

North Greenville University Department of PA Medicine

Student Policy Handbook

(Related ARC-PA Standards include A3.0 Operations)

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(All previous versions are archived and are obsolete)

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PREFACE (A3.01; A3.02; A3.11)

The North Greenville University Department of PA Medicine Student Handbook is designed to inform and assist students with program policy and performance expectations (**A3.02**).

Program policies apply to all students, principal faculty and the program director regardless of location. Annotation: 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signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site (**A3.01**).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 NGU PA Medicine website located at <http://www.ngu.edu/pa-medicine.php> and the NGU PA Medicine Admissions Handbook (**A3.11**).

Note: The information contained within this Handbook is in addition to, not in place of, the NGU 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 while enrolled in the program (refer to Article 3.0 of this Handbook for further details). 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.

CONTACT INFORMATION

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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/>

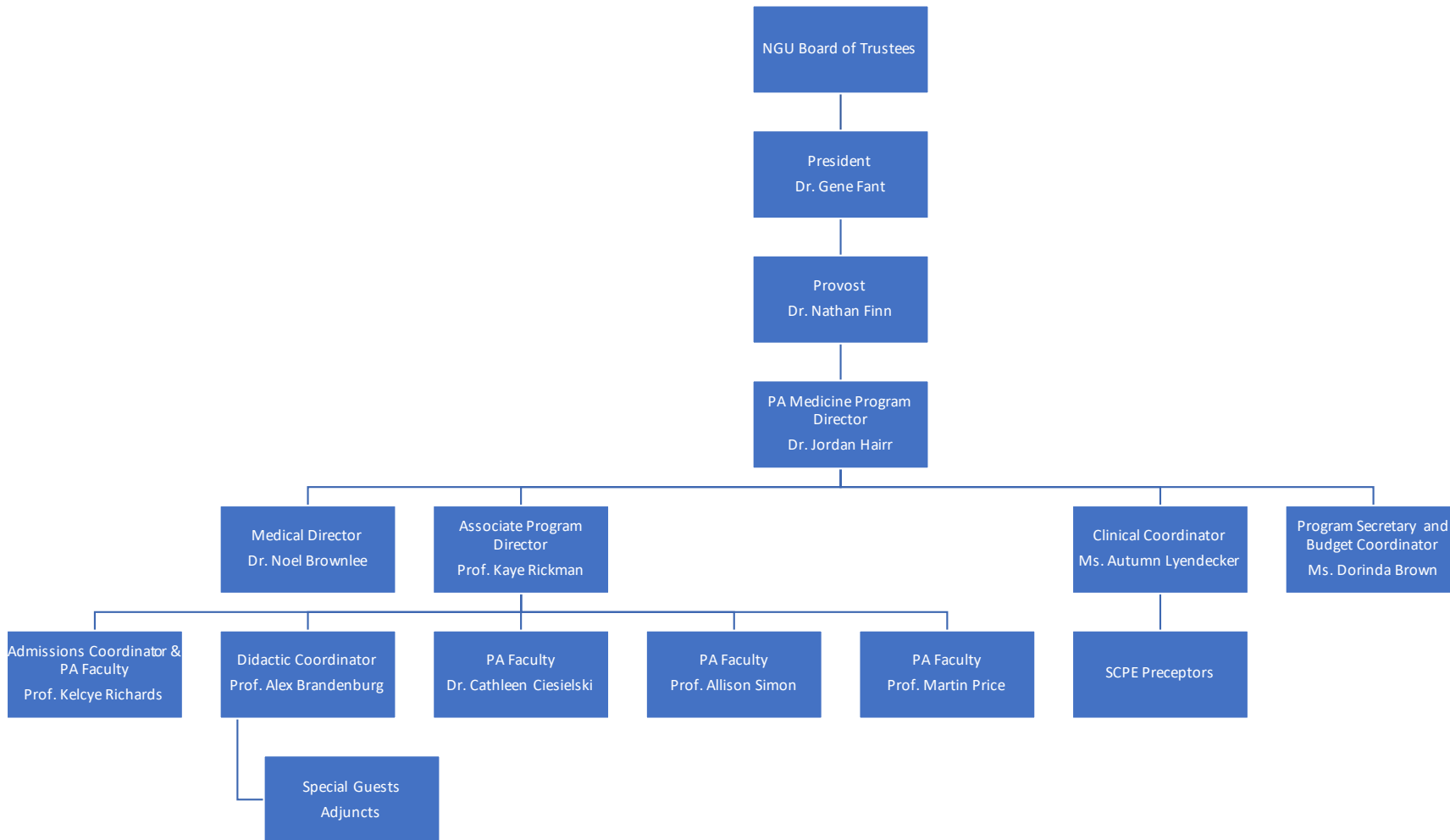
Student Academy of the American Academy of Physician Assistants (SAAAPA)

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. <http://www.aapa.org/saaapa/>

South Carolina Academy of Physician Assistants (SCAPA)

PAs in the State of South Carolina are represented by SC Academy of PAs (SCAPA). SCAPA'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 SC. As the voice and advocate of PAs in SC, SCAPA provides members with state representation, continuing medical education opportunities, and employment information. <http://www.scapapartners.org>

ARTICLE 1.0 STRUCTURE AND HIERARCHY



ARTICLE 2.0 MISSION & GOALS

The Department of PA Medicine (DPAM) exists to support the mission of North Greenville University, which promotes community awareness and service. Therefore, the mission of the Department of PA Medicine supports and augments the mission of the College.

2.1 Department of PA Medicine Mission Statement

Develop well-informed and compassionate PAs who provide patient centered and service oriented medical care in diverse environments.

2.2 Department of PA Medicine Vision Statement

Transform health care for the benefit of the people and communities.

2.3 Department of PA Medicine Core Values

The DPAM embraces the following core values:

1. Core Value 1 – Compassion
2. Core Value 2 – Service
3. Core Value 3 – Leadership
4. Core Value 4 – Up-to-date medical knowledge

2.4 Department of PA Medicine Core Goals

The DPAM affirms its core values as essential to fulfilling the program mission statement and is committed to the institutional values as statements of its culture and environment. With this in mind, DPAM goals support:

1. PA employment as a primary care provider
2. PA employment in the Upstate and other regions of South Carolina
3. PA employment in underserved populations and areas
4. PA volunteerism in community-sponsored organizations such as free medical clinics, search and rescue teams, emergency response groups, and fire departments
5. PA volunteerism in medical mission work at a national and international level

ARTICLE 3.0 STUDENT EMPLOYMENT WHILE ENROLLED IN THE PROGRAM

While enrolled in the PA Medicine program at NGU, 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.

3.1 NGU PA Medicine Student Employment (A3.15e)

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 (**A3.15e**). 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.

3.2 Students Will Not Work for The PA Program (A3.04)

The NGU PA Medicine Program *does not* permit its students to work (paid or voluntary) for the Program (**A3.04**).

3.3 Student Will Not Substitute as Faculty (A3.05a)

NGU PA Medicine students *will not* substitute for or function as instructional faculty (paid or volunteer) (**A3.05a**).

- 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 course director 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.

3.4 Students Will Not Work at Clerkship Rotation Sites (A3.05b)

During supervised clinical experiences, students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised (**A3.05b**). Students may not accept compensation for any services provided during supervised clinical experiences unless specifically approved by the DCE (e.g. housing stipend)

ARTICLE 4.0 STUDENTS SOLICITING PRECEPTORS FOR CLERKSHIPS (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 (**A3.03**). 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 reviewed, evaluated and approved, for educational suitability, by the program.

ARTICLE 5.0 REQUIREMENTS FOR MATRICULATION

Once accepted into the NGU PA Medicine Program, the following conditions must be completed by or verified by our third party vendor (they will forward to NGU) in order to matriculate into the program.

- Background Search:
 - Criminal Activity
 - Sex Offender Registry
 - National Healthcare Fraud and Abuse
 - Residence History
 - Social Security Alerts
- Twelve (12) Panel Urine Drug Screen
- Compliance Verification
 - Signed Technical Standards Form
 - Immunization Status Verification
 - Tuberculosis Screening Results
 - Health Insurance Policy (showing current status)
 - Signed Release Form allowing NGU to Provide Preceptors with Status or Results of Immunizations, TB Screening, Drug Screening, and Background Check
- Mandatory Health Insurance Portability and Accountability (HIPPA) and Operational Safety and Health Administrative (OSHA) certification
- Compliance with all other conditions of acceptance (done via NGU Admissions)

If official transcripts are required to verify outstanding degree or prerequisites – must be uploaded and verified by CASPA and received by NGU's PA Medicine program by October 31 or the selected candidate will relinquish his/her seat. All other 'post acceptance requirements' must be met by

November 1st prior to matriculation. Failure to meet these deadlines will result in a forfeiture of seat and the candidate will not be allowed to matriculate into the program.

5.1 Background Search

Prior to matriculation (by November 1st), 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 our third party vendor. 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 \$54.

If a student is dismissed, the Academic Progress and Professionalism Committee will forward the decision (in writing) to the applicant, PA Medicine Program Director and Provost (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 Medicine 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 and Provost will be informed of the Directors decision. For applicants, this decision is final. A student, however, can appeal the decision, in writing, to the Provost within seven days after the Director’s decision letter was mailed. The Provost will render a final decision within seven days of receiving the appeal. The Provost’s decision is final and cannot be appealed.

5.2 Twelve Panel Urine Drug Screen

Prior to matriculation (by November 1st), 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 our third party vendor.

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 \$34.50.

If a student is dismissed, the Academic Progress and Professionalism Committee will forward the decision (in writing) to the applicant, PA Medicine Program Director, Provost (within 14 days of a decision). Students who are dismissed or the conditionally admitted applicant who was denied admission – because of drug screen results – can appeal the committee’s decision. The appeal must be made in writing and received by the PA Medicine 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 and Provost will be informed of the Directors decision. For applicants, this decision is final. A student, however, can appeal the decision, in writing, to the Provost within seven days after the Director’s decision letter

was mailed. The Provost will render a final decision within seven days of receiving the appeal. The Provost's decision is final and cannot be appealed.

5.3 Mandatory HIPPA and OSHA Certification

Prior to matriculation (by November 1st) all PA students are required to complete Health Insurance Portability and Accountability (HIPPA) and Operational Safety and Health Administrative (OSHA) training via our third party vendor. The cost of this training is estimated at \$30. **Prior to the clinical year and** as required by a clerkship site, this training will need to be repeated. Depending on circumstances, it may be done via our third party vendor and/or through the clerkship site.

5.4 Compliance Verification

To matriculate **and** as needed throughout the program, certain tasks must be completed and/or verified via our third party vendor. The estimated cost for compliance verification is \$35. These include:

- Immunization Status Verification
- Tuberculosis Screening Results
- Health Insurance Policy (showing current status)
- Signed NGU PA Medicine Pre-Matriculation Technical Standards Testament
- Signed Release Form allowing NGU to Provide Preceptors with Status or Results of Immunizations, TB Screening, Drug Screening, and Background Check

5.4.1 Immunization History (A3.07a)

The NGU PA Medicine 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>).

Prior to matriculation, all PA students are required to have the following immunization (or serology testing proving immunity) status verified through our third party vendor. In addition, all immunizations must remain current while attending the NGU PA program. All vaccines must be administered in accordance with CDC's published guidelines.

5.4.1.1 Hepatitis B

Unvaccinated applicants and/or those who cannot document serologic evidence of immunity and previous vaccination must receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months or 2-dose series of HepB vaccine, with the doses separated by at least 4 weeks. Since PA students may be exposed to blood or body fluids they must be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- 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.

5.4.1.2 Influenza

All PA medicine 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.

5.4.1.3 Measles, Mumps, Rubella

Although birth before 1957 is generally considered acceptable evidence of measles, mumps, and rubella immunity, this does not meet the requirement for NGU PA students. Therefore, all PA Medicine students/applicants can be considered immune to measles, mumps, and rubella only if they have documentation of laboratory confirmation of disease or immunity. If serological evidence shows negative or equivocal results for measles or mumps, 2 doses of MMR vaccine (4 weeks apart) is required. If serological evidence shows negative or equivocal results to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. After vaccination, follow up serological testing will be required.

5.4.1.4 Diphtheria, Pertussis, and Tetanus

All PA medicine 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 should then receive Td or Tdap boosters every 10 years thereafter.

5.4.1.5 Varicella

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

5.4.1.6 Other Vaccines (travel related)

If a student travels outside the United States, data from the Center for Disease Control will be reviewed at least 6 weeks before travel to ensure required vaccines are known. Recommended vaccines will need to be completed prior to any training outside the United States.

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 November 1st 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.

5.4.2 Tuberculosis Screening

All students must have an IGRA test (Quantiferon Gold, TSpot) or two-step tuberculin skin test (PPD) within four (4) months of enrollment (verified via our third party vendor).

- If the IGRA/PPD is negative, the applicant/student is cleared to enter the program; if the IGRA/PPD is positive, the applicant/student must be evaluated and cleared (treated if necessary) by an infectious disease specialist before they begin or continue their PAS training.

5.4.3 Health Insurance Policy Documentation

As a condition of enrollment, students are required to have health insurance coverage **while enrolled** in the NGU DPAM 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 NGU, 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 and verified by our third party vendor.**

In addition, students are not employees of NGU 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.

5.4.4 Signed Technical Standards Testament and Academic Expectations

North Greenville 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.

5.4.4.1 Standards include

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.

5.4.4.2 NGU Policy on Academic Learning Disabilities

North Greenville University PA Medicine Policy on Academic Learning Disabilities

- Provided the preceding 'technical Standards' are met; a student can claim disability through the NGU Learning Disabilities Office.
- **Criteria for establishing a PA Medicine 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 Medicine 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, NGU must receive the following documentation:**
 - A complete description of disability or medical condition and impact on the PA candidate's 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.

- 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.**
- Note 2: NGU 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 Provost 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:

Medicine & Medical Devices
Auto-injectors; such as EpiPen
Bandages
Braces- Neck, Back, Wrist, Leg or Ankle Braces
Casts - including slings for broken/sprained arms and other injury-related items that cannot be removed.
Cough Drops - must be unwrapped and not in a bottle/container.
Eye Drops
Eye Patches
Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection
Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.
Handheld (non-electronic) magnifying glass (without the case)
Hearing aids/Cochlear implant
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: <ul style="list-style-type: none"> ● 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

5.4.5 Release Form for Immunizations, TB Screen, Drug Screen, and Background Status

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 <https://www.castlebranch.com>).

5.4.6 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

5.5 Maintenance of Records and Confidentiality (A3.09; A3.19)

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 (A3.19). 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 6.0 INFECTIOUS & ENVIRONMENTAL HAZARDS (A3.08)

Article 6.0 provides students NGU’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.

6.1 Methods of Prevention (A3.08a)

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.

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:

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:
 - Hands are visibly soiled (e.g. dirt, blood, body fluids)
 - After caring for patients with known or suspected infectious diarrhea.
- Without exception, good hand hygiene must be performed:
 - Before touching a patient, even if gloves will be worn
 - Before exiting the patient's care area – after touching the patient or the patient's immediate environment
 - After contact with blood, body fluids, body excretions, or wound dressings
 - Prior to performing an aseptic task (e.g. placing an IV, preparing an injection)
 - When moving hands from a contaminated-body site to a clean-body site
 - After glove removal

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:
 - Handling blood or body fluids
 - Touching mucous membranes, non-intact skin, or a body orifice
 - Touching contaminated equipment
- Facial masks, protective eyewear, and gowns (along with gloves):
 - Performing or assisting procedures with a risk of body fluid or other hazardous material exposure (splashes or sprays)

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.

6.1.5 Safe handling of potentially contaminated surfaces or equipment

- Environmental cleaning
 - Areas where patient care is performed will be cleaned and disinfected at the conclusion of every activity.
- Medical equipment safety
 - Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer's instructions.
 - 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.

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

- Sit as far away from others as possible

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.

6.2 Post Exposure Protocols (A3.08b)

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:

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.

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 NGU's PA program. This form should go with the student to his/her evaluation for treatment.

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>.

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.

6.4 Insurance and Workman's Compensation (A3.08c)

As a condition of enrollment, students are required to have health insurance coverage while enrolled in the NGU DPAM 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 NGU, 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 NGU 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.

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 STUDENT HEALTH

7.1 Health Insurance

Students are required to maintain personal health insurance during enrollment in NGU's PA Medicine 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.

7.2 Health Services (A3.09; A3.10)

As with other NGU graduate programs, campus medical care is available. Students are also 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 (**A3.09**). North Greenville University provides confidential, personal counseling at no cost to students. Services are available on NGU's main campus on Monday through Thursday 8:30 AM to 5:00 PM and Friday from 8:30 AM to 12:00 PM. To make an appointment, call 864-977-2094. Also, counselors accommodate "drop-in" visits, phone calls, and emails. If an emergency, students are advised to call 864-977-7777 on campus or 911 off campus (**A3.09; A3.10**).

7.3 Faculty NON-INVOLVEMENT in student health (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, call 911 (**A3.09**). In addition, NGU PA faculty will not have access to any student health information other than what is defined in Article 5.4 of this Handbook.

7.4 Referral Resources and Process (A3.10)

Student advisors (PA Medicine 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 PA program (**A3.10**). Both on-campus and off-campus resources may be utilized to include the use of NGU 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 8.0 STUDENT GRIEVANCE & APPEAL PROCESS (A1.02j; A3.15g)

The program must define, publish and make readily available to faculty and students policies and procedures for processing student grievances (**A1.02j; A3.15g**)

Graduate students in the PA Medicine program who feel they have grounds for an appeal or a grievance related to the PA program's policies and procedures (other than a grade appeal), must first utilize the following steps:

- The student who has a specific problem or grievance should first discuss the problem or grievance with the faculty or instructor involved.
- The grievance/appeal must be initiated through the formal process within the academic semester when the concern was raised.
- Once the student has identified the issue(s) giving rise to the grievance/appeal, new issues may not be introduced at a later stage unless the student can demonstrate that:
 - S/he could not reasonably have known about these issues;
 - The new issues have direct and pertinent bearing on the grievance/appeal, highlighting aspects that would otherwise be unclear.
- The faculty or instructor named in the grievance must be prepared to defend the decision or action on the basis of departmental policy, professional standards, or sound professional judgment.
- If a satisfactory resolution with the faculty or instructor is not achieved, the student may appeal to the PA Program Director, who will attempt to reconcile the differences between the student and the faculty or instructor within two weeks of the issue being raised.
- The PA Program Director shall send a letter to the student and the faculty or instructor named in the grievance documenting that the meeting occurred and confirming the decision that was made.
- If the student wishes to appeal the PA Director's decision, they may submit a written appeal to the appropriate committee. The exact committee will depend on the nature of complaint. For example, the Academic Progress and Professionalism Committee or the Policy and Procedure Committee.
- If the grievance is with the PA Program Director, the student can bypass the initial grievance process and submit a written appeal directly to the appropriate committee.
- The written appeal must include:
 - Description of the problem with supporting documentation
 - Why the issue is being appealed
 - A diary of what has occurred to date (prior to the committee appeal)
- The faculty or instructor named in the grievance and the Program Committee will be provided a copy of the student's written request and the faculty or instructor named in the grievance will have the opportunity to provide the Committee and the student with a written response to the student's complaint.

- The assigned Committee will review the documentation provided by the student and the instructor and if the committee members need additional information, they will request either an interview with the involved parties or supplemental written documentation.
- The assigned Committee will render a written decision no later than 30 days after receiving the initial complaint or if requested, from the date it received additional information. The decision will include a justification for the ruling. Copies of the written decision shall be provided to the student and others who have been involved in the appeal process and will be placed in the student's file as a part of the permanent record.
- If the decision rendered by the Program's Committee does not resolve the complaint, the student may proceed to the next level of appeal, asking the Provost to review all documentation and render a decision. Any decision made by the Provost is final and no further appeals will be accepted.

ARTICLE 9.0 STUDENT ALLEGATIONS OF MISTREATMENT OR HARASSMENT (A1.02j; A3.15f)

This article serves to define, publish, and make readily available – to faculty and students – policies and procedures for allegations of student mistreatment and processing student allegations of harassment (*A1.02j; A3.15f*)

9.1 Student Mistreatment

9.1.1 Policy

The NGU PA program does not condone any form of student mistreatment including physical mistreatment, abusive expression, power abuse, psychological cruelty, sexual harassment, or discrimination in any part of the program, including didactic and clinical educational experiences.

9.1.2 Procedure

If a student experiences any mistreatment during the didactic or clinical phase of the program, they are asked to alert the program through the course director, advisor, or program administration. Every complaint will be evaluated by the program administration on a case by case basis. If student mistreatment occurs on a rotation, the student will be removed from the clinical site until the investigation of student mistreatment is completed.

9.2 Sexual Harassment

North Greenville University is committed to providing an environment free from sexual harassment. Sexual harassment by any member of the university community is a violation of both the law and university policy and will not be tolerated. Both males and females can be victims of sexual harassment, and both males and females can be perpetrators of sexual harassment. Sexual harassment is an issue that may affect any member of the university community and will be dealt with promptly by the administration. Violators will be subject immediate professional probation and referral to the Academic Progress and Professionalism Committee for discussion to include potential dismissal from the program.

9.2.1 Definitions of Sexual Harassment

For Students, harassment on the basis of sex is a violation of Title IX of the Education Amendments of 1972, which prohibits sex discrimination in educational programs and activities. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's status in a course, program, or activity;
- Submission to such conduct is used as the basis for academic decisions affecting the individual, including, but not limited to, grade or academic progress; OR
- When the conduct has the purpose or effect of interfering with the individual's academic performance, or of creating an intimidating, hostile, or offensive educational environment.

The basic point to remember is that sexual harassment is unwanted, unsolicited, or undesired attention of a sexual nature. Sexual harassment is a breach of the trusting relationship that normally exists between the employer-employee and/or the professor – student. Boundaries between the professional role and the personal relationship blur because the harasser introduces the personal element into what should be a sex-neutral situation. Sexual harassment can be exhibited verbally or physically. Examples of sexual harassment include: unwelcome sexual innuendoes, suggestive or insulting sounds, whistling in a suggestive manner, or humor and jokes about sex or (wo)men in general, implied or overt threats, and unwelcome patting, pinching, or touching.

9.2.2 *Who can be Sexually Harassed?*

Both males and females can be victims of sexual harassment, and both males and females can be perpetrators of sexual harassment. Sexual harassment can occur between supervisor and employee; coworker and coworker; campus visitor and university employee; professor and student, and student and student.

9.2.3 *What you can do if you are Sexually Harassed*

- Know your rights: Sexual harassment is illegal and university policy prohibits any university employee (faculty, staff, and student employees) or student from engaging in sexual harassment.
- Speak up at the time: Say "NO!" clearly, firmly, and without smiling. This is not the time to be polite or vague. By being quiet, you enable the harassment to continue. Speaking up can protect others from being victimized and may decrease your feelings of helplessness.
- Don't Blame Yourself: Sexual harassment is unwanted action that the harasser decides to take. It is not your fault.
- Don't Delay: If you delay action, the harassment is likely to continue. An employee or student may first pursue informal channels for resolving the situation. For instance, employees may initially want to discuss the situation with a Department Head or Personnel Officer. Students may first want to contact the appropriate Department Head or the Director of Student Services. Both employees and students have the option of contacting the appropriate Vice-President or the President. In all situations, the employee and student should be prepared to report the exact behavior and, if possible, the date(s) on which it occurred.
- If you are an observer of what you perceive to be sexual harassment, you can also take steps to stop this form of discrimination. You can:
 - Speak Up: Inform the harasser that his/her actions may be perceived as sexual harassment.
 - Support the Victim: Provide comfort and assurances to the victim.
 - Report the Incident: Talk to appropriate persons within the department or administration.

It is important for persons (victims and observers) to seek advice in determining if what they are experiencing is sexual harassment. Seeking advice can also provide information on how to keep what are initial overtures from developing into harassment. Oftentimes, persons may feel that they can handle the situation when in fact they cannot. It is helpful to the university to know if such activities are occurring. Reporting the incident whether one decides to file an official complaint or not, benefits the victim, the university, and future students or employees.

9.2.4 Safeguards for Parties Involved

Sexual harassment is a particularly sensitive issue that can affect any member of the university community. Prompt action will be taken on every complaint. Each reported incident would be handled on a case-by-case basis to determine whether the alleged violation occurred and if appropriate disciplinary action is warranted. Disciplinary actions for violations may include the following: probation, counseling, termination from the program, or any combination thereof.

Confidentiality of all parties involved will be respected to the extent allowed by law. Complaint procedures are designed to ensure protection of the civil rights of all parties.

9.2.5 Where to Go for Help

- PA Program Director
- Provost of the University
- Campus Minister: 864-977-7016
- President of the University: 864-977-7018

9.3 Sexual Assault

In the event that a sexual assault occurs, the victim should: keep a cool head; notice details about the attacker (i.e., speech, hair, clothes, scars, height, weight); preserve evidence (do not bathe, douche or change clothes); and report the assault to and/or request assistance in reporting crimes from the North Greenville University Campus Security Department (864-977-7777), Health Services (864-977-7170), or Student Services (977-7121). If the crime occurs off-campus, call the Greenville County Sheriff's Office (864-257-5210) or the Traveler's Rest Police Department (864-834-9029).

When a sexual assault is reported, a team usually consisting of the Director of Student Services, Director of Counseling Services, Director of Health Services, and the Chief of Campus Security will work with the victim to assist in any and all areas of need. Following the crisis, the team members will remain in contact with the victim. When appropriate and reasonable, changes in the victim's academic and living arrangements will be made.

Section 493(a) of the Higher Education Opportunity Act 2008 will require notification of the final results of any crime of violence upon written request of the victim. If the victim is unable to make the request, the next of kin can give a written request. Any student that commits a sexual assault crime will be immediately dismissed from the program.

9.4 Harassment and Stalking

North Greenville University promotes a safe environment and atmosphere. Therefore, Campus Security will thoroughly investigate all reported incidents of harassment and stalking. Violators will be subject to criminal prosecution, immediate professional probation, and referral to the Academic Progress and Professionalism Committee for discussion to include potential dismissal from the

program. To report an act of harassment or stalking, call NGU campus security or local law enforcement. Definitions of Harassment can be defined as follows:

- “Harassment in the first degree” means a pattern of intentional, substantial, and unreasonable intrusion into the private life of a targeted person that serves no legitimate purpose and causes the person and would cause a reasonable person in his position to suffer mental or emotional distress. Harassment in the first degree may include, but is not limited to:
 - Following the targeted person as he moves from location to location;
 - Visual or physical contact that is initiated, maintained, or repeated after a person has been provided oral or written notice that the contact is unwanted or after the victim has filed an incident report with a law enforcement agency;
 - Surveillance of or the maintenance of a presence near the targeted person’s
 - Residence;
 - Place of work;
 - School; or
 - Another place regularly occupied or visited by the targeted person; and
 - Vandalism and property damage.
- “Harassment in the second degree” means a pattern of intentional, substantial, and unreasonable intrusion into the private life of a targeted person that serves no legitimate purpose and causes the person and would cause a reasonable person in his position to suffer mental or emotional distress. Harassment in the second degree may include, but is not limited to, verbal, written, or electronic contact that is initiated, maintained, or repeated.
- “Stalking” means a pattern of words, whether verbal, written, or electronic, or a pattern of conduct that serves no legitimate purpose and is intended to cause and does cause a targeted person and would cause a reasonable person in the targeted person’s position to fear:
 - Death of the person or a member of his family;
 - Assault upon the person or a member of his family;
 - Bodily injury to the person or a member of his family;
 - Criminal sexual contact on the person or a member of his family;
 - Kidnapping of the person or a member of his family; or
 - Damage to the property of the person or a member of his family.
- “Pattern” means two or more acts occurring over a period of time, however short, evidencing a continuity of purpose.
- “Family” means a spouse, child, parent, sibling, or a person who regularly resides in the same household as the targeted person.
- “Electronic contact” means any transfer of signs, signals, writings, images, sounds, data, intelligence, or information of any nature transmitted in whole or in part by any device, system, or mechanism including, but not limited to, a wire, radio, computer, electromagnetic, photoelectric, or photo-optical system.
- For Safety Tips, go to Campus Security "Be Safe Safety Instructions: Your Role in Preventing Crime" Site! <http://www.ngu.edu/safety-tips.php>

9.5 Physical Assault

No student shall push, strike, or physically assault any member of the faculty, administration, staff, student body, or any visitor to the campus. Breach of this policy is considered a major policy violation and will result in the immediate professional probation and referral to the Academic Progress and Professionalism Committee for discussion to include potential dismissal from the program.

ARTICLE 10.0 ARC-PA ACCREDITATION STATUS (A3.12a)

The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted **Accreditation-Continued** status to the **North Greenville University Master of Medical Science Physician Assistant Program** sponsored by **North Greenville University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be September 2030. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

The program's accreditation history can be viewed on the ARC-PA website at <http://www.arc-pa.org/accreditation-history-north-greenville-university/>.

ARTICLE 11.0 SUCCESS IN ACHIEVING PROGRAM GOALS (A3.12b)

In addition to its mission, values, and goals, the NGU PA Medicine Program has established graduate goals/benchmarks. Following graduation of the inaugural cohort and annually thereafter, inclusive of each additional subsequent graduating class, alumni will be surveyed to determine the programs goal attainment. This information can be located on the program website at <https://ngu.edu/about/our-colleges/humanities-sciences/health-professionals-school/pa-goals/#pa-program-goal>.

Benchmarks were established using the following:

- PANCE Pass Rate (based on a review of NCCPA data):
 - First time pass rate
 - NCCPA annual data on first time PANCE pass rates.
- PA Employment (based on data from the Robert Wood Johnson Foundation and study by Davenport, G.)
 - In 2012, the Robert Wood Johnson Foundation found, on average, that only 41% of medical school graduates remained and practiced in the program state and of those only 7.5% worked in primary care and only 22.6% of these primary care physicians worked in underserved areas or populations.
 - A study by Davenport in 2011 found only 36% of PA graduates taking a first job in primary care and only 24% of all PAs worked in primary care.
 - The preceding two research documents supports/suggests:
 - If 30% of NGU PA graduates stay in SC it is equivalent to 6, 7.5, and 9 from cohort 1, 2, and 3 and on (respectively). Of those, NGU would like to see approximately half remain in the Upstate.
 - If 25% of NGU PA graduates take a first job in primary care to include family practice, internal medicine and pediatrics, that is equivalent to 5, 6, and 8 for cohort 1, 2, and 3 and on respectively.
 - Applying the primary care physician mark of 22.6% (working in underserved populations and areas) to NGUs primary care benchmark of 25% provides a benchmark estimate of 2 graduates from each cohort (8% of graduates working in underserved populations or areas).

- Leadership/Volunteerism
 - NGU estimates PA graduate behavior to be similar to an applicant’s pre-admission data. Given that, benchmarks were set as follows:
 - Community Involvement
 - Medical Missions

ARTICLE 12.0 NCCPA PANCE RATES FOR GRADUATING CLASSES (A3.12c)

The PA 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. PANCE pass rate data is located on the program website <https://ngu.edu/about/our-colleges/humanities-sciences/health-professionals-school/pa-goals/#pa-program-goal>. (A3.12c)

ARTICLE 13.0 COHORT ATTRITION RATE (A3.12i)

At NGU the goal is to mentor and see each matriculated student through program completion, NCCPA certification, and active practice as a PA. We recognize, however, that attrition may occur and if it does it will be reported here (A3.12i).

Class	Enrolled	Program Completion	Attrition Rate
2018	Maximum of 20	20	0%
2019	Maximum of 25	23	8%
2020	Maximum of 30	29	3.33%
2021	Maximum of 30	30	0%
2022	Maximum of 30	29	3.33%

ARTICLE 14.0 PA MEDICINE COMPETENCIES & OUTCOMES

PAs practice in a wide variety of primary care and specialty settings and with a focus on patient-centered care. Given this, learning outcomes for students must reflect competency in a broad range of areas encompassing the comprehension and application of medical knowledge, patient care, interpersonal and communication skills, ethics and professionalism, medical science research and interpretation of that research, and interprofessional collaboration. NGU competencies and outcomes focused on these categories include the following:

14.1 Perform and Record a Complete and Accurate Medical History

Outcomes: On any patient in any setting, the student will be able to:

- a. Establish effective rapport with patients and their families in a manner that will enhance the history taking process
- b. Obtain and record a complete and accurate chief complaint
- c. Obtain and record a complete and accurate history of the present illness that includes the symptom location, quantity, quality, timing, setting, aggravating and relieving factors, and other associated factors
- d. Obtain and record a complete past medical and surgical history, psychosocial history, and family history
- e. Obtain and record a comprehensive review of systems noting pertinent positive and negative findings as they relate to the history of present illness
- f. Obtain and record interval history pertaining to ongoing disease states
- g. Obtain a problem-focused history
- h. Obtain and record a follow-up history of an improved or deteriorating patient condition

- i. Obtain and record the medical history components from patient friends or family when necessary

14.2 Perform a Complete and Problem-Focused Physical Examination

Outcomes: On any patient in any setting, the student will be able to:

- a. Demonstrate techniques of gaining patient confidence and providing reassurance about the examination in a manner that will enhance the collection of data and maintain patient dignity
- b. Distinguish normal from abnormal physical examination findings for males and females of any age group
- c. Demonstrate the appropriate use of the necessary instruments and tools for the physical examination with proper techniques that incorporate Universal Precautions
- d. Perform and record the findings from a comprehensive physical examination
- e. Demonstrate ability to alternate the sequence and content of the physical examination to correspond with the special needs of the patient and the presenting complaint
- f. Perform and record a problem-focused physical examination utilizing conventional formats and nomenclature

14.3 Establish a Working Diagnosis and Differential for Non-Emergent Condition/s

Outcomes: The student will be able to:

- a. Formulate a problem list and a differential diagnosis for each patient problem identified during patient encounters
- b. Demonstrate deductive reasoning skills in processing clinical data in the development of a differential diagnosis

14.4 Order, Perform and Interpret Diagnostic Procedures and Lab Tests

Outcomes: Utilizing the data collected from the medical history and physical examination findings, the student will be able to:

- a. Utilize a problem list or differential diagnosis to identify the diagnostic procedures and laboratory studies that are indicated to aid in establishing the diagnosis
- b. Educate the patient about the benefits and risks associated with specific laboratory tests and diagnostic procedures
- c. Demonstrate the necessary skills and techniques to safely and properly collect specimens including, but not limited to:
 - i. Bacteriologic samples for culture, sensitivity or gram stain from various sources
 - ii. Viral samples from various sources
 - iii. Venous or arterial blood samples
 - iv. Urine samples, sterile and non-sterile
 - v. Stool specimens
 - vi. Tissue samples
 - vii. Sputum sample
- d. Order, interpret the results and discuss the implications of laboratory tests including but not limited to:
 - i. Urinalysis by dipstick and microscopic examination
 - ii. Glucose testing
 - iii. Vaginal specimen
 - iv. Pregnancy tests
 - v. Rapid strep screen
 - vi. KOH prep for fungal infection
 - vii. Prostate specific antigen

- viii. Complete blood count with differential
- ix. Erythrocyte sedimentation rate and C-reactive proteins
- x. Stool for blood, ova and parasites
- xi. Electrolytes, liver enzymes, serum lipid profiles, hemoglobin A1c, hormone markers (TSH, T4, FSH/LH, etc.), cultures/immunology tests for infection, and other commonly utilized blood chemistries
- e. Order, interpret and discuss the implications of diagnostic procedures, including but not limited to;
 - i. 12 Lead EKG
 - ii. Rhythm strips
 - iii. Pulmonary function testing
- f. Order and interpret radiologic studies of the head, spine, chest, abdomen, pelvis and extremities.
- g. Outline the indications for and analyze the information provided by the following imaging modalities:
 - i. CT scans
 - ii. MRI and MRA
 - iii. Fluoroscopy
 - iv. Ultrasound
 - v. DEXA scan
 - vi. Mammography
- h. Identify the techniques and indications for bronchoscopy, upper endoscopy, colonoscopy, and flexible sigmoidoscopy
- i. Examine the techniques and outline the indications for thoracentesis, paracentesis, and lumbar puncture
- j. Examine the techniques and outline the indications for an excisional biopsy, endometrial biopsy, arthrocentesis and joint injection
- k. Outline the required preparation for imaging studies and office procedures

14.5 Identify, Discuss, Perform, and Order Therapy and Treatment

Outcomes: The student will be able to:

- a. Identify basic concepts of pharmacology to include mechanism of action, pharmacokinetics, target, pharmaceutical math, drug toxicity, interactions and reactions
- b. Distinguish between the various electrolyte solutions for intravenous therapy and indications for their use
- c. Outline the use of blood and blood products, indications, risks and potential complications
- d. Administer injections intra-dermally, subcutaneously, intravenously, and intramuscularly.
- e. Educate patients about nutritional requirements and the treatment of nutritionally related health problems
- f. Identify medications used for the treatment of medical conditions and their mechanism of action, metabolism, excretion, indications, contraindications, drug-drug interactions and potential side effects
- g. Manage non-pharmacologic treatment and follow-up of common medical conditions
- h. Prescribe medications as a part of patient management
- i. Identify and manage medication interactions and adverse effects
- j. Outline common complementary and alternative medicine modalities

14.6 Recognize Life-Threatening Conditions

Outcomes: The student will be able to:

- a. Recognize emergency cardiovascular conditions, including life-threatening dysrhythmias, in patients of any age in any setting and initiate standard treatment according to Advanced Cardiac Life Support recommendations.
 - i. Perform cardiopulmonary resuscitation
 - ii. Establish hemostasis or control blood loss of hemorrhaging patients
- b. Recognize and treat patients with:
 - i. Anaphylactic reactions
 - ii. Respiratory distress
 - iii. Drug overdose
 - iv. Accidental poisoning
 - v. Envenomation
 - vi. Heat illness
 - vii. Dehydration
 - viii. Ocular emergencies
 - ix. Trauma
 - x. Acute abdominal pain
 - xi. Gynecological and Prenatal emergencies
 - xii. Acute chest pain
 - xiii. Pediatric emergencies
 - xiv. Congestive heart failure
 - xv. Hypertensive crisis
 - xvi. Seizure
 - xvii. Altered mental status
 - xviii. Alcohol intoxication
 - xix. Hyperglycemia
 - xx. Diabetic ketoacidosis
- c. Assist with or perform commonly encountered emergency procedures including but not limited to:
 - i. Endotracheal/nasogastric intubations
 - ii. Defibrillation or cardioversion
 - iii. Arterial and venous line placement

14.7 Effectively Communicate with Patients, Families, and other Medical Personnel

Outcomes: The student will be able to:

- a. Present a systematic, clear and concise oral case presentation of the patient's chief complaint, history of present illness, pertinent positive and negative findings, laboratory findings, diagnosis and treatment plan
- b. Discuss information and counsel patients regarding the diagnosis, prognosis, and treatment of common disorders in a manner that promotes understanding.
- c. Instruct patients about a variety of health education and disease prevention issues such as self-breast examination, self-testicular examination, skin cancer screening, exercise, weight management and smoking cessation.
- d. Create medical documentation using a widely accepted format including but not limited to:
 - i. Admit history and physical exam
 - ii. Discharge summary
 - iii. Progress notes
 - iv. SOAP notes
- e. Clearly and effectively communicate in a respectful manner with individuals from diverse cultures, religions, and various lifestyles

- f. Provide age appropriate anticipatory guidance for patients and their families across the lifespan
- g. Effectively and professionally communicate bad news to patients and their families.
- h. Facilitate communication between patients and their families about issues relating to end of life decision-making
 - i. Advanced directives
 - ii. Grieving processes

14.8 Demonstrate the Impact Health Problems have on Individuals and Families

Outcomes: The student will be able to:

- a. Discuss the physical, psychological, social, and economic impact that health problems create for patients and their families
- b. Appraise patient encounters from an objective perspective necessary for rational assessment and treatment of the patient's health problems
- c. Recognize the importance of preventative health care education for patients to prevent future disease states
- d. Discuss difficulties encountered by patients attempting to adhere to prescribed therapeutic regimens and treatment plans
- e. Recognize the right of the patient as a health care consumer to be informed regarding their physical status, therapy, costs, therapeutic alternatives, prognosis, and services available
- f. Recognize the patient's right to privacy and confidentiality and treating privileged information with professional discretion

14.9 Utilize Critical Thinking Skills through the use of Evidence-Based Medicine

Outcomes: The student will be able to:

- a. Transfer clinical information needs into answerable clinical questions
- b. Identify the best available evidence to answer clinical questions
- c. Critically evaluate the available clinical evidence for its validity and usefulness
- d. Apply the findings of the appraisals to the specific clinical scenarios/questions
- e. Demonstrate skills necessary for life-long learning

14.10 Articulate the Unique Role of the PA in the Medical Team

Outcomes: The student will be able to:

- a. Adhere to the tenants of ethical medical practice as a PA
- b. Articulate the collegial and interdependent relationship of the PA and the physician
- c. Integrate the role of the PA with the roles of other members of the interdisciplinary health care team
- d. Explain the legal responsibilities of the PA-patient relationship
- e. Articulate an understanding of the history and milestones of the PA profession
- f. Describe the mechanisms of licensure, certification and recertification for the PA profession

14.11 Possess a Working Knowledge of the American Health Care System

Outcomes: The student will be able to:

- a. Utilize community resources in health care delivery
- b. Coordinate health care services including, but not limited to:
 - i. Care provided by multiple providers
 - ii. Specialty consultations and referrals
 - iii. Consultations with other members of the health care team
 - iv. Complementary and alternative health care
 - v. Ancillary services

- c. Employ risk management practices including continuous quality assurance
- d. Utilize best practices to minimize the risk of medical malpractice
- e. Utilize and employ current knowledge of reimbursement issues including documentation, coding and billing practices

14.12 Exhibit Ethical Behavior and Professional Conduct

Outcomes: The student will be able to:

- a. Provide competent, compassionate and respectful medical service to all patients
- b. Display honesty with patients and colleagues
- c. Respond appropriately to persons of the health care team who exhibit impairment, lack of professional conduct or competence, or who engage in fraud or deception
- d. Demonstrate a commitment to maintaining clinical competence
- e. Comply with established principles governing intellectual honesty
- f. Display appropriate self-confidence
- g. Demonstrate reliability and dependability

Competency and proficiency in these functions and tasks is a learning process that will gradually occur over the breadth of the PA program at North Greenville University. Evaluation of these outcomes will occur via the use of multiple instruments, including, but not limited to, written and practical examinations, clinical preceptor evaluations, PANCE results, and graduate and post-graduate surveys.

ARTICLE 15.0 CURRICULAR COMPONENTS & ACADEMIC CREDIT

The PA Medicine Program at North Greenville 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. 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 (**A3.12d; A3.12e**).

15.1 Curriculum Sequence (A3.12d; A3.12e)

This entry-level master's degree program consists of 131 semester hours divided into three phases that span 24 consecutive months. The Didactic Phase represents the preclinical year and spans 12 months. The Clinical Phase represents the clinical year and consists of 11 months of supervised clinical education and coursework. The Summative Phase is 1 month in duration and represents the final stage of training.

All NGU DPAM curricular components are published online at <https://ngu.edu/programs/physician-assistant/> the NGU DPAM Admissions Handbook that can be downloaded at <https://ngu.edu/about/our-colleges/humanities-sciences/health-professionals-school/pa-handbook/> and the NGU DPAM Student Policy Handbook (which can be downloaded at <https://ngu.edu/about/our-colleges/humanities-sciences/health-professionals-school/pa-handbook/>).

ARTICLE 16.0 ESTIMATES OF ALL COSTS RELATED TO THE PROGRAM (A3.12f)

The standard undergraduate tuition rate does not apply to students who matriculate into the NGU PA Program. 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. This information can be found on the program website at <http://www.ngu.edu/pa-tuition-fees.php>. (A3.12f)

ARTICLE 17.0 REFUNDS OF TUITION AND FEES (A1.02k)

Candidates who accept a seat must pay a \$1500 **non-refundable** deposit within two weeks of notification of acceptance to hold their place in the cohort. This deposit will be applied toward first semester tuition costs. *Accepted candidates who do not pay the \$1500 deposit within the required time frame (two weeks) forfeit their seat.* More information about refunds of tuition and fees can be found on the website at <http://www.ngu.edu/pa-tuition-fees.php>. (A1.02k)

ARTICLE 18.0 ADMISSIONS RELATED INFORMATION (A3.13; A3.14)

Data on admissions can be found in the 'Admissions Handbook' and at <https://ngu.edu/about/our-colleges/humanities-sciences/health-professionals-school/pa-handbook/> (A3.13; A3.14). This includes information on enrollment practices, education and work experiences, advanced placement options, and academic and technical standards required for enrollment. Topics specific to the matriculated students include:

18.1 Advanced Placement, Schedule Changes, And Audits (A3.13c; A3.16)

All NGU PA courses *must* be taken as part of the PA cohort and *no* advanced placement options are available (A3.13c; A3.16). PA Medicine students *cannot* drop or make any changes to their academic schedule without risking program dismissal or in rare instances deceleration to the next PA cohort (see deceleration policy). PA Medicine students are *not* allowed to audit any PA Medicine course.

18.2 Academic Standards For Enrollment (A3.13d)

In order to register for course work, all new students must have satisfied all pre-requisites requirements (see admissions handbook) and submitted a non-refundable deposit to reserve their seat in the matriculating class (A3.13d). All current (continuing) students must have fulfilled all financial obligations to North Greenville University for the previous semester and must be academically eligible for progression to the next semester. Students will be matriculated and registered for coursework by the PA Medicine Department. Student names and which courses they should be enrolled in will be submitted to the registrar's office.

ARTICLE 19.0 ACADEMIC PERFORMANCE & PROGRESSION (A3.15a; A3.15b)

Article 19.0 addresses the PA Medicine program's academic performance and progression (A3.15a; A3.15b). 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 and Professionalism 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 component they may progress to the subsequent semester at the discretion of the Academic Progress and Professionalism Committee.

19.1 Types of Evaluations (B4.01)

The program will conduct frequent, objective, and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components (B4.01). 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.

19.1.1 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 student 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

19.1.2 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

19.2 Academic Standards for Progression In And Completion Of The Program (A3.15b)

Students enrolled in NGU's PA Medicine Program must maintain adherence to the program standard of academic performance and professionalism (**A3.15b**). 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.

19.2.1 Cumulative GPA (A3.15a; A3.15b)

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

- Once a student is on probation, they must achieve a 3.0 or higher GPA in the following semester or they will be dismissed from the program.
- Students must achieve a cumulative 3.0 GPA in their didactic year in order to progress to the clinical phase of training. Failing to accomplish the 3.0 cumulative didactic GPA will result in academic dismissal from the program.

19.2.2 Course Grades (A3.15a; A3.15b; B4.01).

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) administrative details are managed by the program faculty. NGU PA Medicine Principal Faculty, however, will be 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 NGU’s PA Medicine Program
- Completion (and submission to the program) of all Clinical Performance Evaluations.

19.2.2.1 Didactic Phase (A3.15a; A3.15b)

During the didactic phase of training, a failing course grade (i.e., any grade <73% or 2.0 or <83% or 3.0 during Transition to Clerkship course) will result in academic dismissal from the program. 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 (A3.15a; A3.15b). Letter grades and a grade point average are derived using the following point scale:

A+ (4.0)	97 – 100	B+ (3.3)	87 – 89	C+ (2.3)	77 – 79
A (4.0)	93 – 96	B (3.0)	83 – 86	C (2.0)	73 – 76
A- (3.7)	90 – 92	B- (2.7)	80 – 82	F	00 – 73

At the Course Director’s discretion, an “Incomplete (I)” 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(s) remaining at the end of that following semester will become F and result in dismissal from the program [Graduate Bulletin, *Volume 6, revision 25, page 39*].

19.2.2.2 Supervised Clinical Practice Experience Phase (A3.15a; A3.15b)

During the clinical year, a clerkship (clinical rotation) grade below 2.0 (73%) or <83% or 3.0 during Summative course is failing and students will be academically dismissed from the program. Two clerkships course grades <83% will result in automatic academic dismissal from the program.

Within the syllabus of each course, grading methodology and elements are defined. Each grade element (history and physical I and II assignments, evaluation of preceptor site, preceptor evaluation of student performance and professionalism, patient write ups, and PAEA end of course exams) is assigned a point value and these points are combined to create a final course grade (**A3.15a; A3.15b**). Letter grades and a grade point average are derived using the following point scale:

A+ (4.0)	97 – 100	B+ (3.3)	87 – 89	C+ (2.3)	77 – 79
A (4.0)	93 – 96	B (3.0)	83 – 86	C (2.0)	73 – 76
A- (3.7)	90 – 92	B- (2.7)	80 – 82	F	00 – 73

At the Course Director’s discretion, an “Incomplete (I)” 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(s) remaining at the end of that following semester will become F and result in dismissal from the program (Graduate Bulletin, **Volume 6, revision 25, page 39**).

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 of the required rotation categories except for the elective option. These exam scores will be converted using a student Z-score (**A3.15a; A3.15b**).

How To Find The Z-Score

The following formula establishes the student Z-score for a particular test:

$$\text{Z-Score} = (\text{Student EOR Score} - \text{National average for that exam}) / \text{Exam SD}$$

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.

Using the Z-Score to Convert the End Of Rotation Test Grade

Since the NGU assigns 73% as the lowest passing grade on a test, the following table is used to establish a grade via a student Z-score.

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

Z-Score	Adjusted Grade	Letter Grade
+1.50 to +2.00	97% to 99+%	A+
+1.00 to +1.49	93% to 96%	A
+0.50 to +0.99	90% to 92%	A-
+0.00 to +0.49	87% to 89%	B+
-0.01 to -0.49	83% to 86%	B
-0.50 to -0.99	80% to 82%	B-
-1.00 to -1.49	77% to 79%	C+
-1.5- to -2.00	73% to 76%	C
-2.00 or lower	Below 73%	Requires Remediation

If A Student Fails The First PAEA EOR Exam

- The student is remediated

- Take a second version of the PAEA End of Rotation Exam

If A Student Fails The Second PAEA EOR Exam

- They fail the rotation
- Will remediate that topic and rotation (see remediation policy)
- Will be placed on academic probation
- Will need to repeat the rotation in an extended session
- If they fail the repeated rotation, they will be dismissed from the program

19.2.3 Professional Behavior Grading (B2.17; B2.18; A3.15a; A3.15b; B4.01)

The program will document student demonstration of defined professional behaviors (**B4.01**). To facilitate this, the program curriculum will include instruction in the principles and practice of medical ethics (**B2.18**), professional practice (**B2.17**) and the PA profession (**B2.17**). In addition, students will meet with their 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, preceptor(s), and when appropriate other faculty or staff; held in student files) will score students as (1) Never, (2) Rarely, (3) Usually, (4) Frequently, and (5) Always exhibits the desired behavior in the areas listed below (**B2.17; B2.18; B4.01**):

- Altruism
 - Sensitivity/response to needs of others
 - Sensitivity/response to culture, age, gender, and disabilities of others
 - Puts others interests before own
 - Provides assistance/comfort to others
- Duty and Responsibility
 - Attends required activities/arrives on time
 - Reliable, dependable, completes tasks fully and in a timely manner
 - Accepts appropriate share of team work
 - Self-motivated, organized, and prepared
 - Accountable to patients, society, and the profession
- Excellence
 - Commitment to excellence and on-going professional development
 - Positive attitude, displays enthusiasm and attentiveness
 - Self-reflection, critical curiosity and initiative
 - Recognizes limitations and seeks, accepts, and incorporates constructive feedback
 - Adapts well to stressful/challenging circumstances
- Interpersonal skills and relationships
 - Respectful, cooperative (team player), builds atmosphere conducive to learning
 - Acknowledges and values diversity, talents, skills, contributions of others
 - Communicates effectively (verbal and written)
 - Good interpersonal skills (develops appropriate professional relationships with peers, faculty, physician supervisors, and other health care providers)
 - Recognizes/maintains appropriate boundaries
 - Displays tact and self-control
- Honor and integrity code of conduct
 - Accurately portrays personal qualifications
 - Displays professional presentation (dresses appropriately and good personal hygiene)

- Performs in accordance with regulatory and legal requirements (follow the rules), as well as the appropriate role of the PA
- Committed to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Behaves honestly/appears trustworthy

In each instance, the following professional behavior concepts and rubric will be used (**A3.15a; A3.15b**).

Rubric for Professional Behavior (worth up to 5% of a course grade)						
	Always exhibits the desired behavior	Frequently exhibits the desired behavior	Usually exhibits the desired behavior	Rarely exhibits the desired behavior	Never exhibits the desired behavior	Grade
	5	4	3	2	1	
Altruism						
Duty and Responsibility						
Excellence						
Interpersonal Skills/Relationships						
Honor and Integrity/Code of Conduct						
Score						

To receive a passing score, students must receive a 73% or higher rating. ***The maximum 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 5% of course grade).*** Any 'rarely' or 'never' rating requires remediation; any 'never' rating requires meeting with the Program Director and review by the Academic Progress Committee.

Additional areas of professionalism include:

19.2.3.1 Professionalism – Dress Code

The North Greenville University Department of PA Medicine and the School of Health 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.

General Dress Attire

Style: Unless otherwise listed, attire for the entire PA Medicine program allows single color scrubs or ‘business casual.’ Clothing should be clean, pressed, and in good condition without tears or holes.

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. Artificial nails and decorative nail polishes are prohibited. Some clinics/hospital settings do not permit any colored polish.

Hygiene: Daily hygiene must include personal cleanliness and oral hygiene.

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 piercings are the only visible piercing allowed and must be conservative with no more than two per ear. Tongue, nose, brow, lip and other piercings are NOT allowed during any didactic or clinical training. Students are *NOT* to wear excess bracelets or necklaces that could be disruptive during lecture and/or could come in contact with patients and/or simulation models. 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.

Tattoos: Tattoos shall be appropriately covered when possible.

Appropriate Attire for Men – Didactic

Shirts: Scrub top or collared button up shirts, 2- or 3-button polo shirts and sweaters are acceptable. Clothing must be in good condition without tears or holes.

- Unless a sweater, the shirt must be tucked in
- Only the top button may be unbuttoned

Unacceptable options include:

- T-shirts or tank tops of any kind
- Shirts with text, other than designer logo or NGU logo (no corporate, political, or personal statements)
- Sweatshirts or hoodies.

Pants: Scrub bottoms or pants should be pressed, clean, and without holes or tears and a brown or black belt with a simple buckle should be worn. Acceptable pant styles include:

- Khakis, dress pants, trousers, and corduroy
- Jeans without tears, holes and adornments may be worn during the didactic year only.
- Exercise shorts and warm-ups may be required for physical diagnosis and other courses. Student will know in advance and professional dress will be required for other program activities during the day.

Unacceptable pant styles include:

- Shorts of any style
- Cargo pants

Shoes: Shoes and socks must be worn at all times in lab settings. Acceptable shoe styles include:

- Oxfords, lace-ups, loafers, clogs, clean sneakers and tennis shoes (without tears or holes)
- Shoes of any style may be worn in the classroom setting (non-Lab)

Unacceptable shoe styles include:

- Sandals, flip-flops, or other open-toed shoe (including Crocs-type shoes with openings in the dorsal region.)

Appropriate Attire for Women – Didactic

Skirts and Dresses: Skirts and dresses should have hemlines no more than two inches above the knees. Avoid low-cut dresses (top) or high cut (length) or those with high slits.

Scrubs/Blouses/Shirts: Scrub tops, Blouses & Shirts are acceptable. Clothing must be in good condition without tears or holes. Types of upper body cover styles include:

- Single colored scrubs
- Collared button up shirts, 2- or 3-button polo shirts and sweaters are acceptable
- Blouses (all but top button must be buttoned)
- Turtlenecks
- Tunics
- T-shirt, tank top and/or sports bra may be required for physical diagnosis and other courses. Student will know in advance and professional dress will be required for other program activities during the day.

Unacceptable upper body cover styles include:

- Sleeveless shirt on its own
- T-shirts of any style
- Exposed midribs
- Halter-tops
- Avoid anything that is skin-tight or revealing

Pants: Scrub bottoms or pants should be pressed, clean, and without holes or tears.

Acceptable pant styles include:

- Khakis, corduroy pants, linen pants, dress pants and capris
- Jeans without tears, holes and adornments may be worn during the didactic year only.
- Exercise shorts and warm-ups may be required for physical diagnosis and other courses. Student will know in advance and professional dress will be required for other program activities during the day.

Unacceptable pant styles include:

- Leggings with a short shirt are NOT pants
- Shorts of any style
- Mini-skirts
- Yoga pants

Shoes: Shoes and socks must be worn at all times in lab settings. Acceptable shoe styles include:

- Closed toe, low heel (2 inch maximum), and professional appearance
- Mules/Clogs
- Note: No open toed shoes are allowed in lab or clinical settings
- Clean Sneakers or Tennis shoes (without tears or holes)
- Shoes of any style may be worn in the classroom setting (non-Lab)

Unacceptable shoe styles include:

- Sandals, flip-flops, or other open-toed shoe (including Crocs-type shoes with openings in the dorsal region.)

Dress Attire Clinical Setting

All preceding attire for men and women apply to the clinical setting. The following outlines issues specific to the SCPE and other clinic opportunities afforded the student.

Identification in the Clinical Setting (**A3.06**): Proper identification must be clearly displayed identifying that the student is a NGU PA student. NGU 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 Clinical Coordinator. 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.

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.

19.2.3.2 Professionalism – Attendance

Consistent attendance 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 by the program director. An absence is excused or unexcused by the Program Administration (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.

Didactic Phase

If a known absence is expected: (1) Students must notify the Didactic Coordinator 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 Program Administration)

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 Program Administration will review special situations on a case-by-case basis.

Clinical Phase

In the event of an absence, students must notify both the Program Administration 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 37.5 hours per week. If a student misses up to five (5) 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 Clinical Coordinator. In the event that a student misses more than five (5) days on any rotation for an excused absence, they will be required to repeat the rotation. 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 Program Administration.

19.2.3.3 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 breakout sessions especially) 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.

19.2.3.4 Professionalism – Inclement Weather

The policy of North Greenville 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.

19.2.3.5 Professionalism – Social Media

The North Greenville 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.

AMA Guidelines

In order to safe guard the patient-PA relationship and avoid any lapse on confidentiality, NGU 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.

Program-Specific Expectations

NGU PA students and faculty should understand and adhere to the following guidelines when engaging in social media networking:

- NGU 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 NGU 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 WILL NOT share any identifiable patient or clinical information** via any form of communication. HIPAA laws apply to all social networking sites.
- Students should ensure accuracy regarding statements made about the NGU 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.

Developing Professional Social Media Behaviors

Specific advice and guidelines on using social media as an individual or when representing your institution have been well delineated by the University of Michigan. See: <http://www.voices.umich.edu/docs/Social-Media-Guidelines.pdf>

19.2.4 Summative Evaluation (A3.15a; A3.15b; B4.03)

The program will conduct and document a summative evaluation of each student during the last month of the program (**B4.03**). 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. Evaluation instruments will correlate with the didactic and clinical components of the program’s curriculum and measure skills required to enter clinical practice such as:

- Clinical and technical skills,
- Clinical reasoning and problem-solving abilities
- Interpersonal skills
- Medical knowledge
- Professional behaviors

The evaluation includes three major components:

- Written examination covering the knowledge base content associated with all the basic medical and clinical sciences and its application to the practice of medicine.

- 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.
- 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.

To pass this 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* and have an overall course grade of ***greater than or equal to 83.00% (A3.15a; A3.15b)***. When remediation and retesting is required (< 73%), the repeat assessment will be scheduled within one week. Between tests, an opportunity for remediation will be available to the student. If a student fails the second attempt, they will be dismissed from the program. It is important to note that the need to remediate an examination 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 83% 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.

19.2.5 Requirements For Graduation (A3.15b)

To graduate from the PA Medicine program and earn a Master of Medical Science in PA Studies, students must (***A3.15b***):

- Successfully complete all course work according to program defined academic standards. This must be verified via a degree audit with the student's assigned DPAM advisor the first week of the final term. This can be done via Skype or e-mail if necessary.
- Achieve a minimum overall 3.0 G.P.A. (Grade Point Average)
- Successfully pass all components of the summative evaluation/course
- Demonstrate they have met all Program Learning Outcomes as evidence by...
 - Successful completion of the summative evaluation
 - Approval for Graduation from the Academic Progress and Professionalism Committee
- Submit a completed graduation application to the Office of Graduate Studies. Since PA Medicine students graduate in December, this form is due no later than August 25 prior to graduation.
- Be in good professional standing
- Have no incomplete grades
- Have no financial or library obligation with North Greenville University

- The student must pay the graduation fee that is due no later than November 1 prior to graduation

19.3 Exam Integrity, Missed Exams, And Exam Results

19.3.1 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 class room, 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.
- 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.

19.3.2 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 Course Director 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.

19.3.3 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.*

19.3.4 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 Course Director within 72 hours of missing the exam. The Course Director 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 Course Director. All decisions made by the Course Director are final and will be communicated to the student within 48 hours of the Course Director 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. Except in circumstances relative to the Program Summative Evaluation, written examinations are given only once (there are no re-examinations).

19.3.5 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 (see 20.7.1). Grades will ONLY be accessible via the online learning management system.

19.3.6 Assessment Challenge (A3.15g)

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 shredded 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 Course Director 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 Course Director and Didactic Coordinator. If the Didactic Coordinator is the Course Director, 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 20.0 REMEDIATION (A3.15c)

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 (**A3.15c**).

20.1 Introduction

NGU's PA Medicine 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 meet the learning outcomes of presented material on a day-to-day, week-to-week, month-to-month, and/or module-to-module basis

During the program, evidence of competency of learning outcomes is monitored with written, oral, and practical examinations and students are encouraged to contact relevant faculty – at any time – to improve their comprehension 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 Didactic Coordinator will assign the role to another faculty member.

20.2 Intention of the Remediation Policy (A3.15c)

The goal of remediation is to identify deficiencies in the expected knowledge and skills, assist the student in overcoming those deficiencies, and develop content knowledge. 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. Remediation can be looked at in three areas: (1) Didactic, (2) Clinical, and (3) Professionalism. For details on Probation and Course Failures, see **Article 22.0**.

20.3 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% (2.0 or C) requires remediation and the following guidelines apply:

- Students must meet with course director and their advisor
- Remediation must be completed within two weeks of a failed assignment (**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 includes:
 - Step One: Meeting with course director where the following will be reviewed:
 - Test Report which details missed learning objectives (see 20.7.1)
 - Step Two: The course director will develop a remediation plan 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 includes at least one of the following evaluations, 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 details the event and the final score related to the remediation process. Failure of the remediated assessment will prompt a required meeting with the Academic Progress and Professionalism committee.

- If a student remediates a combination ***four (4) or more*** assignments from all courses in a semester, the student will be placed on academic probation [see NGU DPAM Student Policy Handbook **Article 22.0**].

20.4 Breakout Session Remediation

Breakout Sessions require a faculty to student ratio of 1 to 6-10, where faculty facilitate students learning via simulated medical cases. This process helps bridge the relationship between the (1) medical practice, (2) physical diagnosis (3) clinical methods and procedures, (4) pharmacotherapy, (5) pediatrics, and (6) critical thinking. Breakout session hours are calculated based on the courses they support. These courses are:

- Medical Practice – 30% (30% of 4 SH is 1.2 SH)
- Physical Diagnosis – 10% (10% of 2 SH is 0.2 SH)
- Clinical Methods and Procedures – 10% (10% of 1 SH is 0.1 SH)
- Pharmacotherapy Principals – 10% (10% of 2 SH is 0.2 SH)
- Pediatric Medicine – 10% (10% of 1.5 SH is 0.15 SH)
- Critical Thinking – 30% (30% of 2 SH is 0.6 SH)

Based on the preceding, the total semester hours covered in breakout sessions is 2.45. This is divided by the number of cases discussed. For example, in Spring there are 10 cases, 9 in the Summer, and 11 in the Fall.

Any grade below 73% (2.0 or C) requires remediation. Breakout session grading includes (1) learning objective (LO) written assignments and a (2) cumulative final exam. If breakout session remediation is necessary, the student must meet with the breakout session director and their mentor. The following is a guideline of the process:

- At the breakout session director discretion, remediation may be completed during the semester or during the semester break, but must be completed prior to the start of the next semester.
- There are four remediation steps:
 - Step One: Meeting with the breakout session director and mentor to review:
 - Written assignment with rubric from the facilitator
 - DxR Clinician Student Report for Final Exam
 - Step Two: The breakout session director and mentor will develop a remediation plan which may include, but is not limited to, the following
 - Reading assignments
 - Review of lecture materials
 - Review of previous case studies
 - Step Three: The breakout session director and mentor 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 breakout session director and mentor will complete the Remediation Summary Sheet, which outlines the remediation process and details the event and the final score related to the remediation process. Failure of the remediated

assessment will prompt a required meeting with the Academic Progress and Professionalism committee.

20.5 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, and preceptor evaluations. The passing score for the EOR exams will be determined using the student's z-score. It will be clearly noted on the syllabus prior to the start of each rotation. For all evaluation processes, a score of <73% will require remediation. 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 the following for the entire clinical year:
 - 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
- The failure of a third PAEA EOR exam, regardless of the status of the previous remediated EOR exams, will result in academic dismissal from the program.
- Students failing more than two of any of the other preceding topics, including those items that are successfully remediated, will be considered to have NOT met required learning outcomes during the clinical year and will be referred to the Academic Progress and Professionalism Committee and risk probation or 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 probation or program dismissal if the remediation timeline is not met or if the remediation assignment score is <73%.
- Failed items on the last clinical rotation may result in a 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
 - Patient logging
 - Preceptor Evaluation Rubric/s
- Step Two: The course director will develop a remediation plan 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
 - Repeat EOR Exam
 - 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 details the event and the final score related to the remediation process.

20.6 Professionalism Remediation (Academic Integrity)

According to NGU's Academic Honesty policy [Graduate Bulletin *Volume 6, Revision 25, page 40 – 41*] graduate students are expected to conduct themselves in accordance with the highest standards of academic honesty. Academic misconduct for which a student is subject to penalty includes all forms of cheating, such as illicit possession of examinations or examination materials, forgery, or plagiarism (plagiarism is the presentation of the work of another as one's own work). In addition, professionalism, as outlined in NGU DPAM Student Policy Handbook *Article 19.2.3* falls under this remediation policy [NGU DPAM Student Policy Handbook *Article 19.2.3*].

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 'never' professionalism rating 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 Program Director. The Program Director will review the offense and punishment and approve or modify the sanctions given. 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 Program Director.

20.7 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 Form(s):

- 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 and Professionalism Committee of any student remediation

ARTICLE 21.0 DECELERATION (A3.15c)

The NGU PA Medicine 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 (**A3.17c**). 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. In rare instances, such as military deployment, deceleration may be considered – on a case by case basis – by the program director. If allowed, however, the student would need to repeat all previously taken courses (tuition applies for all repeated courses).

ARTICLE 22.0 PROBATION & DISMISSAL

22.1 Academic Probation/Academic Dismissal (Didactic) (A3.15d)

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.

22.1.1 Probation – Didactic

During the didactic year, any student who fails to achieve the required 3.0 GPA per semester (83%) will automatically be placed on probation. Additionally, any student who remediates a combination **four (4) or more** assignments from all courses in a semester will be placed on academic probation (A3.15d).

- 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.
- Once a student is on probation due to total remediations, they must not exceed 4 total remediations in the following semester or they will be **dismissed** from the program.

22.1.2 Academic Dismissal – Didactic

- In the didactic phase of the program, any failing course grade (i.e., any grade <73.00% or <83.00% in the Transition to Clerkship course) will result in academic dismissal from the program (A3.15d).
- Once a student is on probation, they must achieve a 3.0 or higher GPA (in following semester) or they will be **dismissed** from the program.
- Once a student is on probation due to total remediations, they must not exceed 4 total remediations in the following semester or they will be **dismissed** from the program.
- Students who have been found in violation of Academic Integrity Standards during the didactic portion of the program may be academically dismissed from the program.

22.1.3 Advancing to SCPE Clerkships

To advance to the SCPE (clinical) training year, the student must:

- Pass each of the three components of the Transition to Clerkship course and the professionalism rubric with a minimum grade of 73% or higher in **each** and have an overall course grade of **greater than or equal to 83.00%**
- When remediation and retesting is required (< 73%), the remediation assessment will be scheduled within one week.
- If a student fails the remediation assessment, they will be dismissed from the program.
- In addition, if a student's Transition to Clerkship course 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 Transition to Clerkship course grade of 83% or better and a cumulative GPA of 3.0 or better are required to advance to Clerkships.

22.2 Academic Probation/Academic Dismissal (Clinical) (A3.15d)

22.2.1 Probation – Clinical

- Any student who fails to achieve the required 3.0 GPA in a clerkship (83%) will automatically be placed on probation for the next two following clerkships or two months – whichever is shorter (A3.15d).
- Any student who fails the first attempt of 2 separate PAEA EOR exams (<73%) will be placed on probation for the next two following clerkships or two months – whichever is shorter.
- 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.

22.2.2 Academic Dismissal – Clinical

- In the clinical phase of the program, any clerkship grade <73.00% or <83.00% during the Summative course will result in academic dismissal from the program (A3.15d).
- A second SCPE clerkship grade <83%, regardless of probation status for the first, will result in academic dismissal from the program.
- Any student who fails the first attempt of 3 separate SCPE EOR exams (<73%) will be academically dismissed from the program.
- Students who have been found in violation of Academic Integrity Standards during the clinical portion of the program may be academically dismissed from the program.

22.3 Professional Behavioral Probation/Professional Behavior Dismissal

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 (Student Policy Handbook **Article 20.5**; **Article 22.3**) and gives sanctions to any student involved. In addition, any ‘never’ professionalism rating will result in 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 (A3.15d):

- 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 dismissal from the Program and University.

The faculty member involved will file a record of the offense and the punishment imposed with the Program Director. The PD will review the offense and punishment and discuss it with the Provost. The Provost will review all reported cases of academic dishonesty and approve or modify the sanctions given. 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 Provost.

22.4 Right to Appeal Academic/Behavior Dismissal (A3.15g)

In accordance with the NGU Graduate Bulletin (volume 6, revision 25, page 41), all students have the right to appeal adverse academic outcomes, up to and including dismissal from the PA Medicine program. Appeals must be presented in writing to the office of Provost within two weeks of the adverse outcome. At the discretion of the Provost, 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 Provost, who may sustain or overrule. The Provost will notify the student of the outcome. Once the Provost gives notice, the decision is final.

ARTICLE 23.0 WITHDRAWAL FROM THE UNIVERSITY (A3.15d)

In accordance with NGU graduate policy [Graduate Bulletin, *Volume 6, Revision 25 page 35-36*], a student who finds it necessary to withdraw must file a Withdrawal Form with the Program Director (**A3.15d**). Failure to file this form may result in grades of F in courses then in progress. A student may withdraw without record through the first day of classes. For courses dropped after that date, the student may receive a W, indicating withdrawal, by withdrawing prior to mid-term examinations. A student withdrawing after midterms may receive a WP or WF as assigned by the course director. A student who withdraws from the University according to the procedures will be allowed a grace period of two working days to rescind the withdrawal. Reinstatement (within that two-day period) may occur only during regular class days. Therefore, final examination days and days thereafter are specifically excluded. Students who withdraw from the University must have a "Withdrawal Form" appropriately completed with all required signatures. To receive transcripts, all accounts in the Business Office must be paid. Partial refunds may be available, depending on the date. WITHDRAWING FROM ANY PA MEDICINE COURSE CONSTITUTES WITHDRAWAL FROM THE PROGRAM WITH NO GUARANTEE OF DECELERATION OR READMITTANCE (A3.17e).

ARTICLE 24.0 STUDENT ADVISEMENT (A1.04; A2.05e; A3.09; A3.10)

Academic advisement is mandated to help the student develop strategies for success during all aspects of training (**A1.04**). 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 PA Medicine program will be assigned to a faculty member who will act as their official student advisor (**A2.05e**). Advisors will hold formal meetings with their advisees on a regular schedule as outlined below (**Article 24.1**). 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 readiness for clinical practice and professional development, including faculty and student self-assessment. Student-specific advisement topics will usually include discussion of:

- Academics. Academic advising will include but is not limited to discussion of (1) current course grades, (2) overall GPA, (3) study habits, (4) test-taking problems, and any (5) 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 (***A1.04; A2.05e***).

- Professionalism. Advisors should routinely discuss the student’s professional development to include a review of the student’s professionalism evaluations. These evaluations include:
 - Faculty Survey – student professionalism is evaluated during each didactic and clinical course and completed by the course director (or preceptor) at the end of each semester.
 - Student Survey – in addition, students will complete a self-assessment at the start of the 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 advisor whenever any needs or conditions arise that may affect their academic performance. In addition, Advisors 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, advisors will assist the student in locating helpful resources, and promptly initiate referrals (***A3.10***). Campus resources should be explored and freely utilized but off-campus referrals may also be indicated. **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 sessions will be ***documented*** and filed in section 2 during the didactic year and section 3 during the clinical year. The following format options can be used to document an advisor-advisee session.

- Student advising form: the student advising form is used to document all scheduled advisor-advisee meetings. When discussed, a copy of the student’s professionalism evaluation(s) should be included.
- Memo for Record: 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.

24.1 Faculty – Student Advisor Meeting Schedule

Session #	Semester	Week	Topics
1	Spring I	2	Adjustment to adult learning; student strategies
2	Spring I	10	Progression through Spring I curriculum; student-specific issues
3	Summer I	8	Progression through Summer I curriculum; student issues
4	Fall I	10	Progression through Fall I curriculum; student issues
5	Fall I	16	Progression through didactic year, readiness for SCPes, student issues
6	Spring II	RAD	All students should meet at least once with advisors during rotation assessment days to discuss clinical experiences, preparation for independent practice, and student issues
7	Summer II	RAD	All students should meet at least once with advisors during rotation assessment days to discuss clinical experiences, preparation for independent practice, and student issues
8	Fall II	Summative	Board prep; readiness for practice/expectations of graduates; student issues

Note: All eight routine advisement appointments are the responsibility of the student to initiate and schedule.

24.2 Student Advisement form

A printed and signed copy of the Student Advising Form should be maintained in the student file and include a current copy of the advisor/advisees' professionalism evaluations rubric discussed in the **Article 19.2.4**. This form should also be used during routine and non-scheduled advisement sessions or other meetings related to student performance, personal issues, or professionalism.

Student Advising Form
North Greenville University PA Medicine

Student Name:

Date:

PA Class Year:

Advisor Name:

Purpose:

- Routine Academic Advising
- Concerns Regarding Academic Performance
- Concerns Regarding Professional Behavior
- Other:

Academics Overall Rating:

- Adequate Concerns At Risk

Comments:

Are there concerns with students' knowledge or are there skill deficiencies?

- Yes No If yes, describe terms for remediation:

Professionalism Overall Rating:

- Adequate Concerns

Comments:

Wellness/Coping Overall Rating:

- Doing well Manageable Concerns Recommend Counseling

Comments:

Action Plan:

Student Signature (if needed): _____

Date: _____

Advisor Signature: _____

Date: _____

Student Advising Form
North Greenville University PA Medicine
Professional Behavior Assessment (please select a rating for each criteria below)

Altruism

- Sensitivity/response to needs of others
- Sensitivity/response to culture, age, gender, and disabilities of others
- Puts others interests before own
- Provides assistance/comfort to others

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Duty and Responsibility

- Attends required activities/arrives on time
- Reliable, dependable, completes tasks fully and in a timely manner
- Accepts appropriate share of team work
- Self-motivated, organized, and prepared
- Accountable to patients, society, and the profession

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Excellence

- Commitment to excellence and on-going professional development
- Positive attitude, displays enthusiasm and attentiveness
- Self-reflection, critical curiosity and initiative
- Recognizes limitations and seeks, accepts, and incorporates constructive feedback
- Adapts well to stressful/challenging circumstances

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Interpersonal skills and relationships

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

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Honor and integrity code of conduct

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

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Overall Comments:

24.3 Resources

NGU student resources can be found at <https://ngu.edu/info-for/current-ngu-students/>. Various options are listed here:

Resource	Phone Number	Hours	Website
Counseling Services Tingle Student Center 7801 N. Tigerville Road Tigerville, SC 29688	864-977-2094	M/T/TH/F: 8:30 AM to 5 PM	https://ngu.edu/life-at-ngu/leading-with-faith/campus-ministry-student-engagement/counseling/
Disability Services 7801 N. Tigerville Road Tigerville, SC 29688	864-977-7988	M-F: 8:30 AM to 5 PM	https://ngu.edu/academics/undergraduate-study/student-success/accessibility/
Financial Aid 7801 N. Tigerville Road Tigerville, SC 29688	864-977-7056	M-F: 8:30 to 5 PM	https://ngu.edu/admissions/financial-aid/graduate/
Information Technology 7801 N. Tigerville Road Tigerville, SC 29688	864-977-7272	M-F: 8:30 to 5 PM	https://ngu.edu/life-at-ngu/services/it/
Campus Security 7801 N. Tigerville Road Tigerville, SC 29688	864-977-7777 Emergency on campus: 7777 Emergency off campus: 911	On Patrol and available 24/7 52 weeks a year Office Hours: M-TH: 7 AM to 5 PM F: 7 AM to Noon	https://ngu.edu/life-at-ngu/services/campus-security/

Health Services: Health care is available at NGU’s campus in the campus clinic. The following list represents some additional low cost or free options in the local and surrounding area:

Clinic	Phone Number	Hours	Website
Greenville Free Clinic 600 Arlington Avenue Greenville SC 2960	864-233-4599	M/W: 9 AM to 5 PM T/TH: 10 AM to 7 PM F: 9 AM to 1 PM	http://greenvillefreeclinic.org/locations/
NW Crescent Free Clinic 925 North Franklin Road Greenville, SC 29617	864-232-1470 Ext 60	Thursday only Registration begins at 1:00 PM	http://greenvillefreeclinic.org/locations/
Greer Free Clinic 202 Victoria Street Greer, SC 29651	864-232-1470 Ext 65	Tuesdays only Registration begins at 1:00 PM	http://greenvillefreeclinic.org/locations/
New Horizon Family 111 Berry Ave. #A Greer, SC 29651 (Sliding Scale)	864-801-2035	M/W/F: 8 AM to 5 PM T/TH: 8 AM to 8 PM	http://www.newhorizonfhs.org/

ARTICLE 25.0 SCPE Policy

The Supervised Clinical Practice Experience (SCPE) portion of the PA Medicine 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 NGU PA students, ultimately preparing them for certification and professional practice. The purpose of this policy is to articulate the boundaries with which students may participate in the process of establishing supervised clinical practice experiences and define program expectations and processes for advancement to, recruitment of, and evaluation and approval of clinical sites and preceptors.

25.1 Policy Statement

North Greenville University PA Medicine Program:

- Requires a formal affiliation agreement be established with any clinical site or preceptor involved in providing a SCPE for students enrolled in the program.

- Does not require students to provide or solicit clinical sites or preceptors and does not require students to coordinate clinical sites and preceptors for program required SCPEs.
- Permits students to submit requests to develop new sites to the Clinical Coordinator, who then determines the appropriateness of developing the site.
- Coordinates all activities associated with clinical practice experiences including identifying, contacting, initial and ongoing evaluation of the suitability of, and student placement with clinical sites and preceptors.

25.2 Requirements for Student Progression to Clinical Phase

- Successful completion of the Transition to Clerkships course with an overall course grade greater than or equal to 83.00%, 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 NGU's Department of PA Medicine 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 North Greenville 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.

25.3 Clinical Rotation Scheduling

All students will be scheduled to complete ten 4-week long clinical rotations. One of the clinical rotations must be in an underserved population or location. Rotations include:

- Behavior Medicine
- Emergency Medicine
- Surgery
- Internal Medicine
- Prenatal and Gynecology
- Pediatrics
- Elective I, II (urgent care), and III (underserved)
- Family Medicine

Students are allowed to submit requests for specific clinical sites and/or preceptors. However, while every attempt is made to accommodate student requests, rotation assignment is done by and at the sole discretion of the Clinical Coordinator subject to approval and availability of the Preceptor/Clinical Site. Students are not allowed to participate at an SCPE site where the preceptor

is a family member, friend, or any other person who may be influenced by factors other than clinical performance of the student. Students WILL be required to attend rotations at sites outside of the Greenville area and will be responsible for all expenses related to such assignments. Students are responsible for arranging lodging for all out-of-town rotations **and** all expenses associated with housing, meals, transportation and parking.

Finally, the NGU DPAM program has an elective international rotation option. If selected, students are responsible for additional costs associated travel to and from the international site and housing and food during travel and while there.

25.3.1 Student Eligibility for International Rotations

DPAM6516 Elective Clerkship III

To be eligible for the international option of this clerkship, students must be in good academic and professional standing. Additionally, eligibility will hinge on the student's ability to cover costs associated with the trip.

25.4 Student Orientation to Clinical Experiential Learning

25.4.1 Policies

- Identification as students in clinical settings:
 - 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 North Greenville University Department of PA Medicine 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 North Greenville University PA Medicine 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.
- Dress Code
 - 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 according to NGU's PA Medicine dress code defined in this handbook.
- Attendance
 - Students are required to be present at the clinical site a minimum of 144 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.

- Please refer to the Student Attendance, Participation and Inclement Weather Policies within this handbook for further detail regarding attendance expectations for clinical rotations.

25.4.2 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 outcomes that must be satisfactorily demonstrated during or upon completion of that rotation. Refer to the SCPE core syllabus and the individual rotation syllabi provided to students during the Clinical Preparation week prior to beginning rotations. 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.

25.4.3 Monitoring of Student Progress

As defined in the SCPE Core Syllabus and individual rotation syllabi, 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 faculty 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 within the SCPE Patient Exposure policy.

The designated SCPE preceptor and the program faculty 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 program faculty to discuss these issues. Depending on the nature of the issue, the student may be required to present before the PA Medicine 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, North Greenville University Department of PA Medicine 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 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.

25.4.4 Determination of Rotation Grade

As defined by program policy, all clinical rotations are graded on a point value between 0.0 and 4.0. Refer to the specific SCPE Syllabus and **Article 19.2.2.2** for further details about requirements for a passing grade. The program retains full authority for determination and assignment of the student's rotation grade.

25.5 Clinical Site Recruitment

With the support of North Greenville University, the PA Medicine program assumes responsibility for the recruitment of clinical sites and preceptors in sufficient numbers for the program-mandated supervised clinical practice experience component of the curriculum. Students will not be required to provide preceptors or clinical sites for any of the program mandated SCPE.

Students may voluntarily submit (to the Clinical Coordinator) name(s) of potential preceptors and/or clinical sites not already affiliated with the NGU PA Medicine 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 Clinical Coordinator to decide whether the preceptor and clinical site are deemed appropriate for use in Supervised Clinical Practice Experiences.

25.6 Program Requirements

Clinical Sites must meet all program-defined expectations for clinical training sites (see evaluation section below). All clinical sites must establish a formal Affiliation Agreement with the program.

25.6.1 Initial Site Evaluation

The Clinical Coordinator in communication with a prospective clinical site representative initiates the clinical site evaluation form. Form completion will be used to validate and verify that the clinical site has sufficient resources (work space, patient exam rooms, references, support personnel, patient encounters of the designated specialty content) to provide broad experiential learning opportunities in a safe and secure environment in the corresponding clinical practice area (e.g. family medicine, general surgery, etc.) for which the PA student will be assigned at that site. The program curriculum committee will review each clinical site evaluation and determine if the site is a suitable facility for students to fulfill curriculum-mandated SCPE.

25.6.2 Ongoing Site Evaluation

Continued clinical site evaluation of all active clinical sites will be conducted every two years. Documentation will include the following:

- Sites will be evaluated for significant changes since prior evaluation and this information will be included within the Ongoing Site Evaluation form.
- Student Evaluation of the Clinical Site will be reviewed to ensure no ratings of “*disagree*” (or worse) have been received. In the event a rating of “*disagree*” has been received, the program will evaluate the reason for the rating to ascertain and document the suitability of continued use of the clinical site.
- To validate that SCPE learning meets defined program expectations (including program defined technical skills), a review of the number and types of patient encounters will be conducted (using recorded data in Exxat).

Results of the before mentioned criteria will be discussed by the program to determine ongoing use of a clinical site or preceptor. As part of the evaluation, the following actions will be considered.

- Conducting a site visit prior to the next student experience at the site
- Conducting a site visit in conjunction with the next student placement
- Telephone contact with the preceptor and or office manager
- Removal of the clinical site from program use

Clinical Sites will be modified as necessary to ensure each student will meet the expected learning outcomes by program completion.

25.7 Instructional Faculty

A Course Director will be designated by the program to assess and supervise each student’s progress in achieving learning outcomes; the Course Director assigns course grades. The SCPE preceptor, however, will provide information used to determine rotation grades and learning outcome assessment. Specific SCPE Preceptor responsibilities include:

- Student orientation to the site/rotation.

- Opportunities for active patient care experiences.
- Completion (and submission to the program) of the mid-rotation and end-of-rotation Clinical Performance Evaluations.

25.7.1 Instructional Faculty (Preceptor) Responsibilities

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
- 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
- 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.
- Perform a mid-rotation student evaluation to provide the student with feedback concerning their performance and review progress toward fulfilling their rotation goals.
- Complete the end-of-rotation Clinical Performance Evaluation of the student and return it (to the program) in a sealed envelope with signature across the seal.

25.7.2 Preceptor Requirements

25.7.2.1 Disciplines

- Family Medicine I (Family Medicine)
- Elective II (Urgent Care)
- Elective III (Underserved; local or international)
- Internal Medicine
- Emergency Medicine
- Surgery
- Pediatrics
- Prenatal and Gynecology
- Psychiatry/Behavioral medicine

- Physicians and PAs practicing in various subspecialties may be utilized for SCPE elective rotations
- Other licensed health care providers experienced in their area of instruction may be designated as preceptors for supervised clinical practice experiences (SCPEs) as the Program deems necessary and appropriate.

25.7.2.2 Licensure

- Providers approved as preceptors must be licensed within the state in which they will be providing SCPE for program students.
- The program will verify licensure status at the time of initial preceptor evaluation via <http://www.llr.state.sc.us/pol/medical> or respective state medical board for out-of-state providers, and again when the certification is due to expire, to confirm license renewal as long as the provider remains an active preceptor for the Program.

25.7.2.3 Specialty Certification

- Physician preceptors should be ABMS or AOA board certified in the specialty for which they are providing SCPE for program students.
- Physicians who are board certified in the specialty for which the PA is providing SCPE must supervise PA preceptors.
- Specialty board certification of physician preceptors or supervising physicians for PA preceptors will be confirmed by the program at the time of initial evaluation of the potential preceptor via <http://www.BoardCertifiedDocs.com> and again when the certification is due to expire if the provider remains an active preceptor for the program.

25.7.2.4 Other Required Documentation

- Establishment of a formal Preceptor Affiliation Agreement when preceptors are in private practice or otherwise act as the agent of the clinical site for purposes of providing student clinical training experience.
- Signature of Preceptors to verify they have become familiar with program-defined Supervised Clinical Practice Experience expectations and learning outcomes through review of the NGU PA Medicine Preceptor Handbook and Rotation syllabi provided to each preceptor prior to student rotations. Updates and revisions to the NGU PA Medicine Preceptor handbook and Rotation Syllabi will be provided to Preceptors as they occur in the form of an Addendum.

25.7.3 Preceptor Evaluation

Preceptors must meet all program-defined expectations for instructional faculty.

25.7.3.1 Initial Preceptor Evaluation

The Clinical Coordinator in communication with a prospective preceptor or preceptor representative initiates the preceptor evaluation form. As part of this, the following must occur:

- Preceptor licensure and board certification (must be verified for currency, copied, and maintained in each preceptors file).
 - Current licensure in the state in which the preceptor will be providing the SCPE
 - NCCPA certification for PAs
 - ABMS or AOA specialty board certification for Physicians

- Preceptor profile
 - Preceptor works within 60-mile radius of the program – site visit to complete Preceptor profile with emphasis on assessing the Preceptor’s clinical practice workload, types and numbers of patients seen, and preceptor understanding of program expectations and learning outcomes.
 - Preceptor works outside 60-mile radius of the program – assessment of Preceptors outside of a 60-mile radius may utilize mail, email, telephone, video telecommunication or any combination of these for completion of the Preceptor Profile.
- Program Approval
 - The program will review the prospective preceptor information to establish preceptor meets Clinical Instructional Faculty member criteria needed for the given program mandated SCPE.

25.7.3.2 Ongoing Preceptor Evaluation

Ongoing preceptor evaluation will use the following tools

- Review of *Student Evaluations of the Preceptor* to ensure no ratings of “*disagree*” (or worse) have been received. In the event a rating of “*disagree*” has been received, the program will evaluate the reason for the rating to ascertain and document the suitability of and/or conditions for continued assignment of students to the provider for SCPE.
- Ongoing evaluations of the preceptor will document any significant changes in the preceptor’s practice and/or availability. Documentation will occur within the *Ongoing Site Evaluation form*. Preceptor feedback from previous students will be given at this time as well.
- Review of the number and types of patient encounters and technical procedures experiences the student reports via our third party vendor will establish the ability of the preceptor/site to meet program-defined expectations (expectations are defined in SCPE syllabi).

Concerns with preceptors based on periodic site/preceptor evaluations, student evaluations, review of patient encounters, and/or review of clinical procedure experiences will be cause for re- evaluation of the preceptor by a member of the program. As part of this evaluation, the following actions will be considered.

- Conducting a site visit prior to the next student experience with the preceptor
- Conducting a site visit in conjunction with the next student placement
- Telephone contact with the preceptor
- Removal of the preceptor from program use

Assignment of preceptors will be modified as necessary to ensure each student will meet the expected learning outcomes by program completion.

25.7.4 Instructional Faculty Development

All preceptors will be provided with electronic or printed copies of the program’s *Preceptor Handbook*, *SCPE Specific Syllabus* and *copy of the SCPE specific Preceptor Evaluation of Student* to orient them to program curriculum and instructional design, student clinical practice experience expectations and program-defined learning outcomes. In addition, a copy of required documentation related to the student rotation is provided for review/discussion.

During clinical site visits, preceptors will be asked for ideas and/or suggestions for improvement of clinical practice experiences for both the preceptors and students. As these are identified, the program faculty will compile the information and submit it to the Curriculum Committee for discussion.

When student evaluations of a preceptor identify a specific need for improvement, the program faculty will work with the individual preceptor to create an individualized faculty development plan to address that need.

ARTICLE 26.0 PERSONAL SECURITY AND SAFETY (A1.02g)

NGU will address and provide appropriate security and personal safety measures for PA Medicine students and faculty in all locations where instruction occurs. This includes a thorough evaluation by PA faculty of each clerkship site (see evaluation form) (**A1.02g**). Collaborating documents include (1) clerkship site evaluation forms (2) NGU Employment Handbook article 2.1.12, and (3) NGU security policies located at <http://www.ngu.edu/security-policies.php>.

26.1 North Greenville University Security Officers

North Greenville University Officers are trained and registered by a state approved instructor and licensed by the South Carolina Law Enforcement Division (SLED). North Greenville University Security Officers, being licensed by the South Carolina Law Enforcement Division (SLED), have the same powers and authority as Deputy Sheriffs (South Carolina State Law 40-18-80), including the authority to make arrests for misdemeanors and felonies (South Carolina State Law 40-18-110), and the authority to be armed (South Carolina State Law 40-18-100). In addition, the North Greenville Security office and North Greenville University have an excellent working relationship of cooperation with the Greenville County Sheriff's Office and the Travelers Rest Police Department and other area law enforcement agencies. It is the policy of these two off Campus law enforcement agencies to share information with North Greenville University.

26.2 Security Officer Responsibilities and Contact

North Greenville Security operates 24 hours a day, 7 days a week, 52 weeks a year. In fulfilling the primary role of providing an environment that is as safe as possible, Campus Security patrols the Campus, secures and unlocks buildings and rooms at appropriate times, provides safety escorts, and on campus medical transportation. Campus Security investigates all criminal activity that occurs on campus.

26.2.1 Campus Security Contact

- 7777 from campus telephones
- 864-977-7777 from any other phone

26.2.2 Fire or Medical Emergency Contact

- 9-911 from campus telephones
- 911 from any other telephone

26.2.3 Student Services Contact

- 7123 from campus telephones
- 864-977-7123 from any other telephone

26.2.4 Greenville County Sheriff's Department Contact

- 864-271-5210

26.2.5 South Carolina Highway Patrol Contact

- 864-271-1000

26.3 Student safety during SCPEs

The facility at which the SCPE takes place shall provide to NGU PA Medicine students access to the facility's rules, regulations, policies and procedures with which the NGU 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 NGU PA Medicine students and any NGU 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.

26.4 General Safety Guidelines

26.4.1 In Case Of Fire

Fires are unpredictable, fast and the smoke from the flames and burning of many different types of material that are burned is toxic and deadly. Your safety and the safety of others come first and foremost.

- Sound the building fire alarm.
 - Call 9-911 from a campus telephone or 911 from any other telephone. Campus Security can activate a campus-wide alarm if necessary.
 - Call Campus Security at 7777 from a campus telephone or 864-977-7777 from any other telephone.
- Identify the "Fire Exit" nearest your classroom, office or residence hall room.
- Leave the building quickly and in an orderly fashion. Do not stop or go back for personal belongings. Do not use the elevator. Use the stairs. Do not lock doors while leaving the building.
- Smoke is the most toxic part of a fire, stay close to the floor.
- Assemble at one of the Evacuation Meeting Points listed earlier. Keep out of the way of firemen and police. Remain outside the building. After evacuating, stay with your co-workers/classmates so that Resident Assistants, Supervisors, and Faculty can determine if the building has been safely and completely evacuated.
- Notify Campus Security on the scene if you suspect someone may still be in the building.
- Do not re-enter a building unless the fire department or Campus Security has issued the "all clear".
- If you become trapped in the building: DO NOT PANIC!
 - Contact Campus Security by using your cell phone.
 - Put an article of clothing large enough to hang outside the window and into the room to mark your location for emergency personnel.
 - If the room has no windows, stay close to the ground; shout out loudly to attract the attention of emergency workers.

Note: If a fire appears to be controllable, first call Campus Security, then alert everyone to the fire, finally, use a fire extinguisher to put out the fire.

26.4.2 Violent Crime Or Hostage Situation

- If possible, remove yourself and others from harm. If it is not possible to remove yourself from the situation, then hide yourself in a room and lock the door if possible.
- Do not attempt to confront, apprehend or interfere with the criminal except in case of self-protection.

- Call 9-911 from a campus telephone or 911 for emergency.
 - Provide the location of the suspect(s) including building and classroom.
 - Provide a description of the suspect to include height, weight, sex, race, clothing, age, and name if known.
- Campus Security or local law enforcement is to secure buildings and grounds and alert proper civil officials immediately.
- Do not try to look or peek out windows or doors to see what is happening.
- Do not leave your safe place unless instructed to do so by Campus Security or local law enforcement. Follow their instructions completely.

26.4.3 Sexual Assault And Other Sensitive Crimes

- Try to be as calm as possible. This will help you to think more clearly.
- Go to a safe place.
- Preserve all physical evidence. This includes; **NOT** taking a bath or shower, **NOT** brushing your teeth, **NOT** cleaning your fingernails, **and NOT changing** your clothes. Clean and fresh clothes will be brought or given to you after evidence is collected.
- Call Campus Security at 7777 from a campus telephone or 864-977-7777 from any other telephone. If off campus, call the local sheriff department at 864-271-5210.
- Take time to write down, or describe to someone who writes down what you describe, an accurate description of the assailant. Note features as height, weight, sex, race, clothing, age and name, if known.

26.4.4 Medical Emergencies

- Do not move a seriously injured person unless it is a life-threatening situation.
- If you feel you must have immediate help, and it is severe enough that you need EMS dial 9-911 from a campus telephone or 911 from any other telephone. Also, notify Campus Security by dialing 7777 from a campus telephone or 864-977-7777 from any other telephone.
- Relay important information to Campus Security, such as: exact location, your name, name of person injured, type of injury, and extent of injury.
- If possible, do not touch or come in contact with blood or any other bodily fluid because of the possibility of blood borne pathogens unless you are wearing protective gear such as surgical gloves.
- Stay with the person and reassure them of your presence and tell them that help will soon be with them to look after them.
- Note: Campus Security will notify University officials if the emergency is of a serious nature.

26.4.5 Hazardous Materials

26.4.5.1 Chemical Spills or Chemical Reactions that Produce Deadly Gases

If the identity of a chemical spill or leak is unknown, treat the spill or leak as toxic material. Treat the spill or leak as representing a danger to you and others. The following steps should be taken:

- Do not attempt to confine or stop the spill or leak. Avoid contact with skin, eyes and clothing. Do not breathe the fumes and vapors. Avoid shutting the doors to the room.
- Sound the building fire alarm so evacuation can begin. Inform people as to the reason the alarm has been sounded.

- Call Campus Security at 7777 from a campus telephone or 864-977-7777 from any other telephone so that appropriate action can be taken. Campus Security can activate a campus-wide alert if necessary.
- Do not walk through or stand in smoke clouds. Do not breathe the vapors or fumes.
- Assemble outside the building at the farthest end of the campus parking lot. After evacuating, stay with your co-workers/classmates so that Faculty and Security can determine if the building has been safely and completely evacuated.
- Call 9-911 from a campus telephone or 911 from any other telephone, giving your name and location if you cannot reach Campus Security or requested to do so by Faculty or Campus Security.
- Do not re-enter a building or return to the area unless the fire department or Campus Security has issued the “all clear”.

26.4.5.2 Hazardous Gas Leaks

If a gas cylinder or storage tank is suspected of leaking or there is a suspicious odor, do not attempt to discover where the leak or odor is. Do not attempt to stop the leak unless you are the supervisor responsible for the container. Your safety and the safety of others are paramount. The following steps should be taken:

- Sound the building fire alarm so evacuation can begin.
- Call Campus Security at 7777 from a campus telephone or 864-977-7777 from any other telephone so that appropriate action can be taken. Campus Security can activate a campus-wide alert if necessary.
- Do not walk through or stand in smoke clouds. Do not breathe the vapors or fumes.
- Assemble outside the building at the farthest end of the campus parking lot. After evacuating, stay with your co-workers/classmates so that Faculty and Security can determine if the building has been safely and completely evacuated.
- Call 9-911 from a campus telephone or 911 from any other telephone, giving your name and location if you cannot reach Campus Security or you are requested to do so by Faculty or Campus Security.
- Do not re-enter a building or return to the area unless the fire department or Campus Security has issued the “all clear”.

26.4.6 Bomb Threats

Most bomb threats turn out to be false. For the safety and welfare of everyone, however, Campus Security will not ignore or treat lightly any threat. Each threat is assumed to constitute a clear and present danger to the people on campus and to the campus. If you see something that looks like a bomb or a suspicious package, DO NOT TOUCH IT! MOVE AWAY FROM THE AREA, MOVE OTHER PEOPLE AWAY AND CALL CAMPUS SECURITY. DO NOT USE ANY CELL PHONE OR TWO-WAY RADIO DEVICES.

- Notify Campus Security concerning any suspicious package or any threat received by phone, mail, e-mail, text message or any other means.
- If conditions permit, Campus Security will make a quiet search without alarming faculty, students, staff and visitors.
- If the threat appears credible, evacuate the building and area by quietly asking people to leave or by sounding the fire alarm.
- Campus Security will contact local law enforcement and secure the area.
- Movement on campus and access by other people is limited. I.D. cards are to be displayed by all people.
- Do not re-enter an area or building unless local law enforcement or Campus Security gives the “all clear”.

26.4.7 Civil Disturbance

Civil disturbances include demonstrations, riots or assemblies that become disruptive.

- Any person who sees a civil disturbance or becomes aware of the possibility or planning of a civil disturbance must contact Campus Security.
- Avoid provoking or obstructing demonstrators. Leave the area of the disturbance.
- If you are not in the area, do not go to the area to see what is happening. Avoid the area.
- Close and lock all doors, especially external doors, but do not lock doors to prohibit emergency exits. Close windows and blinds.
- Attempt to continue your normal daily schedule and routine.
- Follow all verbal instructions and commands of Campus Security and local law enforcement.

26.4.8 Tornadoes & Severe Weather

Weather Terminology:

- Tornado Watch: Tornadoes and thunderstorms are possible.
- Tornado Warning: A tornado has been spotted in the area.

If a tornado is sighted or severe weather is approaching the campus, the following action should be taken:

- Notify Campus Security at 7777 from a campus telephone or 864-977-7777 from any other telephone. Campus Security will activate the campus-wide alarm, if necessary.
- If time permits, go to the basement or interior hallway on the lowest floor. Shut the doors of the dorm rooms or other rooms that lead to the hallway.
- If time does not permit, get into the safest area of your classroom/room/office away from windows and doors.
- If you are staying in the hall of a building, close the doors along the hallway.
- Stay clear of auditoriums, gymnasiums or other structures with wide, free-span roofs.
- Take shelter underneath your desk or any heavy furniture.
- Assume a curled position to protect your head and eyes.
- Stay inside until the fire department or Campus Security has cleared the building for you to leave.

ARTICLE 27.0 ADDITIONAL STUDENT RESPONSIBILITIES

27.1 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.

27.2 Email account

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

27.3 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.

27.4 Student Officers

The didactic class will elect class representatives no later than four weeks after the Spring semester begins. Election includes the following Student Society officers:

- President
- Vice President
- Secretary
- Treasurer
- SCCPA 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. Two shall be elected by the class to 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.

27.5 Campus Conduct

27.5.1 Tobacco

Tobacco products are prohibited on the university campus. This includes but is not limited to chewing tobacco, cigarettes, snuff, and herbal type products. No student, including students who participate in university sponsored athletic events, may use tobacco type products at any NGU campus site. In addition, the use of “electronic cigarettes”, water vapor cigarettes or other devices that simulate smoking are prohibited.

27.5.2 Alcohol Consumption

Student possession or consumption of alcohol or intoxication while on campus 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.

27.5.3 Drugs 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 South Carolina law by NGU 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.

27.5.5 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.

- North Greenville 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 Office of Campus Security and Student Services. The university will conduct an investigation that may include use of the County Sheriff's Department.
- 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.

27.5.6 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.

27.5.7 Weapons

Students are prohibited from possession of firearms, knives, bows, arrows, sling shots, water guns, BB or pellet guns, paintball guns, fake weapons of real appearance, or other weapons on university property or at events sponsored or supervised by the university or any recognized university organization, unless authorized in writing by the Director of Student Services or Public Safety. Pocket knives 4" or smaller in total length (includes handle and blade) are allowed. Confiscated weapons will be destroyed and a receipt given to the owner. In addition, students are prohibited from possessing, furnishing, selling, or using explosives of any kind on university property or at functions sponsored or supervised by the university or any recognized university organization. Any breach in the weapons policy 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 28.0 NON-DISCRIMINATION STATEMENT

It is university policy that no otherwise qualified disabled person be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program or activity in the University.

ARTICLE 29.0 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 30.0 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 NGUPAP Student Policy Manual, they understand its content, and agree to abide **(A3.02)**.

Note: The NGU PA Medicine 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)**.

Forms

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)
- *Student Advisement Form* (created per advisee/advisor schedule)

Receipt and Acknowledgement of the Student Handbook/Clinical Handbook

North Greenville University

The information contained in this Handbook is an overview of current policies and procedures specific to the North Greenville University PA Medicine Program (**A3.02**). It is not designed to replace the University policies and procedures. Students are required and expected to follow both departmental policies and the policies and procedures as noted in NGU's Graduate Bulletin (www.ngu.edu/graduate-bulletin.php).

The PA Medicine 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.

Please Note: this handbook is meant to provide guidance for students and faculty on the day-to-day conduct in the PA Medicine 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. All final decisions are at the discretion of the PA Medicine Program Director.

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 Medicine 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

Signed Technical Standards Testament

North Greenville 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 palpation, 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.

Student's Printed Name

Student's Signature

Date

Acknowledgement of Academic Learning Disability Policy

North Greenville University PA Medicine Policy on Academic Learning Disabilities

Provided the preceding 'technical Standards' are met; a student can claim disability through the NGU Learning Disabilities Office. Criteria for establishing a PA Medicine 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 Medicine 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, NGU 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 Provost 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.

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)** NGU 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:

Medicine & Medical Devices
Auto-injectors; such as EpiPen
Bandages
Braces- Neck, Back, Wrist, Leg or Ankle Braces
Casts - including slings for broken/sprained arms and other injury-related items that cannot be removed.
Cough Drops - must be unwrapped and not in a bottle/container.
Eye Drops
Eye Patches
Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection
Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.
Handheld (non-electronic) magnifying glass (without the case)
Hearing aids/Cochlear implant
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: <ul style="list-style-type: none"> • 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

Student’s Printed Name

Student’s Signature

Date

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

PA Student: _____
Address _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-Mail: _____

I, _____, give the NGU DPAM Program permission to release my criminal background/sex offender, drug screen, immunization, 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 NGU. I may withdraw my permission at any time in writing to the Program Administration.

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.

Definitions and Caveats:

- PHI = Protected health information; this includes all forms of patient-related data including demographic information
 - Depending on the nature of the breach, violations at any level may result in more severe action or termination from the program; minimum action will include academic probation
- Levels I-III are considered to be without malicious intent; Level IV indicates malicious intent
 - At Level IV, individuals may be subject to civil and/or criminal liability
- The Academic Progress and Professionalism Committee will review any offense and forward a 'level of violation' to the PA Medicine Program Director who will carry out the appropriate disciplinary action.

Violation	Examples	Minimum Disciplinary/Corrective Action
Level I	<ul style="list-style-type: none"> • Misdirected faxes & e-mails, mail • Failing to log-off or close or secure a computer with protected PHI displayed • Leaving copy of PHI in a non-secure area • Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator) 	<ul style="list-style-type: none"> • Health agency/preceptor will notify the Clinical Coordinator or Program Director • Academic Progress and Professionalism Committee will review the infraction and assign violation level • Written warning will be placed in the student's file.
Level II	<ul style="list-style-type: none"> • Requesting another individual to inappropriately access patient information • Sharing ID/password with another co-worker or encouraging co-worker to share ID/password • Repeated violations of previous level 	<ul style="list-style-type: none"> • Health agency/ preceptor will notify the Clinical Coordinator or Program Director • Academic Progress and Professionalism Committee will review the infraction and assign violation level and recommend a form of discipline to the PD • As a minimum, a written warning will be placed in the student's file.
Level III	<ul style="list-style-type: none"> • Releasing or using aggregate patient data without facility approval for research, studies, publications, etc. • Accessing or allowing access to PHI without having a legitimate reason • Giving an individual access to your electronic signature • Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or "public" person • Repeated violations of previous levels 	<ul style="list-style-type: none"> • Health agency will notify the Clinical Coordinator or Program Director • Academic Progress and Professionalism Committee will review the infraction and assign violation level and recommend a form of discipline to the PD • As a minimum, a written warning will be placed in the student's file.
Level IV	<ul style="list-style-type: none"> • Releasing or using data for personal gain • Compiling a mailing list to be sold for personal gain or for some personal use • Accessing or allowing access to PHI without having a legitimate reason and disclosure or abuse of the PHI • Tampering with or unauthorized destruction of information • Repeated violations of Level III nature 	<ul style="list-style-type: none"> • Health agency will notify the Clinical Coordinator or Program Director • Academic Progress and Professionalism Committee will review the infraction and assign violation level and recommend a form of discipline to the PD (up to dismissal from program) • As a minimum, a written warning will be placed in the student's file.

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.

Student's Printed Name

Student's Signature

Date

Acknowledgement of OSHA Training (To Include Blood Borne Pathogens/Needle Stick)

The NGU PA Medicine 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
 - Review from https://www.osha.gov/dsg/hospitals/understanding_problem.html
- Safety and Health Management Systems for Reducing Workplace Hazards and Injury
 - Review from https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html
- Safe Patient Handling Review from https://www.osha.gov/dsg/hospitals/patient_handling.html
 - Musculoskeletal Disorders
 - 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
 - Review from <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

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

Student's Printed Name

Student's Signature

Date

Academic Integrity Form

The ***NGU 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.

For a more information on student integrity, please refer to the PA Medicine Student Handbook.

I acknowledge that I have reviewed this statement on academic honesty, and that I understand the terms outlined herein.

Signature:

Name (Print)

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 NGU PA Medicine 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 Signature:

Date:

Print Legibly: Student's Full Name:

Student Incident/Injury Form

Identifying Information

Date of Report: _____

Name & Title of Person submitting report: _____

Student Name: _____

Student DOB: _____

Date, Time, and Place of Incident

Date of Incident: _____

Time of Incident: _____

Facility Name: _____

Location of Incident (e.g., OR, ER, Office, Lab): _____

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: _____

Corrective Action Recommendations

What corrective action do you think should be pursued to avoid reoccurrence?

Signatures

Student Signature

Date Signed

Faculty Signature, Role

Date Signed

For College/Department Use Only (**Corrective Action Taken**):

Excused Absence Request

All requests for excused absences must be reviewed by the Program Administration. 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 incompleteness 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).

Physician Assistant Student _____
Address _____
City _____ State _____ Zip Code _____ Phone: _____
E-Mail: _____

Dates of Absence: _____

Reason: _____

Documentation: _____

Notes: _____

Approved _____ Denied _____

Appropriate Director Signature: _____ Date: _____

Student Advising Form
North Greenville University PA Medicine

Student Name:

Date:

PA Class Year:

Advisor Name:

Purpose:

- Routine Academic Advising
- Concerns Regarding Academic Performance
- Concerns Regarding Professional Behavior
- Other:

Academics Overall Rating:

- Adequate Concerns At Risk

Comments:

Are there concerns with students' knowledge or are there skill deficiencies?

- Yes No If yes, describe terms for remediation:

Professionalism Overall Rating:

- Adequate Concerns

Comments:

Wellness/Coping Overall Rating:

- Doing well Manageable Concerns Recommend Counseling

Comments:

Action Plan:

Student Signature (if needed): _____

Date: _____

Advisor Signature: _____

Date: _____

Student Advising Form
North Greenville University PA Medicine
Professional Behavior Assessment (please select a rating for each criteria below)

Altruism

- Sensitivity/response to needs of others
- Sensitivity/response to culture, age, gender, and disabilities of others
- Puts others interests before own
- Provides assistance/comfort to others

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Duty and Responsibility

- Attends required activities/arrives on time
- Reliable, dependable, completes tasks fully and in a timely manner
- Accepts appropriate share of team work
- Self-motivated, organized, and prepared
- Accountable to patients, society, and the profession

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Excellence

- Commitment to excellence and on-going professional development
- Positive attitude, displays enthusiasm and attentiveness
- Self-reflection, critical curiosity and initiative
- Recognizes limitations and seeks, accepts, and incorporates constructive feedback
- Adapts well to stressful/challenging circumstances

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Interpersonal skills and relationships

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

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Honor and integrity code of conduct

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

Never ___ Rarely ___ Usually ___ Frequently ___ Always ___

Overall Comments:

NGU Department of PA Medicine Student Policy Handbook Review

The handbook has been reviewed and approved by the (1) Program Policy and Procedure Committee, (2) Program Evaluation Committee, (3) PA Medicine Program Director, and the (4) University Senior Staff.

Approval Date

Original: December 10, 2015

Signature/s



Jordan Hairr, EdD, MSPAS, PA-C
Program Director for the Department of PA Medicine

Nathan A. Finn

Dr. Nathan Finn, Ph.D
Provost of North Greenville University

Review Process

NGU DPAM Policy and Procedure Committee reviewed this document on April 13, 2022 and unanimously approved it.

This version was reviewed by the Program Executive Committee on April 13, 2022 and unanimously approved.

An annual review and revision has occurred as outlined below. Unless issues arise, the policy is set for review at the end of the 2022 calendar year.

Policy Changes

Date and Change (any change to this policy will be dated and listed below this heading; old policy achieved; updated policy changed to reflect version [r.e. V1.0x])

- V1.02: January 7, 2016: Transition to clerkship (DPAM5198) moved to last week of didactic year [Article 15.3]. Change in timeline helps (1) summarize training to date, (2) perform summative testing that evaluates preparedness for clerkship year, (3) and discuss clerkship expectations, and (4) professionalism during the clinical year. Approved by Curriculum Committee during discussions on this date.
- Updated remediation, probation and dismissal policy for clarity (not content).
- V1.03: June 29, 2016. Breakout Session time added to (1) Human Anatomy, (2) Pathophysiology, (3) Medical Practice, (4) Physical Diagnosis and (5) Clinical Methods and Procedures; Approved by Curriculum Committee during discussions this date.
- V1.04: November 9, 2016. Meningococemia vaccine requirement removed.
- December 20, 2016. Document review; formatting changes

- V1.05: March 1, 2017. Family Medicine SCPE series clearly defined; small adjustments in Summer I and Fall IA schedule made.
- March 20, 2017: updated BREAKOUT SESSION concept to include clinical methods and procedure and pharmacotherapy.
- V1.06: April 21, 2017. Complete review made between the Dean for the Graduate School of Health Science and the PA Medicine Program Director. BREAKOUT SESSION distribution updated (Medical Practice and Critical Thinking will use BREAKOUT SESSIONS as part of the course instruction). Program Hierarchy updated.
- July 27, 2017. Updated dress code and curriculum flow. Deleted V1.xx title and will use "Student Policy Handbook" where all updates are shown here (at end of document).
- November 7, 2017. Updated Student costs section.
- November 28, 2017. Updated schedule jpg
- January 8, 2018. Update Article 25.2 to include more information about requirements for international rotations
- February 8, 2018. Added clarification to Article 20.5 to include clarification for the Four Step process for clinical year remediation
- March 6, 2018. Updated Article 15.3 Curriculum Map to reflect the new Clinical Year schedule. Updated Article 1.0 Structure and Hierarchy to reflect the new structure and hierarchy for the program.
- June 11, 2018. Updated Article 1.0 Structure and Hierarchy to reflect the new structure and hierarchy for the program. Syntax changes to Article 20.0 Remediation to improve understanding (no change to policy). Updated language in policies to reflect change from Dean to Provost. Updated handbook signature page to include new institutional administrator the program director reports to.
- December 29, 2018. Update Article 19.0, Article 20.0, and 22.0 to reflect program changes in academic progression, remediation, probation, and dismissal. These changes were recommended by the Policies and Procedures committee and approved by the Program Executive Committee. These changes clarify these processes and align all aspects of the program under a similar structure. Addition of Article 25.3.1 for Eligibility Requirements for International Rotations. Updated wording for clarity for Article 19.2.5 Requirements for Graduation.
- December 18, 2019. Updated Article 1.0 to include new faculty hire. Updated Article 12.0 and 13.0 with new data for most recent PANCE scores and graduating class respectively. Updated Article 15.3 with new NCCPA blueprint percentages. Updated Article 16.0 with information for incoming class. Normal date/title updates.
- October 26, 2020. Updated ARC-PA standards to align with the ARC-PA 5th ed. Standards of Accreditation for linkage.
- January 4, 2021. Updated Article 1 to reflect faculty changes. Updated Article 10 ARC-PA accreditation status. Updated Articles 11, 12, and 13 with new data for success in achieving program goals, PANCE pass rates, and cohort attrition rates respectively. Updated Article 22 to reflect updated remediation and dismissal policies.
- January 4, 2022. Updated contact information based on program changes. Updated Article 1.0 to reflect faculty changes. Updated Article 5 to reflect to reflect new requirements. Update Article 13 with 2021 cohort information. Provide clarification for Article 20.5 and 20.6 policies.
- April 13, 2022. Provided clarification on the Student Mistreatment Policy (Article 9.0).
- December 23, 2022. Updated contact information and Article 1.0. Updated Article 10.0 with new ARC-PA accreditation status, Article 11.0 and 12.0 links, Article 13.0 table, Article 17.0 links.