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PREFACE (A3.01; A3.02; A3.13)
The George Fox University MMSc-PA Student Handbook is designed to inform and assist students with program policy and performance expectations (A3.02). This policy applies to all students, principal faculty, and the program director regardless of location (A3.01). A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site (A3.01).

In addition to this handbook, students may find clear and credible information on all dimensions of this program on the GFU PA website located at http://www.georgefox.edu/pa and the GFU PA Admissions Handbook located at https://www.georgefox.edu/pa/admissions/index.html (A3.13). Note: The information contained within this Handbook is in addition to, not in place of, the GFU Catalogues and Student Handbooks.

Expectations
Due to the intensity and high standards of the program, it is advisable that students are prepared and focused as they progress through the curriculum. Students are strongly discouraged from seeking or maintaining employment (A3.14h) while enrolled in the program. If a PA student chooses to work during the program, it is his/her responsibility to ensure that employment does not interfere with or hinder academic progress. Program expectations, assignments, deadlines, examinations and other student responsibilities will not be altered or adjusted to accommodate a working student. Students are also advised to take full advantage of the academic and other support services available to them during their enrollment. It is expected that they will quickly become independent learners, managing their time and multiple responsibilities to effectively complete their coursework. It is their responsibility to problem solve, question what they do not understand, and handle conflict with respect and maturity.
INTRODUCTION

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**George Fox Web Resources**

University web:  [https://www.georgefox.edu/](https://www.georgefox.edu/)
University resource: [https://www.georgefox.edu/resources_for/index.html](https://www.georgefox.edu/resources_for/index.html)
Graduate student resources: [https://www.georgefox.edu/resources_for/current/grad.html](https://www.georgefox.edu/resources_for/current/grad.html)
Registrar page: [https://www.georgefox.edu/offices/registrar/index.html](https://www.georgefox.edu/offices/registrar/index.html)
Institution technology: [https://www.georgefox.edu/offices/it/index.html](https://www.georgefox.edu/offices/it/index.html)
Campus public safety: [https://www.georgefox.edu/offices/security/index.html](https://www.georgefox.edu/offices/security/index.html)
Health/counseling: [https://www.georgefox.edu/resources_for/counseling_services.html](https://www.georgefox.edu/resources_for/counseling_services.html)

**Program Specific Web Resources**

PA program: [https://www.georgefox.edu/pa/index.html](https://www.georgefox.edu/pa/index.html)
PA library page: [https://libguides.georgefox.edu/PA](https://libguides.georgefox.edu/PA)

**Professional Associations**

The Department recognizes that national and student organizations can enhance a student’s education by providing additional opportunities beyond the curriculum for personal development and growth and resources. Given the benefits, participation in PA Organizations is encouraged but not required.
The American Academy of Physician Assistants (AAPA)
The AAPA, founded in 1968, is the national professional society for the PA in the United States, representing more than 100,000 certified PAs. The AAPA serves to advocate and educate others regarding the PA profession in addition to offering advocacy, research, leadership, employment resources, and continuing education opportunities to PAs. [http://www.aapa.org/](http://www.aapa.org/)

Student Academy of the American Academy of Physician Assistants (SAAAPA)
Student Academy of the American Academy of PAs (SAAAPA) is the national organization for students enrolled in PA programs. The SAAAPA has an elected board and participates in many capacities including subcommittees within the AAPA. The SAAAPA can provide information on many topics including: financial aid, survival tips, clinical pearls, hot topics, etc. [https://www.aapa.org/about/aapa-governance-leadership/student-academy](https://www.aapa.org/about/aapa-governance-leadership/student-academy).

Oregon Society of Physician Assistants (OSPA)
PAs in the State of Oregon are represented by Oregon Society of PAs (OSPA). OSPA’s Web site serves its members and the public by providing a forum for services and ideas designed to strengthen and promote the PA profession throughout OR. As the voice and advocate of PAs in OR, OSPA provides members with state representation, continuing medical education opportunities, and employment information. [https://www.oregonpa.org](https://www.oregonpa.org).
ARTICLE 1.0 MISSION, VISION, VALUES, AND GOALS (B1.01)
The School of Medical Science and Master of Medical Science (MMSc) exists to support the mission of George Fox University, which promotes community awareness and service. Therefore, the mission of the School is to supports and augments the mission of the College.

Article 1.1 Master of Medical Science Mission Statement
The program seeks to develop well-informed, resilient, and compassionate PAs who provide patient-centered and service-oriented medical care in diverse environments.

Article 1.2 Master of Medical Science Vision Statement
The program vision aspires to transform healthcare through increased access, affordability and equality for the benefit of people and communities.

Article 1.3 Master of Medical Science Core Values and Goals
1. Compassion: Foster a commitment to Christian values, ethics and integrity in personal and professional service as a PA
2. Service: Emphasize a servant-leadership lifestyle, which prepares graduates to serve in underserved communities, domestically and abroad
3. Leadership: Develop a solid professional value system, committed to life-long learning, professional development, and advocacy for the profession
4. Knowledge: Cultivate high-quality graduates committed to self-discovery and self-assessment and to the application of critical thinking and analysis of research.

Article 1.4 Physician Assistant Program Core Goals
The MMSc-PA affirms its core values and goals as essential to fulfilling the program mission statement and is committed to attaining measurable graduate goals to include:
- PA employment as a primary care provider
- PA employment in underserved areas and populations
- PA volunteerism in community-sponsored organizations such as free medical clinics, search and rescue teams, emergency response groups, and fire departments
- PA volunteerism in medical mission work at a national and international level

Article 1.5 George Fox University Mission
George Fox University, a Christ-centered community, prepares students spiritually, academically, and professionally to think with clarity, act with integrity, and serve with passion.

ARTICLE 2.0 STUDENT EMPLOYMENT WHILE ENROLLED (A3.14h)
While enrolled in the PA program at GFU, students assume the role of a learner. Therefore, students will not be utilized to fulfill faculty or clinical staffing duties that would otherwise be provided by an employee of the University or outside organization. The PA program strongly discourages students from being employed while enrolled and does not make exceptions or alterations to required course work, scheduling, or rotation assignments for individual students due to employment (A3.14h). Employment status while in the program will not be used to excuse absence from scheduled learning activities, justify poor performance, or be considered as a mitigating factor when assessing students’ academic and professional progress.
Article 2.1  Students Will Not Work for The PA Program (A3.04)
The GFU MMSc. (PA) Program does not permit its students to work (paid or voluntary) for the Program (A3.04).

Article 2.2  Student Will Not Substitute as Faculty (A3.05)
GFU MMSc. (PA) students will not substitute for or function as instructional faculty (paid or volunteer) (A3.05).
- Students with specific prior knowledge, experiences, and skills may assist faculty (provided faculty approval and oversight) and share that knowledge and skill set during didactic and laboratory sessions.
- Students may not be the primary instructor or instructor of record for any component of the program curriculum.
- Students may not participate in the primary assessment of other students, except as indicated in the student reflection activities.

Article 2.3  Students Will Not Work at Clerkship Rotation Sites (A3.06)
During supervised clinical experiences, students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised (A3.06). Students may not accept compensation for any services provided during supervised clinical experiences unless specifically approved by the DCE (e.g. housing stipend)

ARTICLE 3.0  STUDENTS SOLICITING PRECEPTORS FOR CLERKSHPES (A3.03)
It is the program’s responsibility to coordinate clinical sites and preceptors for program required rotations and thus students are not required to provide or solicit clinical sites or preceptors. Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience. Students may make suggestions to principal faculty for sites and preceptors but are not required to do so. Student suggested sites and preceptors are to be reviewed, evaluated, and approved for educational suitability by the program. The Director of Clinical Education, assisted by the Medical Director, identifies, contacts, and evaluates SCPE sites and preceptors for suitability as a required or elective experience.

ARTICLE 4.0  REQUIREMENTS FOR MATRICULATION (A3.07; A3.14G; A3.15E)

Article 4.1  Non-Refundable Deposit
Candidates who accept a seat must pay a $1,000 non-refundable deposit within two weeks of notification of acceptance in order to hold their place in the cohort. Eight-hundred ($800) of this deposit will be applied toward first semester tuition costs. The remaining $200 is an Enrollment Deposit applied to the student’s account at graduation. Accepted candidates who do not pay the $1,000 deposit within the required time frame (two weeks) forfeit their seat.

Article 4.2  Post Selection Requirements
Once accepted into the GFU MMSc Program, the following conditions must be completed by November 30, 2020 in order to matriculate into the program. Candidates who fail to complete these requirements by the deadline will relinquish his/her seat and it will be offered to an alternate. These requirements will be coordinated by the GFU admission team and handled by an outside vendor that works with the admissions director. Requirements include:
● Background Search (estimated at $150 for each occurrence):
  o Criminal Activity
  o Sex Offender Registry
  o National Healthcare Fraud and Abuse
  o Residence History
  o Social Security Alerts
● Twelve (12) Panel Urine Drug Screen (estimated at $45 for each occurrence)
● Compliance Verification (estimated at $35 per occurrence)
  o Signed Technical Standards Form
  o Immunization Status Verification
  o Tuberculosis Screening Results
  o CPR Certification
  o Health Insurance Policy (showing current status)
  o Signed Release Form allowing GFU to Provide Preceptors with Status or Results of Immunizations, TB Screening, Drug Screening, and Background Check
● Mandatory HIPAA and OSHA Certification (estimated at $15 per year)

All prerequisites must be taken at a U.S. regionally accredited institution and EACH course must meet a minimum 3.0 GPA (or B; B- is not acceptable) requirement (prerequisite course completion recommended within last 5 to 7 years). An applicant may be offered a seat with up to two (2) outstanding prerequisites provided but these courses must be completed by October 1 preceding matriculation and official transcripts [sealed] from the college or university (confirming course completion and course grade of at least 3.0) must be received by GFU’s PA program by October 31. Failure to meet these deadlines will result in a forfeiture of seat and the candidate will not be allowed to matriculate into the program.

Article 4.3 Background Search
Prior to matriculation (by November 30th), before the clinical year begins, and as required by a clerkship site – all PA students are required to have a completed certified background check via an established third party. The background search looks for a history of:
● Criminal Activity
● Sex Offender Registration
● National Healthcare Fraud and Abuse
● Residence History
● Social Security Alerts

Admittance to the Program is contingent upon a successful background evaluation. If the background search reveals information that would prohibit a student from participating in clinical rotations, the seat offer will be rescinded or if already in the program the student will be dismissed (academically unable to fulfill course/program obligations). The estimated cost for the background check is $150.

If a student is dismissed, the Academic Progress Committee will forward the decision (in writing) to the applicant, PA Program Director, Chair for the School of Medical Science, and the Dean for the Graduate School of Health Sciences (within 14 days of a decision). Students who are dismissed or the conditionally admitted applicant who was denied admission – because of the background search results – can appeal the committee’s decision. The appeal must be made in writing and received by the PA Program Director within seven days after the date the letter of denied admission or dismissal is mailed.
In turn, the Program Director will render a decision within seven days of receipt of the appeal request. The applicant, Chair for the School of Medical Science and Dean for Behavioral and Health Sciences will be informed of the Director’s decision. For applicants, this decision is final. A student, however, can appeal the decision, in writing, to the Dean for Behavioral and Health Science within seven days after the Director’s decision letter was mailed. The Dean will render a final decision within seven days of receiving the appeal. The Dean’s decision is final and cannot be appealed.

**Article 4.4 Twelve Panel Urine Drug Screen**

Prior to matriculation (by November 30th), before the clinical year begins, and as required by a clerkship site — all PA students are required to have a twelve (12) panel urine drug screen completed via an established third party.

Admittance to the Program is contingent upon a negative twelve panel urine drug screen. If any drug screen reveals information that would prohibit a student from participating in clinical rotations, the student will be dismissed (academically unable to fulfill course/program obligations). The estimated cost for the twelve panel drug screen is $45.

If a student is dismissed, the Academic Progress Committee will forward the decision (in writing) to the applicant, PA Program Director, Chair for the School of Medical Science, and the Dean for the Graduate School of Health Sciences (within 14 days of a decision). Students who are dismissed or the conditionally admitted applicant who was denied admission — because of the background search results — can appeal the committee’s decision. The appeal must be made in writing and received by the PA Program Director within seven days after the date the letter of denied admission or dismissal is mailed. In turn, the Program Director will render a decision within seven days of receipt of the appeal request. The applicant, Chair for the School of Medical Science and Dean for Behavioral and Health Sciences will be informed of the Director’s decision. For applicants, this decision is final. A student, however, can appeal the decision, in writing, to the Dean for Behavioral and Health Science within seven days after the Director’s decision letter was mailed. The Dean will render a final decision within seven days of receiving the appeal. The Dean’s decision is final and cannot be appealed.

**Article 4.5 Mandatory HIPAA and OSHA Certification**

Prior to matriculation (by November 30th) all PA students are required to complete Health Insurance Portability and Accountability (HIPAA) and Operational Safety and Health Administrative (OSHA) training through an established third party. The cost of this training is estimated at $30. Prior to the clinical year HIPAA and OSHA concepts will be reviewed by program faculty. If required by a clerkship site, this training will need to be repeated at the clinical site. Depending on circumstances, it may be done by GFU established third party or through the clerkship site.

**Article 4.6 Compliance Verification**

To matriculate (by November 30th) and as needed throughout the program, certain tasks must be completed and/or verified by and established third party. The estimated cost for compliance verification is $35. These include:

- Immunization Status Verification
- Tuberculosis Screening Results (two step)
- Health Insurance Policy (showing current status)
- CPR Certification (must be current)
Article 4.7 Immunization History (A3.07)

The GFU MMSc. (PA) Program has a pre-matriculation immunization policy that is based on the Centers for Disease Control and Prevention (CDC) immunization recommendations for health-care personnel (https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html). All applicants must meet the CDC recommendation prior to matriculation and it must be verified by an established third party. In addition, all immunizations must remain current while attending the GFU PA program. All vaccines must be administered in accordance with CDC’s published guidelines.

Article 4.7.1 Hepatitis B

If you don’t have documented evidence of a complete hepB vaccine series, or if you don’t have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you must have the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). In 1 to 2 months after the 3rd dose you must have anti-HBs serologic testing done.

- If anti-HBs is at least 10 mIU/mL (positive), the student is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the student is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A student whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a “non-responder.”

For non-responders: PA student non-responders are considered susceptible to HBV and will need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. Therefore, HBsAg testing is required for all non-responders. A student found to be HBsAg positive must see an infectious disease provider for a medical evaluation and counseling.

For students with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): students who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing and meet the preceding criteria on immunity or non-responder documentation.

Article 4.7.2 Influenza

All MMSc. (PA) students must receive annual vaccination against influenza. Inactivated injectable influenza vaccine (IIV) is the preferred vaccine. Live attenuated influenza vaccine (LAIV), however, may be given to non-pregnant healthy students that are 49 years old and younger.

Contraindications are limited to a history of anaphylactic hypersensitivity to egg or other components of the vaccine or documented case of Guillain-Barré Syndrome within 6 weeks following a previous dose of influenza vaccine.
**Article 4.7.3  Measles, Mumps, Rubella**

Although birth before 1957 is generally considered acceptable evidence of measles, mumps, and rubella immunity, it is not enough for health care providers or MMSc students. Therefore, all MMSc. (PA) students will be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine).

Students with 2 documented doses of MMR do not need serologically testing for immunity and testing is not required.

**Article 4.7.4  Diphtheria, Pertussis, and Tetanus**

All MMSc. (PA) students who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap before matriculation, without regard to the interval since the previous dose of Td. Pregnant students should be revaccinated during each pregnancy. All students are required to receive Td boosters every 10 years thereafter.

**Article 4.7.5  Varicella**

All MMSc. (PA) students must be immune to varicella. Evidence of immunity includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

**Article 4.7.6  Other Vaccines (travel related)**

If a student travels outside the United States, data from the Center for Disease Control will be reviewed, as soon as travel dates are set, to ensure required vaccines are known. Recommended vaccines will need to be completed prior to any training outside the United States. For example, typhoid is advised for travelers to Mexico, Dominican Republic, and Kenya. This immunization is given by either oral route or intramuscular injection. Both have a 50% to 80% efficacy and therefore do not replace good hygiene practices. For the oral route, a capsule is taken every other day for a total of 4 capsules and should be completed at least one week before travel to risk area. A booster dose is recommended every 5 years. The injected form is a 1 dose administration that should be given at least 2 weeks before travel to risk area and a booster done every 2 years.

Students who require one or more multi-dose-vaccine series to meet Immunization requirements must provide medical documentation that they have initiated the process by December 10 before their first day of orientation. Students failing to do so will not be permitted to matriculate into the program. They must also provide medical documentation of completion of the process according to established CDC immunization timelines. Students failing to do so will be dismissed from the program.

**Article 4.8  Tuberculosis Screening**

All students must have a two-step PPD skin test (TST) or TB blood test (ie quantiFERON gold or Tspot) within four (4) months of enrollment. Additionally students are required to complete a TB risk assessment and a TB symptom checklist. (all items to be verified by a GFU contracted third party vendor)

- All new positive TB tests (TST or TB blood test) must have a chest X-ray and be evaluated by the Health Department.
• If the chest X-ray is positive, the applicant/student will not be allowed to enter or continue training until treated and cleared by an infectious disease specialist.

A PPD skin test is not acceptable and an IGRA test (Quantiferon Gold, TSpot) must be done for any of the following reasons:
  • BCG vaccine
  • Applicant was born outside the U.S.

Individuals with a prior history of positive TB test need to provide documentation of a normal chest x-ray, complete a TB symptom checklist and be cleared by an infectious disease specialist before they begin their PAS training. Repeat chest x-ray is not required unless they are symptomatic.

**Article 4.9 Health Insurance Policy Documentation**

As a condition of enrollment, students are required to have health insurance coverage while enrolled in the GFU MMSc program. The cost of insurance and all covered, uncovered, or related health care expenses are the exclusive responsibility of the student and not the responsibility of GFU, SCPE preceptor, or SCPE site. These costs may include but are not limited to: immunization, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities. **Proof of insurance coverage must be provided prior to matriculation.**

In addition, students are not employees of the GFU or the hospital, clinic or practice where SCPE rotations occur and are **NOT** covered under workman’s compensation. Therefore, students are **required** to carry medical insurance (throughout the program) to cover the expense should an injury or exposure occur. Costs not covered by insurance are the student’s responsibility.

**Article 4.10 CPR Certification**

Prior to matriculation (by November 30th), before the clinical year begins, and as required by a clerkship site – all PA students are required to hold a current CPR certification. **Proof of current CPR certification must be provided prior to matriculation via a GFU established third party vendor.**

**Article 4.11 Technical Standards for Enrollment (A3.15e)**

George Fox University student candidates must possess the capacity to complete the entire curriculum to achieve the Master of Medical Science degree. The curriculum requires demonstrated skills in (1) observation, (2) communication, (3) motor, (4) intellectual-conceptual, integrative, and quantitative abilities, and (5) behavioral and social attributes. Candidates offered a seat in the program are required to sign this testament, verifying understanding and that they meet these Standards. In the event an applicant is unable to fulfill these technical standards prior to or any time after admission, with or without reasonable accommodation, the student **will not** be allowed to enter or progress within the program.

**Article 4.11.1 Observation**

The candidate must be able to:
  • Observe demonstrations, visual presentations in lectures and laboratories, laboratory evidence and microbiologic cultures, microscopic studies of microorganisms and tissues in normal and pathologic states
- Observe a patient accurately at a distance and close at hand
- Use the sense of vision, somatic sensation, and smell as part of the observation process.

**Article 4.11.2 Communication**
A candidate should be able to:
- Communicate professionally, effectively, and sensitively with patients and families
- Communicate professionally, effectively, and efficiently in oral and written forms with all members of the healthcare team
- Be able to speak, hear, and observe patients in order to elicit information, perceive nonverbal communications, and describe changes in mood, activity, and posture
- Utilize speech, reading, writing, and computers as part of the communication process. In addition, candidates must possess the skills necessary to communicate effectively in small and large group discussions.

**Article 4.11.3 Motor**
Candidates must have sufficient motor skills and coordination to:
- Execute the movement required to provide patient care such as palpitation, auscultation, percussion, and other diagnostic maneuvers
- Execute movements required to provide general care and emergency treatment to patients. These skills require coordination of gross and fine muscular movement, equilibrium, and sensation.
- Manipulate equipment and instruments necessary to perform basic laboratory tests and procedures required to attain curricular goals (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel)
- Transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and receive educational training.

**Article 4.11.4 Intellectual-Conceptual, Integrative and Quantitative Abilities**
Candidates must be able to:
- Comprehend three-dimensional relationships and the spatial relationship of structures
- Collect, organize, prioritize, analyze, and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings.
- Analyze, integrate, and apply information appropriately for problem solving and decision-making.

**Article 4.11.5 Behavioral and Social Attributes**
Candidates must have:
- Emotional health, maturity, sensitivity, intellectual ability, and good judgment needed to complete all responsibilities associated with the diagnosis and care of patients
- The ability to tolerate physical, mental, and emotional stress associated with training and the profession
- Qualities of adaptability, flexibility and be able to function in the face of uncertainty
- A high level of compassion for others, motivation to serve, integrity, and a consciousness of social values
● Sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems
● The ability to accept criticism and respond by appropriate modification of behavior.

**Article 4.12 Release: Immunizations, TB Screen, Drug Screen, and Background Status (A3.21)**

Each supervised clinical practice experiences site requires a copy of the student’s immunization history, tuberculosis screening results, background and sexual offense check, and drug screen. Therefore, candidates offered a seat in the program are required to sign a statement that allows the PA program to maintain and release this information when relevant to their academic training and clinical placement (via a GFU established third party vendor).

**Article 4.13 Other Requirements**

- Official transcripts of all course work including any courses that may have been completed since their program application was submitted
- Evidence of compliance with any other conditions noted in the applicant’s conditional letter of acceptance
- Candidates who accept a seat must pay a $1,000 non-refundable deposit within two weeks of notification of acceptance in order to hold their place in the cohort. This deposit will be applied toward first semester tuition costs. Accepted candidates who do not pay the $1,000 deposit within the required time frame (two weeks) forfeit their seat

**ARTICLE 5.0 ACADEMIC LEARNING DISABILITIES**

- Provided the preceding ‘technical Standards’ are met, a student can claim disability through the GFU Disability Services Office (https://www.georgefox.edu/offices/dso/index.html).
- Criteria for establishing a PA candidate’s disability is taken from the (1) National Commission on Certification of Physician Assistants (NCCPA) criteria and (2) peer reviewed literature published in the Journal of Physician Assistant Education. To establish a disability the PA candidate requesting special accommodations must provide appropriate documentation of the disability or qualifying medical condition. The documentation must specify the extent to which classroom or testing procedures are to be modified. The accommodation requested or recommended by the PA candidate should not be based on preferences but on disability-driven reasons, nor should it over-accommodate the PA candidate. Reports from the qualified licensed professional should be on letterhead, typed in English, dated, signed, and legible. Prior to considering any request for special accommodations, GFU must receive the following documentation:
  - A complete description of disability or medical condition and impact on the PA candidates daily life and day-to-day functioning – limitations to major life activity
  - Signed, typed and dated current documentation of the disability by a qualified professional. The documentation must be based on professional testing, which was performed by a qualified professional. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol. Documentation must include all the following:
    - The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment, and state in which the individual practices must be clearly stated in the documentation.
- Contact information including address, telephone number, and/or e-mail address of each professional providing documentation.
- The date and location of the assessment upon which each professional's report is based.
- A detailed description of the psychological, educational, and/or cognitive functioning tests that were conducted.
- The results of those tests and a comprehensive interpretation of the results.
- The name of the specific disability diagnosed and a description of the specific impact on daily life activities and day-to-day functional limitations to major life activities including a history of the impact of the disability on academic functioning if the disability is due to a learning disability or attention deficit/hyperactivity disorder (ADD or ADHD).
- The specific examination accommodations that are requested to compensate for those limitations and how they will reduce the impact of identified limitations.
- Description of treatment and rehabilitation. Describe all treatment and efforts at remediation that the candidate has undergone and the results of the treatment. Also, describe how the disability is accommodated in daily life.

  o Note 1: A qualified professional is someone with the credentials, training, and expertise to diagnose the disability the individual is claiming. The primary relationship of the attesting professional to the individual must be that of a treating medical professional to a patient; there must be no familial, intimate, supervisory or other close relationship between the qualified professional and the individual requesting accommodations.

  o Note 2: GFU reserves the right to request further verification, if necessary, of the evaluating professional’s credentials and expertise relevant to the diagnosis.

- Once the preceding assessment is provided, it will be evaluated by the Dean for the Graduate School of Health Science and, if deemed necessary, a consultant and either accepted, denied, or modifications suggested.
- As part of the preceding steps, an interactive dialog about what is reasonable will take place (student candidate suggestions do not mean they can be met).
- An accommodation is considered unreasonable when it causes “undue hardship” (a complex determination that can take into account how much the cost would be or how onerous to the school), alters the fundamental nature of the program, disrupts the cycle of education, or is related to dependent skill testing such as problem focused objective structured clinical examination or skills testing.
- In general, comfort aids will not require pre-approval but must be inspected prior to each use. These items include:

<table>
<thead>
<tr>
<th>Medicine &amp; Medical Devices</th>
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<tbody>
<tr>
<td>Auto-injectors; such as EpiPen</td>
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<tr>
<td>Bandages</td>
</tr>
<tr>
<td>Braces- Neck, Back, Wrist, Leg or Ankle Braces</td>
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<tr>
<td>Casts - including slings for broken/sprained arms and other injury-related items that cannot be removed.</td>
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<tr>
<td>Cough Drops - must be unwrapped and not in a bottle/container.</td>
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<tr>
<td>Eye Drops</td>
</tr>
<tr>
<td>Eye Patches</td>
</tr>
<tr>
<td>Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection</td>
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<tr>
<td>Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.</td>
</tr>
<tr>
<td>Handheld (non-electronic) magnifying glass (without the case)</td>
</tr>
<tr>
<td>Hearing aids/Cochlear implant</td>
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Inhaler

Medical Alert Bracelet

Medical device: Must be attached to a person’s body, must be inaudible, and must not include a remote-control device. Examples include but are not limited to:

- Insulin pump
- Continuous glucose monitor
- Note: If the insulin pump or continuous glucose monitor includes an accompanying remote-control device, the remote-control device may not be taken into the testing room. If there is a need to take the remote-control device into the testing room, candidates must apply and be approved for an accommodation to do so.
- TENS Unit
- Spinal Cord Stimulator

Medical/Surgical face mask

Nasal drops/spray

Oxygen Tank

Pillow/Cushion

Pills - i.e. Tylenol or aspirin must be unwrapped and not in a bottle/container. Candidates may bring pills that are still in the packaging if the packaging states they MUST remain in the packaging, such as nitro glycerin pills that cannot be exposed to air. Packaging must be properly inspected.

Mobility Devices:
- Canes
- Crutches
- Motorized Scooters/Chairs
- Walkers
- Wheelchairs

Other approved items (must be provided by Testing Center):
- Tissues/Kleenex
- Earplugs and Noise Cancelling Headphones

ARTICLE 6.0    INFECTIOUS & ENVIRONMENTAL HAZARDS (A3.08)

Article 6.0 provides students GFU’s policy addressing potential exposure to infectious and environmental hazards. This policy will be reviewed before students undertake any educational activities that would put them at risk. As a minimum, this policy on infectious and environmental hazards will address methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility; and the effects of infectious and environmental disease or disability on student learning activities (A3.08).

Before patient care or laboratory experiences occur, including on campus learning activities, students will attend training focused on potential hazards, standard precautions, and safety procedures related to bodily fluids or potentially serious infectious disease exposure. Program faculty and staff will participate in new employee and annual refresher chemical hazard safety and blood borne pathogen Standard Precaution training. All training activities regarding bodily fluid, infectious disease, or environmental hazard exposure control will be documented in the program’s student, faculty, or staff record.

Article 6.1    Methods of Prevention

All faculty, staff, and students will utilize Standard Precautions during all activities that present a risk of exposure to blood/body fluids or chemical hazards. Failure to do so will be grounds for disciplinary action. Methods of prevention include the following.

Article 6.1.1    Standard Precautions

Standard precautions apply to all patient care and laboratory or technical skills training experiences. These practices are designed to both protect healthcare professionals (HCP) and prevent HCP from spreading infections to others. Standard Precautions include:
Article 6.1.2  Hand hygiene
Good hand hygiene is critical to reduce the risk of spreading infection.
- Current CDC guidelines recommend use of alcohol-based hand rub for most hand hygiene.
  Washing hands in soap and water should be the rule when:
  o Hands are visibly soiled (e.g. dirt, blood, body fluids)
  o After caring for patients with known or suspected infectious diarrhea.
- Without exception, good hand hygiene must be performed:
  o Before touching a patient, even if gloves will be worn
  o Before exiting the patient’s care area – after touching the patient or the patient’s immediate environment
  o After contact with blood, body fluids, body excretions, or wound dressings
  o Prior to performing an aseptic task (e.g. placing an IV, preparing an injection)
  o When moving hands from a contaminated-body site to a clean-body site
  o After glove removal

Article 6.1.3  Personal Protective Equipment (PPE)
Personal protective equipment (PPE) includes exam gloves, facial masks, protective eyewear, and gowns. It should be worn whenever risk of exposure is present. As a minimum, this includes:
- Exam gloves:
  o Handling blood or body fluids
  o Touching mucous membranes, non-intact skin, or a body orifice
  o Touching contaminated equipment
- Facial masks, protective eyewear, and gowns (along with gloves):
  o Performing or assisting procedures with a risk of body fluid or other hazardous material exposure (splashes or sprays)

Article 6.1.4  Safe injection practices
- No recapping of needles unless required by the specific procedure being performed.
- Use self-sheathing needles and/or needleless systems when available.
- All needles and other disposable sharps will be placed in designated puncture resistant containers as soon as possible after use.

Article 6.1.5  Safe handling of potentially contaminated surfaces or equipment
- Environmental cleaning
  o Areas where patient care is performed will be cleaned and disinfected at the conclusion of every activity.
- Medical equipment safety
  o Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer’s instructions.
  o If the manufacturer does not provide guidelines for cleaning a device, it may not be suitable for multi-patient use. In this instance, always check with the course director of clinical supervisor on how to proceed.

Article 6.1.6  Respiratory hygiene/Cough etiquette
- Cover mouth/nose when coughing or sneezing
- Use and dispose of tissues
- Perform hand hygiene whenever hands have contact with respiratory secretions
- Consider using a mask to prevent aerosol spread
Compliance with all safety practices is a not just good procedure it is a mark of your professionalism. Failure to observe and practice Standard Precautions will result in adverse/disciplinary action for unprofessional behavior.

**Article 6.2  Post Exposure Protocols**
Should an exposure to blood and/or other body fluid or a needle stick injury occur, the procedure for obtaining appropriate medical care is as follows:

**Article 6.2.1  Immediate Action**
- Remove any soiled clothing
- Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water
- Mucous membranes should be flushed with water (nose, mouth, skin, etc.)
- Irrigate eyes with clean water, saline or sterile irrigants
- Note: There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated
- Use of caustic agents, e.g., bleach, is not recommended.

**Article 6.2.2  Notify Supervising Faculty**
The student should immediately notify the onsite faculty member. The faculty member and student should fill out (once immediate medical care needs have been addressed) any “Notice of Incident” form in use by the clinical site as well as the form in use by GFU’s PA program. This form should go with the student to his/her evaluation for treatment.

**Article 6.2.3  Medical Evaluation**
It is very important that medical evaluation take place immediately because some treatment decisions must be made within 2 hours of exposure. For example, HIV prophylaxis for high-risk exposure appears most effective if started within 2–4 hours. If able, it is also extremely important to evaluate the donor’s risk status immediately. Exposed individuals will go directly to an occupational health clinic, emergency room, or urgent care for assessment and initial prophylactic treatment if needed. If the exposure occurs at an off-campus clinical site, the student should follow the Infection Control policy of that facility (during regular hours). Outside of these hours, the student should go IMMEDIATELY to the nearest emergency room associated with the clinic or office where the incident occurred for the initial evaluation. This evaluation should consider the students (1) current health status, (2) need for tetanus vaccine, (3) hepatitis B immune status, (4) need for HIV testing, and if (5) prophylaxis treatment is needed. Follow up evaluations should occur at an occupation clinic in one week, three months, six months and twelve months. During these visits, the student’s health status is evaluated and repeat HIV testing should be done. If, at any visit, an HIV conversion occurs, the student should be referred to a private medical care that specializes in this treatment. References for current protocol can be found at [http://www.cdc.gov/niosh/topics/bbp/emergnedl.html](http://www.cdc.gov/niosh/topics/bbp/emergnedl.html).

**Article 6.3  Post Exposure Program Participation**
Continued participation in the activities of the PA program will not be affected by any injury or illness that occurs while enrolled provided the student continues to meet all Technical Standards and fulfill all
defined requirements for program progression and is not directly infectious by way of routine contact. Note: This only applies to serious, potentially life-threatening infections.

**Article 6.4 Insurance and Workman’s Compensation**

As a condition of enrollment, students are required to have health insurance coverage while enrolled in the GFU MMSC-PA program. The cost of insurance and all covered, uncovered, or related health care expenses are the exclusive responsibility of the student and not the responsibility of GFU, SCPE preceptor, or SCPE site. These costs may include but are not limited to: immunization, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities. **Proof of insurance coverage must be provided prior to matriculation.**

In addition, students are not employees of the GFU or the hospital, clinic or practice where SCPE rotations occur and therefore they are **NOT covered under workman’s compensation.** Therefore, students are **required to carry medical insurance** (throughout the program) to cover the expense should an injury or exposure occur. Costs not covered by insurance are the student’s responsibility.

**Article 6.5 Records Related to Incident**

OSHA standards 1910:1030 require the record of the exposed student be kept for the duration of the status as a student plus 30 years. These copies reside with the student and the healthcare provider.

**ARTICLE 7.0 MAINTENANCE OF RECORDS AND CONFIDENTIALITY (A3.21)**

A copy of the CBSO, drug screen, Immunization and TB status results will be filed in the student folder and made available to the applicants upon request (A3.21). All applicants MUST sign a release form indicating that the program has the right to release the results of their CBSO, drug screen, immunization and TB status to clinical sites. Confidentiality will be maintained consistent with FERPA and any other appropriate guidelines.

**ARTICLE 8.0 STUDENT HEALTH**

**Article 8.1 Health Insurance**

Students are required to maintain personal health insurance during enrollment in GFU’s PA Program. Proof of insurance coverage **must** be provided prior to matriculation and remain active throughout their participation in the program. Students are responsible for all personal health care costs incurred while enrolled in the program. These costs may include but are not limited to: immunization, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities.

**Article 8.2 Health Services (A3.09)**

Principal Faculty, the Program Director, and the Medical Director cannot participate as health care providers for students in the program, except in an emergency situation. In addition, MMSc-PA faculty will not have access to any student health information other than what is defined in Article 5.5 of this Handbook.” Incoming MMSc-PA students will be provided an electronic copy of the MMSc-PA Student Policy Handbook just prior to matriculation. The Program Director, Medical Director, and Principal Faculty will review the handbook during orientation and provide students with an opportunity to ask questions. This Article is covered in the handbook and during orientation. Following the orientation,
students will be asked to sign an acknowledgement of understanding related to the handbook policies. This document will be maintained in the student files.

**Article 8.3  Referral Resources and Process (A3.10)**

Academic advisement is mandated to help the student develop strategies for success during all aspects of training. On occasion a student may need to be referred for professional counseling or mental health services. The advisor serves, as a guide and mentor, drawing upon whatever resources, on or off campus, are needed to fulfill this responsibly. Advisement therefore has both generic and student-specific components.

All students who matriculate into the MMSc-PA program will be assigned a principal faculty mentor who will act as their official student advisor. Mentors will hold formal meetings with their advisees on a regular schedule as shown here.

<table>
<thead>
<tr>
<th>Session #</th>
<th>Semester</th>
<th>Week</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spring IA</td>
<td>2</td>
<td>Adjustment to adult learning; student strategies</td>
</tr>
<tr>
<td>2</td>
<td>Spring IB</td>
<td>10</td>
<td>Progression through Spring IB curriculum; student issues</td>
</tr>
<tr>
<td>3</td>
<td>Summer I</td>
<td>2</td>
<td>Adjustment to increased rigor; student issues</td>
</tr>
<tr>
<td>4</td>
<td>Summer I</td>
<td>8</td>
<td>Progression through Summer I curriculum; student issues</td>
</tr>
<tr>
<td>5</td>
<td>Fall I</td>
<td>2</td>
<td>Adjustment to progressive curriculum; student burn-out; student strategies</td>
</tr>
<tr>
<td>6</td>
<td>Fall I</td>
<td>10</td>
<td>Progression through Fall I curriculum; student issues</td>
</tr>
<tr>
<td>7</td>
<td>Spring II A</td>
<td>4</td>
<td>Progression through pre-clinical year, readiness for SCPEs, student issues</td>
</tr>
<tr>
<td>8</td>
<td>Spring II B</td>
<td>6</td>
<td>Progression through first clinical year rotation; student issues (phone or Skype)</td>
</tr>
<tr>
<td>9</td>
<td>Summer II</td>
<td>6</td>
<td>Progression through clinical year rotations; student issues (phone or Skype)</td>
</tr>
<tr>
<td>10</td>
<td>Fall II A</td>
<td>6</td>
<td>Progression through clinical year rotations; student issues (phone or Skype)</td>
</tr>
<tr>
<td>11</td>
<td>Fall II B</td>
<td>Summative</td>
<td>Board prep; readiness for practice/expectations of graduates; student issues</td>
</tr>
</tbody>
</table>

If appropriate, mentors will assist the student in locating helpful resources, and promptly initiate referrals. Campus resources should be explored and freely utilized but off-campus referrals may also be indicated. A resource list of possible referral sites is located in the George Fox website and include:

**Behavioral Health Clinic**
Website: [https://www.georgefox.edu/bhc/index.html](https://www.georgefox.edu/bhc/index.html)
Phone: 503-554-2368

**Health and Counseling Services**
Website: [https://www.georgefox.edu/offices/hea_cou/index.html](https://www.georgefox.edu/offices/hea_cou/index.html)
Phone: 503-554-2340

**Individual and Family Matters Clinic**
Website: [https://www.georgefox.edu/counseling-programs/clinics/individual-family-matters.html](https://www.georgefox.edu/counseling-programs/clinics/individual-family-matters.html)
Phone: 503-554-6060

**Spiritual Life – Soul Care**
Website: [https://www.georgefox.edu/offices/spirituallife/soul-care.html](https://www.georgefox.edu/offices/spirituallife/soul-care.html)
Phone: 503-554-2320
**Campus Public Safety**
Website: [https://www.georgefox.edu/offices/security/index.html](https://www.georgefox.edu/offices/security/index.html)
Phone: 503-554-2330

**A complete list of Offices and Services at GFU can be found at**
[https://www.georgefox.edu/offices/index.html](https://www.georgefox.edu/offices/index.html)

Under no circumstance is the faculty advisor to assume the role of professional provider of needed mental health or counseling services for any student. All student advising/counseling sessions will be documented and filed in the student file. Students are encouraged to establish with a provider in the area for routine care, use urgent care sites for urgent needs, and call 911 in an emergency. George Fox provides confidential, personal counseling at minimal to no cost to students. The following options are available:

**Behavioral Health Clinic**
Website: [https://www.georgefox.edu/bhc/index.html](https://www.georgefox.edu/bhc/index.html)
Phone: 503-554-2368

**Health and Counseling Services**
Website: [https://www.georgefox.edu/offices/hea_cou/index.html](https://www.georgefox.edu/offices/hea_cou/index.html)
Phone: 503-554-2340

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Website: [https://www.georgefox.edu/counseling-programs/clinics/individual-family-matters.html](https://www.georgefox.edu/counseling-programs/clinics/individual-family-matters.html)
Phone: 503-554-6060

**Spiritual Life – Soul Care**
Website: [https://www.georgefox.edu/offices/spirituallife/soul-care.html](https://www.georgefox.edu/offices/spirituallife/soul-care.html)
Phone: 503-554-2320

Student mentors (MMSc-PA Faculty assigned to this role) will provide for timely access and/or referral of students to services addressing personal issues, which may impact their progress in the MMSc-PA program. Both on-campus and off-campus resources may be utilized to include the use of GFU counselors, local counselors, urgent care clinics, primary care, and so on. Financial responsibility/insurance coverage for the cost of these referred services is the responsibility of the individual student. Under no conditions is the faculty advisor to assume the role of professional provider of needed mental health or counseling services for any student.”

Incoming MMSc-PA students will be provided an electronic copy of the MMSc-PA Student Policy Handbook just prior to matriculation. The Program Director, Medical Director, and Principal Faculty will review the handbook during orientation and provide students with an opportunity to ask questions. This Article is covered in the handbook and during orientation. Following the orientation, students will be asked to sign an acknowledgement of understanding related to the handbook policies. This document will be maintained in the student files.
ARTICLE 9.0 STUDENT GRIEVANCES & ALLEGATIONS OF HARASSMENT (A3.11)

Graduate students in the MMSc-PA program who feel they have grounds for an appeal or a grievance related to the MMSc-PA program’s policies and procedures may appeal directly to the involved faculty member, Program Director, or appropriate Committee (committee will depend on the grievance being addressed), preferably in that order. If the decision rendered by the Program’s Committee does not resolve the complaint, the student may proceed to the next level of appeal which occurs with the PA Program’s Executive Committee. If the student disagrees with the Executive Committee decision, they can appeal to the Dean for Behavioral and Health Sciences, asking him/her to review all documentation and render a decision. Note: If the grievance is with the School of Medical Science Chair or MMSc Program Director, the student can bypass the initial grievance process and submit a written appeal directly to the Dean for the College of Behavioral and Health Sciences. If desired, the student can file their grievances to the University. Information on this process can be found at https://www.georgefox.edu/grad-dps-policies/General Student Complaint Procedures.html

George Fox methods of reporting (1) sexual harassment, (2) domestic violence, (3) dating violence, (4) stalking, (5) sexual exploitation, (6) harassment and discrimination, (7) bias-related incidents, and (8) hate crimes can be found at https://www.georgefox.edu/grad-dps-policies/reporting-resources-harassment-discrimination-sexual.html. To summarize, MMSc students with these concerns would file the complaint with the title IX coordinator and others as appropriate. For example: for complaints against another student: report to title IX coordinator, dept. chair, and the academic dean; for complaints against administration or staff: report to title IX coordinator, dept. chair, academic dean, and HR; for complaints against faculty: report to title IX coordinator, dept. chair, human resources, academic dean, and provost. Contacts for title IX coordinators can be found at https://www.georgefox.edu/offices/student-life/title-IX/policies.html.

George Fox methods of reporting sexual assault can be found at https://www.georgefox.edu/grad-dps-policies/reporting-resources-sexual-assault.html. The site states, “complainants may use confidential on-campus or off-campus resources or file a report with Student Life. Individuals wishing to receive confidential help and support can use any of the confidential options listed below. University personnel are prepared to journey with the student to provide support, as well as assist the student in all aspects of reporting, up to and including the incident being investigated and the respondent confronted.” Multiple reporting resources are located on this site.

Incoming MMSc-PA students will be provided an electronic copy of the MMSc-PA Student Policy Handbook just prior to matriculation. The Program Director, Medical Director, and Principal Faculty will review the handbook during orientation and provide students with an opportunity to ask questions. These Standards are covered in the handbook and during orientation. Following the orientation, students will be asked to sign an acknowledgement of understanding related to the handbook policies. This document will be maintained in the student files.

ARTICLE 10.0 ARC-PA ACCREDITATION STATUS (A3.14a)

Accreditation for George Fox University and the MMSc-PA program comes from two sources. (1) professional accreditation is provided by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) and (2) regional accreditation is provided by the Northwest Commission of Colleges and Universities (NWCCU).
Article 10.1  Accreditation Review Commission on Education for the PA

George Fox University has applied for Accreditation-Provisional from the Accreditation Review Commission on Education for the PA (ARC-PA). George Fox anticipates matriculating its first class in January 2021, pending achieving Accreditation-Provisional status at the September 2020 ARC-PA meeting. Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students. In the event the program does not earn provisional-accreditation, students will not matriculate and admission deposits will be refunded.

Article 10.2  National and Regional Accreditation

The MMSc-PA program has applied for regional accreditation by the Northwest Commission on Colleges and Universities. All existing programs at George Fox University are accredited by the Northwest Commission on Colleges and Universities (NWCCU). In addition, they are approved by the U.S. government and the states of Oregon and Idaho for the education of veterans, and by the U.S. attorney general for the admission of international students.

ARTICLE 11.0  PROGRAM SUCCESS IN ACHIEVING ITS GOALS (A3.14B)

In addition to its mission, values, and goals, the George Fox Master of Medical Science (PA) program has established graduate goals/benchmarks. Following graduation of the inaugural cohort (and annually thereafter), alumni will be surveyed to determine the Program’s goal attainment. George Fox will start gathering benchmark goal data in mid 2023. The following benchmarks will be measured.

<table>
<thead>
<tr>
<th>PANCE PASS RATES (Knowledge)</th>
<th>When Assessed</th>
<th>Desired Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANCE: First Time Pass Rate</td>
<td>First Year</td>
<td>National Average</td>
</tr>
<tr>
<td>PANCE: Cumulative Pass rate</td>
<td>Yearly</td>
<td>National Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PA Employment (Service)</th>
<th>When Assessed</th>
<th>Desired Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Fox Graduate PAs Employed in Oregon</td>
<td>Yearly</td>
<td>41% (Data Based)</td>
</tr>
<tr>
<td>George Fox Graduate PAs Employed in Primary Care Practice (Family Medicine, Internal Medicine, Pediatrics)</td>
<td>Yearly</td>
<td>36% (Data Based)</td>
</tr>
<tr>
<td>George Fox Graduate PAs Employed in Underserved Population or Area</td>
<td>Yearly</td>
<td>8% (Data Based)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leadership/Volunteerism (Compassion; Leadership)</th>
<th>When Assessed</th>
<th>Desired Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Fox Graduate PAs is Involved in the Community (Search and rescue, community emergency response team, volunteer fire department, free clinic volunteer, health center volunteer, etc.)</td>
<td>Yearly</td>
<td>50% (Entry Goal)</td>
</tr>
<tr>
<td>George Fox Graduate PAs Serving in Areas Outside Local Community (One developing country medical mission a year)</td>
<td>Yearly</td>
<td>50% (Entry Goal)</td>
</tr>
</tbody>
</table>
ARTICLE 12.0 COHORT ATTRITION AND NCCPA PASS RATE (A3.14c)

Article 12.1 NCCPA PANCE Pass Rate
The Physician Assistant National Certifying Examination (PANCE) is a computer-based, multiple-choice test that assesses basic medical and surgical knowledge. This examination must be successfully passed in order for graduates to become eligible for PA licensure. The table below is designed to present PANCE performance data for graduates of the George Fox University MMSc (PA) Program. The inaugural cohort will graduate in December 2022. Therefore, performance scores will first become available to publish in mid 2023. [https://www.georgefox.edu/pa/admissions/index.html#pance](https://www.georgefox.edu/pa/admissions/index.html#pance)

<table>
<thead>
<tr>
<th>Class</th>
<th>First Time Takers</th>
<th>Program Aggregate</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>Published mid 2023</td>
<td>Published Mid 2023</td>
<td>Published Mid 2023</td>
</tr>
<tr>
<td>2023</td>
<td>Published Mid 2024</td>
<td>Published Mid 2024</td>
<td>Published Mid 2024</td>
</tr>
<tr>
<td>2024</td>
<td>Published Mid 2025</td>
<td>Published Mid 2025</td>
<td>Published Mid 2025</td>
</tr>
<tr>
<td>2025</td>
<td>Published Mid 2026</td>
<td>Published Mid 2026</td>
<td>Published Mid 2026</td>
</tr>
<tr>
<td>2026</td>
<td>Published Mid 2027</td>
<td>Published Mid 2027</td>
<td>Published Mid 2027</td>
</tr>
</tbody>
</table>

Article 12.2 Cohort Attrition Rate
At GFU the goal is to mentor and see each matriculated student through program completion, NCCPA certification, and into active practice as a PA. We recognize, however, that attrition may occur and if it does it will be reported here.

<table>
<thead>
<tr>
<th>Class</th>
<th>Enrolled</th>
<th>Program Completion</th>
<th>Attrition Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>Maximum of 20</td>
<td>Number of Graduates</td>
<td>1 student = 5%</td>
</tr>
<tr>
<td>2023</td>
<td>Maximum of 32</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
<tr>
<td>2024</td>
<td>Maximum of 36</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
<tr>
<td>2025</td>
<td>Maximum of 36</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
<tr>
<td>2026</td>
<td>Maximum of 36</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
</tbody>
</table>

ARTICLE 13.0 CURRICULUM/ACADEMIC CREDIT (A3.14D; A3.14E)
The MMSc-PA Program at George Fox University is a professional degree program intended to prepare students academically and professionally for responsibilities and services as a PA. Due to the sequential nature of the didactic curriculum, students must successfully pass all didactic courses for a given semester before becoming eligible to take courses in the subsequent semester. Advanced placement will not be granted under any circumstances (A3.15c). All students who are granted admission to the program must fulfill all program requirements. Clerkship rotations are designed to provide medical experience and patient exposure and are referred to as Supervised Clinical Practice Experiences (SCPE). These experiences form the basis of the clinical and socialization processes for adaptation to the roles and functions of a PA.
The overall design is based on three areas of input. These are (1) George Fox MMSc-PA Graduate Competencies and Outcomes, (2) ARC-PA Standards, and (3) NCCPA Blueprint guidelines. The University and program mission were also integral in the curriculum design. Next, (1) course learning goals, (2) course learning outcomes, and (3) course instructional objectives are linked to each other and the program foundation. Each course curriculum is built using this guide. Assessment of the curriculum is both described (in the syllabus and in the Student Handbook) and applied based on clear parallels between what is expected, taught, and assessed.

Article 13.1 Graduate Competencies

The George Fox University Master of Medical Science program seeks specific graduate competencies, as well as valid and reliable assessment of performance based on six graduate competencies (and outcomes for each). Competency categories include:

1. Medical knowledge (MK)
2. Interpersonal and communication skills (ICS)
3. Patient care and clinical problem solving (PC)
4. Technical skills (TS)
5. Practice based learning and improvement (PBLI)
6. System based practice (SBP)
7. Professionalism (P)

<table>
<thead>
<tr>
<th>Medical Knowledge (MK)</th>
</tr>
</thead>
</table>
PAs must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, PAs are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Outcome expectations for this competency include:

MK1 Demonstrate the ability to effectively recognize, assess, diagnose, and treat patients with a variety of problems to include preventive, emergent, acute, and chronic clinical practice of medicine. Associated Standards include:
- Problem solving and medical decision-making skills. *(B1.07)*
- Patient evaluation, diagnosis and management *(B2.05)*
- Preventive, emergent, acute, and chronic patient encounters *(B3.02)*

MK2 Demonstrate the medical, behavioral, and social science knowledge necessary to both promote health, evaluate, and manage care across the life span to include infants, children, adolescents, adults, and the elderly. Associated Standards include:
- Sufficient breadth and depth to prepare the student for the clinical practice of medicine *(B1.03)*
- Medical care to patients from diverse populations *(B2.06, B3.03-a)*
- Women’s health (to include prenatal and gynecologic care) *(B3.03-b)*
- Care for conditions requiring surgical management to include pre-operative, intra-operative, and post-operative *(B3.03-c)*
- Care for behavioral and mental health conditions *(B3.03-d)*
- SCPE that occurs in an outpatient setting *(B3.04-a)*
- SCPE that occurs in an emergency department *(B3.04-b)*
- SCPE that occurs in an inpatient setting *(B3.04-c)*
- SCPE that occurs in an operating room *(B3.04-d)*
- SCPE occurs with preceptors in family medicine *(B3.07-a)*
- SCPE occurs with preceptors in internal medicine *(B3.07-b)*
- SCPE occurs with preceptors in general surgery *(B3.07-c)*
- SCPE occurs with preceptors in pediatric medicine *(B3.07-d)*
- SCPE occurs with preceptors in OB/GYN medicine *(B3.07-e)*
- SCPE occurs with preceptors in behavior and mental health care *(B3.07-f)*

<table>
<thead>
<tr>
<th>Interpersonal and Communication Skills (ICS)</th>
</tr>
</thead>
</table>
PAs must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, physicians, professional associates, and the healthcare system. Outcome expectations for this competency include:

ICS1 Demonstrate knowledge and application of effective interpersonal, oral and written communication skills necessary to elicit and record a medical history, explain and document diagnostic studies, and present an appropriate treatment plan. Associated Standards include:
- Sufficient breadth and depth to prepare the student for the clinical practice of medicine *(B1.03)*
- Medical care to patients from diverse populations *(B1.06)*
- Work collaboratively in interprofessional patient centered teams *(B1.08)*
Patient Care and Clinical Problem Solving (PC)

PAs must demonstrate care that is effective, safe, high quality, and equitable; includes patient- and discipline-specific assessment, evaluation, and management. Outcome expectations for this competency include:

<table>
<thead>
<tr>
<th>PC1</th>
<th>Demonstrate the ability to perform a new or routine follow up physical exam and make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment. Associated Standards include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Sufficient breadth and depth to prepare the student for the clinical practice of medicine (B1.03)</td>
</tr>
<tr>
<td></td>
<td>• Problem solving and medical decision making (B1.07)</td>
</tr>
<tr>
<td></td>
<td>• Patient evaluation, diagnosis and management (B2.05)</td>
</tr>
<tr>
<td></td>
<td>• Clinical medical care across the life span (B2.06)</td>
</tr>
<tr>
<td></td>
<td>• Concepts of public health as they relate to the role of the practicing PA (B2.12)</td>
</tr>
<tr>
<td></td>
<td>• Medical care across the life span to include, infants, children, adolescents, adults, and the elderly (B3.03-a)</td>
</tr>
<tr>
<td></td>
<td>• Women’s health (to include prenatal and gynecologic care) (B3.03-b)</td>
</tr>
<tr>
<td></td>
<td>• Care for conditions requiring surgical management to include pre-operative, intra-operative, and post-operative (B3.03-c)</td>
</tr>
<tr>
<td></td>
<td>• Care for behavioral and mental health conditions (B3.03-d)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an outpatient setting (B3.04-a)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an emergency department (B3.04-b)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an inpatient setting (B3.04-c)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an operating room (B3.04-d)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in family medicine (B3.07-a)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in internal medicine (B3.07-b)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in general surgery (B3.07-c)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in pediatric medicine (B3.07-d)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in OB/GYN medicine (B3.07-e)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in behavior and mental health care (B3.07-f)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PC2</th>
<th>Demonstrate the ability to effectively work within a patient-care healthcare team. Associated Standards include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Intellectual honesty and appropriate academic and professional conduct (B1.05)</td>
</tr>
<tr>
<td></td>
<td>• Work collaboratively in interprofessional patient centered teams (B1.08)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an outpatient setting (B3.04-a)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an emergency department (B3.04-b)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an inpatient setting (B3.04-c)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an operating room (B3.04-d)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in family medicine (B3.07-a)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in internal medicine (B3.07-b)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in general surgery (B3.07-c)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in pediatric medicine (B3.07-d)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in OB/GYN medicine (B3.07-e)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in behavior and mental health care (B3.07-f)</td>
</tr>
</tbody>
</table>

Technical Skills (TS)

Demonstrate the ability to obtain informed consent and perform clinical procedures common to primary care

<table>
<thead>
<tr>
<th>TS1</th>
<th>Procedures include venipuncture, intravenous access, joint injections and aspirations, wound management, laceration repair, casting and splinting, strep screening, urinalysis, performing pelvic exams, and interpretation of radiographic images, pulmonary function tests and ECGs. Associated Standards include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Technical skills and procedures based on current professional practice (B2.07)</td>
</tr>
<tr>
<td></td>
<td>• Patient safety, quality improvement, prevention of medical errors, and risk management (B2.13)</td>
</tr>
</tbody>
</table>

Practice-Based Learning and Improvement (PBLI)

PAs must be able to assess, evaluate, and improve their patient care practices. Outcome expectations for this competency include:
**PBLI1** Demonstrate the ability to critically evaluate research literature and develop educational evidenced-based practice-improvement research project. Associated Standards include:
- Advancing applied content (B2.01)
- Instruction in quality improvement (B2.13)

**Systems-Based Practice (SBP)**
PAs should work to improve the larger healthcare system of which their practices are a part. Outcome expectations for this competency include:

**SBP1** Demonstrate the ability to critically evaluate medical literature to ensure the appropriateness and cost effectiveness of patient resources. Associated Standards include:
- Advancing applied content (B2.01)
- Search, interpret and evaluate the medical literature, including its application to individualized patient care (B2.10)

**SBP2** Demonstrate the ability to identify needed area(s) of change within a system-based practice and develop and present a plan for improvement. Associated Standards include:
- Instruction in quality improvement (B2.13)

**Professionalism (P)**
PAs must express positive values and ideals as care is delivered. Foremost, professionalism involves prioritizing the interests of those being served above one’s own while acknowledging their professional and personal limitations. PAs must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Outcome expectations for this competency include:

**P1** Demonstrate professionalism in interactions with others including, but not limited to, patients, families, and colleagues. Associated Standards include:
- Medical care to patients from diverse populations (B1.06)
- Work collaboratively in interprofessional patient centered teams (B1.08)
- Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals (B2.04)

**P2** Demonstrate knowledge and application of an understanding of the PA role including ethical and professional standards regarding the PA profession. Associated Standards include:
- Health care delivery systems and health policy (B2.11)
- Concepts of public health as they relate to the role of the practicing (B2.12)
- PA licensure, credentialing and laws and regulations regarding professional practice (B2.14)
- Principles and practice of medical ethics (B2.16)
- PA students must wear identification, in the clinical setting, to distinguish them from physicians, medical students and other health profession students and graduates (B3.01)

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**Article 13.2 Instructional Delivery Methods**

Instruction methods will focus on program and course competencies and include a didactic, experiential, and summative phases. The didactic phase of the Program will consist of lectures, laboratory sessions, workshops, team-based learning activities (TBL), and problem-based learning case studies (PBL). Lectures and laboratory sessions will be accomplished as a class. Laboratory and workshop course work will allow students hands on experience in skills such as physical exams, crisis intervention, ultrasound techniques, and radiograph and electrocardiograph interpretation. Team and problem-based learning activities will take place in small groups (six to nine students with one faculty) where teams discuss solutions to a presented problem.

The experiential (clinical) phase of the program will take students from the theoretical classroom to an active learning environment that prepares them for a lifetime of continued skill refinement and expanded knowledge as a practicing PA. During this phase, a board-certified physician or PA will oversee students while they gain experience as a medical provider in a myriad of settings such as family practice, internal medicine, emergency medicine, surgery, psychiatry, and others.

Finally, the summative phase will test graduate competency attainment via written tests, objective structured clinical examinations (OSCEs), and skills testing.
Article 13.3 Curriculum

The Master of Medical Science (MMSc) curriculum occurs over six consecutive semesters (24 months), covering 112 graduate semester hours. The program has three phases which include (1) pre-clinical also known as didactic, (2) experiential phase, and (3) the summative phase. The three semester pre-clinical phase is conducted on campus and prepares the student for the experiential hands on portion of training (clinical phase). The experiential phase is 11 months long (three semesters) and is conducted at hospitals and clinics where students are exposed to supervised clinical experiences. The 1-month summative phase evaluates student attainment of graduate competencies and occurs during the last month of the program.

Spring 1A Semester (Didactic)
- Introduction to the PA profession (0.5 SH)
- Research and evidence-based medicine (0.5 SH)
- Health care delivery systems and health policy (0.5 SH)
- Ethics and social and behavior science (0.5 SH)
- Communication, counseling and education techniques (0.5 SH)
- Introduction to anatomy (0.5 SH)
- Introduction to physical exams (0.5 SH)
- Introduction to Pharmacology (0.5 SH)

Spring IB Semester (Didactic)
- Clinical reasoning and problem-based learning I (7 SH)
- Clinical reasoning and problem-based learning lab I (1 SH)
- Human anatomy I (2 SH)
- Pathophysiology I (2.5 SH)
- Pharmacotherapy and patient management I (2.5 SH)
- Global Health and Special populations I (2 SH)
- Behavior medicine (2 SH)

Summer I Semester (Didactic)
- Clinical reasoning and problem-based learning II (9 SH)
- Clinical reasoning and problem-based learning lab II (1 SH)
- Human anatomy II (2 SH)
- Pathophysiology II (3 SH)
- Pharmacotherapy and patient management II (3 SH)
- Global Health and Special populations II (2 SH)

Fall I Semester (Didactic)
- Clinical reasoning and problem-based learning III (9 SH)
- Clinical reasoning and problem-based learning lab III (1 SH)
- Human anatomy III (2 SH)
- Pathophysiology III (3 SH)
- Pharmacotherapy and patient management III (3 SH)
- Global Health and Special populations III (2 SH)

Spring IIA Semester (Clinical Preparation)
- Principles of general surgery (3 SH)
• Principles of emergency medicine (3 SH)

**Spring IIB Semester (Transition)**
• Transition to clerkships (2 SH)

**Experiential (clinical) Phase (Spring IIC, Summer II, Fall IIA)**
• Family Medicine (4 SH)
• Internal Medicine (4 SH)
• Emergency Medicine (4 SH)
• General Surgery (4 SH)
• Pediatric Medicine (4 SH)
• Prenatal and Gynecology Medicine (4 SH)
• Behavior and Mental Health (4 SH)
• Elective I (4 SH)
• Elective II (4 SH)

**Summative (Fall IIB)**
• Summative (5 SH)

**Article 13.3.1  Spring IA (January 11, 2021 – January 29, 2021)**

**Introduction to the PA profession (0.5 SH)**
This course covers the following topics:
• Intellectual Honesty and Appropriate Academic and Professional Conduct (B1.05)
• PA Licensure, Credentialing, and Laws and Regulations Regarding Professional Practice (B2.14)
• Reimbursement, Documentation of Care, Coding, and Billing (B2.15)
• Profession Issues, History, Trends to include (1) Physician-PA team relationship, (2) Political issues that affect PA practice, and (3) PA professional organizations (B2.17)

**Research and evidence-based medicine (0.5 SH)**
This course prepares students to interpret and evaluate the medical literature, including its application to individualized patient care (B2.10). This instruction assists students in maintaining a critical, current and operational knowledge of new medical findings required for the prevention and treatment of disease. Instruction includes:
• Framing of research questions
• Sampling methods
• Interpretation of basic biostatistical methods
• Limits of medical research.
• How to use of common medical databases to access medical literature is also included.

**Health care delivery systems and health policy (0.5 SH)**
This course covers the following topics:
• Health Care Delivery Systems and Health Policy (B2.11)
• Concepts of Public Health as they Relate to the Role of the Practicing PA to include (1) Appreciation of the Public Health System, (2) Role of Health Care Providers in Prevention of Disease and Maintenance of Population Health, (3) PA Provider Participation in Disease Surveillance, Disease, and (4) Reporting, and Disease Intervention (B2.12)
● Reimbursement, Documentation of Care, Coding, and Billing (B2.15)

**Ethics and social and behavior science (0.5 SH)**
This course covers intellectual Honesty and Appropriate Academic Professional Conduct (B1.05) and Medical Ethics (B2.16).

**Communication counseling and education techniques (0.5 SH)**
This course introduces students to communication, counseling and education techniques. It covers basics of:

- Interpersonal and Communication Skills that result in (1) effective exchange of information and (2) collaboration with patients, their families, and other health care professionals (B2.04)
- Interviewing and eliciting a medical history (B2.05)
- Counseling and Patient Education that is (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09)

**Introduction to anatomy (0.5 SH)**
This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease (B2.02a, B2.02b, B2.02e). In addition, the course will include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care (B1.02).

**Introduction to physical exams (0.5 SH)**
This course develops skills in patient evaluation, diagnosis, and management to include (B2.05):

- Caring for patients of all ages from initial presentation through follow up
  - Interviewing and eliciting a medical history
  - Performing complete and focused physical exam
  - Generating a differential diagnosis
  - Ordering and interpreting diagnostic tests.
- Patient management instruction is acute and longitudinal management that is:
  - Patient centered
  - Inclusive
  - Addresses medical issue
  - Provides patient education and referral
- Patient safety, quality improvement, prevention of medical errors, and risk management (B2.13)

**Introduction to pharmacotherapy (0.5 SH)**
This course provides an introduction to pharmacotherapy (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05)

**Article 13.3.2 Spring IB (January 30, 2021 – April 30, 2021)**
Topics and body systems covered include (1) hematology, oncology, and infectious diseases, (2) dermatology, (3) ears, eyes, nose, throat and (4) endocrine (hypothalamus, pituitary, pineal gland, thyroid, and parathyroid). Relevant topics and disease processes in each topic area will be developed.
Clinical reasoning and problem-based learning I (7 SH)
This course provides instruction related to the development of problem solving and medical decision-making skills (B1.07). It develops student knowledge in anatomy, physiology, pathophysiology, pharmacology/pharmacotherapeutics, and patient management of organ systems and topics covered during the term (B2.02a, B2.02b, B2.02c, B2.02d, B2.03). Using student led problem-based concepts, the course provides instruction in patient assessment (evaluation and diagnosis) and management includes caring for patients of all ages from initial presentation through ongoing follow-up (B2.05). Students will develop skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09).

Clinical reasoning and problem-based learning lab I (1 SH)
This course takes the PBL session into the laboratory and clinical skills unit where hands on training further develops patient assessment and management (B2.05). Students work in small groups, developing skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering, performing, and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09). Finally, students will learn about patient safety, quality improvement, prevention of medical errors, and risk management (B2.13). Procedures/skills this term include:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Didactic Methodology</th>
<th>Didactic Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aseptic Techniques</td>
<td>Faculty Presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Cryosurgery</td>
<td>Faculty Presentation with simulated mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Subungual Hematoma Trephination</td>
<td>Faculty Presentation with simulated mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Shave Biopsy</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Punch Biopsy</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Freehand Excision of Lesion</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Administer Local Anesthesia</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Administer Digital Nerve Block</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Simple Suturing or Laceration Repair</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Course</td>
<td>Delivery Method</td>
<td>Assessment Method</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Complex Suturing or Laceration Repair</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Stapling Laceration Repair</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Wound Care Debridement and Dressing</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>I &amp; D of Abscess</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Microscopic Exam of Skin Scrapings</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Microscopic Exam of Hair</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
</tbody>
</table>

**Vascular Access, General Skills, Infectious Disease**

<table>
<thead>
<tr>
<th>Course</th>
<th>Delivery Method</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Peripheral IV Catheterization</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Intramuscular Injection</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Subcutaneous Injection</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Intradermal Injection</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Collection of Blood for Laboratory Testing (Interpretation of CBC)</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Interpretation of basic laboratory tests (ESR, CRP, CBC, electrolytes, lipids, and other common chemistries)</td>
<td>Faculty Presentation with simulated mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Collection of tissue samples</td>
<td>Faculty Presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Collection of sputum samples</td>
<td>Faculty Presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Bacteriologic samples for culture, sensitivity or gram stain from various sources</td>
<td>Faculty Presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Viral samples from various sources</td>
<td>Faculty Presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
</tbody>
</table>

**Head, Ears, Eyes, Nose, and Throat**

<table>
<thead>
<tr>
<th>Course</th>
<th>Delivery Method</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Body Removal from Eye</td>
<td>Faculty Presentation with simulated mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Foreign Body Removal from Nose</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Foreign Body Removal from Ear (including cerumen)</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Visual Acuity and Color Vision Screening</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Woods Lamp Corneal Exam (Fluorescein Staining)</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Hearing Acuity Screen</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Anterior Nasal Packing</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Interpret Common Radiograph (e.g. Sinus CT)</td>
<td>Faculty Presentation with simulated lab</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Rapid Step A Antigen Testing</td>
<td>Faculty Presentation with simulated lab</td>
<td>Direct observation or examination</td>
</tr>
</tbody>
</table>

**Human anatomy I (2 SH)**

This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease as they relate to body system diseases and topics covered this term (B2.02a, B2.02b, B2.02e).

**Pathophysiology I (2.5 SH)**

This course runs concurrently with and builds upon the clinical reasoning and problem-based learning course. Time will be spent reviewing relevant pathophysiology, discussed in PBL, and introducing any subject or body system topic not covered in PBL (B2.02c, B2.03).
Pharmacotherapy and patient management I (2.5 SH)
This course provides pharmacotherapeutic of body system diseases and topics covered this term (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management (relevant to body systems and diseases covered this term) that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05).

Global Health and special populations I (2 SH)
This class addresses social and behavior science as well as normal and abnormal development across the life span (B2.08). In addition, the course prepares students to provide medical care to patients from diverse populations to include (1) racial, (2) ethnic and (3) socioeconomic health disparities on health care delivery (B1.06). Instruction related to medical care and diversity prepares students to (1) evaluate their own values and avoid stereotyping, (2) become aware of differing health beliefs, values and expectations of patients and other health care professionals and how it impacts (a) communication, (b) decision-making, (c) compliance and (d) health outcomes (B1.06).

Behavior Medicine (2 SH)
This course covers several mental health conditions to include the pathophysiology, evaluation, diagnosis, and treatment of each. Topics covered are abuse and neglect, anxiety disorders, bipolar, depression disorders, conduct disorders, dissociative disorders, eating disorders, obsessive compulsive disorders, attention deficit, autism, personality disorders, schizophrenia, sleep-wake disorders, somatic symptoms, and trauma related disorders. In addition, detection and treatment of (1) substance abuse, (2) human sexuality, (3) issues of death, dying and loss, (4) response to illness, injury and stress, (5) principles of violence identification and prevention, and (6) a few additional key psychiatric/behavioral conditions will be covered (B2.08).

Article 13.3.3 Summer I (May 10, 2021 – August 20, 2021)
Topics and body systems covered include (1) pulmonary, (2) cardiac, (3) gastroenterology/nutrition, and (4) endocrine (pancreas). Relevant topics and disease processes in each topic area will be developed.

Clinical reasoning and problem-based learning II (9 SH)
This course provides instruction related to the development of problem solving and medical decision-making skills (B1.07). It develops student knowledge in anatomy, physiology, pathophysiology, pharmacology/pharmacotherapeutics, and patient management of organ systems and topics covered during the term (B2.02a, B2.02b, B2.02c, B2.02d, B2.03). Using student led problem-based concepts, the course provides instruction in patient assessment (evaluation and diagnosis) and management includes caring for patients of all ages from initial presentation through ongoing follow-up (B2.05). Students will develop skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress,
(3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09).

**Clinical reasoning and problem-based learning lab II (1 SH)**

This course is takes the PBL session into the laboratory and clinical skills unit where hands on training further develops patient assessment and management (B2.05). Students work in small groups, developing skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering, performing, and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09). Finally, students will learn about patient safety, quality improvement, prevention of medical errors, and risk management (B2.13). Procedures/skills this term:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Didactic Methodology</th>
<th>Didactic Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pulmonary</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak Flow Testing</td>
<td>Faculty presentation and with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Spirometry/Pulmonary Function Testing</td>
<td>Faculty presentation and with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Arterial Blood Gas Interpretation**</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Pharyngeal Suction</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Laryngeal Mast Airway (LMA) Placement</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Endotracheal Intubation</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Needle reduction of pneumothorax</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Chest Tube Placement</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Interpret Common Radiographs (e.g.: Chest X-ray)</td>
<td>Faculty presentation with Simulation lab</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td><strong>Cardiovascular</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Cardiac Sounds: S1, S2, Gallups, and Murmurs</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Perform and Interpret a 3 Lead Rhythm Strip</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Perform and Interpret a 12 Lead ECG</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Doppler Assessment - Peripheral Pulse</td>
<td>Faculty presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Cardioversion</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Pacing</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Central line placement</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Interpret Common Radiographs (eg: Chest X-ray)</td>
<td>Faculty presentation with Simulation lab</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td><strong>Gastrointestinal/Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Occult Blood Testing</td>
<td>Faculty presentation with Simulation lab</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Naso-Oro-Gastric Intubation and Lavage</td>
<td>Faculty Presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
</tbody>
</table>
### Stool Collection for Ova and Parasites
- Faculty presentation
- Direct observation or examination

### Anoscopy
- Faculty presentation with task trainer/mannequin
- Direct observation or examination

### Identify Need for and Interpret Results of Flexible Sigmoidoscopy and Colonoscopy**
- Faculty presentation with Simulation lab
- Direct observation or examination

### Identify Need for and Interpret Results of Common Abdomen CTs**
- Faculty presentation with Simulation lab
- Direct observation or examination

### Identify Need for and Interpret Results of Fluoroscopy**
- Faculty presentation with Simulation lab
- Direct observation or examination

### Interpret Common Radiographs (eg: Chest X-ray)
- Faculty presentation with Simulation lab
- Direct observation or examination

---

**Human anatomy II (2 SH)**

This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease as they relate to body system diseases and topics covered this term (B2.02a, B2.02b, B2.02e).

**Pathophysiology II (3 SH)**

This course runs concurrently with and builds upon the clinical reasoning and problem-based learning course. Time will be spent reviewing relevant pathophysiology, discussed in PBL, and introducing any subject or body system topic not covered in PBL (B2.02c, B2.03).

**Pharmacotherapy and patient management II (3 SH)**

This course provides pharmacotherapeutic of body system diseases and topics covered this term (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management (relevant to body systems and diseases covered this term) that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05).

**Global Health and special populations II (2 SH)**

This course provides an introduction to important global health issues, including determinants of health, key areas of disease burden, and the role that PAs can play in solving these problems. The goal of the course is to expand the PAs understanding of the impact of infectious and chronic diseases on the world’s population with particular attention paid to the health status of women, children and the poor. Students will examine case studies of successful global health interventions to understand features of successful programs.

**Article 13.3.4  Fall I (August 30, 2021 – December 17, 2021)**

Topics and body systems covered include (1) renal, genitourinary, and reproductive, (2) musculoskeletal, (3) neurologic, and (4) endocrine (adrenal glands, testicles, and ovaries). Relevant topics and disease processes in each topic area will be developed.

**Clinical reasoning and problem-based learning III (9 SH)**

This course provides instruction related to the development of problem solving and medical decision-making skills (B1.07). It develops student knowledge in anatomy, physiology, pathophysiology, pharmacology/pharmacotherapeutics, and patient management of organ systems and topics covered during the term (B2.02a, B2.02b, B2.02c, B2.02d, B2.03). Using student led problem-based concepts, the course provides instruction in patient assessment (evaluation and diagnosis) and management includes caring for patients of all ages from initial presentation through ongoing follow-up (B2.05). Students will develop skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering and
interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09).

**Clinical reasoning and problem-based learning lab III (1 SH)**

This course is takes the PBL session into the laboratory and clinical skills unit where hands on training further develops patient assessment and management (B2.05). Students work in small groups, developing skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering, performing, and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09). Finally, students will learn about patient safety, quality improvement, prevention of medical errors, and risk management (B2.13).

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Didactic Methodology</th>
<th>Didactic Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Renal/Genitourinary/Reproductive and Some Endocrine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dipstick Urinalysis</td>
<td>Faculty presentation Lab with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Microscopic Examination of Urine Sediment</td>
<td>Faculty presentation Lab with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Urine Pregnancy Test</td>
<td>Faculty presentation Lab</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Microscopic Examination of KOH and Wet Prep</td>
<td>Faculty presentation</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Bladder Catheter Placement (Foley)</td>
<td>Faculty presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Digital Rectal Exam/Prostate Exam</td>
<td>Faculty presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>PSA Interpretation</td>
<td>Faculty presentation</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Clinical Breast Exam</td>
<td>Faculty presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Pelvic Exam</td>
<td>Faculty presentation</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Vaginal Newborn Delivery</td>
<td>Faculty presentation with task trainer/mannequin</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Collect Urethral/ Cervical/Vaginal Specimens for STI Eval</td>
<td>Faculty presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Collect PAP Smear</td>
<td>Faculty presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Identify Need for and Interpret Results of an Endometrial Biopsy</td>
<td>Faculty presentation</td>
<td>Direct observation or examination</td>
</tr>
<tr>
<td>Incision and Drainage of a Bartholin Cyst</td>
<td>Faculty presentation with simulated patient</td>
<td>Direct observation or examination</td>
</tr>
</tbody>
</table>


**Human anatomy III (2 SH)**
This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease as they relate to body system diseases and topics covered this term (B2.02a, B2.02b, B2.02e).

**Pathophysiology III (3 SH)**
This course runs concurrently with and builds upon the clinical reasoning and problem-based learning course. Time will be spent reviewing relevant pathophysiology, discussed in PBL, and introducing any subject or body system topic not covered in PBL (B2.02c, B2.03).

**Pharmacotherapy and patient management III (3 SH)**
This course provides pharmacotherapeutic of body system diseases and topics covered this term (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management (relevant to body systems and diseases covered this term) that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05)

**Global Health and special populations III (2 SH)**
This is the third course in the global health and special populations series and is focused on developing organization and leadership traits. Instruction will look at how individuals and groups think and interact and analyze what factors enhance these interactions to positively impact the success of the organization. The purpose of this course is to create a more effective service-oriented clinician. The course will examine some of the primary theories and principles of motivation, communication, leadership attributes, managing conflict, decision making, team building, and dealing with change at an organizational level. The course will explore many prominent organizational behavior theories and issues and discuss and analyze current examples from the healthcare arena. It will provide examples of
greater knowledge and understanding of effective leadership skills in an organization is vital to successful and sound decision-making, problem solving, conflict management, team building, and managing change.

**Article 13.3.5  Spring IIA (January 10, 2022 – January 28, 2022)**

**Principles of general surgery (3 SH)**
This course covers concepts of surgical assessment, basic surgical skills and procedures, surgical complications, and management of surgical patients. It builds on the foundation of the previous medicine courses and expands on etiology, pathophysiology, clinical manifestation, and diagnosis, and appropriate management of selected surgical conditions including care of acute and chronic patients. Emphasis is on students developing competency in the principles and practices involved in aseptic and basic surgical techniques, surgical risk assessment, wound management, anesthesia, and preoperative, perioperative and postoperative evaluation and management. (B1.07; B2.02d; B2.05; B2.06; B2.07)

**Principles of emergency medicine (3 SH)**
This course prepares students to recognize, rapidly assess, and effectively manage emergent situation, illness, or injury. Problem-based case studies and team-based activities are used to encourage the development of teamwork, collaboration, and interdisciplinary value. Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support training is part of this course. (B1.07; B2.02d; B2.05; B2.06; B2.07).

**Article 13.3.6  Spring IIB (January 29, 2022 – February 4, 2022)**

**Transition to clerkships (2 SH)**
The purpose of this course is to: (1) provide the student with a time of self-assessment, (2) evaluate the students’ knowledge, skills, and attitude, (3) identify the student’s level of preparedness for clinical rotations, and (4) promote interprofessional relationships. The course will evaluate student preparedness for SCPE clerkships using Objective Structured Clinical Examination (OSCE) testing, clinical skills assessments, and a written examination. Students must pass each of the three testing areas prior to the start of SCPE rotations. Supervised Clinical Practice Experience (SCPE) expectations, policy review, and behavior will be discussed.

**Article 13.3.7  Spring IIC (February 5, 2022 – April 29, 2022)**

**Supervised Clinical Practice Experience (4 SH each)**
Supervised clinical practice experiences address the fundamental principles of each discipline as they relate to the clinical care of patients. Three of the following supervised clinical practice experiences occur this term (B3.07).

- Family Medicine (4 SH)
- Internal Medicine (4 SH)
- Emergency Medicine (4 SH)
- General Surgery (4 SH)
- Pediatric Medicine (4 SH)
- Prenatal and Gynecology Medicine (4 SH)
- Behavior and Mental Health (4 SH)
- Elective I (4 SH)
Elective II (4 SH)

Supervised clinical practice experiences enable students to meet the program’s learning outcomes expected of students, to include (1) preventive, (2) emergent, (3) acute, and (4) chronic patient encounters (B3.02). Additional outcomes met during the SCPE year include providing (1) medical care across the life span to include, infants, children, adolescents, adults, and the elderly, (2) women’s health (to include prenatal and gynecologic care), (3) surgical management to include pre-operative, intra-operative, and post-operative care, and (4) care for behavior and mental health conditions (B3.03). In addition, SCPE clerkships should expose students to various care settings to include, (1) outpatient, (2) emergent, (3) inpatient, and the (4) operating room (B3.04). SCPE clerkships occur with licensed physicians or PAs (B3.05). In rare instances, vetted non-physician or PA preceptors will be used (B3.06). PAEA ‘end of rotation’ exams will be administered for all SCPE clerkships with the exception of the two electives.

Article 13.3.8  Summer II (May 9, 2022 – August 19, 2022)

Supervised Clinical Practice Experience (4 SH each)
Supervised clinical practice experiences address the fundamental principles of each discipline as they relate to the clinical care of patients. Three of the following supervised clinical practice experiences occur this term (B3.07).

- Family Medicine (4 SH)
- Internal Medicine (4 SH)
- Emergency Medicine (4 SH)
- General Surgery (4 SH)
- Pediatric Medicine (4 SH)
- Prenatal and Gynecology Medicine (4 SH)
- Behavior and Mental Health (4 SH)
- Elective I (4 SH)
- Elective II (4 SH)

Supervised clinical practice experiences enable students to meet the program’s learning outcomes expected of students, to include (1) preventive, (2) emergent, (3) acute, and (4) chronic patient encounters (B3.02). Additional outcomes met during the SCPE year include providing (1) medical care across the life span to include, infants, children, adolescents, adults, and the elderly, (2) women’s health (to include prenatal and gynecologic care), (3) surgical management to include pre-operative, intra-operative, and post-operative care, and (4) care for behavior and mental health conditions (B3.03). In addition, SCPE clerkships should expose students to various care settings to include, (1) outpatient, (2) emergent, (3) inpatient, and the (4) operating room (B3.04). SCPE clerkships occur with licensed physicians or PAs (B3.05). In rare instances, vetted non-physician or PA preceptors will be used (B3.06). PAEA ‘end of rotation’ exams will be administered for all SCPE clerkships with the exception of the two electives.

Article 13.3.9  Fall IIA (August 29, 2022 – November 18, 2022)

Supervised Clinical Practice Experience (4 SH each)
Supervised clinical practice experiences address the fundamental principles of each discipline as they relate to the clinical care of patients. Three of the following supervised clinical practice experiences occur this term (B3.07).
Supervised clinical practice experiences enable students to meet the program’s learning outcomes expected of students, to include (1) preventive, (2) emergent, (3) acute, and (4) chronic patient encounters (B3.02). Additional outcomes met during the SCPE year include providing (1) medical care across the life span to include, infants, children, adolescents, adults, and the elderly, (2) women’s health (to include prenatal and gynecologic care), (3) surgical management to include pre-operative, intra-operative, and post-operative care, and (4) care for behavior and mental health conditions (B3.03). In addition, SCPE clerkships should expose students to various care settings to include, (1) outpatient, (2) emergent, (3) inpatient, and the (4) operating room (B3.04). SCPE clerkships occur with licensed physicians or PAs (B3.05). In rare instances, vetted non-physician or PA preceptors will be used (B3.06). PAEA ‘end of rotation’ exams will be administered for all SCPE clerkships with the exception of the two electives.

**Article 13.3.10  Fall II B (November 19, 2022 – December 16, 2022)**

**Summative Evaluation (5 SH)**
The summative phase measures mastery in the GFU MMSc-PA graduate competencies and outcomes, associated ARC-PA Standards, and NCCPA Blueprint items. This phase is 1 month in duration and represents the final stage of the program and includes the following ‘summative’ evaluations:

- Written multiple question examination covering the knowledge base content associated with all the basic medical and clinical sciences and its application to the practice of medicine.
  - Competency headings include:
    - Medical knowledge (MK)
    - Interpersonal and communication skills (ICS)
    - Patient care and clinical problem solving (PC)
    - Technical skills (TS)
    - Practice based learning and improvement (PBLI)
    - System based practice (SBP)
    - Professionalism (P)
- Objective Structured Clinical Examination (OSCE), which is used to evaluate direct patient care skills including obtaining the medical history, physical examination skills, communication, and professionalism (testing aptitude of competency and outcomes relevant to [1] Medical Knowledge, [2] Interpersonal and Communication Skills, [3] Patient Care, and [4] Professionalism).
- Skill Specific Testing, which is used to assess the student’s ability to perform and/or interpret the diagnostic and therapeutic skills, listed in this SCPE core syllabus (testing aptitude of competency and outcomes relevant to [1] Medical Knowledge, [2] Interpersonal and

Additional instruction will include (B2.13; B2.14, B2.17):

- A review of patient safety, quality improvement, prevention of medical errors, and risk management
- Instruction about PA licensure, credentialing, and laws and regulations of professional practice
- In addition, the program curriculum will include instruction in the PA profession and current trends to include:
  - Physician-PA team relationship
  - Political issues that affect PA practice
  - PA professional organizations

Finally, students will also engage in preparation for the PANCE exam, Curriculum Vitae creation, and preparation for job interviews.
### ARTICLE 14.0 CURRICULUM MAP

**20 Month PA Course Curriculum Map**  
MMSc (PA) is 112 SH

<table>
<thead>
<tr>
<th>Season</th>
<th>Spring (9 SH)</th>
<th>Spring II (9 SH)</th>
<th>Summer (21 SH)</th>
<th>Fall (10 SH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2023-1</td>
<td>Clinical Reasoning and Problem Based Learning I</td>
<td>Clinical Reasoning and Problem Based Learning II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 2023-1</td>
<td>Pharmacology</td>
<td>Pharmacology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 2023-1</td>
<td>Anatomy</td>
<td>Anatomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 2023-1</td>
<td>Physiology</td>
<td>Physiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2023-1</td>
<td>Pathology</td>
<td>Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun 2023-1</td>
<td>Physical Diagnosis I</td>
<td>Physical Diagnosis II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul 2023-1</td>
<td>Medical Ethics</td>
<td>Medical Ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug 2023-1</td>
<td>Ethics</td>
<td>Ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 2023-1</td>
<td>Medical School</td>
<td>Medical School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct 2023-1</td>
<td>Health Sciences I</td>
<td>Health Sciences II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov 2023-1</td>
<td>Nutrition</td>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec 2023-1</td>
<td>Management</td>
<td>Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan 2024-1</td>
<td>Health Policies</td>
<td>Health Policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 2024-1</td>
<td>Health Advocacy</td>
<td>Health Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 2024-1</td>
<td>Healthcare Ethics</td>
<td>Healthcare Ethics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**12 Month PA Course Curriculum Map**  
MMSc (PA) is 54 SH

<table>
<thead>
<tr>
<th>Season</th>
<th>Spring I (6 SH)</th>
<th>Spring II (6 SH)</th>
<th>Summer (12 SH)</th>
<th>Fall (5 SH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
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</tr>
<tr>
<td>Jul 2023-2</td>
<td>Principles of Surgery</td>
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<td>Aug 2023-2</td>
<td>Principles of Surgery</td>
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<tr>
<td>Sep 2023-2</td>
<td>Principles of Surgery</td>
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<tr>
<td>Oct 2023-2</td>
<td>Principles of Surgery</td>
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<td>Nov 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
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</tr>
<tr>
<td>Dec 2023-2</td>
<td>Principles of Surgery</td>
<td>Principles of Surgery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rotation Assessment (Assessment on Campus)**

- **Spring I**
  - Principles of Surgery
  - Principles of Emergency Care
- **Spring II**
  - Principles of Surgery
  - Principles of Emergency Care
- **Summer**
  - Principles of Surgery
  - Principles of Emergency Care
- **Fall**
  - Principles of Surgery
  - Principles of Emergency Care

**30 Day Medical Rotation**

- **Spring I**
  - Principles of Surgery
  - Principles of Emergency Care
- **Spring II**
  - Principles of Surgery
  - Principles of Emergency Care
- **Summer**
  - Principles of Surgery
  - Principles of Emergency Care
- **Fall**
  - Principles of Surgery
  - Principles of Emergency Care

March 10, 2020  
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ARTICLE 15.0   ESTIMATED COST OF ATTENDANCE

Article 15.1 Tuition, Fees, and Other Program Costs (A3.14f)

The standard undergraduate tuition rate does not apply to students who matriculate into the GFU PA Program. The following table outlines the program’s expected tuition and fees for the first cohort. It should be noted that tuition and fees might change from year to year subject to economic influences, the needs of the university, and needs of the program.

<table>
<thead>
<tr>
<th>Tuition and Fees</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Academic Year (January – December) Levelized tuition ($747.44/SH)</td>
<td>$50,826</td>
<td>$50,826</td>
</tr>
<tr>
<td>Program Fees ($1,733/Semester)</td>
<td>$5,199</td>
<td>$5,199</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic and Technology Costs</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Medical Equipment (*estimate)</td>
<td>$1,050</td>
<td></td>
</tr>
<tr>
<td>Technology Supplies (Computer; iPad, etc. *estimate)</td>
<td>$2,500</td>
<td>$200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Costs</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Background and Sex Offender Registry Search, National Healthcare Fraud and Abuse Scan, Residence History, and Social Security Alert. Due as follows: Pre-Matriculation, Pre-Clinical Rotations, As Required by Clinical Sites Due and/or verified by third party</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>12 Panel Urine Drug Screen. Due as follows: Pre-Matriculation, Pre-Clinical Rotations, As Required by Clinical Sites Due and/or verified by third party</td>
<td>$41</td>
<td>$41</td>
</tr>
<tr>
<td>Compliance Tracker Which Includes Verification of: Signed Technical Standards Form; CPR Certificate; Immunization Status; Tuberculosis Screening Results; Release Form for Immunizations; Tuberculosis status; Health Insurance Status Due as follows: Pre-Matriculation, Pre-Clinical Rotations, As Required by Clinical Sites Due and/or verified by third party</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td>Mandatory HIPAA and OSHA Certification Due and/or verified by third party</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Professional Organization Fees Due and/or verified by third party</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Textbooks and misc. Supplies Due and/or verified by third party</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Health Insurance based on GFU policy (<a href="https://www.georgefox.edu/offices/hea_cou/insurance.html">https://www.georgefox.edu/offices/hea_cou/insurance.html</a>)</td>
<td>$2,953</td>
<td>$2,953</td>
</tr>
<tr>
<td>Graduate Parking Sticker</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Graduation Fee</td>
<td>$165</td>
<td></td>
</tr>
</tbody>
</table>

Note: Additional costs for housing, transportation, food, etc. should be considered in the cost of education.
Article 15.2 Payment (Application, Deposit, Tuition, and Fees) and Refunds (A3.14g)

Application Fee: The George Fox Master of Medical Science (PA) program’s application cycle will open at the end of April 2020, and run through August 31, 2019, via the Central Application Service for PA (CASPA). The first cohort will matriculate in January 2021. CASPA is an online application clearing house located at https://portal.caspaonline.org/. As of March 2019, the cost for a CASPA application was $179 for the first program you apply to. If you submit to other programs before the first e-delivery of your application, each additional program is $45. If you submit to other programs after the first e-delivery of your application, each additional program is $52. As a general rule, CASPA does not refund application fees. Information related to CASPA fees can be found at https://help.liaisonedu.com/CASPA_Applicant_Help_Center. The link between the George Fox MMSc program, CASPA, and student candidates will be managed by the MMSc program’s Admissions Coordinator.

Enrollment Deposit: Candidates who accept a seat must pay a $1,000 non-refundable deposit within two weeks of notification of acceptance in order to hold their place in the cohort. This deposit will be applied toward first semester tuition costs. Accepted candidates who do not pay the $1,000 deposit within the required time frame (two weeks) forfeit their seat.

Payment: 100% of semester tuition and fees are due at the beginning of the semester. Refunds for students who drop or withdraw from classes, on or after the first day of the session, will receive a removal of tuition using the following GFU policy (https://www.georgefox.edu/offices/student-accounts/policies/charges-removal.html).

<table>
<thead>
<tr>
<th>First Week</th>
<th>100% of charged removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Week</td>
<td>90% of charges removed; $25 drop fee assessed</td>
</tr>
<tr>
<td>Third Week</td>
<td>75% of charges removed</td>
</tr>
<tr>
<td>Fourth Week</td>
<td>50% of charges removed</td>
</tr>
<tr>
<td>Fifth Week</td>
<td>25% of charges removed</td>
</tr>
<tr>
<td>Sixth Week and Beyond</td>
<td>All tuition charges remain</td>
</tr>
</tbody>
</table>

ARTICLE 16.0 PERFORMANCE/PROGRESSION (A3.17a; A3.17b; A3.17c)

Article 16.0 addresses the PA program’s academic performance and progression (A3.17a; A3.17b; A3.17c). Due to the sequential nature of the curriculum, students must successfully complete all courses for a given semester before becoming eligible to take courses in the subsequent semester. At the conclusion of each semester, the Academic Progress and Professionalism Committee reviews each student’s academic and professional performance. Students must be recommended for progression by the Academic Progress Committee to be eligible to take courses in the subsequent semester and continue their progression through the program. In the event that a student is remediating a course or course component they may progress to the subsequent semester at the discretion of the Academic Progress Committee.

Article 16.1 Types of Evaluations (C3.01)

The program will conduct frequent, objective, and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components (C3.01). Student assessment is both described and applied based on clear parallels between:

- What is expected
- What is taught
● What is assessed
Thorough assessment involves multiple approaches with multiple observations by multiple individuals where performance is assessed according to the program’s pre-specified criteria. Evaluation products designed primarily for individual self-assessment, such as PACKRAT are not to be used as an instrument that results in a passing or failing grade for students in any course/s in the program. These assessments will occur in each course taught and include formative and summative evaluations.

**Article 16.1.1 Formative evaluations**
Simply put, formative evaluations assess performance along the way, while summative assessments serve as the ‘end survey.’ Formative assessments are generally low stakes (have low or no point value) and are key in helping:
- Students identify their strengths and weaknesses and target areas that need work
- Faculty recognize where students are struggling and address problems immediately

Examples of formative evaluations include:
- Reflective quizzes
- Short writing assignments
- Oral question/answer sessions
- Limited skills and procedures evaluations
- Practice Objective structures clinical examination (OSCE) evaluations
- Exit ticket (short, 5 minute, independent assessment that asks students to show mastery of the objective taught that day). Exit ticket evaluations are typically done via:
  - Multiple choice quizzes
  - Short answers written assignments that require reproduction of knowledge as well as the students thinking behind it

**Article 16.1.2 Summative evaluations**
Summative evaluations are high stakes assessments (high point value) used to assess student learning at the end of an instruction unit by comparing it against some standard or benchmark (objectives/outcomes). Examples of summative evaluations include:
- Graded exams/quizzes
- Final project
- Midterm or final paper
- Midterm or final exam
- Research project or paper
- Skills or procedure testing – multi-topic or comprehensive
- Objective structured clinical examination (OSCE) – comprehensive or final

**Article 16.2 Academic Standards: Progression/Completion Of The Program (A3.17b; A3.17c)**
Students enrolled in GFU’s PA Program must maintain adherence to the program standard of academic performance and professionalism (A3.17c). Due to the sequential nature of the curriculum, students must successfully complete all courses for a given semester before becoming eligible to take courses in the subsequent semester.
**Article 16.2.1 Cumulative GPA (A3.15d; A3.17a; A3.17c)**

A cumulative grade point average of 3.0 is required to graduate from the program (A3.15d; A3.17a; A3.17c). Any student who fails to achieve the required 3.0 per semester GPA will automatically be placed on probation (see remediation and probation policy).

**Article 16.2.2 Course Grades (A3.15d; A3.17a; A3.17c; C3.01).**

In each course a Course Director is identified. As the Course Director, he or she will assess a student’s aptitude in achieving learning outcomes and assign the course grade. During clinical rotations (SCPE courses) the Director of Clinical Education is assigned as the Course Director for each of the SCPE clerkships. For example, Emergency Medicine, Internal Medicine, etc. Using feedback from the SCPE Preceptor (along with submitted SCPE assignments), the course Director will assess a student’s aptitude in achieving learning outcomes; the Course Director assigns course grades. The SCPE preceptor will provide information used to determine rotation grades and learning outcome assessment. Specific SCPE Preceptor responsibilities include:

- Student orientation to the site/rotation
- Provide suitable Clinical Site for the training of students
- Provide opportunities for active patient care experiences
- Supervise and assess the student’s progress and provide performance evaluations of the student to GFU’s MMSc-PA Program
- Completion (and submission to the program) of all Clinical Performance Evaluations.

Didactic grades will be given as A, B, C and F. Experiential (clinical) course grades will be given as pass or fail.

**Didactic Grade Breakdown**

<table>
<thead>
<tr>
<th>Didactic Course Grade (%)</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 – 100</td>
<td>A (4.0)</td>
</tr>
<tr>
<td>80 – 89</td>
<td>B (3.0)</td>
</tr>
<tr>
<td>73 – 79</td>
<td>C (2.0)</td>
</tr>
<tr>
<td>00 – 72</td>
<td>F (0.0)</td>
</tr>
</tbody>
</table>

**Experiential (clinical) Grade Breakdown**

<table>
<thead>
<tr>
<th>Experiential (Clinical) Course Grade (%)</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% and above</td>
<td>Passing</td>
</tr>
<tr>
<td>73 – 79</td>
<td>Probation</td>
</tr>
<tr>
<td>00 – 72</td>
<td>Failure - Dismissal</td>
</tr>
</tbody>
</table>

Within the syllabus of each course, grading methodology and grade elements are defined. Each grade element (i.e. written exam, presentations, project, etc.) is assigned a point value and these points are combined to create a final course grade (A3.15d; A3.17a; A3.17c).

At the course director’s discretion, an “Incomplete” may be assigned for reasons of illness or other unavoidable conditions. A student will be granted a reasonable timeline, not later than the end of the following semester, to remove an incomplete grade. Any I grade remaining at the end of that following semester will become F and result in dismissal from the program.
**Article 16.2.3  How PA Education Association End of Rotation Exams are Scored**

During the clinical year, students will take ‘End of Rotation’ (EOR) exams, created and administered by the PA Education Association (PAEA). These exams will occur in all the required rotation categories except for the two elective options. These exam scores will be converted using a student Z-score (*A3.15d; A3.17a; A3.17c*). The following formula establishes the student Z-score for a PAEA EOR test. 

\[
Z\text{-Score} = \frac{\text{Student EOR Score} - \text{National average for that exam}}{\text{Exam SD}}
\]

Example:  
Z-score = \((73 – 75.9)/8 = -0.3625\) where 73 is the students EOR score; 75.9 is the national average on the same exam; and the exam standard deviation is 8. Since the GFU assigns 73% as the lowest passing grade on a test, the following formula was used to establish a grade via a student Z-score. 

\[
\frac{[86.5 + (z\text{-score} \times 6.75)]}{100}
\]

<table>
<thead>
<tr>
<th>Z-Score</th>
<th>Adjusted Grade</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>+1.50 to +2.00</td>
<td>97% to 99+%</td>
<td>A</td>
</tr>
<tr>
<td>+1.00 to +1.49</td>
<td>93% to 96%</td>
<td>A</td>
</tr>
<tr>
<td>+0.50 to +0.99</td>
<td>90% to 92%</td>
<td>A</td>
</tr>
<tr>
<td>+0.00 to +0.49</td>
<td>87% to 89%</td>
<td>B</td>
</tr>
<tr>
<td>-0.01 to -0.49</td>
<td>83% to 86%</td>
<td>B</td>
</tr>
<tr>
<td>-0.50 to -0.99</td>
<td>80% to 82%</td>
<td>B</td>
</tr>
<tr>
<td>-1.00 to -1.49</td>
<td>77% to 79%</td>
<td>C</td>
</tr>
<tr>
<td>-1.50 to -2.00</td>
<td>73% to 76%</td>
<td>C</td>
</tr>
<tr>
<td>-2.00 or lower</td>
<td>Below 73%</td>
<td>Requires Remediation</td>
</tr>
</tbody>
</table>

**Article 16.2.4  Professional Behavior Grading (A3.15d; A3.17a; A3.17c; B2.16; C3.02)**

The program will document student demonstration of defined professional behaviors (*C3.02*). To facilitate this, the program curriculum will include instruction in the principles and practice of medical ethics (*B2.16*), professional practice (*B2.14*) and the PA profession (*B2.17*). In addition, students will meet with their PA advisor a minimum of once per semester (sooner or more if requested by student or faculty) to discuss academic progress, professional concepts, and any faculty or student identified concerns. As part of these meetings, a professionalism evaluation (done by the student, advisor, and when appropriate other faculty or staff; held in student files) will score students based on the following rubric (*B2.14; B2.16; B2.17; C3.02*). This evaluation will be part of each didactic course and the course director will assign up to 15% of a course grade. During SCPE courses, the following professionalism topics will be part of the ‘preceptor performance evaluation’ of student. (*A3.15d; A3.17a; A3.17c*).
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Didactic: Outstanding; displays leadership (5)</th>
<th>Didactic: Excellent; above average (4)</th>
<th>Didactic: Meets expectations (3)</th>
<th>Didactic: Poor, needs remediation (2)</th>
<th>Didactic: Unsatisfactory (1)</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Clerkship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Formative – Week 2 ______**

**Summative – Last Week of Clerkship ______**

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**PROFESSIONALISM**

The Program takes unprofessional behavior very seriously and it is part of the student grade in each didactic and clinical course. Students will be evaluated based on the following.

- **Altruism:** (1) Sensitivity/response to needs of others, (2) Sensitivity/response to culture, age, gender, and disabilities of others, (3) Puts others interests before own, and (4) Provides assistance/comfort to others.

- **Duty and Responsibility:** (1) Attends required activities/arrives on time, (2) Reliable, dependable, completes tasks fully and in a timely manner, (3) Accepts appropriate share of teamwork, (4) Self-motivated, organized, and prepared, and (4) Accountable to patients, society, and the profession.

- **Excellence:** (1) Commitment to excellence and on-going professional development, (2) Positive attitude, displays enthusiasm and attentiveness, (3) Self-reflection, critical curiosity and initiative, (4) Recognizes limitations and seeks, accepts, and incorporates constructive feedback, and (5) Adapts well to stressful/challenging circumstances.

- **Interpersonal skills and relationships:** (1) Respectful, cooperative (team player), builds atmosphere conducive to learning, (2) Acknowledges and values diversity, talents, skills, contributions of others, (3) Communicates effectively (verbal and written), (4) Good interpersonal skills (develops appropriate professional relationships with peers, faculty, physician supervisors, and other health care providers), (5) Recognizes/maintains appropriate boundaries, and (6) Displays tact and self-control.

- **Honor and integrity code of conduct:** (1) Accurately portrays personal qualifications, (2) Displays professional presentation (dresses appropriately and good personal hygiene), (3) Performs in accordance with regulatory and legal requirements (follow the rules), as well as the appropriate role of the PA, (4) Committed to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices, (5) Behaves honestly/appears trustworthy.

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Note: To receive a passing score during the didactic year, students must receive a 73% or higher rating. The maximum **SCPE professionalism evaluation raw score is 25. This is converted to percentage value. A passing raw score, therefore, is 18.25, which is equivalent to 73% (worth up to 15% of a course grade).** Any ‘poor’ or ‘unsatisfactory’ rating, however, requires
remediation; any ‘unsatisfactory’ rating requires probation, meeting with the Program Director, and review by the Academic Progress and Professionalism Committee.

To facilitate the grading process, the program will document student demonstration of defined professional behaviors (C3.02). The program curriculum will include instruction in the principles and practice of medical ethics (B2.16), professional practice (B2.14) and the PA profession (B2.17). In addition, students will meet with their PA advisor a minimum of once per semester (sooner or more if requested by student or faculty) to discuss academic progress, professional concepts, and any faculty or student identified concerns. Additional areas of professionalism include are outlined below.

**Article 16.2.5  Professionalism – Dress Code**
The George Fox University School of Medical Sciences has the authority to set dress code requirements for students admitted to the program. Student dress should reflect the dignity and standards of the medical profession. **Note: When the dress code at a clinical site is more rigorous than those outlined here, the student must adhere to the specific clinic site’s policy.** Specific modifications to this dress code (e.g. for labs, clinical skills course) are at the discretion of the instructor.

**Article 16.2.5.1  General Appearance**
- **Hygiene:** Daily hygiene must include personal cleanliness and oral hygiene.
- **Hands:** Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Some clinics/hospital settings do not permit any colored polish.
- **Hair:** Mustaches and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear hair tied back to avoid interfering with performance of procedures or having hair come into contact with patients.
- **Jewelry:** *Ear and nasal piercings* are the only visible piercing allowed and must be conservative. Tongue, brow, lip and other piercings are NOT allowed during any clinical training.
- **Rings** will be removed when working with simulation models. Students should avoid wearing long or dangling *earrings* for their own and for patient safety.
- **Perfume or Cologne:** Perfume and cologne is prohibited in both the didactic and clinical settings.

**Article 16.2.5.2  Appropriate Attire (Didactic Year)**
- **Shirts:** Clothing must be clean and in good condition without tears or holes. Unacceptable options include: (1) tank tops, (2) heavily exposed breasts or midriffs, (3) skin tight or revealing garments, and (4) shirts with any suggestive or inappropriate text (no political or personal statements).
- **Pants:** Scrub bottoms or pants should be clean and without holes or tears.
- **Skirts and Dresses:** Avoid high cut (length) or those with high slits.
- **Shoes:** Shoes of any style may be worn in the classroom setting (non-Lab).
- **During** laboratory classes, special rules apply and students may be required to wear any of the following when participating in a lab setting. When required, the course director will let students know in advance.
  - Exercise shorts and warm-up pants
  - T-shirt, tank top and/or sports bras
  - Closed toe shoes and socks
Article 16.2.5.3 Appropriate Attire (Experiential/Clinical Year)
The following outlines issues specific to the SCPE and other clinic opportunities afforded the student.

- **Identification in the Clinical Setting (B3.01):** Proper identification must be clearly displayed identifying that the student is a GFU PA student. GFU PA student ID badges must be worn at all times. The Professional ID badge must be worn so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access). As part of this, students are required to introduce themselves as “Physician Assistant Student” to patients and all other members of the healthcare team.

- **White Coats:** Student-style white coats (short) are required for clinical settings and must be clean and neat. Exceptions to this rule are at the discretion of the clinical preceptor and must be approved by the Director of Clinical Education. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

- **Scrubs:** In general, scrubs should not be worn outside of the hospital. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual departmental/clinical policy.

- **Shoes:** Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas.

Article 16.2.5.4 Violations
Students in violation of any of the above dress codes will be asked to change into appropriate attire. Repeated violations will result in referral of the student to the Academic Progress and Professionalism Committee for disciplinary action.

Article 16.2.6 Professionalism – Attendance
Attendance class, lab, or program meeting is mandatory and punctuality for EVERY class meeting is required. Students are allowed no more than five (5) excused absences per academic year (no more than two per semester). Exceptions to this rule must be approved (in advance except under rare circumstances) by the program director. An absence is excused or unexcused by the Director of Didactic Education, Director of Clinical Education, Associate Program Director, or Program Director (depending on circumstances). If an absence is unexcused, it is considered unprofessional and may result in formal evaluation of a student’s professionalism and referral to the Academic Progress and Professionalism committee. **Three unexcused absences per academic year (didactic or clinical) will result in program dismissal.**

Article 16.2.6.1 Professionalism – Attendance During the Didactic Phase
If a known absence is expected: (1) Students must notify the department administrator and course director prior to the event. (2) Students are responsible for contacting the course directors to discuss make-up work. The Academic Progress and Professionalism Committee will not consider absences as reasons for poor performance. If a student absence results in a missed exam, refer to the missed examination section of the Student Assessment policy.

The following are examples of an excused absence:

- Personal illness with provider’s note or permission from course director
- Family emergencies
- Death in the immediate family
• Approved medical conference (approved by Director of Didactic Education)

Events that are generally not considered an excused absence include:
• Family obligations
• Employment
• Travel
• Previous plans
• Weddings
• Non-emergent child-care

Medical/dental appointments should be scheduled, when at all possible, at times when classes or scheduled activities are not in session. The Director of Didactic Education and the Program Director will review special situations on a case-by-case basis.

**Article 16.2.6.2 Professionalism – Attendance During the Clinical Phase**

In the event of an absence, students must notify both the Director of Clinical Education and the clinical preceptor. Notification of the absence should be done prior to the absence. Students are required to be at their assigned clinical site a minimum of 36 hours per week. If a student misses up to two (2) days on any rotation (for any reason), he or she must discuss with the preceptor ways to make-up the additional time. If there is no opportunity for the student to make up the missed days, the student will have to discuss potential make-up time with the Director of Clinical Education. In the event that a student misses more than two (2) days on any rotation for an excused absence, they may be required to repeat the rotation which will most likely occur during the spring term after summative and incur additional costs related to tuition, housing, etc. Absence from a clinical site during a PA educational conference (e.g., AAPA, SCAPA) for the purpose of conference attendance may be permitted with the permission of the Director of Clinical Education.

**Article 16.2.7 Professionalism – Participation**

To promote program outcomes, a multitude of training modalities are used. Students must actively participate in all learning activities, including required pre-class reading and preparation, class discussions, assignments, problem-based learning, team-based learning, case studies, and laboratory skill sessions. Students are required to participate as a patient model during laboratory sessions and skills assessments. Students are expected to willingly participate in a professional manner. On occasion, it will be requested that students wear appropriate clothing that will easily facilitate physical exam by fellow classmates.

• For females, an appropriate sports bra or tank top and shorts will be worn
• For males, appropriate shorts will be worn

Students will be required to have observed clinical examinations by same and opposite sex classmates. Refusal to allow examination is considered unprofessional and may result in referral to the Academic Progress and Professionalism Committee for possible dismissal. At times, students will be responsible for facilitating the learning of their classmates (e.g., during TBL, PBL) and failure to put forth the best effort in these activities may result in referral to the Academic Progress and Professionalism committee. Failure to actively participate in program requirements is considered unprofessional behavior and may result in remediation or referral to the Academic Progress and Professionalism committee. Students who require accommodation related to this policy should meet with the course instructor and provide reasonable justification for an alternative approach.
Article 16.2.8 Professionalism – Inclement Weather
The policy of George Fox University is to conduct scheduled classes, keep offices open, and carry on normal college operations under conditions deemed to be reasonably safe. When adverse weather conditions or other events force the temporary closing of the university or postponement of classes, students and faculty will be notified via the Program Director (or assigned representative) by text or email. Students should also listen to the local radio stations and watch for details on the local television stations. In the event that program activities are being held, students should not attempt to travel under unsafe conditions or to take unnecessary risk if there are traveling from afar and conditions are unsafe between campus and their start location. The program administrator or course director should be notified if the student is unable to attend class or other activity due to the weather.

Article 16.2.9 Professionalism – Social Media
The George Fox University PA Program Supports the American Medical Association’s (AMA) stance on Social Media. According to AMA Board Member Dr. Mary Anne McCaffree, using social media can help [providers] create a professional presence online, express their personal views and foster relationships, but it can also create new challenges for the patient – [provider] relationship.

Article 16.2.9.1 AMA Guidelines
In order to safeguard the patient-PA relationship and avoid any lapse on confidentiality, GFU recommends the following AMA guidelines:

● Use privacy settings to safeguard personal information and content to the fullest extent possible on social networking sites.
● Routinely monitor your own Internet presence to ensure that the personal and professional information on your own sites and content posted about you by others is accurate and appropriate.
● Maintain an appropriate boundary of the patient-physician relationship when interacting with patients online and ensure patient privacy and confidentiality is maintained.
● Consider separating personal and professional content online.
● Recognize that actions online and content posted can negatively affect their reputations among patients and colleagues and may even have consequences for their medical careers.

Article 16.2.9.2 Program-Specific Expectations
GFU PA students and faculty should understand and adhere to the following guidelines when engaging in social media networking:

● GFU PA Faculty and Staff members are NOT permitted to extend or accept “friend requests” to/from students.
● Classroom and clinical site training commitments should be respected. Students should not engage in social networking during in-class and on-site clinical time.
● The integrity of the coursework of the GFU PA program, student, and classroom privacy should be protected. Students should not share questions or answers to assignments, exams, or quizzes via social media (or any other form).
● Patient privacy must be protected. Students should not share any identifiable patient or clinical information via social media. HIPAA laws apply to all social networking sites.
● Students should ensure accuracy regarding statements made about the GFU PA program and its community members. Students should not provide false, intentionally inaccurate, or inflammatory comments.
● All laws governing copyright and fair use of copyrighted material must be followed.
● Students should recognize that one’s professional reputation can be affected through social networking and therefore be judicious when posting content.

Article 16.2.10 Advancing to SCPE Clerkships (A3.17c)
To advance to the SCPE (clinical) training year, the student must:
● Pass each of the three components of the Transition to Clerkship evaluation with a minimum grade of 73% or higher in each.
● When retesting is required (< 73%), the repeat assessment will be scheduled within one week to a maximum score of 73%.
● In the event of a second failure, retesting will be repeated one more time and must occur within one week of the second failure; Between tests, an opportunity for remediation will be available to the student.
● When a student fails the third attempt, they will be dismissed from the program.
● It is important to note that the need to remediate one or both examinations may require students to stay beyond the end of the semester into week 50 and 51 of the calendar year.

Article 16.2.11 End of Program Summative Evaluation (A3.15d; A3.17a; A3.17c; C3.04)
The program will conduct and document a summative evaluation of each student during the last month of the program (C3.04). The summative evaluation will be used to verify that each student is prepared to enter clinical practice as evidenced by successful assessment of each student’s ability to meet the Program Learning Outcomes (see note below). Evaluation products designed primarily for individual student self-assessment, such as PACKRAT, are not to be used as part of the summative evaluation. This summative represents the final stage of the program and includes the following ‘summative’ evaluations:
● Objective Structured Clinical Examination (OSCE), which is used to evaluate direct patient care skills including obtaining the medical history, physical examination skills, communication, and professionalism (testing aptitude of competency and outcomes relevant to [1] Medical Knowledge, [2] Interpersonal and Communication Skills, [3] Patient Care and Clinical Problem Solving, and [6] Professionalism).
● Skill Specific Testing, which is used to assess the student’s ability to perform and/or interpret the diagnostic and therapeutic skills, listed in this SCPE core syllabus (testing aptitude of competency and outcomes relevant to [1] Medical Knowledge, [2] Interpersonal and Communication Skills, [3] Patient Care and Clinical Problem Solving, and [6] Professionalism).

To pass the summative course and graduate from the program, the student must pass each of the three components of the summative evaluation and the professionalism rubric with a minimum grade of 73% or higher in each (A3.15d; A3.17a; A3.17c). When retesting is required (< 73%), the repeat assessment will be scheduled within one week to a maximum score of 73%. In the event of a second failure, retesting will be repeated one more time and must occur within two weeks of the second failure. Between tests, an opportunity for remediation will be available to the student. When a student fails the third attempt, they will be dismissed from the program. It is important to note that the need to remediate one or both examinations may result in delay of graduation for those students. In addition, if a student’s summative professionalism score is below 73%, the student will be referred to the Program.
Director and the Academic Progress and Professionalism Committee for consideration of remediation or dismissal from the program. A final course grade of 73% or better and a cumulative GPA of 3.0 or better are required to graduate from the program.

Note: Overall, we look for graduate competency via several processes throughout the program to include:

- Well defined program learning outcomes that reflect competencies expected of graduates
- Comprehensive evaluation of where learning of each program learning outcome occurs in curriculum
- Tracking of patient encounters to ensure each student has had adequate exposure to meet the program learning outcomes
- Assessing a student’s ability to perform the program learning outcomes across the curriculum and during the summative evaluation process.

**Article 16.2.12 Requirements For Graduation (A1.03e; A3.17c)**

George Fox University will confer the credential and/or academic degree that documents satisfactory completion of the MMSc-PA educational program. To do this, GFU will maintain good standing with regional accreditation mandates necessary to confer graduates with a Master of Medical Science degree ([https://www.georgefox.edu/offices/academic_affairs/effectiveness/accreditation/index.html](https://www.georgefox.edu/offices/academic_affairs/effectiveness/accreditation/index.html)). George Fox will submit its prospectus to the Northwest Commission of Colleges and Universities (NWWCU) prior to student matriculation. NWCCU web link: [https://www.nwccu.org](https://www.nwccu.org). To graduate from the MMSc-PA program and earn a Master of Medical Science, students must meet the following:

- Successfully complete all course work according to program defined academic standards (cannot have any incomplete or outstanding grades). This must be verified via a degree audit with the student’s assigned MMSc-PA advisor the first week of the Fall II term. This can be done via Skype or e-mail if necessary.
- Achieve a minimum cumulative 3.0 G.P.A. (Grade Point Average).
- Successfully pass all pre-clinical, clinical, and components of the summative evaluation/course.
- Demonstrate they have met all graduate competencies and learning outcomes
- Be in good professional standing.
- Submit a completed graduation application to the Registrar at least two semesters prior to the graduation. Information on graduation can be found at [https://www.georgefox.edu/catalog/handbook/academic/graduation/application.html](https://www.georgefox.edu/catalog/handbook/academic/graduation/application.html).
- Finally, to graduate, students cannot have any financial or library obligation with George Fox University.

**Article 16.3 Exam Integrity, Missed Exams, And Exam Results**

**Article 16.3.1 Exam Integrity**

To maintain exam validity and academic integrity, students *may not* make inquiry about exam items or content during the administration of the examination or assessment. If problems related to exam administration are encountered, the examination proctor should be notified immediately. During an examination, students may not have, at their desk or on their persons:

- Written material of any kind
- Caps or hats
- Water bottles, mugs, etc.
- Unapproved writing utensils
Electronic devices, unless approved by the Course Director

Five minutes PRIOR to the start of the exam:
- Students will have all unnecessary material packed together and placed at the front of the classroom, in the student break room, or in a breakout room.
- No movement around room (i.e. leaving for the restroom)
- Laptop open and logged into ExamSoft (only open window)
- A blank piece of paper and pen will be provided. They should NOT be used until after the exam starts and must be given to the exam proctor once exam is completed
- Ear plugs may be used during the exam

During the Exam:
- The exam password will be provided by the proctor
- After receiving the password and starting the exam, each student should write their name, student ID, course name, and date on their piece of paper.
- Students are not typically allowed to leave the room during an exam and re-enter but may be allowed at the proctor’s discretion.

At the end of the exam:
- Students will quietly turn in paper (with first and last name) and pen
- Show the exam proctor the exit window in ExamSoft
- Quietly exit the room, not to re-enter until end of exam time
- Students will NOT discuss the exam in the student breakroom or breakout rooms. Discussions may occur away from the testing room.

Article 16.3.2 Computerized Testing Integrity
Course instructors may use computerized testing to assess knowledge. The following parameters apply to all computerized, on-site, proctored examinations:
- All backpacks, notes, cell phones, and any items other than your computer must be removed from the table and put to the front of the classroom ten (10) minutes prior to the start of the exam.
- No questions will be permitted during a test. If there is a question about the test, please contact the Instructor of Record after completion of the exam by all students.
- The student should raise his/her hand if computer difficulties develop.
- When a test is open, no other windows may be open simultaneously (unless otherwise instructed). The testing screen must be fully maximized.
- When the student has completed the exam, s/he must exit the room quietly
- Once a student has left the room, they may not return until everyone has completed the test.

Article 16.3.3 Late For An Examination Or Other Timed Assessment
Students are expected to be ready to start the exam 10 minutes prior to the scheduled start time of an examination. Passwords for locked examinations will be distributed and exams will begin no later than 1 minute of the scheduled start time. Students arriving after an examination has begun will be allowed to take the examination, but no additional time beyond the scheduled conclusion will be allowed. If a student arrives after another student has completed the exam, he/she will not be allowed to take the examination and therefore receives a score of zero (0). Recurrent tardiness is considered unprofessional
and will result in formal evaluation of a student’s professionalism, remedial action, and if appropriate probation or dismissal from the program.

**Article 16.3.4 Missed Examination**
Due to personal emergencies or other exceptional circumstances classified as an excused absence, a student may miss sitting for an exam. If this occurs, it is the responsibility of the student to inform the Course Director as soon as possible with a limit of 48 hours post-exam. The student must also complete, sign, and submit an *Excused Absence Request Form* (with an explanation and documentation supporting the absence) to the Instructor of Record within 72 hours of missing the exam. The Instructor of Record will consider each request on its individual merits and may allow the student to take a substitute exam on the next scheduled calendar date or during non-class time, such as before or after scheduled class periods. The student must be prepared to take the exam on the day they return to class and the timing of the exam will be at the discretion of the Instructor of Record. All decisions made by the Instructor of Record are final and will be communicated to the student within 48 hours of the Instructor of Record receiving the request.

An absence will automatically be considered unexcused if the course director is not notified within 48 hours. Unexcused absence from an examination will result in a grade of zero (0) on that exam. If this occurs and the student is allowed to take the exam at a later date, the highest attainable score is 73% (see remediation policy).

**Article 16.3.5 Dissemination of Examination Results**
Results of the student examinations will be provided within 72 hours following statistical review of the exam. Students will receive an exam report which will include the course objective for missed questions only. Grades will ONLY be accessible via the online learning management system.

**Article 16.3.6 Assessment Challenge (A3.17d)**
The PA Program will retain electronic copies of student examination grading and written assignments, not returned to students, until after graduation or any grade appeal timeline has passed (whichever is later). After that time, materials will be destroyed to preserve the confidentiality of the student.

Mechanical errors, such as mismarking answers, are the responsibility of each student and no grading adjustments will be made for mismarked answers. Exam question challenges will not be accepted. Instead, the Instructor of Record will review the reliability of each exam question by running exam question statistics at the end of every scored exam/quiz. Every question with a point biserial (item discrimination) below 0.19 and/or a p-value below 0.30 will be reviewed by the Instructor of Record and Director of Didactic Education. If the Director of Didactic Education is the Instructor of Record, examination items will also be reviewed with another faculty member.

If the preceding criteria is met and deemed appropriate, the Course Director may adjust each student test score so that every student receives credit for the question (questions WILL NOT be dropped). A question may receive full or partial credit. Point Biserial and P-Value is further explained here.

- Item discrimination or **point-biserial** provides a relationship between how well students did on the item and their total test score.
  - The range is from -1.00 to 1.00.
  - The higher the value, the more discriminating the item.
  - A highly discriminating item indicates
Students who had high tests scores got the item correct; students who had low-test scores got the item incorrect.

Items with discrimination values near or less than zero should be reviewed for removal from the test. This indicates that students who overall did poorly on the test did better on that item than students who overall did well. The item may be confusing in some way.

- A guideline for classroom test discrimination values is shown here
  - 0.40 or higher very good items
  - 0.30 to 0.39 good items
  - 0.20 to 0.29 fairly good items
  - 0.19 or less poor items

- The P-Value represents the difficulty of the test item or the percentage of students that correctly answered the item.
  - The range is from 0% to 100%, or 0.0 to 1.00.
  - The higher the value, the easier the item.
    - The best decimation values for test reliability falls between 0.30 and 0.70
    - P-values above 0.90 are very easy items and should not be reused again for subsequent tests.
  - P-values below 0.20 are very difficult items and should be reviewed for possible confusing language, removed from subsequent tests, and/or highlighted as an opportunity for re-instruction.

**ARTICLE 17.0 REMEDIATION (A3.17f; C3.03)**

The program will monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation (A3.17f; C3.03).

**Article 17.1 Introduction**

GFU’s MMSc-PA program is specifically formatted to educate students in advanced clinical sciences, enabling graduates to become successful and highly competent PAs. Because of the difficulty and volume of the information presented, PA programs are well known as some of the most challenging graduate level programs. As such, this remediation policy was developed with recognition of the following:

- PAs need to be self-directed career-long learners of the medical sciences
- A major portion of any PA educational program involves independent study
- The educational process is progressive, building on previously presented and learned material
- In order to be successful, students need to continually master presented material on a day-to-day, week-to-week, month-to-month, and/or module-to-module basis

During the program, evidence of information mastery is monitored with written, oral and practical examinations and students are encouraged to contact relevant faculty – at any time – to improve their mastery of the material. This process allows faculty to promptly identify deficiencies in knowledge or skills and establishes means for remediation as described below. Course directors will be available to facilitate remediation when needed. In the event that a course director is not available, the Director of Didactic Education will assign the role to another faculty member.
Article 17.2 Intention of the Remediation Policy (A3.17f)

The goal of remediation is to identify areas of weaknesses and assist the student in overcoming those weaknesses and develop material mastery. Within courses that do not utilize exams, course directors may use other tools to evaluate the need for remediation. In all instances, the course director, in conversation with the student, will establish the remediation plan, which is presented to the GFU MMSC-PA program director for final approval. In addition, all active remediation processes will be evaluated (for effectiveness and/or adjustment) during each Academic Progress committee meeting. Remediation can be looked at in three areas: (1) Didactic, (2) Clinical, and (3) Professionalism.

Article 17.3 Didactic Remediation

Since each examination is analyzed for item validity, students are not permitted to challenge examination questions for a grade change. Unless otherwise noted in the course syllabus, there are no “extra-credit” options for improving an exam score. The following bullets outline remediation processes related to the didactic year. Any exam grade below 73% requires remediation and the following guidelines apply:

- Students must meet with course director and their advisor
- During Spring IA and Spring IB the student can remediate a maximum of TWO failed test grades per course to a maximum of 15 points or an exam grade of 73/100, whichever comes first
- During Summer I and Fall I the student can remediate ONE failed test grade per course to a maximum of 15 points or an exam grade of 73/100, whichever comes first
- Remediation must be completed within two weeks of failed exam (If a final exam, remediation must be completed prior to the start of the following semester or one week, whichever is longer).
- The remediation process follows four steps which include:
  - Step One: Meeting with course director where the following will be reviewed
    - Test Report which details missed learning objectives (see article 17.7.1)
  - Step Two: The course director will develop a remediation plan of study and timeline for completion (see article 17.7.2) which may include, but is not limited to:
    - Reading assignments
    - Review of lecture materials
    - Individual focused faculty-led tutoring (especially when related to skills deficiencies)
  - Step Three: The course director must evaluate the student’s proficiency once remediation is completed. This could be but is not limited to the following:
    - Oral question answer session
    - Written exam
    - Written paper
    - Written responses to selected examination questions
  - Step Four: The course director will complete the Remediation Summary Sheet (see article 17.7.3), which outlines the remediation process and the Remediation Effort and Outcome Sheet (see article 17.7.4) detailing the event and the final score related to the remediation process.

Article 17.4 Clinical Year Remediation

Clinical rotation grades are comprised of End-of-Rotation examinations (EORs), clinical write-ups, logging of patient cases and clinical experience hours, professionalism, and preceptor evaluations. The passing score for the EOR exams will be determined using the student’s z-score. For all other evaluation
processes, 73% will be considered the minimal score per SCPE graded item. The four step remediation process, during the clinical year, mirrors that of the didactic year with the following exceptions:

- Students are only allowed to remediate:
  - Two incidences of failed end of rotation examinations for separate SCPE clerkships; it does not allow a student to remediate the same end of rotation exam twice
  - Two incidences of failed clinical write ups
  - Two incidences of failed logging of patient cases and clinical experience hours
  - One incidences of failed professionalism

- Students failing more than two (or one for professionalism) of any of the preceding topics, including those items that are successfully remediated, will be considered to have NOT achieved mastery during the clinical year and will be referred to the Academic Progress and Professionalism Committee and risk dismissal from the program.

- Failed items must be remediated by the end of week two (2) of the next rotation. Students will be given a grade of incomplete in the applicable clinical rotation course until the items are successfully remediated. This will convert to a F and may result in program dismissal if the remediation timeline is not met.

- Failed items on the last clinical rotation may result in delay of graduation.

As a review, the four step process of remediation includes:

- **Step One**: Meeting with course director where the following will be reviewed
  - PAEA End of Rotation Exam Scores
  - History and Physical Exam Papers
  - Exxat Patient logging
  - Preceptor Evaluation Rubric/s

- **Step Two**: The course director will develop a remediation plan of study (there is a form for this) which may include, but is not limited to, the following
  - Reading assignments
  - Review of lecture materials
  - Individual focused faculty led tutoring (especially when related to skills deficiencies)

- **Step Three**: The course director must evaluate the student’s proficiency once remediation is completed. This could be in the form of, but is not limited to, the following
  - Oral question answer session
  - Written exam
  - Written paper
  - Written responses to selected examination questions

- **Step Four**: The course director will complete the Remediation Summary Sheet, which outlines the remediation process and the Remediation Effort and Outcome Sheet detailing the event and the final score related to the remediation process.

### Article 17.5 Professionalism Remediation (Academic Integrity)

According to GFU’s Academic Honesty policy ([https://www.georgefox.edu/catalog/handbook/academic/standing/honesty.html](https://www.georgefox.edu/catalog/handbook/academic/standing/honesty.html)):

It is assumed that all students at George Fox University will endeavor to be honest and of high integrity in all matters pertaining to university life. A lack of respect and integrity is evidenced by cheating, fabricating, plagiarizing, misuse of keys and facilities, removing books and other property not one’s own, defacing and altering property, and disrupting classes. **Cheating** is defined as
intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise. It is assumed that whatever work is submitted is the student’s own work and is new work for that course. Fabrication is defined as intentional and unauthorized falsification or invention of any information or citation in an academic exercise or form. Plagiarism is defined as representing the words or ideas of another as one’s own in any academic exercise. One who facilitates any of the above is equally responsible with the primary violator. Penalties may include restitution, a failing grade on an individual paper or exam, loss of campus position or employment, a failing grade for the course, disciplinary probation or dismissal.

Disciplinary action for academic misconduct is the initial responsibility of the faculty member assigned to the course. At first, the faculty member assesses the gravity of the case of academic transgression or behavior and recommends, to the Program Director, sanctions to any student involved. In addition, any ‘unsatisfactory’ professionalism rating on an evaluation form requires probation, meeting with the Program Director, and review by the Academic Progress and Professionalism Committee. Penalties that may be applied to individual cases include one or more of the following:

- Written reprimand
- Requirement to redo work in question
- Requirement to submit additional work
- Lowering of grade on work in question
- Assigning the grade of F to work in question
- Recommendation for more severe punishment, up to and including probation or dismissal from the University.

The faculty member involved will file a record of the offense and the punishment imposed with the PA Program Director. The PD will review the offense and punishment and approve or modify the sanctions given. Additionally, these actions will be reviewed by the Academic Progress and Professionalism Committee. Any student who has been penalized for academic dishonesty has the right to appeal the judgment or the penalty assessed. Appeals must be directed in writing to the Chair for the School of Medical Science and the Dean for the College of Behavior and Health Sciences.

**Article 17.6 Faculty Responsibility for the Remediation Process**

In addition to the above, faculty conducting remediation processes must document the following in the official student file via the Remediation Summary Sheet and the Effort & Outcome Sheet:

- Composition/nature of assessment and the student performance required for successful remediation of material
- Date in which assigned activities are due and completed
- All outcomes
- Faculty must also notify the chair of the Academic Progress Committee of any student remediation
Article 17.7 Remediation Forms

Article 17.7.1 Example of Student Exam Test Report

Strength and Improvement Opportunities

Name of Exam: Course: Instructor

Number of Questions: Standard Deviation

Mean: Median

Student Score %: Missed Questions

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Course Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcome:</td>
<td>(Category)</td>
</tr>
<tr>
<td>Question Number</td>
<td>Course Objective</td>
</tr>
<tr>
<td>Learning Outcome:</td>
<td>(Category)</td>
</tr>
<tr>
<td>Question Number</td>
<td>Course Objective</td>
</tr>
<tr>
<td>Learning Outcome:</td>
<td>(Category)</td>
</tr>
</tbody>
</table>

*Only incorrect questions will appear on score sheet*
**Article 17.7.2 Remediation – Study Plan Sheet (Remediation Plan)**

Student Name: ___________________________  Course Name: ___________________________

Exam Name: ___________________________  Exam Grade: ______________

Name and Title of Faculty Overseeing Remediation: _______________________________________

I was provided the opportunity to review the test score report, the exam item review sheet, examination questions missed and complete the analysis review sheet (circle one): **Yes  No**

My identified area(s) of weakness(s) include:

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________
4. ___________________________________________________________________________

I understand the self-study remediation plan to include the following tasks:

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________
4. ___________________________________________________________________________

I understand that remediation success includes the following:

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________
4. ___________________________________________________________________________

I agree to complete the self-study remediation plan by: _________________(date)

I agree to meet again with the course director for reassessment on: _________________ (date)

Student Signature: ___________________________________________________________________
**Article 17.7.3 Remediation – Summary Sheet (Course Director Completes Outlining Action/s)**

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes/No (if no, indicate why)</th>
<th>Date</th>
<th>Specifics (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was student provided opportunity to review examination questions missed? [if student refuses, note refused]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you review the Test Score Report with student?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you review the Exam Item Review Sheet with student?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you review the Analysis Review Sheet with student?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you develop a self-study plan for the student?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did student complete self-study plan?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was student permitted to retake the examination or repeat/course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result of remediation (e.g., passed retake exam, repeated rotation and passed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you inform the Chair of the Academic Progress Committee and the student’s advisor?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Article 17.7.4 Remediation – Effort & Outcome Sheet (Final Outcome of Remediation)**

Student Name:  
Course Name:  

Exam Name and Grade (if applicable):  

Course Grade (if applicable):  
Semester and Year:  

Name and Title of Faculty Overseeing Remediation:

<table>
<thead>
<tr>
<th>Action</th>
<th>Date/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date remediation initiated</td>
<td></td>
</tr>
<tr>
<td>Date reassessment completed</td>
<td></td>
</tr>
<tr>
<td>Result of remediation (i.e., successfully completed vs. unsuccessful)</td>
<td></td>
</tr>
</tbody>
</table>
ARTICLE 18.0  DECELERATION (A3.17f)
The GFU MMSC-PA program’s curriculum is delivered on a full-time basis to students in a cohort. There is no formal deceleration plan nor is there an option to complete the curriculum on a part time basis (A3.17f). In most instances, a student who has previously attended the program and did not complete the program must reapply. The application will be treated in the same manner as all other applications.

ARTICLE 19.0  PROBATION & DISMISSAL (A3.17e)
All students must achieve a cumulative 3.0 GPA in their didactic coursework in order to progress to the clinical phase of training. A cumulative grade point average of 3.0 or higher is required to graduate from the program.

Article 19.1  Probation (A3.17e)

Article 19.1.1  Probation – Didactic
During the didactic year, any student who has the following grade/s will be placed on probation:

- One course grade of 73 to 79 (C)
- One semester with a cumulative GPA below 3.0 (B)

Students on probation must meet with their academic advisor to discuss academic progress, study habits, and test taking skills. Once on probation, the student will remain on probation until they achieve a program cumulative GPA of 3.0 or higher (see ‘dismissal). Students on probation may be required to remediate as outlined in the remediation policy. Any course grade below 73% is failing and subject to dismissal from the program. Two semesters with a cumulative GPA below 3.0 is subject to dismissal from the program.

Article 19.1.2  Probation – SCPE Courses
During the experiential (clinical) year, any student who has the following grade/s will be placed on probation:

- One SCPE Course grade of 73 to 79 (C)
- One semester with a cumulative GPA below below 3.0 (B)

Students with a grade between 73% and 79% will automatically be placed on probation and will be required to repeat the SCPE clerkship. Repeating a clerkship failure (grade between 73% and 79%) must occur during the spring semester following the summative course. This will result in a delay in graduation. In addition, the student will be responsible for the additional costs of the added semester. These costs include tuition (prorated to a credit hour value), housing, transportation, and so on.

Students on probation must meet with their academic advisor (this may be done via Skype or in person) to discuss academic progress, study habits, and test taking skills. Students on probation may be required to remediate as outlined in the remediation policy. Note: Any student with an SCPE grade below 73% is failing and subject to dismissal from the program.

Article 19.1.3  Probation – Professionalism
Disciplinary action for academic misconduct is the initial responsibility of the faculty member assigned to the course. The faculty member assesses the gravity of the case of academic transgression or behavior and gives sanctions to any student involved. In addition, any ‘unsatisfactory’ professionalism rating requires probation, meeting with the program director, and review by the Academic Progress and March 10, 2020
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Professionalism Committee. Probation penalties that may be applied to individual cases include one or more of the following:

- Written reprimand
- Requirement to redo work in question
- Requirement to submit additional work
- Lowering of grade on work in question
- Assigning the grade of F to work in question

The faculty member involved will file a record of the offense and the punishment imposed with the Chair for the School of Medical Science. The Chair and PD will review the offense and punishment and approve or modify the sanctions given. Additionally, these actions will be reviewed by the Academic Progress and Professionalism Committee. Any student who has been penalized for academic dishonesty has the right to appeal the judgment or the penalty assessed. Appeals must be directed in writing to the Dean for the College of Behavior and Health Sciences.

**Article 19.2 Dismissal (A3.17e)**

**Article 19.2.1 Dismissal – Didactic**
During the didactic year, any student who has the following grade/s will be dismissed from the program:

- One course grade below 73%
- Two consecutive semester/s with a cumulative GPA below 3.0

**Article 19.2.2 Dismissal – SCPE Courses**
During the experiential (clinical) year, any student who has the following grade/s will be dismissed from the program:

- One SCPE Course grade below 73%
- Two consecutive SCPE course grades below 80%
- Two consecutive semesters with a cumulative GPA below 3.0

**Article 19.2.3 Dismissal – Professionalism**
According to GFU’s Academic Honesty policy ([https://www.georgefox.edu/catalog/handbook/academic/standing/honesty.html](https://www.georgefox.edu/catalog/handbook/academic/standing/honesty.html)):

It is assumed that all students at George Fox University will endeavor to be honest and of high integrity in all matters pertaining to university life. A lack of respect and integrity is evidenced by cheating, fabricating, plagiarizing, misuse of keys and facilities, removing books and other property not one’s own, defacing and altering property, and disrupting classes. **Cheating** is defined as intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise. It is assumed that whatever work is submitted is the student’s own work and is new work for that course. **Fabrication** is defined as intentional and unauthorized falsification or invention of any information or citation in an academic exercise or form. **Plagiarism** is defined as representing the words or ideas of another as one’s own in any academic exercise. One who facilitates any of the above is equally responsible with the primary violator. Penalties may include restitution, a **failing grade** on an individual paper or exam, loss of campus position or employment, a **failing grade for the course, disciplinary probation, suspension, or dismissal**.
In addition to topics discussed in the GFU policy, the MMSc-PA program has an ongoing ‘professionalism’ grading policy (see rubric below). The following rubric is used. To receive a passing score, students must receive a 73% or higher rating. Any ‘poor’ or ‘unsatisfactory’ rating requires remediation; any ‘unsatisfactory’ rating requires probation, meeting with the program director, and review by the Academic Progress and Professionalism Committee. Repeated professionalism failures (two or more courses) may result in program dismissal. Failures related to (1) cheating, (2) fabrication, (3) plagiarism, (4) defacing property, and (5) disrupting class will result in immediate referral to the Academic and Professionalism Committee and may be subject to dismissal from the program.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Preceptor Name</th>
<th>Clinic Name</th>
<th>Type of Clerkship</th>
<th>Formative – Week 2</th>
<th>Summative – Last Week of Clerkship</th>
</tr>
</thead>
</table>

**PROFESSIONALISM**

The Program takes unprofessional behavior very seriously and it is part of the student grade in each didactic and clinical course. Students will be evaluated based on the following.

Altruism: (1) Sensitivity/response to needs of others, (2) Sensitivity/response to culture, age, gender, and disabilities of others, (3) Puts others interests before own, and (4) Provides assistance/comfort to others.

Duty and Responsibility: (1) Attends required activities/arrives on time, (2) Reliable, dependable, completes tasks fully and in a timely manner, (3) Accepts appropriate share of teamwork, (4) Self-motivated, organized, and prepared, and (4) Accountable to patients, society, and the profession.

Excellence: (1) Commitment to excellence and on-going professional development, (2) Positive attitude, displays enthusiasm and attentiveness, (3) Self-reflection, critical curiosity and initiative, (4) Recognizes limitations and seeks, accepts, and incorporates constructive feedback, and (5) Adapts well to stressful/challenging circumstances.

Interpersonal skills and relationships: (1) Respectful, cooperative (team player), builds atmosphere conducive to learning, (2) Acknowledges and values diversity, talents, skills, contributions of others, (3) Communicates effectively (verbal and written), (4) Good interpersonal skills (develops appropriate professional relationships with peers, faculty,
physician supervisors, and other health care providers), (5) Recognizes/maintains appropriate boundaries, and (6) Displays tact and self-control

Honor and integrity code of conduct: (1) Accurately portrays personal qualifications, (2) Displays professional presentation (dresses appropriately and good personal hygiene), (3) Performs in accordance with regulatory and legal requirements (follow the rules), as well as the appropriate role of the PA, (4) Committed to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices, (5) Behaves honestly/appears trustworthy.

### Article 19.3 Right to Appeal Academic/Behavior Dismissal

All students have the right to appeal adverse academic outcomes, up to and including dismissal from the MMSc-PA program. Appeals must be presented in writing to the Dean for the College of Behavior and Health Science within two weeks of the adverse outcome. At the discretion of the Dean, an appeals committee will be assigned to review the appeal. Students have the right to present evidence that is germane to the adverse outcome. A fellow classmate may represent students. However, legal counsel is not permitted. The appeals committee will render its decision to the Dean, who may sustain or overrule. The Dean will notify the student of the outcome. Once the Dean gives notice, the decision is final.

### ARTICLE 20.0 WITHDRAWAL FROM THE UNIVERSITY (A3.17e)

The MMSc-PA program adheres to GFU withdrawal policy that can be found at the following link: [https://www.georgefox.edu/offices/student-accounts/policies/charges-removal.html](https://www.georgefox.edu/offices/student-accounts/policies/charges-removal.html). Policy states, **refunds** for students who drop or withdraw from classes, on or after the first day of the session, will receive a removal of tuition as follows:

<table>
<thead>
<tr>
<th>Week of Withdrawal</th>
<th>Charges Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Week</td>
<td>100% of charged removed</td>
</tr>
<tr>
<td>Second Week</td>
<td>90% of charges removed; $25 drop fee assessed</td>
</tr>
<tr>
<td>Third Week</td>
<td>75% of charges removed</td>
</tr>
<tr>
<td>Fourth Week</td>
<td>50% of charges removed</td>
</tr>
<tr>
<td>Fifth Week</td>
<td>25% of charges removed</td>
</tr>
<tr>
<td>Sixth Week and Beyond</td>
<td>All tuition charges remain</td>
</tr>
</tbody>
</table>

*Please note withdrawing from any MMSc-PA course constitutes withdrawal from the program with no guarantee of readmittance (A3.17e).*

### ARTICLE 21.0 STUDENT ADVISEMENT (A1.05; A2.05e; A3.09; A3.10)

All students who matriculate into the MMSc-PA program will be assigned a faculty mentor who will act as their official student advisor and mentor (A2.05e). As such, the advisor and student will hold formal meetings, on a regular schedule, as outlined below. Additionally, students or advisors may request unscheduled meetings as the need arises. For first-year students the initial **advising session** should occur during the first two weeks of the program, creating a professional relationship with their advisor. Academic advising is designed to be vertically progressive through the course of the curriculum. General advisement begins with such topics as: (1) professionalism, (2) transition to adult learning, and (3) differences between undergraduate and graduate education. As the student progresses in the curriculum, discussions about such topics as (1) readiness for clinical practice and (2) professional development, and (3) student self-assessment. In addition, student-specific advisement topics will usually include discussion of (1) academic performance, (2) professionalism, and (3) other needs.

**Academic performance** will include but is not limited to discussion of (a) current course grades, (b) overall GPA, (c) study habits, (d) test-taking problems, and any (e) topics or courses that are particularly
troublesome for the student. Any weaknesses or academic problem should be identified as early as possible and when appropriate referrals initiated to maximize each advisee’s opportunity for success. Mentors should routinely discuss the student’s professional development to include a review of the student’s professionalism evaluations. These evaluations include: (a) the faculty survey of student professionalism that is evaluated during each didactic and clinical course and completed by the course director (or preceptor) at the end of each semester. (b) student self-assessment survey that occurs at the start of didactic training and again just before clinical rotations begin. Other Needs. All students, regardless of where they are in their academic progress, should be encouraged to seek other formal meetings with their program mentor whenever any needs or conditions arise that may affect their academic performance. In addition, mentors should initiate contact with their advisees whenever there is a recognized change or potential problem identified in student academic or professional performance that may jeopardize their mentee’s ability to reach their educational and career goals.

If appropriate, mentors will assist the student in locating helpful resources, and promptly initiate referrals. Campus resources should be explored and freely utilized but off-campus referrals may also be indicated. Under no circumstance (short of life threatening) is the faculty advisor to assume the role of professional provider of needed mental health or counseling services for any student. All student advising sessions will be documented and filed (student records) in section 2 during the didactic year and section 3 during the clinical year. The student advising form is used to document all scheduled mentor mentee meetings form. When discussed, a copy of the student’s professionalism evaluation/s should be included. The memo for record form should be used when documenting any additional meetings or events related to student performance, such as professionalism issues that occur between formal professionalism assessments, personal problems that have developed, or meetings to discuss academic problems that have not yet mandated remediation.

**Article 21.1 Advising and Tutoring Schedule**

<table>
<thead>
<tr>
<th>Session #</th>
<th>Semester</th>
<th>Week</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spring IA</td>
<td>2</td>
<td>Adjustment to adult learning; student strategies</td>
</tr>
<tr>
<td>2</td>
<td>Spring IB</td>
<td>10</td>
<td>Progression through Spring IB curriculum; student-specific issues</td>
</tr>
<tr>
<td>3</td>
<td>Summer I</td>
<td>2</td>
<td>Adjustment to increased rigor; student issues</td>
</tr>
<tr>
<td>4</td>
<td>Summer I</td>
<td>8</td>
<td>Progression through Summer I curriculum; student issues</td>
</tr>
<tr>
<td>5</td>
<td>Fall I</td>
<td>2</td>
<td>Adjustment to progressive curriculum; student burn-out; student strategies</td>
</tr>
<tr>
<td>6</td>
<td>Fall I</td>
<td>10</td>
<td>Progression through Fall I curriculum; student issues</td>
</tr>
<tr>
<td>7</td>
<td>Spring IIA</td>
<td>4</td>
<td>Progression through pre-clinical year, readiness for SCPEs, student issues</td>
</tr>
<tr>
<td>8</td>
<td>Spring IIB</td>
<td>6</td>
<td>Progression through first clinical year rotation; student issues (phone or Skype)</td>
</tr>
<tr>
<td>9</td>
<td>Summer II</td>
<td>6</td>
<td>Progression through clinical year rotations; student issues (phone or Skype)</td>
</tr>
<tr>
<td>10</td>
<td>Fall II A</td>
<td>6</td>
<td>Progression through clinical year rotations; student issues (phone or Skype)</td>
</tr>
<tr>
<td>11</td>
<td>Fall II B</td>
<td>Summative</td>
<td>Board prep; readiness for practice/expectations of graduates; student issues</td>
</tr>
</tbody>
</table>
### Article 21.2 Advising and Tutoring Form

<table>
<thead>
<tr>
<th>Advising and Tutoring Form</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Date:</td>
</tr>
<tr>
<td>MMSc-PA Class Year:</td>
<td>Advisor Name:</td>
</tr>
</tbody>
</table>

#### Purpose (circle one)

Routine Academic Advising  | Academic Performance  | Professional Behavior  | Other

#### Academic Overall Rating (circle one)

Adequate  | Concerns  | At Risk

Comments:

---

**Are there concerns with students’ knowledge or are there skill deficiencies (circle one)?**

| Yes | No |

If Yes, describe terms for remediation

---

**Professional Overall Rating (circle one)**

Adequate  | Concerns

Comments:

---

**Wellness/Coping Overall Rating (circle one)**

Doing well  | Manageable Concerns  | Recommend Counseling

Comments

---

**Action Plan**

---

**Student Signature:** Date:

**Advisor Signature:** Date
### Article 21.3 Advising and Tutoring Form – Professional Behavior

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Preceptor Name</th>
<th>Clinic Name</th>
<th>Type of Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ou</td>
<td>och; pla</td>
<td>ys lea</td>
<td>der shi</td>
</tr>
<tr>
<td>Didactic:</td>
<td>Mee</td>
<td>ts exp</td>
<td>ecta</td>
</tr>
<tr>
<td>SCP E:</td>
<td>Clini</td>
<td>cal Ye</td>
<td>ar PA Studen</td>
</tr>
<tr>
<td>SCP E:</td>
<td>Bel</td>
<td>ow cli</td>
<td>nic al Ye</td>
</tr>
</tbody>
</table>

Note: Students are rated from 1-5 using the preceding rubric (for a total of 25 points). To receive a passing score, students must receive a 73% or higher rating. **Note:** the maximum professionalism evaluation raw score is 25. This is converted to percentage value and therefore a passing raw score is 18.25, which is equivalent to 73%. Any ‘poor’ or ‘unsatisfactory’ rating requires remediation; any
‘unsatisfactory’ rating requires probation, meeting with the program director, and review by the Academic Progress and Professionalism Committee.

**Article 21.4 Career Services for Students**

Due to the unique needs of the MMSc-PA student population, the MMSc-PA faculty (with support of the GFU Career Services team [https://www.georgefox.edu/offices/idea-center/career/index.html](https://www.georgefox.edu/offices/idea-center/career/index.html)) will provide career services as follows: (1) During the fifth semester, the GFU career services team will provide support in job acquisition. This support includes effective cover letters, resume/CV format, references, and interviewing techniques. (2) During the first month and summative phase of the MMSc-PA program, MMSc-PA faculty will provide information relevant to the career process to include (1) a review of patient safety, quality improvement, prevention of medical errors, and risk management, (2) instruction about PA licensure, credentialing, and laws and regulations regarding professional practice, (3) PA profession and current trends to include (a) Physician-PA team relationship, (b) Political issues that affect PA practice, and (c) PA professional organizations. During the summative phase, students will also engage in preparation for the PANCE exam.

**Article 21.5 Financial Aid**

GFU’s financial aid division works with students seeking grants and scholarships, loans, and much more. Further information on these services can be found at [https://www.georgefox.edu/offices/financial-aid/grad/index.html](https://www.georgefox.edu/offices/financial-aid/grad/index.html).

**Article 21.6 Computing**

GFU’s IT department (computing) supports students through Internet access, email, web applications, and online security. Details on these services can be found at [https://www.georgefox.edu/offices/it/computing-printing/what-it-does-for-students.html](https://www.georgefox.edu/offices/it/computing-printing/what-it-does-for-students.html).

**Article 21.7 Library**

The George Fox University Library serves currently enrolled students, faculty and staff, as well as alumni and members of the general public. In general, library services are provided via online programs offered through the MMSc-PA program and GFU’s main library (found at [https://libguides.georgefox.edu/PA](https://libguides.georgefox.edu/PA)). Library staff includes one MLIS Research and Instructional Librarian assigned to the MMSc-PA program, five other GFU librarians, and nine supervisory or support staff. The assigned MLIS librarian is available by email or appointment and provides MMSc-PA student services to include (1) library introduction sessions and discipline or topic specific reference and database instruction sessions (group or individual) and (2) research support. In addition to library sources (available to all students), specific text and research support to the MMSc-PA program includes acquisition of (1) AccessMedicine ‘clinical ebooks’, (2) Evidence based medical literature to include (a) CINAHL, (b) Cochrane Collection Plus, (c) MedLine, (d) PubMed, (e) Scopus, and (f) Web of Science, (3) Point of Care ‘DynaMed’, and (4) Pharmacology resources to include (a) Stahlonline and (b) Toxnet. Also, Interlibrary loan service is provided when George Fox University faculty, staff and currently enrolled students, need materials not in the George Fox University library collections or the Summit catalog. Books, journal articles and microfilm are provided for George Fox patrons from other libraries across the country. Finally, the library has numerous computer stations and study rooms that are available to all MMSc-PA faculty, staff, and students.
Article 21.8  Student Health Services (A1.05; A3.09; A3.10)

Students are required to maintain personal health insurance during enrollment in the MMSc-PA Program. Proof of insurance coverage must be provided prior to matriculation and remain active throughout their participation in the program. GFU provides one option for insurance, found at https://www.georgefox.edu/offices/hea_cou/insurance.html. Students are responsible for all personal health care costs incurred while enrolled in the program. These costs may include but are not limited to immunization, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities. Students are encouraged to establish with a provider in the area for routine care, use urgent care sites for urgent needs, and call 911 in an emergency. Services are also available at GFU between 8:30 AM and 4 PM Monday through Friday. For details on the GFU clinic, go to https://www.georgefox.edu/offices/hea_cou/medsvcs.html.

George Fox University provides confidential and personal counseling to students (https://www.georgefox.edu/offices/hea_cou/counsvcs.html). Services are available on GFU’s main campus on Monday through Friday (by appointment). If an emergency, students are advised to call the student emergency paging system at 503.554.2090 (ext. 2090) or dial 911. Principal faculty, the program director, and the medical director cannot participate as health care providers for students in the program, except in an emergency situation. In addition, GFU MMSc-PA faculty will not have access to any student health information other than data required for enrollment and SCPE participation. These include technical standards testament, immunization and TB status, background sex offender and drug screen results, and documentation verifying health insurance coverage.

Article 21.9  Sources for Referral

If appropriate, mentors will assist the student in locating helpful resources, and promptly initiate referrals. Campus resources should be explored and freely utilized but off-campus referrals may also be indicated. A resource list of possible referral sites is located in the George Fox website and include:

**Behavioral Health Clinic**
Website: https://www.georgefox.edu/bhc/index.html
Phone: 503-554-2368

**Health and Counseling Services**
Website: https://www.georgefox.edu/offices/hea_cou/index.html
Phone: 503-554-2340

**Individual and Family Matters Clinic**
Website: https://www.georgefox.edu/counseling-programs/clinics/individual-family-matters.html
Phone: 503-554-6060

**Spiritual Life – Soul Care**
Website: https://www.georgefox.edu/offices/spirituallife/soul-care.html
Phone: 503-554-2320

**Campus Public Safety**
Website: https://www.georgefox.edu/offices/security/index.html
Phone: 503-554-2330
A complete list of Offices and Services at GFU can be found at https://www.georgefox.edu/offices/index.html

Under no conditions is the faculty advisor to assume the role of professional provider of needed mental health or counseling services for any student. All student advising/counseling sessions will be documented and filed in the student file.

Students are encouraged to establish with a provider in the area for routine care, use urgent care sites for urgent needs, and call 911 in an emergency. George Fox provides confidential, personal counseling at minimal to no cost to students. The following options are available:

**Behavioral Health Clinic**
Website: https://www.georgefox.edu/bhc/index.html
Phone: 503-554-2368

**Health and Counseling Services**
Website: https://www.georgefox.edu/offices/hea_cou/index.html
Phone: 503-554-2340

**Individual and Family Matters Clinic**
Website: https://www.georgefox.edu/counseling-programs/clinics/individual-family-matters.html
Phone: 503-554-6060

**Spiritual Life – Soul Care**
Website: https://www.georgefox.edu/offices/spirituallife/soul-care.html
Phone: 503-554-2320

Student mentors (MMSc-PA Faculty assigned to this role) will provide for timely access and/or referral of students to services addressing personal issues, which may impact their progress in the MMSc-PA program. Both on-campus and off-campus resources may be utilized to include the use of GFU counselors, local counselors, urgent care clinics, primary care, and so on. Financial responsibility/insurance coverage for the cost of these referred services is the responsibility of the individual student. Under no conditions is the faculty advisor to assume the role of professional provider of needed mental health or counseling services for any student.

**ARTICLE 22.0 SCPE Policy**
The Supervised Clinical Practice Experience (SCPE) portion of the PA curriculum is designed to provide meaningful direct patient care experiences working in a variety of clinical practice environments that allow students an opportunity to apply the extensive knowledge base developed during the didactic year. This will ensure an optimal clinical education experience for GFU PA students, ultimately preparing them for certification and professional practice.

**Article 22.1 Policy Statement**
All policies expectations for the pre-clinical (didactic) education apply to the clinical year.
Article 22.2 Requirements for Student Progression to Clinical Phase

- Successful completion of the Transition to Clerkships course, which will include HIPAA and OSHA training.
- Successful completion and passing of criminal background, sexual abuse, random drug screening, and current two step TB test are mandatory before starting clinical rotations and as required by specific sites. Any associated fees will be incurred directly by the student.
- Proof of updated immunizations, which includes repeat TST (PPD) or Quantiferon test prior to the start of clinical rotations (CDC requirements for international sites must be reviewed by October preceding clinical year and met prior to the clerkship)
- Proof of Annual influenza vaccination.
- Successful completion of Basic Life Support (BLS) for Healthcare Providers course with current certification.
- Successful completion of Advanced Cardiovascular Life Support (ACLS) course with current certification.
- Signed Health Information Release form by student allowing GFU’s School of Medical Science to maintain and release the following information to clinical rotation sites:
  - Immunizations status
  - TB screening status (two step)
  - Drug screening results
  - Criminal background and sexual abuse screen
  - BLS/ACLS certification
- Proof of Health Insurance coverage.
- Proof of Professional Liability Insurance: This is provided by George Fox University and will cover students on University business (e.g. clinical education assignments). This will not cover students while employed or working external to the clinical rotation sites.

Article 22.3 Clinical Rotation Scheduling

All students will be scheduled to complete nine 4-week long experiential (clinical) rotations. Rotations include:

- Family Medicine (4 SH)
- Internal Medicine (4 SH)
- Emergency Medicine (4 SH)
- General Surgery (4 SH)
- Pediatric Medicine (4 SH)
- Prenatal and Gynecology Medicine (4 SH)
- Behavior and Mental Health (4 SH)
- Elective I (4 SH)
- Elective II (4 SH)

Article 22.3.1 Clinical Site Recruitment (A3.03)

With the support of George Fox University, the MMSC-PA program assumes responsibility for the recruitment of clinical sites and preceptors in sufficient numbers for the program-mandated supervised clinical practice experience (SCPE) component of the curriculum. Students will not be required to seek out and provide preceptors or clinical sites for any of the program mandated SCPE.

Students may voluntarily submit (to the Director of Clinical Education) name(s) of potential preceptors and/or clinical sites not already affiliated with the GFU MMSc-PA program; however, there is no direct
or implied guarantee on the part of the program that the student will be assigned a rotation with any requested preceptor or clinical site, including those already affiliated with the program. It is ultimately up to the Director of Clinical Education to decide whether the preceptor and clinical site are deemed appropriate for use in Supervised Clinical Practice Experiences.

**Article 22.3.2 SCPE Site Locations and Associated Cost**

Students WILL be required to attend rotations at sites outside of the Newberg, Oregon area and will be responsible for all expenses related to such assignments. Students are responsible for all SCPE expenses to include housing, meals, transportation, parking, and so on.

**Article 22.4 SCPE Preceptor Responsibilities**

During the clinical year, the Director of Clinical Education will be the course director for each of the SCPE clerkships. For example, Emergency Medicine, Internal Medicine, etc. Using feedback from the SCPE Preceptor (along with submitted SCPE assignments), the course Director will assess a student’s aptitude in achieving learning outcomes; the Course Director assigns course grades. The SCPE preceptor will provide information used to determine rotation grades and learning outcome assessment. Specific responsibilities include:

- **Provide student orientation, which addresses, at a minimum:**
  - Appropriate dress code for rotation
  - Students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised
  - Use and access to local resources including facilities, computers, and internet
  - Clinical site patient care practices including identifying which patients’ students are allowed to see
  - Safety issues including exposure to hazardous materials, exposure control, and procedures to be followed in event of exposure
  - Orientation to policies and procedures related to workplace and personal safety
  - Access to/use of patient health records and medical documentation policies and procedures
  - Student’s schedule

- **At rotation start, review the goals, learning objectives, and outcomes for the SCPE with the student and devise a plan for fulfillment of these.**

- **Provide students with opportunities to experience supervised direct patient care and clinical skills/procedural experiences.**

- **Provide early and frequent feedback to students regarding their clinical performance and ways they might improve their performance.**

- **Verify and document student achievement of technical skills competency if demonstrated during the rotation.**

- **Complete the end-of-rotation Clinical Performance Evaluation of the student and return it (to the program) in a sealed envelope through the mail or electronically through email.**

- **Immediate notification of the program if/when:**
  - Student behavior/performance is judged to create risk for the clinical site or its patients
  - The site determines it will be unable to provide a previously agreed upon student rotation/clinical experience. Preceptors

**Article 22.5 Student Orientation to Clinical Experiential Learning**

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Article 22.5.1 Identification as students in clinical settings (see article 16.2.4.1):

- Students will **ALWAYS** introduce themselves to patients, patient family members and clinical site staff by stating their full name and position/title – “physician assistant student.”
- Students will wear a short white lab coat emblazoned with the George Fox University logo during all assigned rotation activities unless wearing the coat is inappropriate based upon the activity being performed (e.g. operating room) or at the discretion of the Preceptor.
- Students will wear the George Fox University PA program student identification name badge whenever they are participating in PA professional activities (e.g. health fairs, community service opportunities, etc.) and particularly whenever they are in a health care facility, clinic or physician office in their official capacity as a student of the PA program. If a clinical education site requires a different type of ID badge, all badges will be worn as directed but must include clear identification of the “student” role.

Article 22.5.2 Dress Code (see article 16.2.4.1)

- Students will dress and present themselves in a professional and appropriate manner for the clinical rotation to which they are assigned.
- Students should discuss the appropriate dress code with the assigned preceptor or clinical site coordinator.
- In situations where the rotation or preceptor mandates no specific dress code, students will dress using the “business” standard.

Article 22.5.2 Attendance (see article 16.2.4.2)

- Students are required to be present at the clinical site a minimum of 142 clinical hours for each four-week rotation.
- More hours may be required by individual clinical sites and preceptors, but should not exceed 80 hours per week.

Article 22.6 Learning outcomes

The **program-defined competencies and learning outcomes** must be demonstrated with formal assessment activities during or upon completion of the supervised clinical practice experiences. Each individual rotation has **rotation specific learning objectives** that must be satisfactorily demonstrated during or upon completion of that rotation. Refer to the SCPE syllabus for each clerkship. Each clinical site will use the Rotation specific syllabus to help guide student learning and support the attainment of program expectations and learning outcomes by students.

Article 22.7 Monitoring of Student Progress

As defined in each SCPE Syllabus, students are required to complete specific rotation course requirements including logging of ALL clinical practice experiences and online submission of rotation-related written assignments. Refer to the SCPE syllabus for further detail regarding expectations for student logging. The program Director of Clinical Education will be responsible for monitoring student submission/completion of these requirements and progress toward achieving the program-defined SCPE experiences and technical skills competencies as outlined in the syllabus.

The designated SCPE preceptor and the Director of Clinical Education will also monitor student conduct and professionalism throughout the rotation. If a preceptor reports issues with student conduct, then the student will need to meet with the Director of Clinical Education to discuss the issues. Depending on...
the concern, the student may be required to present before the PA Program Director and the Academic Progress and Professionalism Committee.

In the event a preceptor suspects that a student is participating in a rotation under the influence of any substance that affects their clinical performance, George Fox University school of medical science reserves the right to remove the student from the rotation, perform an investigation of the matter, and work with its contracted vendor to perform a drug and alcohol test on the student. Student dismissal from the program or return to rotation will be determined pending the decision rendered by the Academic Progress and Professionalism Committee.

**ARTICLE 23.0 PERSONAL SECURITY AND SAFETY (A1.03g)**

GFU will address and provide appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs. This includes a thorough evaluation by PA faculty of each clerkship site (A1.03g).

**Article 23.1 General Safety Guidelines**

George Fox publishes safety guideline related on the following (links provided):

- CPR/AED and First Aid Training Courses - [https://www.georgefox.edu/offices/security/training-programs.html](https://www.georgefox.edu/offices/security/training-programs.html)
- Parking - [https://www.georgefox.edu/offices/security/parking/index.html](https://www.georgefox.edu/offices/security/parking/index.html)
- Bicycle Registration - [https://www.georgefox.edu/offices/security/bike_registration.html](https://www.georgefox.edu/offices/security/bike_registration.html)
- Safety Escort Services - [https://www.georgefox.edu/offices/security/escorts.html](https://www.georgefox.edu/offices/security/escorts.html)
- Lost and Found - [https://www.georgefox.edu/offices/security/lost-found.html](https://www.georgefox.edu/offices/security/lost-found.html)
- Personal Safety Guidelines - [https://www.georgefox.edu/offices/security/personalsafety.html](https://www.georgefox.edu/offices/security/personalsafety.html)
- Campus Safety Policies - [https://www.georgefox.edu/offices/security/policies.html](https://www.georgefox.edu/offices/security/policies.html)

**Article 23.2 Resource Numbers**

<table>
<thead>
<tr>
<th>Campus Help Number</th>
<th>Other Resource Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire, Police, Ambulance</td>
<td>Newberg Police Business</td>
</tr>
<tr>
<td>From Campus Phones</td>
<td>911</td>
</tr>
<tr>
<td>911</td>
<td>Newberg Fire Business</td>
</tr>
<tr>
<td>503-554-2090</td>
<td>Oregon State Police</td>
</tr>
<tr>
<td>Campus Public Safety</td>
<td>800-452-7888</td>
</tr>
<tr>
<td>Student Life</td>
<td>Alcohol &amp; Drug Hotline</td>
</tr>
<tr>
<td>503-554-2310</td>
<td>800-234-0420</td>
</tr>
<tr>
<td>Spiritual Life</td>
<td>Poison Center</td>
</tr>
<tr>
<td>503-554-2320</td>
<td>800-222-1222</td>
</tr>
<tr>
<td>Campus Pastor</td>
<td>Victims Assistance</td>
</tr>
<tr>
<td>503-554-2321</td>
<td>503-434-7510</td>
</tr>
<tr>
<td>Health &amp; Counseling Services</td>
<td>Pregnancy Counseling</td>
</tr>
<tr>
<td>503-554-2340</td>
<td>503-538-2350</td>
</tr>
<tr>
<td></td>
<td>Newberg Hospital</td>
</tr>
<tr>
<td></td>
<td>503-537-1555</td>
</tr>
<tr>
<td></td>
<td>Road Conditions</td>
</tr>
<tr>
<td></td>
<td>800-977-6368</td>
</tr>
<tr>
<td></td>
<td>Alcoholics Anonymous</td>
</tr>
<tr>
<td></td>
<td>888-472-1172</td>
</tr>
<tr>
<td></td>
<td>24 Hr. Women’s Crisis Hotline</td>
</tr>
<tr>
<td></td>
<td>877-227-5946</td>
</tr>
</tbody>
</table>

**Article 23.3 Didactic Security**

Campus Public Safety at George Fox University is designed to be proactive, responding with visibility, education, prevention and immediate response to university incidents. The primary responsibility of Campus Public Safety is to protect our university community by providing general assistance to visitors, employees and others doing business or associated with the university, as well as safeguard the
vehicles, buildings, and property on campus. Campus Public Safety at George Fox University serves all students, staff, faculty, and guests to our campus community. The department has a director and a full-time staff member able to assist with escorts, campus incidents, injuries, safety hazards, calls for assistance, parking enforcement issues, crowd and traffic control, and related responsibilities.

Campus Public Safety is available by calling 503-554-2090 or ext. 2090 on campus. This number will connect you with the administrative assistant during regular office hours or the campus safety officer on duty after hours. The regular office hours are Monday through Friday, 7 a.m. to 4 p.m., except during holidays and special university functions. Summer hours are Monday to Friday, 7 a.m. to 3 p.m. During the weekends and evenings, our senior campus safety officers are assisted by DPSST-private security certified student officers. If you have any questions about GFU’s campus public safety division, go to https://www.georgefox.edu/offices/security/index.html. E-mail can be sent to campussafety@georgefox.edu.

Article 23.4 Student safety during SCPEs
The facility at which the SCPE takes place shall provide to GFU PA students access to the facility’s rules, regulations, policies and procedures with which the GFU PA students are expected to comply, including, the Facility’s OSHA, personal and workplace security and personal safety policies and procedures and shall address all appropriate safety measures for all GFU PA students and any GFU instructors on site. It will be the preceptor’s responsibility to take reasonable steps to ensure personal safety and security of students during the SCPE. This is clearly communicated to preceptors and agreed upon in a signed Preceptor Agreement obtained prior to the SCPEs.

ARTICLE 24.0 ADDITIONAL STUDENT RESPONSIBILITIES

Article 24.1 New Student Orientation
New student orientation will occur within the first week of the program. During this time, introductions will be made and program expectations discussed. There will be ample opportunity for each student to discuss any concerns or address any questions they may have about this document, policies, and expectations.

Article 24.2 Email account
All students will be assigned a MyGeorgeFox and e-mail account upon matriculation to the PA Program. The University will use the E-mail account for timely communication with students (not just the program). Students are required to check their GFU E-mail accounts daily, and are responsible for knowledge of all school or program information contained in the e-mails.

Article 24.3 Important Dates
All important dates are listed in each course syllabus and the program course map and schedule. The program reserves the right to change the schedule as needed to meet training objectives. If a change occurs, students will be notified by E-mail.

Article 24.4 Student Officers
The didactic class will elect class representatives no later than the start of Spring IB semester. Election includes the following Student Society officers:

- President
Vice President
Secretary
Treasurer
ASAPA Representative
Other positions as needed (i.e., diversity chair, events coordinator, historian)

The class representatives will serve as liaisons between their class, the faculty and staff. The President and Vice President of the class will attend the first part of each monthly faculty meeting for the purpose of facilitating communication between faculty and students, addressing areas of concern to students, and providing ongoing feedback about the program.

Article 24.5 Campus Conduct

Article 24.5.1 Tobacco
As of Jan. 1, 2012, George Fox University prohibits all forms of tobacco use everywhere on campus. This policy applies to all PA students when on campus to include any SCPE site.

Article 24.5.2 Alcohol Consumption
Student possession or consumption of alcohol or intoxication while on campus or any SCPE site is a major policy violation and will result in immediate professional probation status and referral to the Academic Progress and Professionalism Committee for discussion to include potential dismissal from the program.

Article 24.5.3 Drug Abuse
The possession, use (without valid medical or dental prescription), manufacture, furnishing, or sale of any narcotic, mood altering, or dangerous drug controlled by federal or Oregon law by GFU students, whether on or off campus, is prohibited. Also, it is prohibited to be under the influence of the above. All offers of admission require a drug screen prior to final acceptance. In addition, future drug screens will be performed prior to the clinical year and at other times as necessary at SCPE sites. A positive drug screen is a major policy violation and will result in immediate professional probation and referral to the Academic Progress and Professionalism Committee for discussion to include potential dismissal from the program.

Article 24.5.4 Theft
Any act of theft will result in immediate professional probation and referral to the Academic Progress and Professionalism Committee for discussion to include potential dismissal from the program.

• George Fox University cannot be responsible for any personal items students bring onto campus.
• No student shall take, attempt to take, or keep in his or her possession, items of university property, or items belonging to students, faculty, staff, student groups, visitors to the campus, or others outside the university community without proper authorization. The unauthorized use of a school issued key is considered a violation of the theft policy.
• Whenever a theft occurs, the student must immediately contact the Campus Public Safety Office. The university will conduct an investigation that may include use of local law enforcement.
• No student shall sell a textbook that is not his or her own without written permission of the owner.
• Unauthorized use of any telephone is prohibited.

Article 24.5.5  Vandalism
Malicious or intentional damage or destruction of property belonging to the university, to a member of the university community, or to a visitor to the campus is prohibited. Any act of vandalism will result in immediate professional probation and referral to the Academic Progress and Professionalism Committee for discussion to include potential dismissal from the program.

Article 24.5.6  Weapons
Possession, use, or threatened use of firearms, fireworks, ammunition, explosives, chemicals, or any other objects as weapons on university property or at university-sponsored or supervised activities, except as expressly authorized by law or university regulation, are prohibited. Professional law enforcement officers are the only persons permitted to possess firearms while on campus. Concealed weapons are prohibited. Pepper spray in amounts of 1.5 oz or less may be carried for personal protection.

ARTICLE 25.0  NON-DISCRIMINATION STATEMENT
George Fox University does not discriminate against students on the basis of race, color, national or ethnic origin, gender, age, disability, or any other status to the extent prohibited under applicable nondiscrimination law in the administration of its admission policies, scholarship and loan programs, educational programs, athletics programs, cocurricular activities, or other university-administered programs. The following offices may be contacted for information regarding compliance with legislation:

- Associate Director of Learning Support Services: Rehabilitation Act of 1973
- Director of Athletics: Title IX (nondiscrimination on the basis of gender)
- Director of International Student and Scholar Services: Immigration and Naturalization Act
- Director of Financial Aid: Title IV student aid programs
- Director of Human Resources: wage and hour regulations, The Civil Rights Act of 1964 (race, color, or national origin), and age discrimination
- Registrar: Family Educational Rights and Privacy Act

ARTICLE 26.0  STUDENT POLICY AND PRACTICES CHANGE GUIDELINES
The Program Faculty reserves the right to change existing or create new policies and apply these changes or new policies to currently enrolled students. When any of the policies are changed a notation of the modification date will be included on the web and enrolled students will be notified of the change within 10 business days. For any policy modifications resulting in academic progression or graduation requirement changes, enrolled students will be required to sign a statement of understanding of the changes.

ARTICLE 27.0  SPECIAL FORMS (A3.01; A3.02)
After successful review and time to ask questions (question session will occur one week after formal review and delivery of the manual) students will be required to sign a statement that they have reviewed the PA Student Policy Handbook and they understand its content and agree to abide (A3.02).

Note: The GFU PA program will train and assess students on HIPAA, blood borne pathogens and universal precautions. However, when discrepancies exist relative to these three areas, requirements at the preceptor/clerkship location will supersede those of the program (A3.01).

The following acknowledgement forms include:
- Receipt and Acknowledgement of this Handbook (turn in before matriculation)
- Technical Standards Testament (turn in before matriculation)
- Acknowledgement of Academic Learning Disability Policy (turn in before matriculation)
- Permission to Release CBSO, TB, Immunizations (turn in before matriculation)
- HIPAA Guidelines (turn in before matriculation)
- OSHA Training (to include blood borne pathogens and needle stick prevention) (turn in before matriculation)
- Academic Integrity Form (turn in before matriculation)
- Participation of Students as Human Subjects Form (turn in before matriculation)
- Incident/Injury Report (turn in as needed)
- Excused Absence Request (turn in as needed)
- Advising and Tutoring Form
- Advising and Tutoring Form for Professionalism
Receipt and Acknowledgement of the Student Handbook/Clinical Handbook

George Fox University

The information contained in this Handbook is an overview of current policies and procedures specific to the George Fox University PA Program (A3.02). This Student Handbook is published annually. While every effort is made to provide accurate and correct information at the time of publication, the Department reserves the right to change policies, calendar dates and any statements in the Handbook. If done, students will be notified of the change.

Please Note: this handbook is meant to provide guidance for students and faculty on the day-to-day conduct in the PA Program. It does not represent an exhaustive list of all possibilities that might arise for students and faculty in the training and administration of the program. Unique situations may arise and will be handled in a manner that ensures fairness and mutual respect in all cases.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this material:

- I have received a copy of and reviewed the PA Student Handbook and agree to abide by the rules and polices contained therein.
- I understand that the policies, rules, and benefits described in the Handbook are subject to change.
- I further understand that my signature below indicates that I understand the above statements.

Student’s Printed Name          Student’s Signature          Date

March 10, 2020
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Signed Technical Standards Testament

George Fox University student candidates must possess the capacity to complete the entire curriculum to achieve the Master of Medical Science degree. The curriculum requires demonstrated skills in (1) observation, (2) communication, (3) motor, (4) intellect, and (5) behavioral and social. Candidates offered a seat in the program are required to sign this testament, verifying understanding and that they meet these Standards. In the event an applicant is unable to fulfill these technical standards prior to or any time after admission, with or without reasonable accommodation, the student will not be allowed to enter or progress within the program.

Observation
The candidate must be able to:
- Observe demonstrations, visual presentations in lectures and laboratories, laboratory evidence and microbiologic cultures, microscopic studies of microorganisms and tissues in normal and pathologic states
- Observe a patient accurately at a distance and close at hand
- Use the sense of vision, somatic sensation, and smell as part of the observation process.

Communication
A candidate should be able to:
- Communicate professionally, effectively, and sensitively with patients and families
- Communicate professionally, effectively, and efficiently in oral and written forms with all members of the healthcare team
- Be able to speak, hear, and observe patients in order to elicit information, perceive nonverbal communications, and describe changes in mood, activity, and posture
- Utilize speech, reading, writing, and computers as part of the communication process. In addition, candidates must possess the skills necessary to communicate effectively in small and large group discussions.

Motor
Candidates must have sufficient motor skills and coordination to:
- Execute the movement required to provide patient care such as palpitation, auscultation, percussion, and other diagnostic maneuvers
- Execute movements required to provide general care and emergency treatment to patients. These skills require coordination of gross and fine muscular movement, equilibrium, and sensation.
- Manipulate equipment and instruments necessary to perform basic laboratory tests and procedures required to attain curricular goals (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel)
- Transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and receive educational training.

Intellectual-Conceptual, Integrative and Quantitative Abilities
Candidates must be able to:
- Comprehend three-dimensional relationships and the spatial relationship of structures
- Collect, organize, prioritize, analyze, and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety
of educational settings, including lectures, small group discussions, and individual clinical settings.

- Analyze, integrate, and apply information appropriately for problem solving and decision-making.

Behavioral and Social Attributes
Candidates must have:

- Emotional health, maturity, sensitivity, intellectual ability, and good judgment needed to complete all responsibilities associated with the diagnosis and care of patients
- The ability to tolerate physical, mental, and emotional stress associated with training and the profession
- Qualities of adaptability, flexibility and be able to function in the face of uncertainty
- A high level of compassion for others, motivation to serve, integrity, and a consciousness of social values
- Sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems
- The ability to accept criticism and respond by appropriate modification of behavior.

My signature confirms that I received the PA program technical standards requirements and serves as a testament, verifying my understanding and that I meet these Standards. I understand that should I be unable to fulfill these technical standards prior to or any time after admission, with or without reasonable accommodation, I will not be allowed to enter or progress within the program.

Student’s Printed Name    Student’s Signature    Date
Acknowledgement of Academic Learning Disability Policy

Provided the preceding ‘technical Standards’ are met, a student can claim disability through the GFU Learning Disabilities Office. *Criteria for establishing a PA candidate’s disability is taken from the (1) National Commission on Certification of Physician Assistants (NCCPA) criteria and (2) peer reviewed literature published in the Journal of Physician Assistant Education.* To establish a disability the PA candidate requesting special accommodations must provide appropriate documentation of the disability or qualifying medical condition. The documentation must specify the extent to which classroom or testing procedures are to be modified. The accommodation requested or recommended by the PA candidate should **not be based on preferences but on disability**-driven reasons, nor should it over-accommodate the PA candidate. Reports from the qualified licensed professional should be on letterhead, typed in English, dated, signed, and legible.

Prior to considering any request for special accommodations, GFU’s Disability Services must receive the following documentation:

- A complete description of disability or medical condition and impact on the PA candidates daily life and day-to-day functioning – *limitations to major life activity*
- Signed, typed and dated current documentation of the disability by a qualified professional. The documentation *must be based on professional testing*, which was performed by a qualified professional. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol. Documentation must include all the following:
  - The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment, and state in which the individual practices must be clearly stated in the documentation.
  - Contact information including address, telephone number, and/or e-mail address of each professional providing documentation.
  - The date and location of the assessment upon which each professional's report is based.
  - A detailed description of the psychological, educational, and/or cognitive functioning tests that were conducted.
  - The results of those tests and a comprehensive interpretation of the results.
  - The name of the specific disability diagnosed and a description of the specific impact on daily life activities and day-to-day functional limitations to major life activities including a history of the impact of the disability on academic functioning if the disability is due to a learning disability or attention deficit/hyperactivity disorder (ADD or ADHD).
  - The specific examination accommodations that are requested to compensate for those limitations and how they will reduce the impact of identified limitations.
  - Description of treatment and rehabilitation. Describe all treatment and efforts at remediation that the candidate has undergone and the results of the treatment. Also, describe how the disability is accommodated in daily life.

- Once the preceding assessment is provided, it will be evaluated by the Disability Service Officer, if deemed necessary, a consultant and either accepted, denied, or modifications suggested.
- As part of the preceding steps, an interactive dialog about what is reasonable will take place (student candidate suggestions do not mean they can be met).
- An accommodation is **considered unreasonable** when it causes “undue hardship” (a complex determination that can take into account how much the cost would be or how onerous to the school), alters the fundamental nature of the program, disrupts the cycle of education, or is related
to dependent skill testing such as problem focused objective structured clinical examination or skills testing.

**Note:** (1) A qualified professional is someone with the credentials, training, and expertise to diagnose the disability the individual is claiming. The primary relationship of the attesting professional to the individual must be that of a treating medical professional to a patient; there must be no familial, intimate, supervisory or other close relationship between the qualified professional and the individual requesting accommodations. (2) GFU reserves the right to request further verification, if necessary, of the evaluating professional’s credentials and expertise relevant to the diagnosis.

In general, comfort aids will not require pre-approval but must be inspected prior to each use. These items include:

<table>
<thead>
<tr>
<th>Medicine &amp; Medical Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto-injectors; such as EpiPen</td>
</tr>
<tr>
<td>Bandages</td>
</tr>
<tr>
<td>Braces- Neck, Back, Wrist, Leg or Ankle Braces</td>
</tr>
<tr>
<td>Casts - including slings for broken/spained arms and other injury-related items that cannot be removed.</td>
</tr>
<tr>
<td>Cough Drops - must be unwrapped and not in a bottle/container.</td>
</tr>
<tr>
<td>Eye Drops</td>
</tr>
<tr>
<td>Eye Patches</td>
</tr>
<tr>
<td>Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection</td>
</tr>
<tr>
<td>Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.</td>
</tr>
<tr>
<td>Handheld (non-electronic) magnifying glass (without the case)</td>
</tr>
<tr>
<td>Hearing aids/Cochlear implant</td>
</tr>
<tr>
<td>Inhaler</td>
</tr>
<tr>
<td>Medical Alert Bracelet</td>
</tr>
<tr>
<td>Medical device: Must be attached to a person’s body, must be inaudible, and must not include a remote-control device. Examples include but are not limited to:</td>
</tr>
<tr>
<td>• Insulin pump</td>
</tr>
<tr>
<td>• Continuous glucose monitor</td>
</tr>
<tr>
<td>• Note: If the insulin pump or continuous glucose monitor includes an accompanying remote-control device, the remote-control device may not be taken into the testing room. If there is a need to take the remote-control device into the testing room, candidates must apply and be approved for an accommodation to do so.</td>
</tr>
<tr>
<td>• TENS Unit</td>
</tr>
<tr>
<td>• Spinal Cord Stimulator</td>
</tr>
<tr>
<td>Medical/Surgical face mask</td>
</tr>
<tr>
<td>Nasal drops/spray</td>
</tr>
<tr>
<td>Oxygen Tank</td>
</tr>
<tr>
<td>Pillow/Cushion</td>
</tr>
<tr>
<td>Pills - i.e. Tylenol or aspirin must be unwrapped and not in a bottle/container. Candidates may bring pills that are still in the packaging if the packaging states they MUST remain in the packaging, such as nitro glycerin pills that cannot be exposed to air. Packaging must be properly inspected.</td>
</tr>
<tr>
<td>Mobility Devices:</td>
</tr>
<tr>
<td>Canes</td>
</tr>
<tr>
<td>Crutches</td>
</tr>
<tr>
<td>Motorized Scooters/Chairs</td>
</tr>
<tr>
<td>Walkers</td>
</tr>
<tr>
<td>Wheelchairs</td>
</tr>
</tbody>
</table>

**Other approved items (must be provided by Testing Center):**

| Tissues/Kleenex                                                                           |
| Earplugs and Noise Cancelling Headphones                                                  |

My signature confirms that I received the PA program academic learning disability policy.

<table>
<thead>
<tr>
<th>Student’s Printed Name</th>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>March 10, 2020</td>
</tr>
</tbody>
</table>

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Permission to Release CBSO, Drug Screen, Immunization, and TB Status

PA Student

Address

City State Zip Code

Phone E-Mail

I, ________________________________________________, give the GFU MMSc-PA Program permission to release my criminal background/sex offender status, drug screen results, immunization status, and TB status for the purpose of securing clinical rotations. I understand that if I choose not to give permission, the program may not be able to secure clinical rotations for me. This permission will be enforced through the duration of my enrollment as a student at GFU. I may withdraw my permission at any time in writing to the Director of Clinical Education.

I allow release of my information as stated above:

Student’s Printed Name Student’s Signature Date
Acknowledgement of HIPAA Guidelines

Principles: Protected health information (PHI) is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action up to and including termination.

<table>
<thead>
<tr>
<th>Violation</th>
<th>Examples</th>
<th>Minimum Disciplinary/Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level I</strong></td>
<td>● Misdirected faxes &amp; e-mails, mail</td>
<td>● Health agency/preceptor will notify the Director of Clinical Education or Program Director</td>
</tr>
<tr>
<td></td>
<td>● Failing to log-off or close or secure a computer with protected PHI displayed</td>
<td>● Academic Progress Committee will review the infraction and assign violation level</td>
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<tr>
<td></td>
<td>● Leaving copy of PHI in a non-secure area</td>
<td>● Written warning will be placed in the student’s file.</td>
</tr>
<tr>
<td></td>
<td>● Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator)</td>
<td></td>
</tr>
<tr>
<td><strong>Level II</strong></td>
<td>● Requesting another individual to inappropriately access patient information</td>
<td>● Health agency/ preceptor will notify the Director of Clinical Education or Program Director</td>
</tr>
<tr>
<td></td>
<td>● Sharing ID/password with another co-worker or encouraging co-worker to share ID/password</td>
<td>● Academic Progress Committee will review the infraction and assign violation level and recommend a form of discipline to the PD</td>
</tr>
<tr>
<td></td>
<td>● Repeated violations of previous level</td>
<td>● As a minimum, a written warning will be placed in the student’s file.</td>
</tr>
<tr>
<td><strong>Level III</strong></td>
<td>● Releasing or using aggregate patient data without facility approval for research, studies, publications, etc.</td>
<td>● Health agency will notify the Director of Clinical Education or Program Director</td>
</tr>
<tr>
<td></td>
<td>● Accessing or allowing access to PHI without having a legitimate reason</td>
<td>● Academic Progress Committee will review the infraction and assign violation level and recommend a form of discipline to the PD</td>
</tr>
<tr>
<td></td>
<td>● Giving an individual access to your electronic signature</td>
<td>● As a minimum, a written warning will be placed in the student’s file.</td>
</tr>
<tr>
<td></td>
<td>● Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or “public” person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Repeated violations of previous levels</td>
<td></td>
</tr>
<tr>
<td><strong>Level IV</strong></td>
<td>● Releasing or using data for personal gain</td>
<td>● Health agency will notify the Director of Clinical Education or Program Director</td>
</tr>
<tr>
<td></td>
<td>● Compiling a mailing list to be sold for personal gain or for some personal use</td>
<td>● Academic Progress Committee will review the infraction and assign violation level and recommend a form of discipline to the PD (up to dismissal from program)</td>
</tr>
<tr>
<td></td>
<td>● Accessing or allowing access to PHI without having a legitimate reason and disclosure or abuse of the PHI</td>
<td>● As a minimum, a written warning will be placed in the student’s file.</td>
</tr>
<tr>
<td></td>
<td>● Tampering with or unauthorized destruction of information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Repeated violations of Level III nature</td>
<td></td>
</tr>
</tbody>
</table>

The following policy will apply to all HIPAA violations:

- For the first incident of a level I-III violation, student will be placed on academic probation and required to repeat HIPAA training.
- For a second incident of a level I-III violation student are subject to appropriate disciplinary action at the discretion of the Academic Progress and Professionalism Committee, up to an including dismissal.
- Third incidents of a level I-III violation and Level IV violations are subject to dismissal.

My signature below indicates that I have reviewed the preceding mandatory information.
Acknowledgement of OSHA Training (To Include Blood Borne Pathogens/Needle Stick)

The GFU PA program requires all students to review the OSHA Safety and Health Topics. Please check each box indicating you have reviewed the OSHA Safety and Health Topics web sites and understand the content of these modules:

- **Understanding the Problem**

- **Safety and Health Management Systems for Reducing Workplace Hazards and Injury**
  - □ Review from [https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html](https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html)

- **Safe Patient Handling Review from** [https://www.osha.gov/dsg/hospitals/patient_handling.html](https://www.osha.gov/dsg/hospitals/patient_handling.html)
  - □ MSD Assessment
  - □ Management Support
  - □ Policy/Program Development
  - □ Facility & Patient Needs Assessment
  - □ Facilitating Change
  - □ Safe Patient Handling Equipment
  - □ Education and Training
  - □ Program Evaluation
  - □ Additional Resources

- **Blood borne Pathogens and Needle stick Prevention**

My signature below indicates that I have reviewed the preceding mandatory information.

---

**Student’s Printed Name**  **Student’s Signature**  **Date**
Academic Integrity Form
The GFU PA Program will not tolerate any form of cheating or dishonesty inside or outside the classroom. While the following is by no means exhaustive, an academic integrity violation is to do one or more of the following:

- **Cheating** – Unauthorized aid or assistance or the giving or receiving of unfair advantage of any form of academic work. This includes copying from another student’s paper, computer screen or receiving unauthorized assistance during a quiz or examination. Using books, notes or other devices when these are not authorized; improperly obtaining tests or examinations; collaborating on academic work without authorization and/or without truthful disclosure of the extent of that collaboration.
- **Plagiarize** – Copying the language, structure, ideas, and/or thoughts of another and adopting the same as one’s own original work.
- **Falsification/Fabrication** – The statement of any untruth, either spoken or written, regarding any circumstances related to academic work. This includes any untrue statements made about a suspected academic integrity violation.
- **Violation assistance** – knowingly helping or attempting to help someone else in an act that constitutes an academic integrity violation. Examples of this include knowingly allowing another to copy answers during an examination or quiz; distributing test question or examination material without permission from the faculty member teaching the course.
- **Violation attempts** – Attempting any act that, if completed, would constitute an academic integrity violation as defined herein. In other words, it does not matter if a student succeeds in carrying out any of the above violations – the fact that a violation was attempted is itself a violation of academic integrity.

I acknowledge that I have reviewed this statement on academic honesty, and that I understand the terms outlined herein. I also understand that an integrity violation will be referred to the Academic Progress and Professional Committee and depending on the offense may include dismissal from the program.

Student’s Printed Name                Student’s Signature                Date
Participation of Students as Human Subjects Form

There are multiple physical examination and skill activities taught during the program. In addition to educating students in their roles' as practitioners, having students fill the role of patients during these activities helps them become more sensitive to the patient perspective. Furthermore, active participation and repetition reinforce learning. Therefore, the GFU PA program:

- Requires the participant of students as human subjects during selected courses.
- Expects its students to willingly participate in all aspects of physical exam and technical skills training in a professional and cooperative manner.

At various times, students will be required to wear clothing that will easily allow physical examination by another student. Females will be asked to wear a modestly appropriate sports bra and shorts and males will be asked to wear shorts.

I hereby signify that I have read and understand this policy and am willing to participate as a human subject as described.

Student’s Printed Name          Student’s Signature          Date
Student Incident/Injury Form

PA Student

Address

City       State       Zip Code
Phone       E-Mail

Date, Time, and Place of Incident

Date       Time

Name of Facility

Address

City       State       Zip Code
Phone       E-Mail

Nature and Details of Incident

Class/Activity in which incident/injury occurred

Nature of Incident (e.g., needle stick, laceration, exposure, contusion)

Details of incident (i.e., how did the injury occur):

Was student exposed to infectious fluids/materials

Medical Treatment

Was medical evaluation and treatment pursued by student

Date treatment completed

Name of facility initiating and completing medical treatment
What corrective action do you think should be pursued to avoid reoccurrence?

I hereby signify that I have reviewed this form and agree to complete the form should any accident, injury, exposure, etc. occur while in the PA program at GFU. Note: this statement will not be on the actual form should one be used.

Student’s Printed Name  Student’s Signature  Date

Faculty Printed Name  Faculty Signature  Date

For College/Department Use Only (Corrective Action Taken):
Excused Absence Request

All requests for excused absences must be reviewed by the Director of Didactic Education or Director of Clinical Education and, in some instances, by the Program Director. Approval is not guaranteed. However, if approval is granted there may be consequences for the student including but not limited to delayed progression and graduation, course incompletion or failure requiring a repeat, or program dismissal. It is the student’s responsibility to discuss the request and consequences with the appropriate Director.

This form must be completed no more than two days following an unexpected emergency event (illness, accident).

PA Student
Address
City	State	Zip Code
Phone	E-Mail

Requested absence dates
Reason

Discussion to include potential consequences of absence

Approved	Denied

Faculty Printed Name	Faculty Signature	Date
# Advising and Tutoring Form

<table>
<thead>
<tr>
<th>Advising and Tutoring Form</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name:</strong></td>
<td></td>
</tr>
<tr>
<td>MMSc-PA Class Year:</td>
<td></td>
</tr>
<tr>
<td><strong>Advisor Name:</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Purpose (circle one)
- Routine Academic Advising
- Academic Performance
- Professional Behavior
- Other

## Academic Overall Rating (circle one)
- Adequate
- Concerns
- At Risk

**Comments:**

**Are there concerns with students’ knowledge or are there skill deficiencies (circle one)?**
- Yes
- No

If Yes, describe terms for remediation:

## Professional Overall Rating (circle one)
- Adequate
- Concerns

**Comments:**

## Wellness/Coping Overall Rating (circle one)
- Doing well
- Manageable Concerns
- Recommend Counseling

**Comments:**

## Action Plan

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Advisor Signature:</td>
<td>Date</td>
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</tbody>
</table>
Advising and Tutoring Form for Professional Behavior

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Didactic:</th>
<th>Didactic:</th>
<th>Didactic:</th>
<th>Didactic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Name</td>
<td>Must</td>
<td>Exceed</td>
<td>Must</td>
<td>Exceed</td>
</tr>
<tr>
<td>Clinic Name</td>
<td>Must</td>
<td>Must</td>
<td>Must</td>
<td>Must</td>
</tr>
<tr>
<td>Type of Clerkship</td>
<td>Must</td>
<td>Must</td>
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</table>

PROFESSIONALISM

The Program takes unprofessional behavior very seriously and it is part of the student grade in each didactic and clinical course. Students will be evaluated based on the following.

- **Altruism**: (1) Sensitivity/response to needs of others, (2) Sensitivity/response to culture, age, gender, and disabilities of others, (3) Puts others interests before own, and (4) Provides assistance/comfort to others.
- **Duty and Responsibility**: (1) Attends required activities/arrives on time, (2) Reliable, dependable, completes tasks fully and in a timely manner, (3) Accepts appropriate share of teamwork, (4) Self-motivated, organized, and prepared, and (4) Accountable to patients, society, and the profession.
- **Excellence**: (1) Commitment to excellence and on-going professional development, (2) Positive attitude, displays enthusiasm and attentiveness, (3) Self-reflection, critical curiosity and initiative, (4) Recognizes limitations and seeks, accepts, and incorporates constructive feedback, and (5) Adapts well to stressful/challenging circumstances.
- **Interpersonal skills and relationships**: (1) Respectful, cooperative (team player), builds atmosphere conducive to learning, (2) Acknowledges and values diversity, talents, skills, contributions of others, (3) Communicates effectively (verbal and written), (4) Good interpersonal skills (develops appropriate professional relationships with peers, faculty, physician supervisors, and other health care providers), (5) Recognizes/maintains appropriate boundaries, and (6) Displays tact and self-control.
- **Honor and integrity code of conduct**: (1) Accurately portrays personal qualifications, (2) Displays professional presentation (dresses appropriately and good personal hygiene), (3) Performs in accordance with regulatory and legal requirements (follow the rules), as well as the appropriate role of the PA, (4) Committed to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices, (5) Behaves honestly/appears trustworthy.

March 10, 2020
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GFU Department of PA Student Policy Handbook Review

The handbook has been reviewed and approved by the (1) Program Executive Committee and the (2) Chair and PD for the program.

Approval Date:  March 2, 2020
Updated April 30, 2020

Signature/s

Gregory Davenport, DHSc., PA-C
Chair for the Graduate School of Medical Science
Program Director for the MMSc-PA Program

Faculty acknowledgement of Student Handbook/Policy

Curt Stilp (Associate Program Director)
Jay Jamieson (Medical Director)
Kathi Norman (Director of Clinical Education)
Heather Rollins (Principal Faculty)
Robin Jewett (Principal Faculty)
Dean for Behavioral and Health Sciences
David Cimbora (Dean for Behavioral and Health Sciences)
Review Process
The GFU MMSc-PA Executive Committee will gather and analyze data on a regular basis; the next annual review is set for January 2021.

April 30, 2020: Fixed error on advising (professionalism) form.