Site Requirements

Participation in clinical experiences and clinical rotations requires students to meet the health, immunization, screening, and other participation requirements established by the assigned clinical site. Requirements vary among clinical facilities and may change during a student's enrollment in the Program.

Students are responsible for reviewing and completing all clinical site requirements within the timelines established by the Program and clinical facility. Failure to meet a clinical site's requirements may prevent the student from beginning or continuing an assigned clinical experience or rotation.

Clinical sites determine their own participation requirements. The PA Medicine Program cannot require a clinical site to modify or waive its requirements. The Program does not guarantee an alternative clinical placement, change in site selection, or modification to the clinical placement process for a student who is unable or unwilling to meet the requirements of an assigned or available clinical site.

Clinical Site Exemption Requests

Some clinical sites may permit students to request an exemption from specific immunization or other participation requirements for medical, religious, or other reasons recognized by that facility. Other clinical sites may not permit exemptions. The availability, criteria, documentation requirements, submission deadlines, review process, and determination of an exemption request are established by the individual clinical site.

When a clinical site permits an exemption request, the student is responsible for following the site's exemption process, providing all required documentation, and meeting all applicable submission deadlines. Submission of an exemption request does not guarantee approval.

A student planning to request an exemption from a clinical site requirement must notify the PA Medicine Program Manager as soon as possible (e.g. as soon as you are notified of the placement). The Program will provide available site-specific forms or clinical facility contact information, as applicable. When directed by the Program, the student must include the designated PA Medicine Program representative on communications with the clinical facility regarding the exemption request. This communication allows the Program to coordinate appropriately with the student and clinical partner throughout the process.

An exemption granted by one clinical site applies only to that clinical site and does not constitute an exemption from the requirements of the College, PA Medicine Program, or any other clinical facility. A student must meet the requirements of each clinical site or complete that site's applicable exemption process, if one is available.

If a clinical site grants an exemption, the student must submit documentation of the facility's determination according to PA Medicine Program instructions, including applicable documentation in Exxat. Approval of an exemption alone does not authorize participation in the clinical experience or clinical rotation; the student must satisfy all other applicable Program and clinical site requirements before beginning or continuing the experience.

Impact of Unmet Immunization, Health Screening, or Other Participation Requirements on Progression

Students must successfully complete all required clinical experiences and clinical rotations to progress through and complete the PA Medicine Program.

If a student is unable to begin or complete an assigned clinical experience or clinical rotation because the student does not meet a clinical site's immunization, health screening, or other participation requirements (including when an exemption is unavailable, is not submitted within required timelines, or is denied by the clinical site), the Program will determine whether another appropriate clinical experience or clinical rotation is available within the timeframe necessary for the student to continue normal progression through the curriculum.

The PA Medicine Program is not responsible for securing an alternative clinical experience or clinical rotation within the same semester or timeframe as the originally assigned experience solely because a student is unable or unwilling to meet the participation requirements of the assigned or otherwise available clinical site.

If an appropriate clinical experience or clinical rotation cannot be identified within the timeframe necessary for continued progression, the student may be required to stop out of the Program until they are able to meet applicable participation requirements (may not exceed the maximum 12-month duration permitted by the Program's Stop-Out Policy).

A stop-out does not guarantee that an appropriate future clinical placement will become available. The student's ability to return and resume progression is dependent upon the availability of an appropriate clinical experience or clinical rotation for which the student meets all applicable Program and clinical site requirements.

If the student remains unable or unwilling to meet requirements necessary to participate in available clinical experiences and is therefore unable to resume the curriculum within the maximum period permitted under the Stop-Out Policy, the student may be dismissed from the PA Medicine Program in accordance with applicable Program and College policies.

Management of Immunization and Screening Records

The PA Medicine Program may maintain and review immunization and screening information as necessary to verify compliance with College, Program, and clinical education requirements. This may include required immunization documentation, tuberculosis screening results, needle/sharps-related laboratory results, drug screening results, and other documentation specifically required for participation in the Program or at a clinical site.

Access to immunization and screening information is limited to authorized personnel with a legitimate educational or administrative need to verify or manage student compliance. Information may be provided to clinical education sites or other appropriate entities when

necessary to document compliance with participation requirements and in accordance with applicable College processes and student authorization requirements.

Confidential Student Health Records

Except for immunization, screening, and other compliance information specifically authorized for Program purposes, student health records are confidential and must not be submitted to, maintained by, accessed by, or reviewed by PA Medicine Program principal faculty or staff.

Students should not submit general medical records or personal health information to the PA Medicine Program or through Exxat unless specifically instructed to do so as part of an authorized immunization, screening, or compliance requirement. This includes medical records containing diagnoses, treatment information, medication histories, clinical notes, or other health information unrelated to verification of an established requirement.

Medical or other personal health documentation required for a College-administered process should be submitted to the appropriate College office rather than to PA Medicine Program faculty or staff.

Documentation maintained by the Program for purposes of verifying compliance with immunization, screening, or clinical participation requirements will be managed in accordance with applicable College and Program record-management practices and will be accessible only to authorized personnel.

Exposure to Infectious and Environmental Hazards

Policy on HIPAA and OSHA Training Requirements

HIPAA Compliance

Prior to the beginning of the Didactic Phase and Clinical Phase, 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. Prior to both the Didactic Phase and Clinical Phase 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.**

Policy on 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.

Policy on Severe Allergy and Anaphylaxis

The PA Medicine Program is committed to supporting the safety of students with known or suspected severe allergies, including allergies that may result in anaphylaxis. Allergens may include, but are not limited to, medications, foods, latex, insect venom, or other environmental or occupational exposures.

Student Responsibilities

Students with a known allergy that may require accommodations or modifications to the educational environment are responsible for contacting the College's Center for Equal Access

and completing the applicable accommodation process. Students should not submit diagnostic or other confidential medical records directly to PA Medicine Program faculty or staff.

Students are responsible for carrying any emergency medications prescribed for their personal use, including epinephrine, and for understanding their appropriate use. Students are also responsible for identifying and avoiding known allergens to the extent reasonably possible, including during clinical education experiences. Because clinical education occurs in a variety of healthcare environments outside the direct control of the College, the Program cannot guarantee an allergen-free environment at all clinical sites

Anaphylaxis or Suspected Severe Allergic Reaction

A student experiencing signs or symptoms of anaphylaxis or another potentially life-threatening allergic reaction should immediately follow emergency medical procedures, including use of prescribed emergency medication when indicated and activation of emergency medical services (911) or the clinical site's emergency response system, as appropriate.

Emergency medical assessment and treatment take priority over notification of the PA Medicine Program.

Once the student's immediate medical needs have been addressed and the student is medically stable, the student should notify the appropriate Program representative as soon as reasonably possible and complete any required College, Program, or clinical site incident/exposure documentation.

A student experiencing a new or suspected allergic reaction should seek evaluation from an appropriate healthcare provider. Program faculty and staff do not diagnose or medically evaluate student allergies.

Latex Allergy and Exposure Prevention

The PA Medicine Program minimizes the use of latex-containing products in Program-controlled educational environments whenever reasonably possible. Non-latex gloves are used by PA students, and non-latex alternatives will be made available for Program-controlled educational activities when available.

Students with known or suspected latex allergy or sensitivity should avoid latex-containing products and notify the Center for Equal Access when an accommodation or modification to the educational environment may be necessary. Students with a newly suspected latex allergy should seek evaluation from an appropriate healthcare provider.

Students will receive information regarding latex allergy and potential sources of latex exposure during Program orientation or other appropriate educational activities. Students should remain

aware that latex-containing products may be present in healthcare and other environments, particularly those outside the direct control of the PA Medicine Program.

For students with an approved accommodation related to latex allergy, the Program will work with the Center for Equal Access and, when applicable, clinical education sites to implement reasonable accommodations within the educational environment. The availability and implementation of accommodations at external clinical sites may require coordination with the clinical site.

Clinical Education Environments

Students participating in clinical education must comply with the health and safety policies and emergency procedures of the assigned clinical site. Students with an approved allergy-related accommodation should work with the Center for Equal Access and the PA Medicine Program sufficiently in advance of a clinical experience to allow appropriate coordination with the clinical site.

Students who experience a suspected occupational exposure or allergic reaction during a clinical experience must follow the clinical site's procedures for immediate evaluation and reporting and subsequently 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, if indicated.

Student Safety and Support

Emergency Preparedness and Response on Campus

*Please see Section VIII for Clinical Rotation Safety Policies and Information

The PA Medicine Program adheres to the College level Emergency Preparedness and Response Plans.

Students, faculty, and staff should familiarize themselves with the Plans and Procedures established by the College as outlined on the College Emergency Procedures page.

These plans and procedures include information on responding to:

- Active Shooter
- Assault/Fight

- Bomb Threat
- Civil Disturbance or Demonstration
- Elevator Emergency
- Fire Emergency
- Hazardous Materials Release Inside a Building
- Medical Emergency
- Pandemic
- Severe Weather
- Suspicious Person and Criminal Activity
- Utility Failure
- Water Damage and Flooding
- Weapons
- Identifying and Handling Suspicious Mail Packages on Campus

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

Register, opt-out, or change your contact information in Saints Alert by emailing helpdesk@css.edu. In your email, include the following information: your CSS email address, an active non-CSS email address, and phone number with the subject line: "Saints Alert Contact Information."

Saints Alert information is also available/linked on the College Emergency Preparedness page.

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

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

The College has a 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 Inclusive Excellence.

For additional information, contact Kelly Durick Eder, PhD, Title IX Coordinator at equaloptitleix@css.edu

Students Seeking Campus Confidential Support are encouraged to contact:

- Counseling Services (T2150) 218-723-6085; counseling@css.edu
- Student Health Services (Somers 47) 218-723-6282

Non-confidential support resources:

- Violence Intervention and Prevention 218-733-2227
- Office of Inclusive Excellence

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. 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.

Violence Intervention and Prevention Program

This College level program assists those who have experienced sexual and/or gender based violence, stalking, dating/domestic violence.

Counseling Services for Mental Health

St. Scholastica provides counseling services to degree-seeking students on the Duluth Main Campus and the Health Science Center at BlueStone. There is no cost for individual counseling services. Appointments with a psychiatric nurse practitioner for medication management are billed to the student's medical insurance.

Crisis Intervention Services for Mental Health Needs

For medical or safety emergencies please call 9-1-1 or seek care at the nearest emergency room. For urgent or crisis mental health concerns please call 9-8-8 or one of the Regional or National resources linked above.

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

Academic Support

The PA Medicine Program provides tutoring assistance via a designated program tutor and a Student Support Specialist, in both group and individual settings, across the curriculum.

Academic Support-The Rose Warner Writing and Critical Thinking Center

The College provides access to The Rose Warner Writing and Critical Thinking Center for assistance with writing support needs.

Library Services

Information Technologies

Career Services

Veterans Resource Center

Center for Equal Access

Inclusive Excellence

Section VI: ACADEMIC STANDARDS, PROGRESSION, AND PROGRAM COMPLETION

Academic and Professional Standards

Policies in the Program are designed to promote consistent standards for achievement of academic and skills competencies, professional behaviors, conduct with integrity, and personal and professional awareness and responsibility. The policies in the handbook will be applied to all aspects of the student's academic progress and conduct for as long as the student is enrolled in the program.

Policy on Approach to Grading

The PA Medicine Program uses a Pass/No Pass grading system. The equivalent of 82% has been established as the general minimum passing threshold. This approach maintains clear academic performance standards while encouraging students to focus less on accumulating individual points and more on attaining the knowledge and clinical skills necessary for safe and effective clinical practice.

Policy on Grading

PA Medicine 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.

Policy on Incomplete Grades

All required course elements 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 (NP) 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.

If an Incomplete is required, the Program will follow the Graduate Incomplete Policy outlined by the College:

College 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**.

Progression

College Policy on Satisfactory Academic Progress

In accordance with federal and state regulations, students receiving financial aid must maintain Satisfactory Academic Progress (SAP). The College of St. Scholastica (CSS) Financial Aid Office reviews students' academic performance at the end of each semester and applies SAP standards to determine continued eligibility for financial aid. Students who do not meet these standards become ineligible to receive financial aid unless and until eligibility is restored in accordance with the College's Satisfactory Academic Progress Policy.

The College evaluates the following components when determining SAP:

1. **Qualitative progress**, as measured by the student's cumulative grade point average (GPA);
2. **Quantitative progress**, as measured by the percentage of attempted credits successfully completed; and
3. **Maximum timeframe**, as measured by the time permitted to complete the degree or certificate program.

Students must maintain a cumulative GPA of at least 3.0 and successfully complete at least 67% of attempted credits.

Application of College SAP to the PA Medicine Program

The PA Medicine Program primarily uses a Pass/No Pass grading system. Because the College's current SAP process requires a letter grade to calculate a cumulative GPA, one designated course is assigned a letter grade of B for students who successfully complete the course. This

grade establishes a 3.0 GPA for institutional and financial-aid purposes. Academic progression within the PA Medicine Program is otherwise determined by Pass/No Pass course grades and the academic and professional requirements established by the Program.

The College's determination of SAP for financial-aid purposes is separate from the PA Medicine Program's determination of academic and professional standing. A student may satisfy the College's financial-aid SAP requirements but fail to meet the Program's requirements for progression or good standing.

Program Policy on Academic and Professional Progress

Students must demonstrate and maintain satisfactory academic and professional progress throughout the entirety of PA Medicine Program. Please refer to the Policy on Grading for information regarding course grades that represent satisfactory academic performance.

In addition to course grades, satisfactory progress is demonstrated through the student's ongoing acquisition and application of the knowledge, clinical skills, professional behaviors, and attitudes required by the Program. Students must meet all academic and professional standards established by the PA Medicine Program and CSS to remain in good standing. A student in good standing is one who is meeting these requirements and is not currently on probation.
A student in good standing is defined as one who is not currently on probation.

In the event a student fails to progress academically or professionally, or to maintain good standing, the student will be referred to the Student Development Committee for consideration of probationary status or other disciplinary action, as appropriate. The Program also adheres to the College's Disciplinary Policy.

Didactic Phase Progression

Due to the sequential nature of the didactic phase curriculum, students must 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 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) and/or an Incomplete Grade Contract. Students must successfully Pass all courses in the didactic phase before they progress into the clinical phase of the program (see Policy on Progression to Clinical Phase for additional information). They must also demonstrate successful achievement of professional standards. Students are not permitted to remediate course level failures in the didactic phase; this will result in dismissal from the program.

Policy on Progression to Clinical Phase

In order to progress from the Didactic Phase to the Clinical Phase, a student must:

- Receive a grade of Pass in all didactic phase courses.

- Receive a Pass (an overall score equal to or above 82%) on an Objective Structured Clinical Examination (OSCE) in Clinical Medicine III and a Clinical and Technical Skills Assessment in Clinical Skills III course in the final semester of the didactic phase.
    - If a student does not receive a score of at least 82%, the student will be required to successfully complete a remediation and reassessment of the components outlined below to progress to the Clinical Phase.
    - Both the OSCE in Clinical Medicine III course and the Clinical and Technical Skills Assessment in Clinical Skills III course are required elements in the courses graded with a Pass/No Pass score.

If a student does not receive a passing grade on the Objective Structured Clinical Examination (OSCE) Assessment in Clinical Medicine III and/or the Clinical and Technical Skills Assessment in Clinical Skills III:

- The student will be required to complete remediation and reassessment for each assessment that the student received a score below the 82% grade.
- The student will be required to meet with the Student Development Specialist and/or Course Director to review the exam performance, identify areas of improvement, and a directed remediation assignment.
- The student will complete a reassessment of the failed assessment(s) and must receive a passing score equal to or greater than 82%.
    - The student will not be given another opportunity to complete a reassessment of the OSCE or Clinical and Technical Skills Assessment.
    - If the student does not receive a score of 82% or greater on the reassessment, the student is referred to the Student Development Committee and will be dismissed from the program.
- The student may receive an incomplete grade in the associated course while undertaking remediation and reassessment.
- Following a successful completion of the reassessment(s) on these components the student will receive a P/pass for the assessment(s) in the associated course(s).

Clinical Phase Progression

A student will be given the opportunity to remediate one (1) clinical rotation course. A need to remediate more than one (1) clinical rotation course will result in dismissal from the program.

Cumulative Monitoring of Performance

Each student's academic and professional performance is continually tracked and monitored during a student's entire matriculation through the program. Examination/assessment, course, rotation, and other failures in areas of the program expectations are tallied on a cumulative basis through the entire program.

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.

Policy on Concerns and Warnings

The PA Medicine faculty are committed to providing students with feedback that facilitates success in coursework and enables students to move toward acquisition of the knowledge and professionalism required of a competent medical provider. If academic concerns are noted by faculty, students are notified via an Academic Concern Form. If professionalism concerns are noted by faculty, students are notified via a Professionalism Concern Form.

The Academic and Professionalism Concern Forms function as a type of early warning for students, signifying that they may be at risk. Faculty track warnings provided through this process so that we can ensure we are consistently coaching students and measure progress in student development.

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 didactic phase students needing two remediations within the same semester will meet with the student development specialist and academic advisor. Any clinical phase student with two assessment/or evaluation remediations across all courses in the clinical phase will meet with the student development specialist and academic advisor. This meeting is to provide supportive direction for the student.

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.

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 issues may be severe enough to warrant dismissal without encountering probation first. 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.

Academic Probation

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 must demonstrate improved and sustained academic performance during the semester (or remainder of semester) on probation. 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.

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 and Provost/Senior Vice President.

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 didactic phase and Appendix XIII prior to the clinical phase. Some examples of reasons for professional probation include, but are not limited to:

a. A student demonstrates observable conduct or a pattern of behavior that is incompatible with safe, ethical, respectful, or effective participation in the educational or clinical environment.
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 and Contracts 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 an Academic or Professional 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 an Academic or Professional 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.
b. Failure to meet the conditions of a probationary contract may result in dismissal from the program.

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 Provost/Senior Vice President will be notified.

Policy on Late Assignments for Didactic Phase Courses and Didactic Courses in the Clinical 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 course 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 Brightspace, are behind on work, had printer or computer issues or forgot/missed the due date.

Late penalties may be waived only for:

- Excused absences as defined by the program
- Approved disability accommodations.
- Documented extenuating circumstances approved in advance or as soon as reasonably possible by the course director.

Students with a pattern of late assignment submission in the didactic phase (ex. 2 or more in a semester) and didactic course in the clinical phase may receive a Professionalism Remediation.

Policy on Late Assignments during Clinical Phase Courses (Rotations)

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 PA Medicine program allows for three instances of a late or missing submission (such as assignments/logs/timesheets/evaluations) over the entire clinical phase, before points are lost in the clinical phase courses. Late or missing assignments/logs/timesheets/evaluations will be communicated to the student in the form of an email reminder.

After three instances of late submissions, any documentation/essay/case assignments submitted 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. Any documentation/essay/case assignments submitted four days after the rotation has ended will receive a score of zero unless alternative arrangements are made with the Director of Clinical Education. This applies to any assignments for which no extension has been given.

After three instances of late submissions, any late patient log, timesheet, 5-Day checklist, evaluation, and/or clinical reasoning form submissions will receive a 0.5 point deduction from the maximum grade (4.5 to 5 points) for this component of the course. Additional late submissions within a course will also receive a 0.5 point deduction for each late submission.

In addition, each late submission in a clinical phase course will result in a 0.5 point deduction from the maximum grade (5 points) in the Professionalism grade for the course.

Failure to submit written assignments that meet course requirements will result in a No Pass for the course.

Please refer to the course syllabus for the evaluation criteria and point values for the graded components in each clinical course.

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.

Program Completion

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 3 years of initial matriculation date, unless other arrangements with Program leadership (regarding timeframe for degree completion only) have been approved by Program leadership.
2. All required procedures satisfactorily performed.
3. Must be in good academic and professional standing with a Pass in all courses at program completion.

4. Successfully pass all components of the Summative Evaluations at the end of the clinical phase, demonstrating achievement of the Program Learning Outcomes.
5. Complete the graduation application process. Please pay close attention to the deadline to apply and when the application is available.
6. 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).

Section VII: APPEALS

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 Institutional 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 Provost/Senior Vice President 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. Provost/Senior Vice President

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 Provost/Senior Vice President.

Upon receipt of the written appeal, the Provost/Senior Vice President will contact the chair of the Faculty Assembly (for undergraduate appeals) or the Graduate Council (for graduate appeals) to select three faculty members, and the Vice President for Enrollment Management and Student Affairs to select two students to serve on an appeal panel; for undergraduate appeals the students will be undergraduates and for graduate appeals the student will be graduate students. One student and two faculty members will be from the academic school concerned; the other student and faculty member will be from other schools. The Provost/Senior Vice President will set up the first meeting of the panel and notify the involved student and the faculty member(s).

Time Limits

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

Student Responsibility

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

Faculty

Any written documentation that the faculty member(s) wish to present to the panel should be given to the panel and the student through the Provost/Senior Vice President before the first meeting of the panel.

Panel

At the first meeting of the panel, the Provost/Senior Vice President will review the responsibilities and limits of the appeal panel and distribute any written materials from the student and the faculty member(s). The panel should then choose a chair and secretary. A hearing will take place at a subsequent meeting.

1. At the hearing, the student will present the concern. The student may ask to have a student advocate or another person present as a supporter/advisor. This request should be made before the meeting. Because this is a student initiated process within the College, it is not usual to have legal counsel present. If an exception is to be made, it should be arranged with the Provost/Senior Vice President before the panel meeting.
2. At the hearing, the panel will give the faculty member(s) an opportunity to respond to the accusation of unfairness or injustice. The faculty member(s) may invite the department chair or dean of the school to be present for this panel meeting.
3. If the student has arranged for legal counsel, the faculty member(s) may also have legal counsel present. Legal counsel shall not be permitted to examine or to cross-examine anyone present. The Provost/Senior Vice President will also be present as a resource for procedural questions.
4. At the hearing, the panel will ask questions and receive clarification of the issue from the student and faculty member(s), all of whom are present for presentation and clarification.
5. After the hearing, the panel will meet alone to discuss the issue. The primary responsibility of the panel is to determine whether an injustice was done.
6. To maintain confidentiality the panel will seek, through the Provost/Senior Vice President, any additional information needed to arrive at a decision.
7. The decision will be communicated to the Provost/Senior Vice President who will relay the final decision to the student and faculty member(s). If and only if the panel members decide there was an injustice, they may suggest options for follow-up action to the Provost/Senior Vice President.
8. Detailed minutes of the panel proceedings should be kept by the secretary and filed in the office of the Provost/Senior Vice President.
9. All deliberations of the panel are held in confidence. Panel members and anyone present at the meeting(s) should respect this confidentiality.
10. Decisions of the panel are binding.

Section VIII: CLINICAL EDUCATION POLICIES AND PROCEDURES

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

Clinical Curriculum Information

The clinical phase of the program consists of a total of 8 rotational blocks/9 rotations, the Behavioral Health Integration in Primary Care course, and the phase-long Capstone course series.

In order to begin the Clinical Phase, each student must:

1. Satisfactorily meet all requirements of the Policy on Progression to Clinical Phase
2. All elements of any probationary, incomplete, or remediation statuses are resolved.
3. Attend Clinical Phase orientation.
4. Satisfactorily complete all program and clinical site immunization, health screening, and other participation requirements by the defined deadlines.
5. Successful completion of HIPAA, OSHA/Bloodborne Pathogens training and BLS/ACLS courses.

Failure to complete any of these required items by their designated due date may result in a delayed start or inability to start 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 order of clinical rotations will vary for each student.

Policy on Clinical Rotation Scheduling/Placement

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.

Clinical Phase Housing and Transportation

Please refer to the Policy on Travel and Housing.

Policy on Clinical Rotation Hours

To maximize each student's ability to fulfill the learning outcomes in each clinical rotation course throughout the clinical phase, students are required to complete a **minimum of 1600 hours by the end of all clinical rotations**. It is the student's responsibility to monitor their hours to make sure they are on track to meet this requirement. The program recommends that students strive to meet 40 hours per week while on a rotation, with the understanding that some rotations may have more hours and some less. Students must notify the Director of Clinical Education (DCE) if they anticipate fewer than an average of 32 hours per week during any rotation. Clinical rotations can include 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 work with their preceptor to find other preceptors to learn from within their scheduled clinical site/specialty. Students are not permitted to seek out clinical rotation time outside of their approved clinical rotation site. It is also the responsibility of the student to communicate any changes in the preceptor schedule with the 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 required minimum of 1600 hours by the end of the clinical phase may need to complete additional clinical rotation time. The program cannot guarantee an opportunity will be available immediately at the end of the clinical phase to make up this time. As a result, additional clinical rotation time at the end of the clinical phase has the potential to delay the student's graduation and may require registration for additional clinical coursework, for which **the student is solely responsible for any additional tuition costs and/or institutional fees**.

Students MUST adhere to each clinical site schedule and to all assignments developed by the sites and preceptors. **The clinical rotation schedule does not follow the CSS academic schedule.**

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 checklist ensures 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.

Policy on 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 and time off forms 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.

Policy on 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

Policy on 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 courses 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), completed program required procedures, and a 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. The student will only have one opportunity for remediation per 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 (the initial attempt and one remediation attempt). 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 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

Section IX: ADMINISTRATIVE POLICIES

Program 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.

Program Policy on Name Changes

Throughout the program, students are required to file name change documentation with the College immediately upon legal approvals. Students can file their name change request by clicking on the appropriate Name Change Form here. Students must also notify the Program Manager immediately when there is a change in name. The Program will not be able to utilize a changed name for any official Program or College associated documentation until the name change form has been completed and has been processed by the College.

FERPA (Family Education Rights and Privacy Act)

Any student 18 years of age or older has the right to privacy of educational records. This includes academic information including grades, financial aid information, student account information, and academic progress reports. This right to privacy includes the right to withhold this information from parents or guardians. Federal law requires The College to protect this privacy for each student.

Students may waive this right by completing a FERPA Family Education Rights and Privacy Act Authorization with the Program. The College will not disclose this type of information to anyone who is not authorized. You may rescind access at any time by returning to this form and unchecking previously granted access.

Section X: FINANCIAL POLICIES, STUDENT EXPENSES, AND TRAVEL AND HOUSING EXPECTATIONS

Policy on Refunds

This is the College policy on refunds.

Student Expenses

Students are responsible for all direct and indirect costs of program attendance.

Tuition and fees are the direct costs of program attendance billed to you and paid to the institution. This figure does not factor indirect costs of attendance, which include personal living expenses and other required expenses. Actual indirect costs may vary widely depending on

individual lifestyle expectations. An **Estimated Total Cost of Attendance 2026-2027** for direct and indirect expenses related to the PA Medicine Program is provided here.

Travel & Housing Policy

In accordance with ARC-PA 6th Edition Standard (A3.14j), the PA Program provides clear, written policies regarding student responsibilities for travel, housing, and transportation during all phases of the program. This policy applies to required didactic activities, supervised clinical practice experiences (SCPEs), elective rotations, and all other program-related activities conducted on or off campus.

General Expectations
Students are required to relocate to the Duluth, Minnesota area for the didactic phase of the program.

During both the didactic and clinical phases, students must maintain living arrangements that allow reliable, punctual attendance at all required program activities.

During the clinical phase rotations (excluding student requests), students should anticipate:

- Daily commutes of up to 60–90 miles one way
- Clinical assignments up to 300 miles from Duluth
- The need for temporary relocation for distant sites

Temporary relocation is strongly recommended for placements located more than 90 miles from a student's residence.

Program Authority and Clinical Placement

All clinical placements are determined, assigned, and scheduled by the PA Program. PA students may assist with this process under the direction of clinical faculty, but are prohibited from arranging clinical placements on their own.

The program does not guarantee:

- Placement within commuting distance of the CSS campus
- Placement within commuting distance of a student's residence
- Placement within a student's preferred geographic location

Students may be assigned to SCPEs in rural, urban, or medically underserved areas in order to meet program learning outcomes and ARC-PA requirements.

Financial Responsibility

In accordance with ARC-PA transparency standards, students are responsible for all costs associated with travel and housing unless explicitly stated otherwise in writing by the program.

This includes, but is not limited to:

- Housing (didactic and clinical phases)
- Fuel and mileage
- Tolls and parking
- Public transportation
- Airfare
- Lodging
- Meals
- Vehicle maintenance and insurance

The program does not routinely provide reimbursement for travel or housing expenses.

When available, students may apply for institutional or external stipends (e.g., rural or underserved site funding). Availability of stipend funding is not guaranteed.

All institutionally provided financial support:

- Is contingent upon available funding
- Requires prior written approval
- Must comply with institutional policies

Housing

Students are solely responsible for securing and financing housing during both phases of the program.

During the clinical phase, housing arrangements must be confirmed prior to the start of each rotation. Failure to secure appropriate housing does not constitute grounds for reassignment. If a student is unable to attend a scheduled rotation due to failure to secure housing, the student may be removed from that rotation and required to complete the experience at the end of the clinical phase. This may delay program completion and graduation.

For select remote sites, the program may provide information regarding previously utilized housing options. Such information is provided as a courtesy and does not constitute endorsement, guarantee, or contractual obligation.

Transportation Requirements
Students must maintain reliable transportation throughout the didactic and clinical phases. Students are responsible for arriving on time to all required activities, regardless of location.

Transportation difficulties are not an acceptable excuse for absence or tardiness. Any issues with transportation should be discussed with the Director of Didactic Education (Didactic Phase) or the Director of Clinical Education (Clinical Phase).

Clinical rotations requiring air travel or extraordinary travel arrangements must receive prior approval from the Director of Clinical Education before scheduling is finalized. In the event of unexpected travel delays, students must promptly notify their clinical preceptor and the Director of Clinical Education.

Safety
Consistent with ARC-PA Standards related to student safety, the program expects students to prioritize personal safety while participating in off-campus activities.

Students must:

- Comply with all institutional and program policies
- Plan appropriately for inclement weather and foreseeable travel disruptions
- Immediately report housing or transportation conditions that pose safety concerns

<u>For safety and liability reasons, students may not provide transportation to or accept transportation from clinical preceptors.</u>

Concerns affecting attendance, safety, or academic progression must be reported immediately to the Director of Didactic Education (Didactic Phase) or the Director of Clinical Education (Clinical Phase).

Exceptions to this policy may be granted only for documented emergencies or extenuating circumstances and require approval from the Program Director.

Conference Related Travel
Professional conference attendance during enrollment requires prior approval from the Director of Didactic Education (Didactic Phase) or the Director of Clinical Education (Clinical Phase), and the Program Director.

Unless otherwise specified in writing, all conference-related expenses are the responsibility of the student. Any institutional or external funding support must be identified and approved in advance and is subject to availability and compliance with institutional policies.

APPENDICES

APPENDIX I

CSS PA Medicine Program
Professionalism Assessment Rubric - Didactic Phase

Performance Criteria	Highly Professional	Professional	Participating	Unprofessional
Time Management 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
Respect 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
Preparedness 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

Quality of Work Persistence Integrity	Provides work of the highest quality that reflects best effort; makes strong effort to improve work; shows positive, proactive behavior; is always honest and encourages other to do the same; always adheres to class, college, and university academic dishonesty policies	Provides high quality work that often reflects best effort; makes moderate effort to improve work; shows positive, proactive behavior; is always honest; always adheres to class, college, and university academic dishonesty policies	Provides work that reflects a good effort and occasionally needs to be checked or redone; rarely shows negative behavior; is honest; does not knowingly violate class, college, or university academic dishonesty policies	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
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)
Time Management 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
Respect 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.
Preparedness 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

Quality of Work Persistence Integrity	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
Teamwork	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
Overall Impression	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
1 - Unsafe	● Not well prepared for the clinical phase ● Lack of interest in learning	● The learner is not showing interest or participating in direct patient care. ● The learner is unable to answer the "what" and "why" questions. ● The learner is unable to perform an H&P. ● Cannot recognize normal and abnormal findings.
2 - Marginal; Needs Improvement	● Prepared for clinical phase, but needs extra guidance ● A few Clinical Phase PA-S students during their first couple rotations	● The learner can accurately gather and clearly communicate facts to the preceptor, but may be missing some important aspects of patient care. ● Can recognize normal and abnormal findings. ● Lacks confidence to label a new problem. ● Answers the "what" questions as they relate to patient care. Unable to answer "why."
3 - Competent	● All Clinical Phase PA-S for common problems.	● Has mastery of performing a H&P. ● Has confidence to label a new problem. ● The learner begins to prioritize identified problems. ● Progresses in development of differential diagnosis. ● Uses clinical findings and diagnostic studies to help support a diagnosis. ● Answers the "why" questions as they relate to patient care.
4 - Above Average	● All Clinical Phase, PA-S late in Clinical phase.	● The learner is confident with their H&P, able to develop a differential, and discuss a plan of care. ● The learner should be able to provide at least 3 reasonable options in the diagnostic and therapeutic plans. ● Answers the "how" questions for getting things done.
5 - Practicing Clinician	● Highly advanced Clinical Phase PA-S at the end of their training.	● The learner is able to perform H&P, develop differential and plan of care, and implement that plan under supervision. ● The learner will define important questions to study and differentiate current evidence. ● Shares leadership within a team. ● Learns from one's own experience to become an educator.

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 scientific concepts 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. Emergent Medical Conditions	1	2	3	4	5
c. Acute Medical Conditions	1	2	3	4	5

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

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

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

Please comment on areas of strength: Please comment on areas in need of improvement:

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	**1 Unacceptable** (Clearly inadequate; unsafe)*	**2 Poor** (Many deficiencies)*	**3 Competent** (Adequate)	**4 Proficient** (Exceeds in many areas; top 20%)	**5 Educator** (Superior in every way; top 10%)
	Student is unable 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

The College of St. Scholastica

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

APPENDIX VII

The College of St. Scholastica

PA Medicine Program

Release of Information to External Entities

Please refer to the attestation in Exxat for additional information regarding the individuals and organizations with whom the PA Medicine Program may need to share students' personal information.

Information disclosed to individuals and organizations may include, but is not limited to, criminal background check results, drug-screening results, immunization records, and tuberculosis (TB) test results.

The PA Medicine Program must also provide the National Commission on Certification of Physician Assistants (NCCPA) with each student's name, Social Security number, date of birth, gender, address, email address, anticipated graduation date, and any other required information necessary to establish the student's eligibility to take the Physician Assistant National Certifying Examination (PANCE).

Student information is disclosed to external entities only as necessary to support participation in educational activities, fulfill Program or clinical-site requirements, establish eligibility for certification examinations, or meet other applicable legal or regulatory requirements.

APPENDIX VIII

The College of St. Scholastica

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

The College of St. Scholastica

PA Medicine Program

Sample Academic and Professionalism Concern Forms

Academic Concern Form

Professionalism Concern Form

APPENDIX X

The College of St. Scholastica

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 Remediation Outcome Form

Outcome Form

APPENDIX XII

The College of St. Scholastica

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.

_____

Signature

_____

Printed Name

_____

Date

APPENDIX XIII

The College of St. Scholastica

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

_____

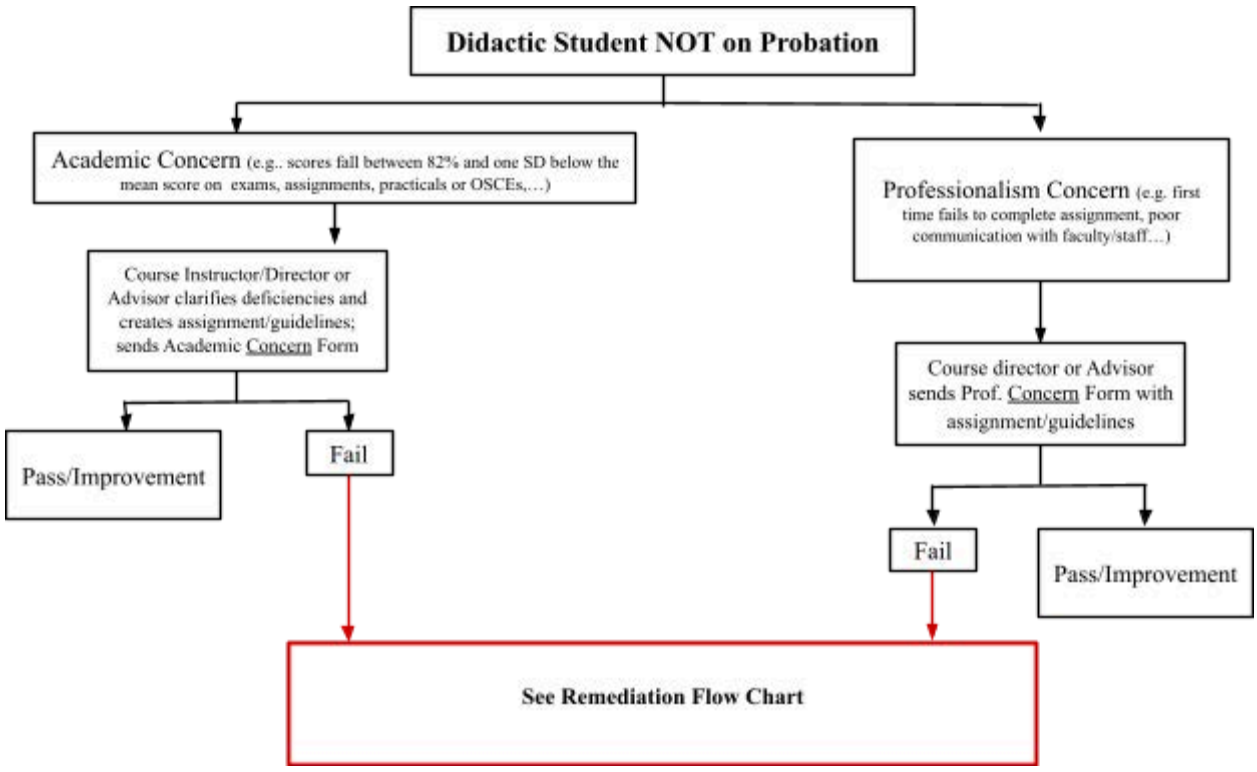
Date

APPENDIX XIV

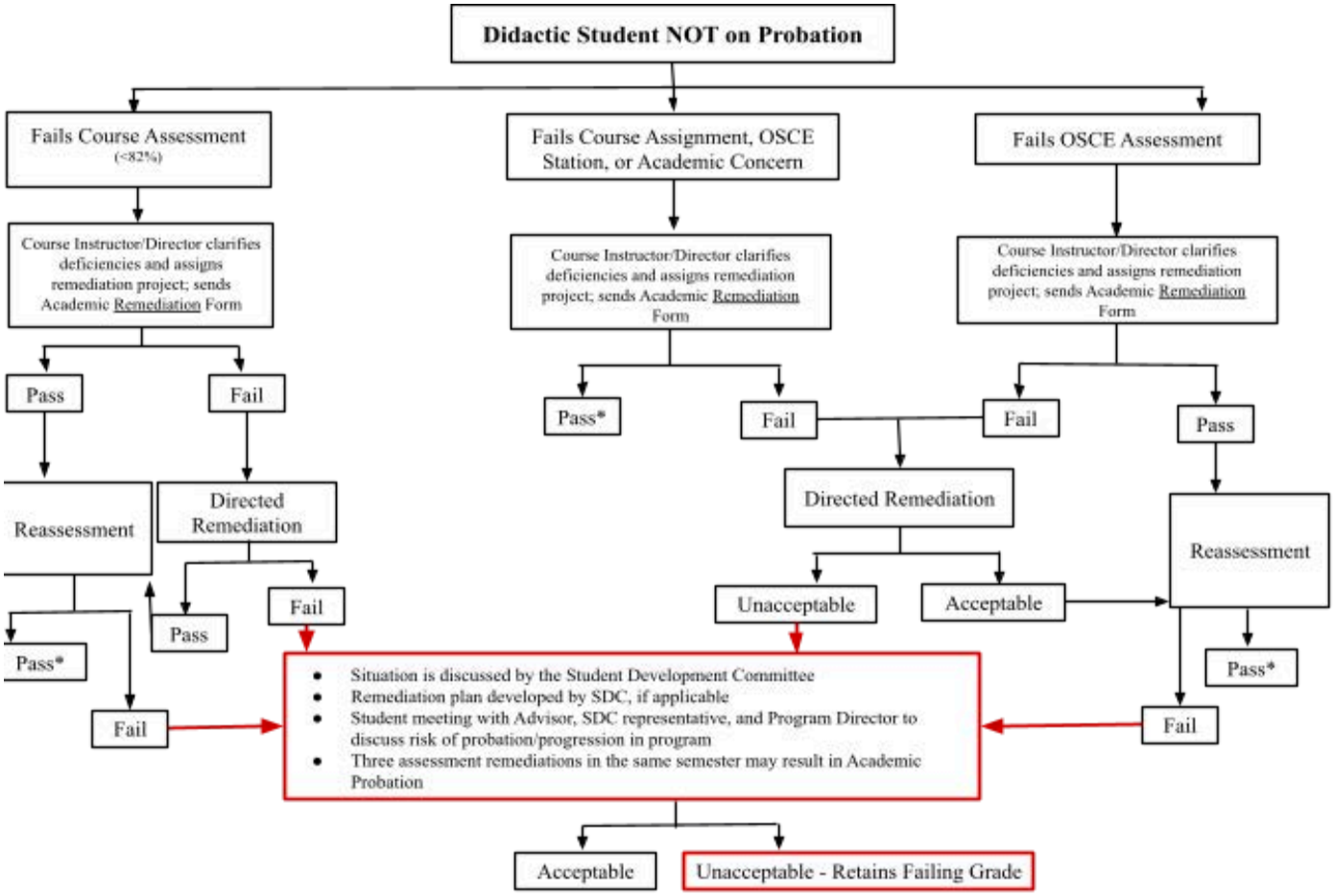
The College of St. Scholastica

Didactic Student Concern & Remediation Flowcharts

Academic or Professionalism Concern in Didactic Phase for Student NOT on Probation

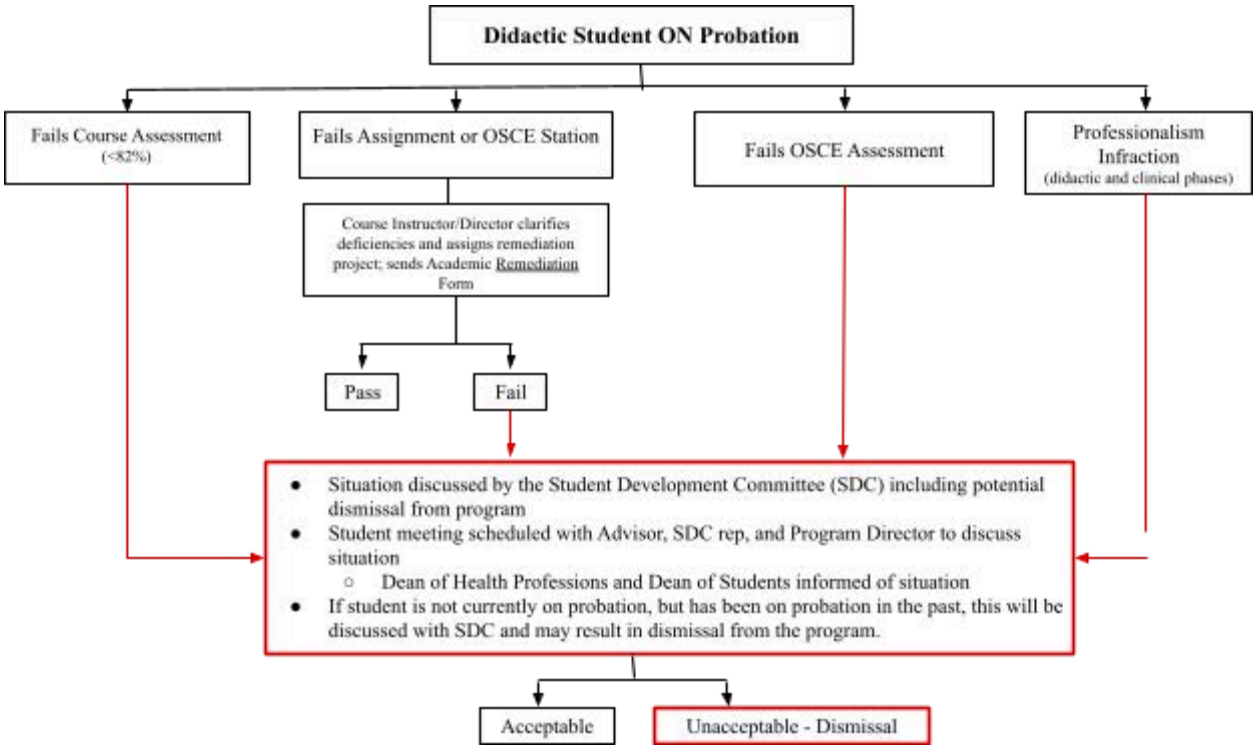


Academic Remediation in Didactic Phase for Student NOT on Probation

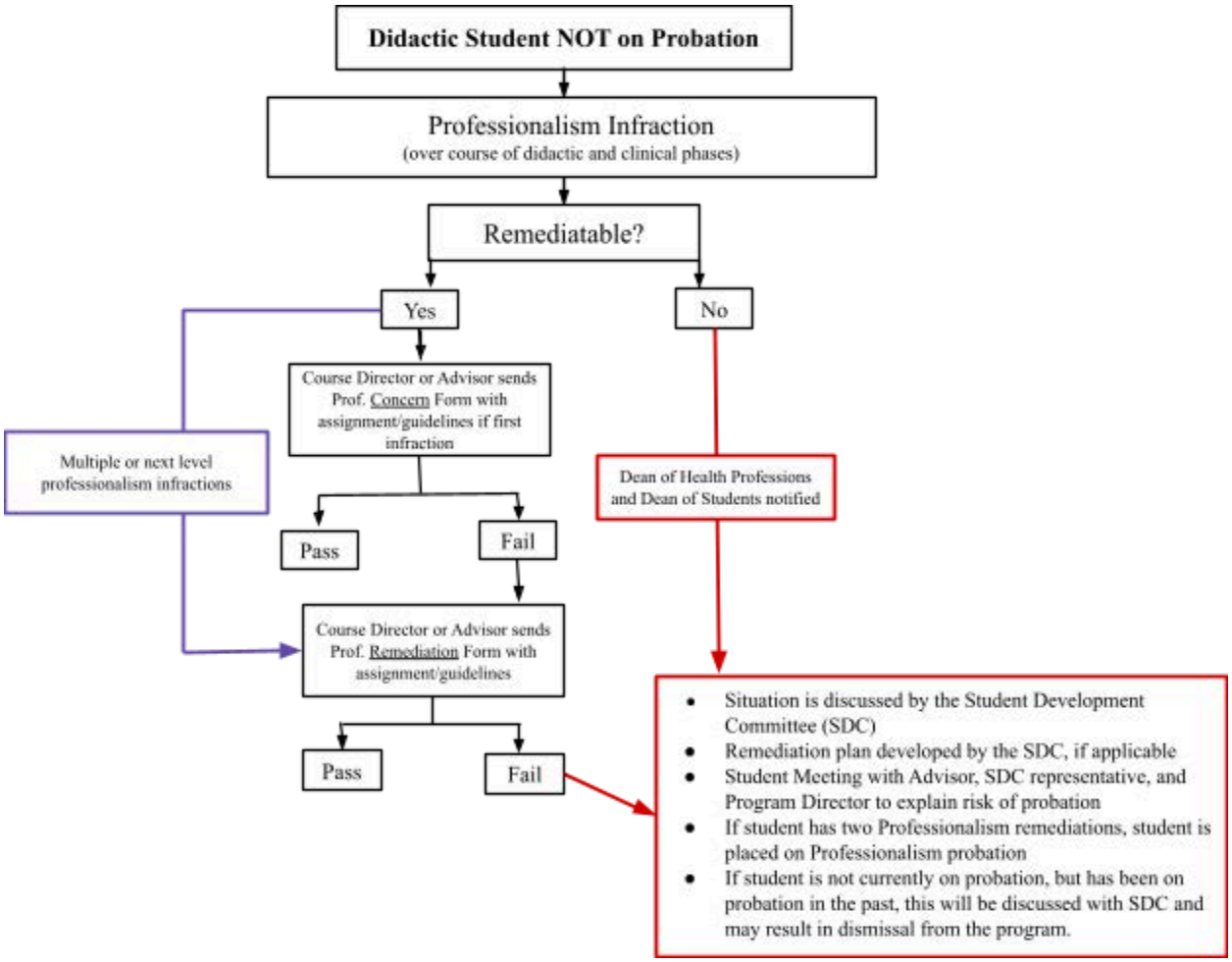


* A first assessment failure in a course with a successful remediation of knowledge can earn 10% of the assessment score back, or the passing score of 82%, whichever is lesser. Any subsequent assessment failure in the same course within the same semester would result in referral to the SDC with no assessment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

Academic Remediation in Didactic Phase for Student ON Probation



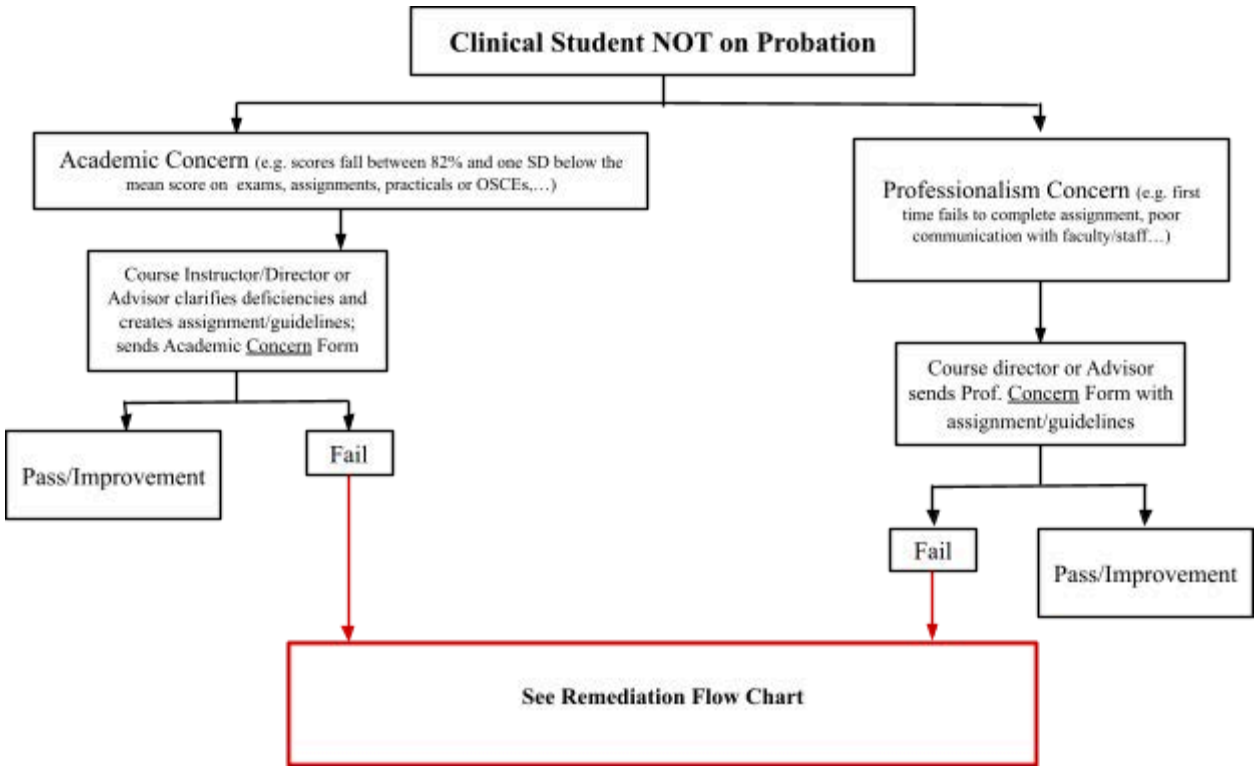
Professionalism Infraction in Didactic Phase for Student NOT on Probation



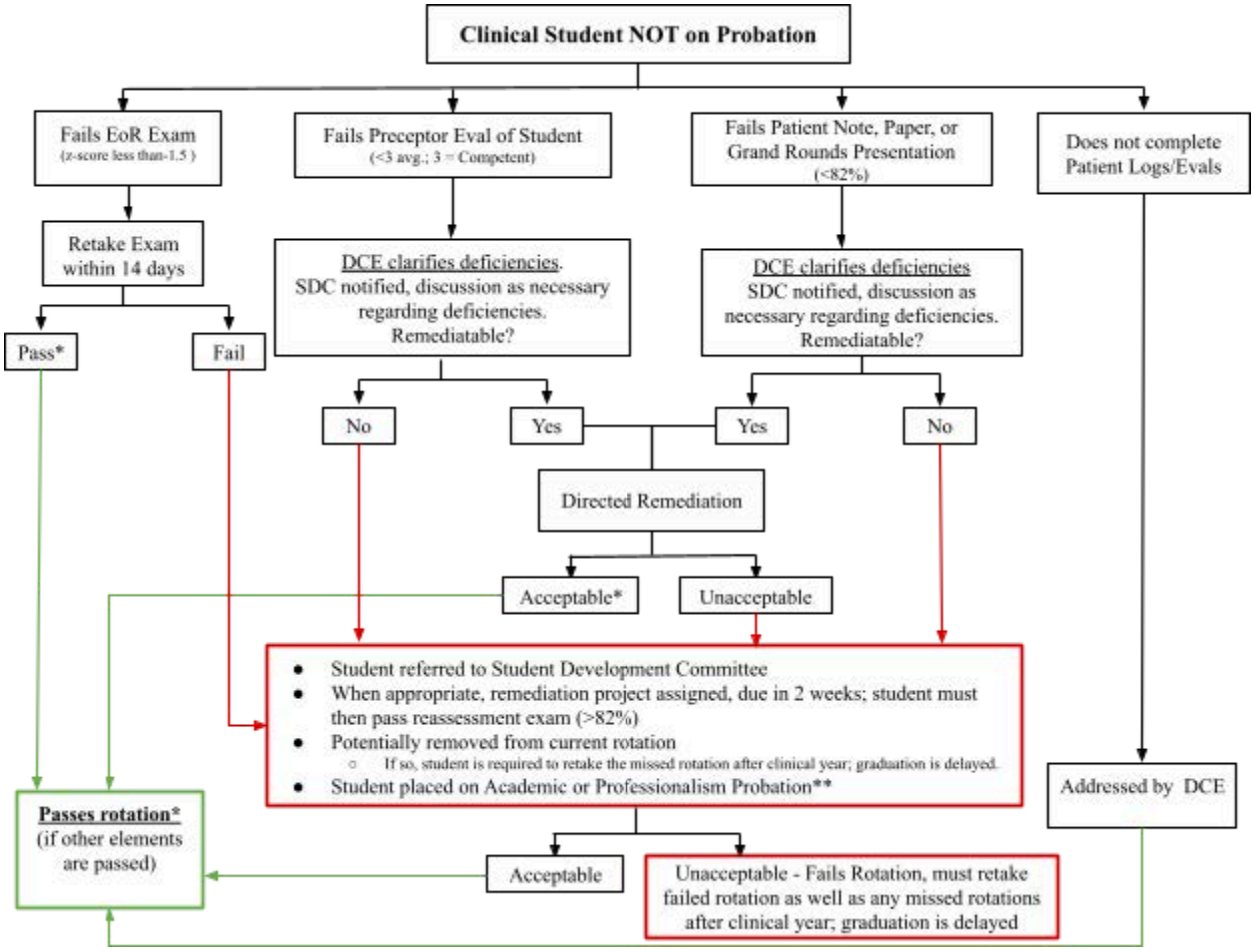
APPENDIX XV

Clinical Student Concern and Remediation Flow Charts

Academic or Professionalism Concern in Clinical Phase for Student NOT on Probation



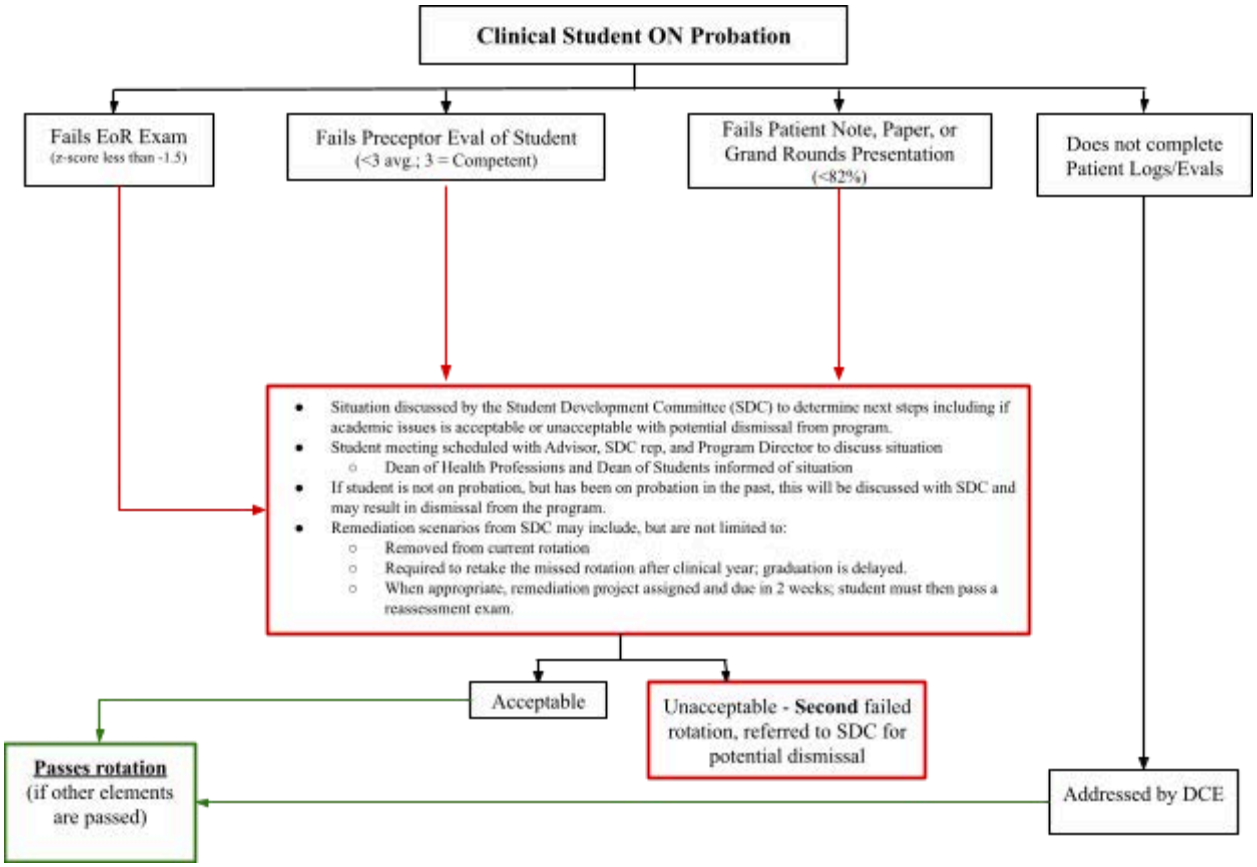
Academic Remediation in Clinical Phase for Student NOT on Probation



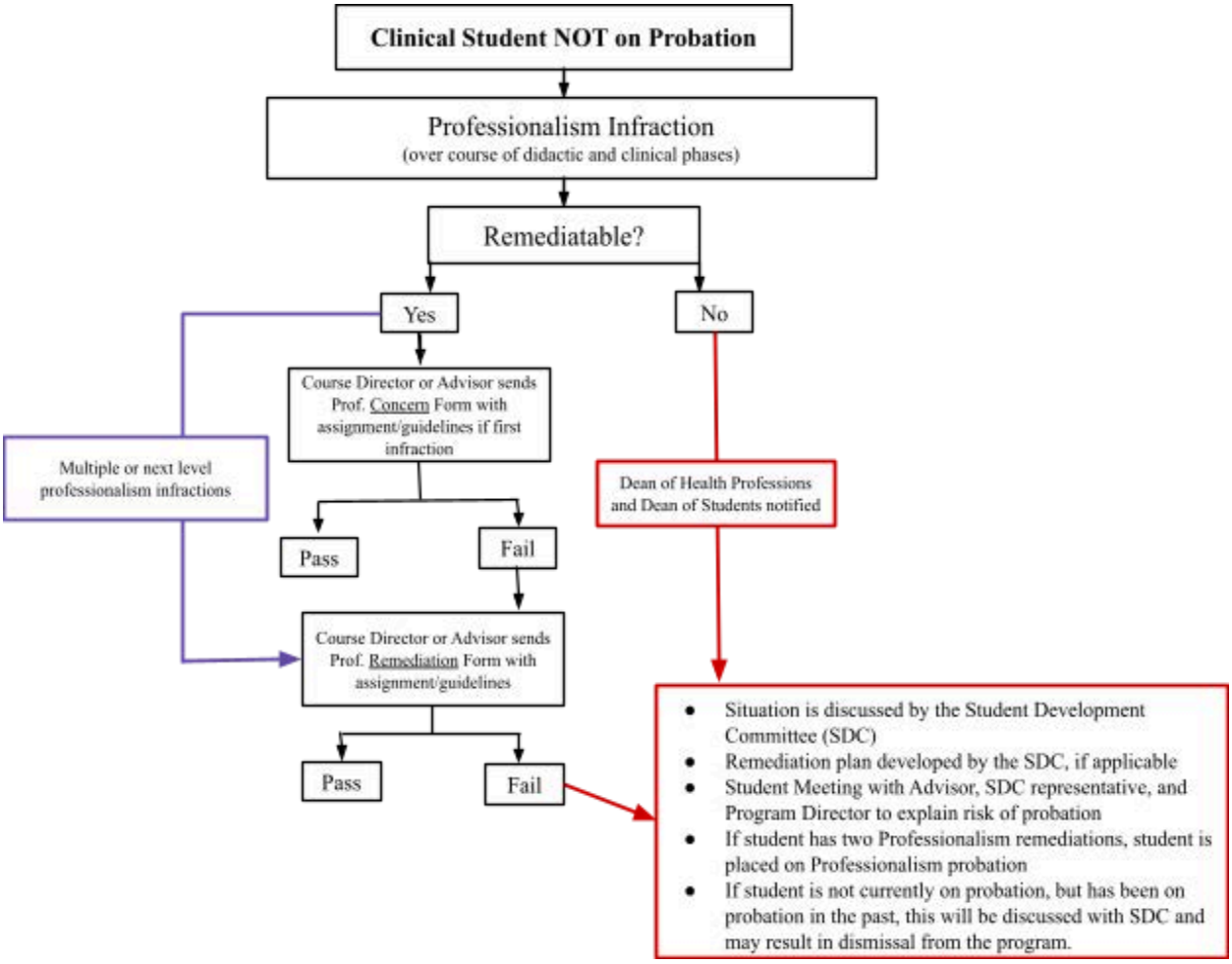
* A first assessment failure in a course with a successful remediation of knowledge can earn 10% of the assessment score back, or the passing score of 82%, whichever is lesser. Any subsequent assessment failure in the same course within the same semester would result in referral to the SDC and with no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

Academic Remediation in Clinical Phase for Student ON Probation



Professionalism Infraction in Clinical Phase for Student NOT on Probation



Examples of Student Mistreatment and Strategies

ACADEMIC MEDICINE | AM Last Page

Is It Mistreatment? Practices for Productive Teacher–Learner Interactions

Michael Ainsworth, MD, professor and senior associate dean for educational performance, and Karen Szauter, 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.[1]
- 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
Apply behaviors that are PROFESSIONAL Emphasize interactions that are constructive, appropriate to the encounter, and not shame inducing[2]	Providing feedback on strategies for improvement—not just faults or weaknesses	Providing feedback on mistakes without providing suggestions or means for correction
	Focusing criticism on the behavior needing improvement	Focusing criticism on the learner's faults on a personal level
	Basing critique on direct observation and performance	Basing critique on value judgments or inferences
Apply behaviors that are RESPECTFUL Engage learners using methods that allow them to recognize you as their advocate	Providing a calm, measured amount of criticism	Providing emotionally charged, rushed, overwhelming criticism
	Conveying criticism in suitable settings—privately when needed	Conveying criticism in public when privacy is more appropriate
	Providing input early enough to allow time for improvement	Blindsiding learner with criticism too late for improvement
Apply behaviors that are HUMANISTIC Be deliberate in your sensitivity to learner values, culture, and background	Demonstrating sensitivity to learner vulnerability	Exploiting power differential to control learners
	Making suggestions tailored to learners as individuals	Making offhand remarks that stereotype learners
	Extending equal learning opportunities and benefits to all	Discriminating in treatment based on gender, race, ADA* factors, or other protected classes
Apply behaviors of an EXPERT TEACHER Use teaching methods that reflect validated techniques	Focusing on relevant learner skills integral to the task	Providing vague, confusing, or task-irrelevant instruction
	Focusing on skills that are under the learner's control	Focusing criticism on areas (e.g., environmental, programmatic) beyond the learner's control
	Providing orientation and direction appropriate to the task	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
- **Overgeneralizations:** 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[3]
- **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

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First published online August 25, 2020
doi: 10.1097/ACM.0000000000003709

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_____