Francis Marion University
Physician Assistant Studies
Student Manual

(Updated 2025)

(A3.02)

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Section I: General Program Information

INTRODUCTION

The purpose of the Francis Marion University Physician Assistant Program (FMUPAP) is to prepare individuals to practice as compassionate, ethical, and clinically skillful Physician Assistants. The FMUPAP grants a Master of Science in Physician Assistant Studies (MSPAS).

This handbook contains specific policies and procedures pertinent to the PA program.

The policies and procedures in this handbook are revised annually and will take effect at the start of each academic year. Modifications to this document may be made at any time during the academic year. Students will be notified in writing of any such changes. Changes will take effect once students are notified.

Program policies apply to all students, principal faculty and the program director regardless of location of instruction.

FMUPAP MISSION STATEMENT (B1.01a)

The Francis Marion University Physician Assistant Program seeks to educate excellent primary care physician assistants to become compassionate, ethical, and clinically skillful graduates who are ready to provide health care services with personal and professional integrity.

FMUPAP GOALS (B1.01a)

- Maintain a PANCE first-time pass rate at or above 93%.
- Achieve 90% employment rate within 12 months of graduation.
- Strive for 50% of graduates employed in primary care
- Provide all students with at least one clinical rotation in an underserved area.
- Maintain clinical preceptor retention rate of ≥ 80%.
- Maintain ≥ 85% first-time pass rate on program summative evaluations.
- Maintain graduation rate of ≥ 90% of matriculated students.
- Maintain ARC-PA accreditation status.

PROGRAM LEARNING OUTCOMES (A2.05)

1. Demonstrate the skills necessary to effectively collaborate interprofessional with all members of the healthcare team as well as communicate with patients and their families to provide optimal care.
2. Demonstrate competence in performing diagnostic and therapeutic procedures, gathering information, and formulating appropriate treatment plans for patients of all acuity levels.
3. Develop and consistently demonstrate professionalism in all aspects of the role of a Physician Assistant.
4. Demonstrate the ability to improve upon their practice as a Physician Assistant by critical self-

assessment and evaluation of their own knowledge, skills, and practice as well as critical analysis of evidence-based medicine and medical literature as it relates to quality patient care.

5. Demonstrate critical thinking skills for sound medical decision making in all aspects of healthcare delivery to include influences of society, economics, and the organization in which the Physician Assistant practices.

PROGRAM REQUIRED COMPETENCIES (A3.12g)

1. Medical Knowledge
2. Patient Centered Care
3. Interpersonal Communication Skills and Collaboration
4. Professionalism and Ethics
5. Practice-Based Learning and Improvement
6. Systems-Based Practice and Population Health

FMUPAP COMPETENCIES: (B1.01d, A3.12g)

At the completion of the Program, graduates will be able to:

Program Competencies: (B1.03e)

Medical Knowledge

- Master core knowledge in basic and clinical sciences and apply it to patient care.
- Stay current with emerging medical research and integrate new knowledge into practice.

Patient Care

- Provide compassionate, patient-centered care that is effective and appropriate for health promotion and disease treatment.
- Competently perform medical, diagnostic, and therapeutic procedures.
- Perform comprehensive assessments and develop appropriate treatment plans.

Interpersonal and Communication Skills

- Communicate clearly and effectively with patients, families, and healthcare professionals.
- Exhibit empathy, active listening, and cultural sensitivity in all interactions.
- Build therapeutic relationships with patients and work collaboratively within healthcare teams.

Professionalism

- Demonstrate a strong commitment to ethical principles, professional responsibilities, and regulatory requirements.
- Show respect and sensitivity to diverse patient populations and engage in ongoing professional development.
- Adhere to ethical standards, including confidentiality, informed consent, and patient autonomy.

Practice-Based Learning and Improvement

- Engage in continuous self-evaluation and lifelong learning to improve patient care practices.
- Regularly assess one's own practice using quality improvement techniques.
- Implement changes to improve patient care based on self-evaluation and feedback.

Systems-Based Practice

- Understand and navigate the larger healthcare system to provide optimal patient care.
- Effectively utilize system resources and participate in quality improvement initiatives.
- Advocate for patients within the healthcare system and participate in systemic improvements.

TECHNICAL STANDARDS (A3.02, A3.13e)

The Francis Marion University Physician Assistant Program accepts applicants who we believe have the ability to become highly competent physician assistants. Admission and retention decisions are based not only on prior satisfactory academic achievement but also on non-academic factors outlined in these Technical Standards. Such factors serve to ensure that persons admitted to and retained in our Physician Assistant Program possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice primary care medicine.
Technical standards, as distinguished from academic standards, refer to those physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation.
Francis Marion University does not discriminate on the basis of race, color, religion, ethnicity, national origin, age, gender, sexual preference, marital, or disability status.
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. Students are required to sign and submit the "Student Handbook" attestation form at the end of this document.

Applicants, students and graduates must possess the abilities listed in the following areas:

Motor Skills and Strength

- Motor skills are necessary to elicit information from patients through the performance of the physical examination techniques of inspection, palpation, percussion, and auscultation.
- Ability to safely perform techniques of physical examination.
- Motor functions are necessary to provide general medical care.
- Motor coordination to respond quickly in emergent situations and to provide emergent medical care.
- Ability to work for extended period of time without rest.
- Ability to lift, carry, push and/or pull up to 50 pounds as required by clinical settings.
- Sufficient ability to utilize standard medical and surgical equipment, and to perform common diagnostic procedures; and
- Ability to coordinate fine and gross-motor skills, equilibrium and endurance with concomitant use of vision and touch.

Sensory

- Visually obtain information from patients, documents, diagnostic studies, films, slides, videos, etc.
- Observe demonstrations provided during lectures and in the laboratory or clinical setting; and
- Acquire olfactory, auditory, and tactile information to enhance visual interpretation.

Communication

- Communicate effectively and respectfully with patients, family, physician supervisors and other members of health care teams.
- Obtain, process and communicate information succinctly, accurately and in a timely manner to appropriate individuals.
- Produce complete and accurate written, oral or dictated patient assessments, prescriptions, etc.
- Make correct judgments in seeking supervision and consultation.
- Listen and communicate effectively, responsively, and empathetically in a manner that promotes openness on issues of concern; and

- Exhibit sensitivity to others including cultural differences.

Conceptual, Integrative and Quantitative Abilities

- Assimilate technically detailed and complex information presented in teaching and clinical settings.
- Perceive three dimensional spatial relationships among structures.
- Measure, calculate, reason, analyze, and synthesize information across modalities.
- Interpret information from diagnostic maneuvers and instruments.
- Integrate visual, auditory, sensory, tactile and spatial information; and
- Form and test hypotheses required for clinical problem solving.

Behavioral and Social

- Ability to function with integrity and in an ethical manner.
- Ability to accept responsibility for learning and to learn in a self-directed manner.
- Attributes of dependability, flexibility, tolerance, respect and empathy.
- Emotional stability to function effectively under stress.
- The ability to adapt to environments that change rapidly without warning and/or in unpredictable ways.
- Accept supervision and apply constructive feedback

Safety

- Demonstrate ability to follow standard precautions in clinical settings and during procedures.
- Comply with requirements for working with hazardous materials in classroom and clinical settings.
- Alert program faculty and supervisors to physical or emotional conditions that place students, patients or others at significant risk.
- Obtain immunizations or provide verification of immune status regarding Hepatitis B, Rubella, Varicella and Tetanus annually as required.
- Obtain and provide verification of PPD status annually.
- Provide verification of continuous health insurance coverage during the program.
- Comply with urine drug screening requirements of the program and clinical sites.
- Obtain and provide verification of criminal background clearance through Castle Branch.

Disability Accommodation

- Any student, who, due to disability, may need special arrangements to meet course requirements, must first obtain approval for accommodation through the University's Office of Disability Support Services. (here) Once accommodation is approved, the student must meet with the program director. Accommodation is for present and future activities and is not retroactive. Students will not receive special arrangements unless accommodation is approved by the University's Office of Counselling and Testing.

Physical Exam Skills (A3.02)

PA students must have the ability to touch and be touched during the process of learning, skills of physical examination, through practicing and learning the art of medicine. Students will be partnered with other students, without regard for age, gender, nationality, religion, race, or size, for physical exam practice. Students with concerns about this policy should consult with the course director before the scheduled learning event occurs. Advance notice will allow for consideration of modification or alternate learning of the scheduled event.

DRUG SCREENING (A3.02, 3.15d)

A. Students must submit to body fluid toxicology screens (urine drug screens) at times required by the program and at random. All students will complete urine drug screening prior to entry into the program. Acceptance into the graduate level Physician Assistant Program is contingent upon the results of the urine drug screen.

- The laboratory will confirm any positive drug screen results.
- Students will be responsible for the cost of the screening and any further testing to confirm positive screen results.

B. If the student has a confirmed positive drug screen while in the Physician Assistant program, the student will:

- be unable to complete courses or supervised practice experiences that academic year and will be considered suspended from the program.
- be required to enter a drug treatment program as soon as possible.
- be required to complete a drug treatment program. Upon request, the University's Office of Counseling and Testing will provide a referral list of programs.
- provide verification to the program director that treatment has been successfully completed prior to returning to the program.

C. The student will be eligible to enter a specific course or supervised practice experience when it is offered in the regular course offerings. This is contingent upon proof of successful completion of the drug treatment program, negative drug screen results obtained immediately before re-entering the program, and availability of supervised practice sites. Only the most current drug screen results will be reported to the supervised practice site.

D. In the case of a student for whom parts B & C apply, as a condition of remaining in the program, the student must:
- work with the program director to develop a contract for monitoring her/his progress.
- begin or continue activities prescribed by the treatment center; and
- agree to random drug testing at a certified laboratory at her/his own expense.

E. The student is responsible for paying all costs associated with these requirements.

F. If the student has a positive drug screen after re-entering the program, s/he will be dismissed from the program.

Resources for Education and Treatment (A3.10)

- **On-campus** (link)
  - The Office of Counseling and Testing (843 - 661-1840)
    - This office offers individual counseling and alcohol and drug education programs. Various educational programs (including video and print resources) regarding alcohol and other drug use and abuse and related issues are available.
  - Dean of Students Office (843 - 661-1182)
  - Campus Police (843 - 661-1109)

- Emergency (843 - 661-1109)

- **Off-campus**
  - Local meetings of support groups, including Alcoholics Anonymous (AA) and Al-Anon –
    - Contact the Office of Counseling and Testing for information (843 - 661-1840)
  - Circle Park Associates (843 - 665-9349)
  - Alcohol and Drug Abuse Hotline (1-800-ALCOHOL)
  - Narcotics Anonymous (1-800-777-1515)
  - National Cocaine Hotline (1-800-COCAINE)
  - National Institute on Drug Abuse/Treatment Hotline (1-800-662-HELP)

COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION (A3.12g)

Between 2003-2004, the National Commission on Certification of Physician Assistants (NCCPA) led an effort with three other national PA organizations (Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), and Physician Assistant Education Association (PAEA) -- formerly Association of Physician Assistant Programs (APAP) to define PA competencies in response to similar efforts conducted within other health care professions and the growing demand for accountability and assessment in clinical practice. The resultant document, *Competencies for the Physician Assistant Profession*, provided a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.
This document was updated in 2020 and then approved in its current form by the same four organizations.

These competencies serve as a map for the individual PA, the physician-PA team, and organizations committed to promoting the development and maintenance of professional competencies among physician assistants. While some competencies will be acquired during formal PA education, others will be developed and mastered as physician assistant's progress through their careers. The PA profession defines the specific knowledge, skills, attitudes, and educational experiences requisite for physician assistants to acquire and demonstrate these competencies.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings.
Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.
Patient-centered, physician assistant practice reflects a number of overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession's dedication to the physician-physician assistant team benefits patients and the larger community.

Knowledge for Practice
Demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. PAs should be able to:

1.1 Demonstrate investigative and critical thinking in clinical situations.
1.2 Access and interpret current and credible sources of medical information.
1.3 Apply principles of epidemiology to identify health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for individuals and populations.
1.4 Discern among acute, chronic, and emergent disease states.

1.5 Apply principles of clinical sciences to diagnose disease and utilize therapeutic decision-making, clinical problem-solving, and other evidence-based practice skills.
1.6 Adhere to standards of care, and to relevant laws, policies, and regulations that govern the delivery of care in the United States.
1.7 Consider cost-effectiveness when allocating resources for individual patients or population based care.
1.8 Work effectively and efficiently in various health care delivery settings and systems relevant to the PA's clinical specialty.
1.9 Identify and address social determinants that affect access to care and deliver high quality care in a value-based system.
1.10 Participate in surveillance of community resources to determine if they are adequate to sustain and improve health.
1.11 Utilize technological advancements that decrease costs, improve quality, and increase access to health care.

Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. PAs should be able to:

2.1 Establish meaningful therapeutic relationships with patients and families to ensure that patients' values and preferences are addressed and that needs and goals are met to deliver person-centered care.
2.2 Provide effective, equitable, understandable, respectful, quality, and culturally competent care that is responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
2.3 Communicate effectively to elicit and provide information.
2.4 Accurately and adequately document medical information for clinical, legal, quality, and financial purposes.
2.5 Demonstrate sensitivity, honesty, and compassion in all conversations, including challenging discussions about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.
2.6 Demonstrate emotional resilience, stability, adaptability, flexibility, and tolerance of ambiguity. 2.7 Understand emotions, behaviors, and responses of others, which allows for effective interpersonal interactions.
2.8 Recognize communication barriers and provide solutions.

Person-centered Care

Provide person-centered care that includes patient- and setting-specific assessment, evaluation, and management and health care that is evidence-based, supports patient safety, and advances health equity. PAs should be able to:

3.1 Gather accurate and essential information about patients through history-taking, physical examination, and diagnostic testing.
3.2 Elicit and acknowledge the story of the individual and apply the context of the individual's life to their care, such as environmental and cultural influences.
3.3 Interpret data based on patient information and preferences, current scientific evidence, and clinical judgment to make informed decisions about diagnostic and therapeutic interventions.
3.4 Develop, implement, and monitor effectiveness of patient management plans.
3.5 Maintain proficiency to perform safely all medical, diagnostic, and surgical procedures considered essential for the practice specialty.

3.6 Counsel, educate, and empower patients and their families to participate in their care and enable shared decision-making.
3.7 Refer patients appropriately, ensure continuity of care throughout transitions between providers or settings, and follow up on patient progress and outcomes.
3.8 Provide health care services to patients, families, and communities to prevent health problems and to maintain health.

Interprofessional Collaboration
Demonstrate the ability to engage with a variety of other health care professionals in a manner that optimizes safe, effective, patient- and population-centered care. PAs should be able to:

4.1 Work effectively with other health professionals to provide collaborative, patient-centered care while maintaining a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
4.2 Communicate effectively with colleagues and other professionals to establish and enhance interprofessional teams.
4.3 Engage the abilities of available health professionals and associated resources to complement the PA's professional expertise and develop optimal strategies to enhance patient care.
4.4 Collaborate with other professionals to integrate clinical care and public health interventions.
4.5 Recognize when to refer patients to other disciplines to ensure that patients receive optimal care at the right time and appropriate level.

Professionalism and Ethics
Demonstrate a commitment to practicing medicine in ethically and legally appropriate ways and emphasizing professional maturity and accountability for delivering safe and quality care to patients and populations. PAs should be able to:

5.1 Adhere to standards of care in the role of the PA in the health care team. 5.2 Demonstrate compassion, integrity, and respect for others.
5.3 Demonstrate responsiveness to patient needs that supersedes self-interest. 5.4 Show accountability to patients, society, and the PA profession.
5.5 Demonstrate cultural humility and responsiveness to a diverse patient population, including diversity in sex, gender identity, sexual orientation, age, culture, race, ethnicity, socioeconomic status, religion, and abilities.
5.6 Show commitment to ethical principles pertaining to provision or withholding of care, confidentiality, patient autonomy, informed consent, business practices, and compliance with relevant laws, policies, and regulations.
5.7 Demonstrate commitment to lifelong learning and education of students and other health care professionals.
5.8 Demonstrate commitment to personal wellness and self-care that supports the provision of quality patient care.
5.9 Exercise good judgment and fiscal responsibility when utilizing resources.
5.10 Demonstrate flexibility and professional civility when adapting to change.
5.11 Implement leadership practices and principles.
5.12 Demonstrate effective advocacy for the PA profession in the workplace and in policymaking processes.

Practice-based Learning and Quality Improvement
Demonstrate the ability to learn and implement quality improvement practices by engaging in critical analysis of one's own practice experience, the medical literature, and other information resources for the purposes of self-evaluation, lifelong learning, and practice improvement. PAs should be able to:

6.1 Exhibit self-awareness to identify strengths, address deficiencies, and recognize limits in knowledge and expertise.
6.2 Identify, analyze, and adopt new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.
6.3 Identify improvement goals and perform learning activities that address gaps in knowledge, skills, and attitudes.
6.4 Use practice performance data and metrics to identify areas for improvement.
6.5 Develop a professional and organizational capacity for ongoing quality improvement.
6.6 Analyze the use and allocation of resources to ensure the practice of cost-effective health care while maintaining quality of care.
6.7 Understand how practice decisions impact the finances of their organizations, while keeping the patient's needs foremost.
6.8 Advocate for administrative systems that capture the productivity and value of PA practice.

Society and Population Health

Recognize and understand the influences of the ecosystem of person, family, population, environment, and policy on the health of patients and integrate knowledge of these determinants of health into patient care decisions. Physician Assistants should be able to:

7.1 Apply principles of social-behavioral sciences by assessing the impact of psychosocial and cultural influences on health, disease, care seeking, and compliance.
7.2 Recognize the influence of genetic, socioeconomic, environmental, and other determinants on the health of the individual and community.
7.3 Improve the health of patient populations
7.4 Demonstrate accountability, responsibility, and leadership for removing barriers to health

NCCPA CODE OF CONDUCT FOR CERTIFIED AND CERTIFYING PAS (A3.15a, B2.19c)

(Adapted from the National Commission for Certification of Physician Assistant) The National Commission on Certification of Physician Assistants endeavors to assure the public that certified Physician Assistants meet professional standards of knowledge and skills. Additionally, NCCPA attempts to ensure that the Physician Assistants it certifies are upholding appropriate standards of professionalism and ethics in practice. The NCCPA's "Code of Conduct for Certified and Certifying Physician Assistants" outlines principles that all certified or certifying Physician Assistants are expected to uphold.

Breaches of these principles may be cause for disciplinary review. Disciplinary actions taken at the conclusion of that review may include formal censures, fines, revocation of certification or eligibility for certification and/or other actions as deemed appropriate by NCCPA. Some disciplinary actions are reported to the state licensing authorities and the National Practitioner Data Bank. This "Code of Conduct" represents some, though not necessarily all, of the behaviors that may trigger review under NCCPA's Disciplinary Policy.

Principles of Conduct

- Certified or certifying Physician Assistants shall protect the integrity of the certification and recertification process.
- They shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during, or after an NCCPA examination.

- They shall not obtain, attempt to obtain or assist others in obtaining or maintaining eligibility, certification, or recertification through deceptive means, including submitting to the NCCPA any document that contains a misstatement of fact or omits a fact.
- They shall not manufacture, modify, reproduce, distribute or use a fraudulent or otherwise unauthorized NCCPA certificate.
- They shall not represent themselves in any way as a Physician Assistant-Certified (PA-C) designee unless they hold a the current NCCPA certification.
- When possessing knowledge or evidence that raises substantial question of cheating on or misuse of questions from an NCCPA examination, fraudulent use of an NCCPA card, certificate or other document or misrepresentation of NCCPA certification status by a physician assistant or any other individual, they shall promptly inform the NCCPA.
- Certified or certifying Physician Assistants shall comply with laws, regulations and standards governing professional practice in the jurisdictions and facilities in which they practice or are licensed to practice.
- Certified or certifying Physician Assistants shall respect appropriate professional boundaries in their interactions with patients.
- Certified or certifying Physician Assistants shall avoid behavior that would pose a threat or potential threat to the health, well-being or safety of patients apart from reasonable risks taken in the patient's interest during the delivery of healthcare.
- Certified or certifying Physician Assistants shall recognize and understand impairment from substance abuse, cognitive deficiency, or mental illness.
- Certified or certifying Physician Assistants shall maintain and demonstrate the ability to engage in the practice of medicine within their chosen areas of practice safely and competently.

HEALTH INSURANCE (A3.02)

Students in the program must carry their own health insurance for the entire length of the program. Verification of continued health coverage must be submitted annually. Failure to obtain health insurance or verification will result in interruption of the student's education and possibly delay graduation. Health Insurance information may be accessed here.

WITHDRAWING FROM THE PROGRAM

Students who wish to withdraw from the program **must** consult with their academic advisor before meeting with the Program Director. The student must then initiate a complete withdrawal procedure at the Registrar's Office. A Complete Withdrawal Grade Report will be completed. Failure to file the Complete Withdrawal Grade Report Form with the Registrar's Office may result in the grade(s) of *F* for the course(s). A student who withdraws from the University after completion of one third of the semester receives in each course a grade of *W* or *F* as determined by the instructor at the time of withdrawal.

The effective date of a student's complete withdrawal from the University will be the date that the student initiates the withdrawal and a Complete Withdrawal Grade Report Form is filed.

REFUND POLICY (A1.02k)

Can be found on the FMU web page https://www.fmarion.edu/accounting/students/

Required Student Fees

Semester fees are refundable for full-time students according to the following schedule:

Complete Withdrawal from the University

100% Withdrawal through late registration
90% Withdrawal between the end of the 100 percent refund period and the end of the first 10 percent of the term
50% Withdrawal between the end of the 90 percent refund period and the end of the first 25 percent of the term
25% Withdrawal between the end of the 50 percent refund period and the end of the first 50 percent of the term

An administrative fee equal to five percent of the total fees charged for the semester or $100, whichever is less, will be withheld from the refund after the 100 percent refund period

Section: II General Program Policies

CHANGE OF ADDRESS POLICY

Students are **required** to notify the Program when there is a change in their address, e-mail or phone number. The Program will not be responsible for lost mail or late notification when a student does not provide notification of a change.

Dress Code:

Rationale

Students represent the physician assistant profession during all stages of training. Adhering to a dress code is considered a Standard of Professional Conduct** and reflects on the student, Department of Physician Assistant Studies, School of Health Sciences and Francis Marion University.

Didactic Phase

All students must wear: Blue Scrubs while attending Didactic Classes.
When students are participating in a Zoom lecture appropriate acceptable attire (Blue Scrubs) is expected.
The only exception to this dress code is in the physical examination laboratory setting. In this setting men may wear shorts and T-shirts. Women may wear shorts a bathing suit top covered by a T-shirt. Sandals or flip-flops are permissible only in the physical examination laboratory setting.

Clinical Phase

Students should maintain a professional appearance and dress appropriately whenever they are representing FMU and the PA profession in any off-campus setting. This includes clinical sites, meetings, and special events. Being neatly dressed and well-groomed exemplifies a professional appearance. Clothing should allow for adequate movement during patient care and should not be tight, short, low cut or expose the trunk with any movement. Men are to wear business casual, (ties optional) with appropriate shoe wear. Women are to wear dresses, dress pants or skirts, with blouses, dress shirts or sweaters.
Students are NOT to wear such items as jeans, sweatpants, shorts, cut-offs, sweatshirts, hoodies, T-shirts, tank tops, halter tops, off the shoulder or strapless tops or clothing with rips/tears. No hats.
*Scrubs are not allowed on any clinical rotation except surgical, ER and Inpatient medicine rotation and this only applies if the preceptor is also wearing scrubs.

Students will be clearly identified in the clinical setting by wearing an FMUPAP lab coat with name tag identifying as an FMU-PAP student. This is to distinguish the student from other health professions students and practitioners. **(A3.06)**

COATS: A white lab coat with an embroidered FMUPAP logo and name tag identifying the student as an FMU PA student. This identification will be worn at all times unless directed otherwise by the preceptor. **(A3.06)**

SHOES: Wear close-toe shoes, or nice tennis shoes, or acceptable hospital-type shoes. No sandals, flip flops or shoes with heels > 2".
EARRINGS / Piercings - no facial piercings other than ears. No dangling or oversized earrings. No ear lobe stretching or gauges. No other visible body piercings are permitted.
OTHER JEWELRY: Watches, wedding bands and/or engagement rings are permissible as appropriate. Other jewelry such as bracelets or necklaces should be small and modest.
NAILS: Fingernails should be kept trimmed, clean and must be *short*. No artificial nails or gel nails.
TATTOOS: Visible tattoos are up to discretion of the program.
PERFUME / AFTER-SHAVE: No perfumes or after-shaves/colognes while in clinical setting.
HAIR: Hair should be clean and arranged so as not to interfere with patient care.

Physical Exam lab:
PA students must have the ability to touch and be touched during the process of learning and practicing the art and science of medicine and physical examination. Students will be partnered with another student regardless of age, gender, nationality, religion, race, or size. Students with concerns about this policy should address them with the course director.

IMMUNIZATION REQUIREMENTS (A3.07a)

Measles, Mumps, Rubella
Documentation of two (2) doses of vaccine, 4 weeks apart AND documented positive titer results.

Varicella
Documentation of two (2) doses of vaccine, 28 days apart or previous diagnosis of varicella AND documented positive titer results.

Tetanus
Documentation of Tdap vaccination within the past 10 years.

Hepatitis B
Documentation of three (3) doses of vaccine AND positive titer results.

PPD
Option A
- Two-step Tuberculin Skin Test (2nd step must be within 1-3 weeks)

Option B
- QuantiFERON Gold Blood Test

**If results for either Option A or Option B are positive, Chest X-Ray is required.*

Polio

Documentation of four (4) doses of vaccine.

Influenza (annual)

Covid-19 Vaccine (annual)
(CDC recommends the 2023–2024 updated COVID-19 vaccines—Pfizer-BioNTech, Moderna, or Novavax—to protect against serious illness from COVID-19.)

Meningococcal
Recommended but not required. If given, documentation of vaccine.

CDC VACCINATION GUIDELINES (A3.07a)

Hepatitis B
If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- If anti-HBs are at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee 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 vaccinee whose anti-HBs remain less than 10 mIU/mL after 6 doses is considered a "non-responder."

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the 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. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.
For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid expo-sure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza
Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given intranasal.
All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

MMR

For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously. HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvacci¬nated HCP born before 1957 that do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella (chickenpox)
For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give subcutaneously.
It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of vari¬cella or herpes zoster (shingles) by a healthcare provider.

Covid-19 Vaccine
CDC recommends the 2023–2024 updated COVID-19 vaccines—Pfizer-BioNTech, Moderna, or Novavax—to protect against serious illness from COVID-19.

Tetanus, diphtheria, pertussis
Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy. Give Td boosters every 10 years thereafter. Give IM.
All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, with-out regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

PPD (Tuberculosis)
Either a 2-step PPD test (1-3 weeks apart) *or* QuantiFERON Gold Blood Test. If your results are positive, you must submit a clear chest X-ray (lab report required)

Vaccine Exemptions:
Students need to understand when clinical rotations begin, vaccine exemptions will make clinical placement challenging and difficult as each Healthcare System and Medical practice requires standard vaccines to be

current before accepting students on clinical rotation. A Healthcare System or Medical practice may elect to not recognize a vaccine exemption regardless of religious or other reason.
**The required immunization policy may be amended at any time and may add any other vaccinations or tests that is now or may in the future be required by state or federal law or regulation."

International Travel Health Policy (A3.07b)

The FMU PA Program does not currently offer elective clinical rotation for international travel.

References
1 https://www.cdc.gov/vaccines/adults/rec-vac/index.html. 2024.
2 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post exposure Management, *MMWR*, 2013; 62(10):1–19.
3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/index.html or visit IAC's website at www.immunize.org/acip.

INFECTIOUS DISEASE/ENVIRONMENTAL EXPOSURE (A3.08a)

The Francis Marion University Department of Physician Assistant Studies has a commitment to protect the health and well-being of students, faculty, staff, and patients. As part of their training, students may encounter exposure to infectious and environmental hazards. This may include being exposed to human donors and preservative chemicals such as formaldehyde in the anatomy lab, latex or other products such as gloves that may contain allergens, and exposure to communicable infectious disease which may be transferred via airborne, mucous membrane splashes or needle-stick exposures in the clinical setting. While the risk of transmission is small, the Program has a number of policies and procedures in place to minimize risk.

- Students in the Department of Physician Assistant Studies are required to show proof of appropriate immunity, or documented immunization, as part of their matriculation requirements and prior to the onset of actual patient contact. Ultimately, each student is responsible for his/her health and safety in the educational and clinical settings. Therefore, it is the goal of the Department of Physician Assistant Studies that all students learn appropriate policies and procedures to follow in the event that they are injured or potentially exposed to blood-borne pathogens or other communicable diseases. Examples of blood-borne pathogens and communicable disease may include tuberculosis, hepatitis B, hepatitis C, and HIV. Women of child-bearing age may also have additional considerations, such as minimizing exposure to infectious diseases, possible teratogens or chemical exposures, or exposure to ionizing radiation.
- During the academic year of training, presentations are given on universal blood and body fluid precautions, infection control, and prevention of the spread of communicable disease. In addition to instruction on how to prevent exposures, students will receive instruction on what constitutes an "exposure" and the procedures for care and treatment after an exposure. In the event of respiratory or gastrointestinal illness, students are advised to follow health provider recommendations to self-isolate at home until they are no longer potentially infectious to others. Additional instruction on procedures for care and treatment of exposures in the clinical setting will be provided as part of orientation to the clinical education phase.
- **The student is financially responsible for any costs incurred secondary to infectious and/or environmental hazardous exposures.** (A3.08c)

- Effects of infectious or environmental disease or disability acquired during the program may impact student learning activities and outcomes. Students must be able to meet published health requirements and Technical Standards at all times in order to continue matriculation in the Program and to provide care at clinical sites. Based upon outcomes and degree of infectious or environmental hazard exposure, a student's continued participation in classroom and/or clinical activities as part of the PA Program may be delayed or prevented. In the event that the student contracts a communicable disease which potentially poses a risk to patients or co-workers (e.g., tuberculosis), steps will be taken to prevent dissemination in accordance with Centers for Disease Control and Prevention protocols. Certain communicable diseases may also be reported to county or state health authorities, as required by law.

UNIVERSAL PRECAUTIONS/BLOOD BORNE PATHOGENS (A3.08a)

Standard Precautions

Standard precautions are the minimum safety and infection prevention practices that apply to **all** patient care and laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered. These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others. Students will undergo infection control and standard precautions training during program orientation and in the Clinical Skills I (PA 524) course, and again prior to the clinical year during Clinical Orientation.

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 hand hygiene except when hands are visibly soiled (e.g. dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea, in which cases, soap and water should be used. Key situations where hand hygiene should be performed include:

- 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 or excretions, or wound dressings.
- Prior to performing an aseptic task (e.g. placing an IV, preparing an injection).
- If hands will be moving from a contaminated-body site to a clean-body site during patient care.
- After glove removal.

Use of personal protective equipment (PPE)

Exam gloves will be worn when there is risk of contact with or when handling blood or body fluids or when there is a potential for contact with mucous membranes, non-intact skin or body orifice areas, or contaminated equipment.

Facial masks, protective eyewear and/or gowns (as well as gloves) will be worn when performing/assisting procedures with a risk of body fluid or other hazardous material splashes or sprays.

Safe injection practices

- No recapping of needles unless required by the specific procedure being performed.
- Use of 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 their use.

Safe handling of potentially contaminated surfaces or equipment

Environmental cleaning: Areas in which patient care activities are performed will be routinely cleaned and disinfected at the conclusion of the 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 this process the device may not be suitable for multi-patient use.

Respiratory hygiene/Cough etiquette

- Cover mouth/nose when coughing or sneezing.
- Use and dispose of tissues.
- Perform hand hygiene after hands have been in contact with respiratory secretions.
- Consider using a mask to prevent aerosol spread.
- Sit as far away from others as possible when ill with respiratory symptoms.

Compliance with all safety practices is a not just good procedure - it is a mark of your professionalism. Persistent **failure to observe and practice Standard Precautions may result in adverse/disciplinary action for unprofessional behavior and referral to the Student Affairs and Progression Committee.**

POST-EXPOSURE FINGER STICK POLICY (A3.08b,c)

Students are responsible for knowing the protocol outlined by the individual institution where any potential incident may occur. In the event that a student acquires a needle stick during instruction or laboratory practice, the following policy must be followed:

- Wash the affected area immediately with soap and water.
- Report the incident to your instructor or preceptor immediately.
- Contact CompEndium (FMU's worker compensation plan at 877-709-2667) prior to seeking medical care unless immediate medical attention is needed.
- Students should seek medical care as they deem necessary.
- CompEndium makes the decision, not FMU, about claim payment.
- All students are to have healthcare insurance.
- **All exposure incidents must be reported to the Clinical or Academic Coordinator within 24 hours. An Incident Report should be completed and submitted to the Clinical or Academic Coordinator within 24 hours of incident.**

COMMUNICATION POLICY (A3.02)

E-mail is the primary mechanism used by the Program to notify students of important information. All students are **required** to check their program e-mail on a **daily** basis. The Program will not be responsible if a student has inaccurate or missed information because the student does not routinely read, check and clear their e-mail account.

POLICY ON STUDENT EMPLOYMENT (A3.02, A3.15e)

The Program discourages students from having outside employment while in the Program. If a student feels it is necessary to work while in the Program, the is advised the student informs his faculty advisor, Academic Coordinator, and Program Director of this need. Program expectations, assignments, deadlines and responsibilities will not be altered or adjusted to accommodate working students, and it is expected student

employment will not interfere with the students learning experience. Any conflict which arises due to outside employment may be brought to the Student Affairs and Progression Committee (SAPC) for review and action consideration.

POLICY ON STUDENT WORK TO BENEFIT THE PROGRAM (A3.04)

Students will not be required to perform any clerical or administrative work or teaching on behalf of the PA Program. On occasion the faculty or staff of the program may make a request for a student to perform volunteer activity for the program (e.g., participate in a community health screening for the public). Students will not be obligated to volunteer and shall not be financially compensated for this activity.

Policy on Students serving as Instructors for the Program (A3.05a,b)

Students will not be required to substitute for or function as instructional faculty. Students will not provide clinical or administrative staff functions on any basis for the program. Students will be not be required to work for the program.

Students will not work at Clerkship Rotation Sites (A3.05b)

Students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised during the supervised clinical practical experiences (SCPE). Students may not accept any compensation for services provided during SCPE rotations.

Policy on Students Providing or Soliciting Clinical Sites or Preceptors (A3.03)

Students are not required and will not provide or solicit clinical sites or preceptors. The PA Program will provide clinical rotation sites for students during the clinical training period of the program.
Students may make suggestions to the Clinical Coordinator, Clinical Faculty, or Clinical staff for sites that students have identified as potential clinical rotation sites, but students are not required to do so.

Policy On Faculty Providing Healthcare to Students (A3.09)

Principal faculty, the program director and the medical director may not participate as healthcare providers for students in the program. *(The only exception to this would be an emergent/life-threatening situation.)*
Students may utilize Francis Marion University (FMU) Student Health Services on-campus for healthcare needs (link) or seek care from their primary care provider. If a principal faculty member, the program director, or the medical director is providing care at the FMU Student Health Services clinic, the student will see an alternate provider.

Policy for Student Travel to Required Rotation Sites: (A3.14J)

Students are responsible for providing their own transportation to and from all clinical rotation sites and maintaining reliable transportation throughout the rotation period. Students may be required to travel from 5-750 miles for a clinical rotation depending on rotation availability. Clinical rotations may occur in S.C., or outside of the state. Students are financially responsible for all transportation costs including fuel, vehicle maintenance, lodging, and parking fees.

Section III: Program Policies and Procedures (A3.02)

PURPOSE OF THIS SECTION

This section contains policies and requirements that govern academic performance and professional conduct for all Physician Assistant Program students who are enrolled in any phase of the Program. These policies are unique to the Program and are designed to promote standards for academic competency, clinical proficiency, and professionalism. They represent the parameters of achievement and behavior the Program faculty expects of its students as future healthcare practitioners.

It is the responsibility of all students to be knowledgeable about Program policies. The policies will be applied to all aspects of the student's academic progress and conduct for as long as the student is enrolled in the Program.

The Program reserves the right to make changes at any time to this handbook. The Program is responsible for graduating competent PAs who will be serving the public. As such, the Program maintains the right to refuse to matriculate or graduate a student deemed by the faculty to be academically or professionally incompetent or otherwise unfit or unsuited for continued enrollment.

Please read this section carefully and thoroughly. Students are expected to refer to these policies as needed.

CLASSROOM ETIQUETTE

The classroom environment is meant to support learning with minimal disruptions and distractions. Therefore, *cell phones must be turned off (not on vibrate) during all lectures, labs and small group activities*. If a student expects a critical or emergency call he should notify the lecturer before the start of class and move to a seat close to a door to reduce as much disruption as possible.

Please refrain from talking during lectures, placing feet up on tables or desks and/or multiple trips in and out of the classroom during the presentations.

Use of computers and technology for other than in classroom learning (such as texting, e-mailing, shopping) is inappropriate and unprofessional and will result in disciplinary action.

ATTENDANCE (A3.02)

Students are **required** to attend all scheduled classes, labs, small group activities and clinical assignments. The Program requires all students to be available for class and/or instructional activities from 8 AM – 5 PM Monday through Friday whether or not classes are scheduled. Occasional weekend instructional time may also be scheduled. *Due to the nature of the program courses, lectures and exams may need to be moved on short notice.* It is expected that medical and other personal appointments be scheduled around the class and clinical schedules.

Students are not permitted to take vacation time except during breaks specified in the Program's academic calendar. Attendance at all classes and clinical assignments is considered an aspect of professional responsibility and individual dependability. Repeated unexcused absences, as noted in each course syllabus, are considered a reflection of unprofessional conduct and may result in disciplinary action.

Emergency/Unexpected Absence

Absences or tardiness due to unexpected medical and/or personal issues are unavoidable. All Students **must** notify the Academic Coordinator as soon as possible regarding these unexpected events. The student is

required to provide a statement from her/his medical provider for absences due to illness of three or more days. Absence from instructional periods for any reason does not relieve the student from the responsibility for the material covered.

Promptness is an important trait for a healthcare practitioner to possess. Not only does tardiness disturb the lecturer and student peers, it also reflects a lack of professionalism. *Repeated tardiness to class is considered unprofessional conduct and, at the discretion of the instructor, the student may be referred to the Student Affairs and Progression Committee.* Absences/tardiness can result in course failure, the delay of completion of the program or other disciplinary action. All students are required to be in their seats at the start of class.

Excused Absence Request
While it is the policy of the program that students are required to attend all classes, labs and clinical assignments, the program understands students may have exceptional events which might keep them from classes or program activities. Any student requesting time away for an exceptional event must notify the Academic Coordinator in writing at least ***one month*** in advance of the event. Time off may be granted for ***no more than 3 days.*** The approval of each request is made on an individual basis and there is *no guarantee* the approval will be granted.

In the event the request is granted, students are responsible for all material missed including examinations. If a student will be missing an examination, s/he should expect to take that exam, at the discretion of the Academic Coordinator either before leaving or immediately upon return to campus. This exam may be in a different format than the original examination given to the rest of the students.

ACADEMIC ADVISING (A3.02)

Within two weeks of matriculation, each student will be assigned a faculty member who will be their academic advisor. *Students must meet with their assigned advisor at least once a semester*, prior to academic registration for the next semester. Students who have not attended the required advising session will be unable to register for the next semester's classes. Students will have access to faculty advisors through office hours, which can be used to evaluate academic progress and discuss any related academic or professional issues. Advisement can take place more often per the discretion of the faculty member or at the request of the student.

COMMUNICATION VIA THE CHAIN OF COMMAND

Communication skills are a key component of the physician assistant profession. Conflict resolution, the ability to appropriately advocate for what is needed and the ability to effectively express oneself are critical behavioral attributes required for success. The following is an example of the process of contacting the faculty with questions or concerns that are general in nature.

- Contact your academic advisor for general guidance in:
    - Your progress in the program
    - Issues in the classroom that are disruptive or distracting
    - Issues with other faculty members or staff
- Contact the administrative assistant for:
    - Appointments with the Program Director
    - Any informational changes the program should know about
    - Any other administrative components of your education
- Contact the Academic Coordinator for:

- Any academic issue during the didactic phase of the program such as scheduling, examinations, workshops, or absences

- Contact the Clinical Coordinator for:
  - Information pertaining to the clinical year documentation including logging in H&Ps, site evaluations and grades
  - Orientation or credentialing paperwork for rotations
  - Rotation administrative details
  - Educational issues pertaining to clinical rotations including relationships with staff, preceptors, learning objectives, examinations
  - Questions about rotation examinations
- Contact the Program Director for:
  - Issues mentioned above that require further review
  - Issues involving the Francis Marion University administration
  - Issues involving completion of program criteria

GRADING POLICY (A3.02, 3.15a)

Successful completion of every course and clinical rotation is evidenced with a minimum grade of 80%, which is necessary and required to progress through the Program.

Alphabetic	Raw Score
A	90-100
B+	85-89
B	80-84
C+	75-79
C	70-74
F	69 or below

Rounding
Per program policy, only final grades will be rounded and this is programmed into the Blackboard Gradebook. Final grades of 0.50 or greater will be rounded up to the next whole numeric value. Therefore, a 79.50 is the minimum grade needed to pass this course, as this is rounded to an 80. Exam and quiz scores will not be rounded and will be entered in grade book in Blackboard to the nearest hundredth of a percent.

Policy on Incomplete (IN) Grades
IN is given a student who for an acceptable reason is allowed to postpone beyond the end of the semester or term the completion of some part of a course requirement. Approval by the lead instructional faculty member of the course, the Academic Coordinator, and the Program Director is required. The designation of IN is not computed in the grade point average. If the IN is not replaced by a permanent grade by the end of the following semester, the designation of IN will automatically become a grade of F.

Examination Policy
Students must contact the Academic Coordinator in advance if they will miss a scheduled examination to arrange for a rescheduled exam. Failure to do so will result in a grade of zero (0) for the exam unless there is a significant extenuating circumstance. Any exam missed may not be rescheduled until the end of the semester. This is at the discretion of the instructor. Any deviation from this practice may be brought to the Student Affairs and Progression Committee (SAPC) for review.

CELL PHONE USE (A3.02)

The use of cell phones is prohibited during classes or testing. All phones must be silenced to avoid disruption in the classroom. In the event of an emergency in which a student must receive an important call, notify the instructor prior to the start of class, sit close to the door of the room and then quickly answer your phone and excuse yourself from the room to take the call.

SOCIAL MEDIA POLICY (A3.02)

Social media are internet-based tools designed to create a highly accessible information highway. It is a powerful and far reaching means of communication that, as a Physician Assistant student at Francis Marion University, can have a significant impact on your professional reputation and status. Examples include, but are not limited to, Tik-Tok, LinkedIn, Twitter, Facebook, Second Life, Flickr, Instagram, You Tube, MySpace, Yammer, YouTube and online comments sections.

Students are liable for anything they post to social media sites and the same laws, professional expectations, and guidelines are expected to be maintained as if you were interacting in person. The Francis Marion University PA Program supports your right to interact knowledgeably and socially. Guidelines have been developed to outline appropriate standards of conduct for your future and the reputation of our Program.

Guidelines:

- Social networking (or 'friending') FMU PA Program faculty and staff, guest lecturers, clinical preceptors, or current/former patients is strictly prohibited.
- Video, camera, or voice recording of class lectures is strictly prohibited without the expressed consent of the Instructor or Lecturer.
- Take responsibility and use good judgment. Incomplete, inaccurate, inappropriate, threatening, harassing posts or use of profanity on your postings is strictly prohibited.
- Think before you post as your reputation will be permanently affected by the Internet and email archives. Don't post obscene or tasteless material; this may be detrimental to your professional career.
- Students should not address individual medical conditions or give medical advice through social media.
- HIPAA laws apply to all social networking so it is the utmost priority to protect patient privacy by not sharing information or photographs.
- You must protect your own privacy as to not let outsiders see your personal information. Remember that regardless of your privacy settings, information you share online can become public. Avoid sharing your address, full birthdate, telephone number, class schedule and passwords.

- Social networking is permanently timed and tracked. Therefore, in order to respect work commitments, social networking during class, program activities, and clinical time is strictly prohibited.
- If you state a connection to the Francis Marion University PA Program, you must identify yourself, your role in the Program, and use a disclaimer stating *that your views are that of your own and do not reflect the views of the Francis Marion University PA Program.*
- All laws governing copyright and fair use of copyrighted material must be followed.
- Consult your faculty advisor or the Program Director if you have any questions regarding the appropriateness of social networking use.
- You are strictly prohibited from communicating with a member of the media or outside source attempting to gather information regarding the Francis Marion University PA Program through the social network. Refer all questions regarding program information, policies and procedures to the Francis Marion University PA Program Director.
- Remember that university policies including the Title IX policy, as well as state and federal laws, apply online. You are responsible for what you say and do through social media just as you are in any other circumstances.
- Think about your future. An increasing number of admissions officials and employers consider candidates' social media activities in making their selections. Online behavior has been used to terminate employees and submitted into evidence in legal cases. Be responsible and be careful.
- If you are the victim of harassing or bullying online activities, refer to Title IX Policies and Procedures in the FMU Student Handbook online.
- Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior

STATEMENT OF HONOR

Upon becoming a member of the Francis Marion University Community, students are expected to behave with honor and integrity in a manner that reflects the values of the institution. Students must interact in a civil manner, both in and out of the classroom, treating all persons and property with respect. **Upon enrollment at Francis Marion University, students pledge not to lie, cheat, or steal.** They also pledge not to violate the FMU Honor Code or any civil/criminal laws. Inasmuch as honor and integrity serve to define one's character, the university community expects that students will not tolerate the aforementioned behaviors in others and will exhibit reasonable judgment in reporting students who violate the FMU Honor Code.

The Honor Pledge

"As a student at Francis Marion University, I pledge to obey the FMU Honor Code, civil and criminal laws. I pledge not to lie, cheat, or steal. I will encourage others to respect the Honor Code and will exhibit reasonable judgment in reporting students who violate it."

Academic Dishonesty/Progress

Academic honesty and integrity is expected of all students throughout their course of study at FMUPAS. Any violation of this code is considered to be a serious academic violation. Academic dishonesty;

- Constitutes a breach of academic integrity that violates the academic foundation of an institution;
- Compromises the integrity and well-being of the educational program;
- Makes the learning and working environment hostile and offensive;

- Undermines the credibility of the educational process
- Destroys opportunities for students to develop a strong sense of self-esteem and pride in accomplishment;
- Damages self-confidence that is an integral part of the educational growth and learning process.

What is Academic Dishonesty? (B2.19a,b)

Academic dishonesty is intentional cheating, fabrication or plagiarism. It is also knowingly helping or attempting to help others to be dishonest. Academic dishonesty lowers scholastic quality and defrauds those who will eventually depend upon your knowledge and integrity.

Cheating

Definition:

Intentionally copying from another student's work or accepting assistance from other students during graded examinations; using or attempting to use unauthorized materials, information, or study aids during any academic exercise unless permitted by the instructor.

Clarification:

- Students completing any examination should assume that external aids (for example; mobile phones, on-line connections, books, notes, conversation with others) are prohibited unless specifically allowed by the instructor.

- Students are responsible for maintaining an appropriate demeanor and decorum during examinations (for example: no talking, eyes on your own paper, books, notes, and study aids should be not be accessed during an examination)

- Students may not have others conduct research or prepare work for them without advance authorization from the instructor. This includes, but is not limited to, the services of commercial companies.

- Major portions of the same academic work may not be submitted in more than one course.

- Obtaining a copy of examination questions prior to taking the exam, obtaining a copy of a previous year's examination or questions, or reproducing a data base of test questions from memory.

- Action that destroys or alters the work of another student.

Fabrication

Definition:

Intentionally falsifying or inventing any information or citation in any academic exercise.

Clarification:

- "Invented" information may not be used in any laboratory experiment or academic or clinical exercise. It would be improper, for example, to document information regarding a patient which you did not directly obtain.

- One should acknowledge the actual source from which cited information was obtained. For example, a student should not take a quotation from a book review and then indicate that the quotation was obtained from the book itself.

- Students must not change and resubmit previous academic work without prior permission from the instructor.

Plagiarism

Definition:

Intentionally or knowingly representing the words or ideas of another person as your own in any academic exercise.

Clarification:

- Direct Quotation – Every direct quotation must be identified by quotation marks or appropriate indentation and must be cited in a footnote or endnote.

- Paraphrase – Prompt acknowledgment is required when material from another source is paraphrased or summarized in whole or in part, in one's own words. To acknowledge a paraphrase properly, one might state, "to paraphrase Locke's comment…" Then conclude with a footnote or endnote identifying the exact reference.

- Borrowed facts – Information gained in reading or research which is not common knowledge among students in the course must be acknowledged. Examples of common knowledge include the names of leaders of prominent nations, basic scientific laws, etc. Materials that add only to a general understanding of the subject may be acknowledged in the bibliography and need not be cited.

- One footnote or endnote is usually enough to acknowledge indebtedness when a number of connected sentences are drawn from one source. When direct quotations are used, however, quotation marks must be inserted and acknowledgment made. Similarly, when a passage is paraphrased, acknowledgment is required. Please consult with the instructor for further information about plagiarism.

Facilitating Academic Dishonesty

Definition:

Intentionally or knowingly helping or attempting to help another commit an act of academic dishonesty.

Clarification:

- A student must not knowingly allow another student to copy from his work during any academic exercise. This includes, among other things, examinations, laboratory reports, projects, or papers.

Lying

Definition:

Simply put it is not telling the truth or withholding part of the truth in order to deceive or make someone believe a false narrative.

PROGRESSION THROUGH PROGRAM (B2.19c)

Professional Progress

Professionalism is as important as academic progress and holds equal importance to academic progress. Students are expected to demonstrate the legal, moral and ethical standards required of a health care

professional and display behavior which is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity, and morals, etc. displayed by the students to faculty, staff, preceptors, peers, patients, colleagues in health care and other educational settings and the public. The Program expects nothing short of respect and professional demeanor at all times. Any violations of these tenets may precipitate referral to the Student Affairs and Progression Committee (SAPC).

Academic and Professional Progress

Satisfactory academic and professional progress must be evident and maintained by all students in the Program in order to demonstrate the ongoing acquisition of knowledge, skills and professional behavior through the curriculum. In the event a student fails to progress academically or professionally, a remediation plan will be put in place that may be supervised by the course faculty member, the Academic Coordinator, or the Clinical Coordinator. Students who fail to remediate successfully will be referred to the SAPC.

Standards of Conduct

Success in the Physician Assistant Profession requires certain behavioral attributes including: empathy, discipline, honesty, integrity, the ability to work effectively with others in a team environment, and the ability to address a crisis or emergency situation in a composed manner.

The subject matter in PA education can be of a very sensitive and sometimes disturbing nature. Students are reminded that the purpose of the educational sessions is to prepare them to provide physician supervised primary healthcare to all persons and in all environments without regard to the student's own personal beliefs and biases.

The program will not tolerate incivility by any member of the PA student body. Examples of incivility include rude, sarcastic, obscene, disruptive or disrespectful remarks or behavior, verbal or physical threats, or damage to property.

The Accreditation Standards for Physician Assistant Education states: *"The role of the Physician Assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes for the graduate PA."*

Adherence to these attributes requires that the Physician Assistant graduate and Physician Assistant students exhibit a high level of maturity and self-control even in highly stressful situations. In keeping with these precepts, Physician Assistant students must conduct themselves in a highly professional manner consistent with the patient care responsibilities with which they will be entrusted during their training in the Program. Students must adhere to the following standards. Failure to do so will result in referral to the SAPC and may result in disciplinary sanctions or dismissal from the Program.

Behavior

Students are expected to behave in a responsible, reliable and dependable manner. The student must project a professional image in manner, dress, grooming, speech and interpersonal relationships that are consistent with being a medical professional. The student should recognize her/his personal limitations and biases, whether they are intellectual, physical or emotional and strive to correct them. S/he must demonstrate the

professional and emotional maturity to manage tensions and conflicts and should seek professional help when necessary.

Respect
Students are expected to treat all patients, faculty, program staff, clinical preceptors, and fellow students with dignity and respect. Conflicts should be resolved in a diplomatic and reasoned manner. Students should be sensitive and tolerant with regard to diversity in the student and patient population. Physician Assistant training involves a close working environment with other students and includes physical examination of fellow students and discussion groups that may reveal information of a personal nature.

These situations must be approached with respect for the privacy, confidentiality, and the feelings of fellow students.

Flexibility
Physician Assistant training involves instruction from practicing clinicians with unpredictable schedules. At times lectures or clinical sessions may need to be adjusted with short notice. We believe the advantages of utilizing practicing clinicians outweigh this inconvenience and ask students to be flexible and tolerant of changes.

Integrity
Integrity is the quality of consistency and steadfast adherence to a defined code of ethics. It includes honesty, soundness of mind and body. Students are expected to demonstrate integrity by adhering to the AAPA Ethical Standards of conduct. Physician Assistant students are expected to display the highest ethical standards commensurate with work as a health care professional. These are outlined in the *Guidelines for Ethical Conduct for the Physician Assistant Profession* published by the American Academy of Physician Assistants and can be found on the AAPA website (www.aapa.org). Violations will be referred to the Student Affairs and Progression Committee for investigation and may result in dismissal from the Program.

Confidentiality
Students must respect the confidentiality of patients and fellow students and are not permitted to discuss any patients by name outside the clinical encounter situation. *Adherence to regulations is mandatory*. Students should not discuss other students with preceptors. For academic presentations and history and physical assignments, all patient identifying data, including name, initials, date of birth, and facility where seen will not be included. Students will receive training on applicable sections of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) during new student orientation and again during orientation to the clinical phase of the Program.

Professional progress is as important as academic progress and any instance by a student that demonstrates unprofessional behavior will be addressed accordingly.

PROCEDURE ON UNPROFESSIONAL BEHAVIOR (B2.19c)

Students must adhere to the professional standards. Failure to do so will result in the following:

- **First incident of unprofessional behavior:**
  The Program will document the incident in writing and the student will meet either a faculty member, the Academic Coordinator or Clinical Coordinator. This may result in referral to the SAPC.

- **Second incident of unprofessional behavior:**
  The student will be automatically referred to the SAPC. The Committee will meet to determine a course of action for the behavior that can include but is not limited to corrective or disciplinary action, warning or dismissal.

STUDENT AFFAIRS AND PROGRESSION COMMITTEE (SAPC) (A3.02)

The SAPC will consist of the Academic Coordinator (who will serve as chair), the Clinical Coordinator and selected principal and full-time faculty. This committee is charged with monitoring all PA students both academically and professionally, and making recommendations to the program director. The committee reviews the cases of students who meet the criteria for failure of academic or professional progress. The SAPC may review student records and discuss student records with appropriate faculty members and/or preceptors in determining an appropriate course of action for students experiencing academic and/or professional conduct difficulties in the program. The SAPC may request the appearance of the student during a SAPC meeting. The committee can recommend remediation, deceleration, corrective action, academic or disciplinary warning, or dismissal. It can also recommend repeating of courses, clinical rotations, or entire sessions. Recommendations are made on an individual basis after considering all pertinent circumstances in each case. The committee's recommendation is then sent to the Program Director for approval. Once approved, the Program Director issues a letter of decision to the student regarding her/his status in the program as well as the specific plan of action developed by the SAPC.

Student Representation at the SAPC Meeting

The student may be present at the SAPC meeting when invited by the SAPC Committee. The student may not have an attorney present.

Appeals

Decisions of the SAPC may be appealed by a student to the Program Director within ten working days of the date of the above-referenced letter. The Program Director may overturn any findings of the committee or ask the committee to review any new materials that may be relevant to the situation. The Committee will meet if necessary to discuss the issue brought forth by the Program Director on behalf of the student. The SAPC Chair will submit any findings or recommendations in writing to the Program Director should a second review be requested.

Academic appeals that are not resolved to the student's satisfaction at the Program level may be appealed as per the appeals policy outlined in the FMU Catalog under the Academic Standing section for Graduate Academic Programs. (The site is located here, page 184.)

Unprofessional conduct appeals that are not resolved to the student's satisfaction at the Program level may be appealed to the Provost. His/her decision is final.

Remediation Policy: (A3.17f)

A remediation process is designed to help the faculty and students identify areas of difficulty or challenge with respect to academic or clinical performance. The nature of the remediation process is tailored to address deficient learning areas in need of improvement. Several factors are considered in determining how the remedial option will be implemented. Entering an individualized remedial program is a privilege, not automatically granted.

The remediation program is developed based on:

1. Student's academic performance in all other courses
2. Amount of time ascertained as necessary for the student to achieve competence
3. Schedule of student and faculty member assigned to supervise and conduct the remedial work
4. Extenuating circumstances that may hinder or impede the remediation process

After considering these factors and the student's overall performance, the faculty will determine how best to provide a remediation process that will improve the student's outcome. The course instructor is responsible for oversight of the designed remediation plan and the assignment of a remediation advisor to the student. The advisor meets with the student, completes the Remediation Forms, interviews the student, reviews submitted remediation work, and assesses completion of the student's remediation study through the Academic Improvement Process (AIP).

REMEDIATION (A3.02, A3.15b,c,d, A3.17f, B4.01b)

Academic Improvement Process (AIP)

When a student earns a score of less than 80 on any assessment, or assignment during any course or semester. The course Instructor will review the Academic Improvement Process (AIP) of the student to ensure successful completion of the remediation.

- The purpose of the AIP is to attempt to ensure that students who perform poorly on an exam do not have a reduced lead prior to the next examination. It is not a process that changes a score on the completed exam.
- AIP will encompass specific concepts related to course content, lecture materials and objectives in which the student's knowledge was deficient. The method or procedure for mastering the material will be left to the discretion of the course director/instructor.
- Once the student receives their exam grade, *it is the student's responsibility to seek out the course instructor to initiate the AIP*. If the student does not engage in the AIP, this is considered a professionalism infraction and will be placed in the student's file.
- This process may take one of several forms which must be measurable and documented:
    - instructor and student may review exam questions to determine areas of misunderstanding and/or how to approach test questions, (this can be in the form of a Likert scale for measurement.)
    - a group or individual oral presentation that demonstrates competence in the areas tested, (in the form of a rubric for grading),
    - Student Exam Self-Reflection Form: (Required) student is complete this form and review with course Instructor.
    - Self-Test Analysis Process: (Required) Review incorrect questions and how many points removed for each question. Student delineates the question's place in Bloom's Taxonomy and selects the reason's why the question was missed.
    - Review question areas missed and additional exam offered, (multiple choice, T/F, essay, etc.) OR some combination of the above which must be measurable and documented.
    - the method(s) employed in the AIP will be selected based on the needs of the student and are at the discretion of the course instructor.

**(all measurable plan questions/areas of AIP must be individually mapped to the IO areas of deficiency.)

- TIMING: Except in unusual circumstances, this process must be started and completed within five (5) school days after the grades of the test or assignment have been posted.
- FINAL EXAMS: Final Examinations are not subject to this policy as the material would have been covered in individual modules during the semester. However, a student who performs poorly on a cumulative final exam may request a meeting with the course director to review content, but not the exam itself.
- END OF FOURTH SEMESTER: In the event a student has to participate in the AIP process at the end of the fourth semester in the didactic year, he/she may not start their clinical rotations until the course director/instructor determines that the student has sufficient understanding of the tested material.
- APPEALS: Any student who does not agree with the assessment of the course director/instructor during the AIP process may appeal to the Academic Coordinator. If the issue cannot then be resolved by the Academic Coordinator, then the Program Director may review the case and issue a final decision.
- COMPLIANCE: Failure to comply with the AIP requirement may be grounds for disciplinary action, up to and including dismissal from the program. Non-compliance with the AIP process may be documented by the course director and sent to the student's academic record for consideration by the PA Student Affairs and Progression Committee.

Academic Warning (A3.15c,d)

A didactic phase student may be placed on Academic Warning if the student scores below 80% on two (2) exams in a semester. The period of Academic Warning will be articulated in writing to the student, and will expire when and if the student adequately remediates the academic deficiency. If a student fails to remove specific deficiencies in accordance with the requirements for correction of academic deficiencies, the student may be recommended for probation.

Academic and Non-Academic Probation (A3.15b,c,d)

Any student who fails to achieve the required 3.00 semester GPA will automatically be placed on academic probation.

- Once a student is placed on academic probation, they must achieve a 3.00 or better GPA in the following didactic semester or risk academic dismissal.
- Two consecutive semesters with a semester GPA of less than 3.00 may result in academic dismissal.
- Any course grade of 80% or below may result in academic dismissal. When there are extenuating circumstances leading to the failure, the student may be invited to repeat the course in the following academic year, at the discretion of the SAPC.

The Student Affairs and Progression Committee (SAPC) can review and recommend one of the following options to the Department Chair/Director:

- Dismissal
- Opportunity to return to restart with the following class – on academic probation.
- If there are extenuating circumstances, the committee can recommend a remediation plan tailored to the student's individual weaknesses and, if successful in remediation, will be allowed to continue in a probationary status

Students on probation or at risk for probation must meet frequently with their academic advisor to discuss academic progress, study habits, and test-taking skills.
Students who have been found to be in violation of the Academic Integrity Standards or Honor Code during the didactic portion may be academically dismissed, depending on the results of the Honor Council process and any imposed penalties.
Non-Academic probation may be imposed by the SAPC or the Dean of the School of Health Sciences after review of relevant non-academic issues relating to a student.

- A student placed on Non-Academic Probation during the course of study, will remain on probation for the remainder of the program

Repeating a Course/Deceleration (A3.15b,c,d)

- The didactic phase is provided in sequence, with courses each semester being prerequisite to the following semester's coursework, each course is only taught once per year.
  - If a student is granted the opportunity to repeat a course, it will be with the next class of students.
- Students may be allowed to retake one course or clinical rotation, due to academic failure, over the entire curriculum. This would require the student to become a member of the class following their original graduating class.
- Students who fail the same course more than once or who fail two different courses across the curriculum—either academic or clinical courses—will be dismissed regardless of overall GPA. Any student required to repeat a course or rotation must anticipate a delay in the timing of her/his graduation and incur additional tuition and fees necessary to repeat coursework. Students who are decelerated due to a failed course may be required to demonstrate competencies for coursework previously completed, in order to progress through their program of study.

Consequences of Academic Deficiencies (A3.15b,c,d)

When an Academic Deficiency occurs, depending upon the frequency, nature, and extent of the deficiency, the following actions may be recommended by the SAPC.
A student will be:

- placed on Academic Warning;
- required to remediate the deficiency;
- required to repeat the course/rotation
- subject to a change in clinical year rotation assignment and/or sequencing;
- decelerate
- dismissed

*All courses within a semester must be completed successfully before students can progress into the next semester.

Student Dismissal from Program (A3.15d)

A student may be considered for dismissal from the program if there are recurrent areas of academic deficiencies as determined from results of assessments with in and upon completion of each course. If these deficiencies are not resolved through the SAPC issuing an academic warning, remediation, repeat of course, or repeat of rotation. The SAPC will then determine an appropriate route of action which may include deceleration or dismissal from the program. The SAPC will provide the recommendation to the Program Director who will make a final decision.

Student file contents: All student file contents are maintained on computer with 2 factor authentication for access. Only authorized faculty have limited access to student file content. Computer files are maintained in locked office. All hard copy student files are maintained in locked filing system, within the locked assigned file records room.

STUDENT SERVICES (A3.10)

Career Development

The FMU Office of Career Development provides information about career development and job placement. The FMU site can be found here.

Counseling and Testing (A3.10)

Counseling and Testing provides the following services for the University community: 1) personal counseling services for enrolled students, 2) accommodations for qualified students with disabilities. The FMU site may be found here.

Student Resources – Tutoring / Writing Center at FMU

The tutoring center assists students with developing improved understanding, studying skills, and proficiency. The tutoring center website with information is here.
The FMU writing center provides services to help improve the student writing ability and acquire skills needed to succeed at writing tasks in the academic and professional community. The FMU writing center assistance site is here.

Personal Counseling (A3.10)

The FMU Office of Counseling and Testing employs therapists who are available to provide counseling by appointment and referral for emergencies. Common counseling concerns include depression, sexuality, stress management, substance abuse, relationship issues and academic problems. Students do not need to have severe emotional problems to benefit from services. Many students use counseling to expand their personal growth and development. Services are confidential and free to currently enrolled students. Students may contact the counseling office at any time. The FMU student site may be found here.

Services for Students with Disabilities (A3.10)

The Director of Counseling and Testing is responsible for coordinating services for students with disabilities. The director collaborates with students in determining reasonable accommodations and acts as a liaison between students and faculty/administration on concerns relating to classroom accommodations. The Director of Counseling and Testing is also available to meet with prospective students to discuss services available at Francis Marion University. The director can be reached at 843-661-1841. (link)

Office of Ombudsman (A3.10)

The Ombudsman helps students address and resolve non-academic conflicts, concerns, and other problems they may experience while attending Francis Marion. The Ombudsman assists the student in navigating the university procedures that will help them resolve their issue, and directing them to the appropriate school office or official. The link is here.

SUBSTANCE ABUSE (A3.10)

Substance abuse can accompany the demands of a rigorous academic program like Physician Assistant Studies. Students concerned with the use of substances should consult the FMU Office of Counseling and Testing, FMU

Student Health Services, their personal physician, a mental health professional, or one of the other resources listed in the following section Resources for Education and Treatment (Link):

Faculty Procedure Guidelines for Student Counseling Referrals: (A3.10)

1.When students express interest in or need for counseling services, faculty will provide:
a.University Counseling Services contact information
b.Names of relevant counseling staff
c.Website link for additional resources
d.Document the provided resources in the student advising record.

2.With the students' explicit consent, faculty will:
a.Forward the student's name and contact information to University Counseling Services contact.

3.Upon request, faculty will provide information about local community counseling resources, including but not limited to:
a.McLeod Behavioral Health
b.Hope Health Behavioral Services
c.Other accredited local providers

Resources for Education and Treatment

On-campus (Link)

- The Office of Counseling and Testing (843 - 661-1840)
    - This office offers individual counseling and alcohol and drug education programs. Various educational programs (including video and print resources) regarding alcohol and other drug use and abuse and related issues are available.
- Dean of Students Office (843 - 661-1182)
- Campus Police (843 - 661-1109)
- Emergency (843 - 661-1109)

Off-campus

- Local meetings of support groups, including Alcoholics Anonymous (AA) and Al-Anon –. Contact the Office of Counseling and Testing for information (843 - 661-1840)
- Circle Park Associates (843 - 665-9349)
- Alcohol and Drug Abuse Hotline (1-800-ALCOHOL)
- Narcotics Anonymous (1-800-777-1515)
- National Cocaine Hotline (1-800-COCAINE)
- National Institute on Drug Abuse/Treatment Hotline (1-800-662-HELP)

National Suicide Prevention Lifeline – 1 (800) 273-8255 (24/7 presence)

PROCEDURES FOR GRIEVANCES AND COMPLAINTS (A3.15f,g)

Policies and procedures for grievances and complaints at the University level can be found on the University's Student Affairs website at the following link: (here)

DISCRIMINATION AND HARASSMENT POLICY (A1.02j)

Francis Marion University follows all federal and state laws banning discrimination in public institutions of higher learning. Francis Marion adheres to all Title IX policies, and does not discriminate on the basis of race, color, sex, religion, ethnicity, national origin, age, sexual orientation, gender identity, veteran status or any other protected category under applicable local, state, or federal law. General questions regarding Title IX can be directed to the Office of Civil Rights (http://www.ed.gov/ocr). Specific questions may be referred to the University's Title IX Coordinator (titleixcoordinator@fmarion.edu).
The following person has been designated to handle inquiries regarding discrimination, harassment, and/or retaliatory complaints regarding harassment.

Vice President for Administration
P.O. Box 100547
Florence, S.C. 29502-0547
105 Stokes Administration Building
Tel. No. 843-661-1114

It is the policy of Francis Marion University, in keeping with efforts to maintain an environment in which the dignity and worth of all employees and students of the University are respected, that sexual harassment of students, employees, and visitors at Francis Marion University is unacceptable conduct and will not be tolerated. Sexual harassment may involve the behavior of a person of either sex against a person of the opposite or same sex, when that behavior falls within the definition as contained in the sexual harassment policy on the University website. Offenders of sexual harassment will be subject to disciplinary action which may include but is not limited to oral or written warnings, demotions, transfers, suspension without pay, or dismissal for cause. Sexual harassment is a form of sex discrimination which is prohibited under Title VII of the Civil Rights Act of 1964 for employees and under Title IX of the Education Amendments of 1972 for students. The South Carolina State Human Affairs Law also prohibits sex discrimination.

Procedure
Any University employee (faculty or staff; full-time or part-time) who feels that s/he has been sexually harassed and who wishes further information or who wishes to file a complaint should contact the Vice President for Administration immediately. Any student who feels that s/he has been sexually harassed under the definition in the University sexual harassment policy and who wishes further information or who wishes to file a complaint should contact immediately one of the following: the Vice President for Student Affairs or the Vice President for Administration. Any faculty or staff member receiving a complaint of sexual harassment should seek the advice of the Vice President for Administration. Details of the University's sexual harassment policy and administrative procedures are contained in the *Sexual Harassment Policy* available on the University website and in the Human Resources Office.

In general, any non-consensual contact of a sexual nature may constitute Sexual Misconduct. A detailed description is also available in the FMU Catalog, pages 47-50.
Conditions related to consent are noted below:

- If coercion, intimidation, threats, or physical force are used, there is no consent;
- If a person is mentally or physically incapacitated, or impaired, so that the person cannot understand the fact, nature, or extent of the sexual situation, there is no consent. This includes impairment or incapacitation due to alcohol, drug consumption, being asleep, or unconscious;

- Inducing incapacitation for sexual purposes includes using drugs, alcohol, or other means with the intent to affect the ability of an individual to consent or refuse to consent (as "consent" is defined in this policy) to sexual contact.
- There is no consent when there is force, expressed or implied, or use of duress upon the victim;
- Past consent to sexual activity does not imply ongoing future consent;
- Consent can be withdrawn at any time.

Academic Course Descriptions (A3.11)

(*The academic course of study is 15 months in duration)

Semester 1 - Fall Session

PA 509 Introduction to Pharmacology: Introduction Pharmacology course is the first in a series of four courses (Introduction to Pharmacology, Pharmacotherapy I, II, and III) designed specifically for physician assistant students. This course introduces students to the fundamental concepts of pharmacology and therapeutics, emphasizing the integration of pharmacological knowledge with clinical decision-making. Students will explore the intricate relationships between drugs and the human body, focusing on pharmacokinetics, pharmacodynamics, and the principles of evidence-based pharmacotherapeutic interventions. (1)

PA 500 Anatomy: This comprehensive systems-based course provides Physician Assistant students with a robust foundation in human anatomy and physiology essential for clinical practice. The curriculum integrates fundamental concepts of human structure-function relationships across multiple levels of organization—from cellular to organ systems—with an emphasis on clinical application. (4:3,3)

PA 506 Health Systems and Risk Management: This course addresses quality assurance methodology and the legal responsibilities of healthcare practice. Reporting systems, issues that affect the practice, financing, coding, and credentialing criteria will be discussed. Best practice protocols, the use of benchmarking, and safe work environments will be emphasized to ensure risk reduction for patients, families, and populations. (3)

PA 507 Physiology: This comprehensive course explores the fundamental physical and chemical processes that govern human body function, with emphasis on homeostatic mechanisms across all major organ systems. Students will examine physiological processes from the cellular level to complex multi-system interactions, developing a thorough understanding of normal human physiology and pathophysiological alterations. (3:2,3)

PA 511 Introduction to the PA Profession: This comprehensive course provides a thorough exploration of the Physician Assistant (PA) profession, its historical development, and its pivotal role in today's healthcare landscape. The course covers the evolution and current state of the PA profession, including professional credentials, scope of practice, and impact on healthcare delivery. Students will explore legal, ethical, and safety considerations in PA practice, as well as evidence-based decision-making and error prevention strategies. (1 Credit)

PA 512 Fundamentals of Medical Science: This comprehensive course integrates key concepts in genetics, genomics, nutrition, and evidence-based medicine to provide a strong foundation for clinical practice. Students will develop proficiency in genetic risk assessment, nutritional evaluation, and the application of evidence-based guidelines across diverse patient populations. Legal and ethical considerations related to the delivery of care to diverse populations across the life span will be discussed. (2 credits)

PA 513 Interpersonal Communication and History Taking: This course provides an introduction to medical history taking and offers practical strategies for effective, patient-centered interpersonal communication. The curriculum emphasizes cultural competence, empathy, and strategies for overcoming communication barriers in diverse healthcare settings. Students gain proficiency in synthesizing patient information, documenting medical histories, and developing patient education skills. (2 credits)

Semester 2 - Spring Session

PA 520 Clinical Medicine I: Foundations of Clinical Medicine is the inaugural course in the Clinical Medicine Series (I, II, III) tailored specifically for the didactic year. The Clinical Medicine Series adopts a holistic and integrated approach to understanding various disease states, encompassing a broad spectrum of topics. These include anatomy, physiology, public health issues, epidemiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic studies, staging, prognosis, treatment strategies, and the application of evidence-based medicine. (5 credits)

PA 522 Physical Exam I: This foundational course is the first in the Physical Exam Series (I, II, III) for Physician Assistant students. This course is designed to provide fundamental knowledge, introduce practical skills, develop professional attitudes and behaviors relevant to the clinical assessment of a patient. This course emphasizes professionalism, sensitivity to gender, age and sociocultural background. This will be accomplished by learning how to obtain a relevant medical history and physical exam. Instruction in the art of assessment is complemented by topics in evidenced-based medicine, and clinical problem solving. The course emphasizes developing skills which allow for the recognition of normal findings as well as abnormal presentations. 3(2,3)

PA 524 Clinical Skills and Procedures I: This course is the first of a three-part series. This foundational course is designed to equip you with essential knowledge and skills in clinical and diagnostic procedures, preparing you for your future responsibilities in clinical medicine and patient care. This system-based course covers advancing concepts across various organ systems, including but not limited to eyes, ears, nose, throat, gastrointestinal, and dermatology systems. Our primary goal is to help you develop the foundational knowledge, practical skills, and professional attitudes necessary for clinical and diagnostic assessment and treatment of patients. 2(1,3)

PA 528 Pediatrics: This comprehensive course prepares students to deliver evidence-based pediatric care across the developmental spectrum from birth through adolescence. Students will master the fundamentals of pediatric growth, development, and physiology while building clinical competence in age-appropriate assessment, diagnosis, and treatment strategies. (2 credits)

PA 530 Surgery: This comprehensive course equips physician assistant students with essential surgical knowledge and skills, preparing them for clinical rotations and future practice. The course studies

major and minor surgical conditions, emphasizing indications for surgical intervention and pre-operative, intra-operative, and post-operative management in both ambulatory and inpatient settings. This foundational course emphasizes patient-centered care while providing the knowledge and clinical skills necessary for delivering exceptional surgical care across diverse healthcare settings. (1 credit)

PA 626 Pharmacotherapy I (Spring): This course is the first in a three-part Pharmacotherapy series. The courses provide a foundational understanding of pharmacological principles and their clinical applications. This course discusses evidence-based pharmacotherapeutic principles for specific pathophysiologic conditions. This course will cover pharmacotherapy of infectious disease, psychiatry, dermatology, ear, nose and throat and gastrointestinal pathophysiology. This course establishes the groundwork for Pharmacotherapy II and III, which will continue to explore organ system-specific treatments and advanced therapeutic management. (2 credits)

Semester 3 - Summer Session:

PA 636 Pharmacotherapy II: Pharmacotherapy II is the second in a three-course series. This course is built upon Pharmacotherapy I, advancing students' understanding of pharmacological principles and their clinical applications. Students will study pharmacokinetics, pharmacodynamics, and evidence-based therapeutic interventions of Cardiology, Musculoskeletal, Neurological, and Hematology medical treatment while developing critical thinking skills for clinical decision-making. The course emphasizes the analysis of complex patient cases, considering factors such as comorbidities, polypharmacy, and individual patient characteristics. This foundation prepares students for advanced therapeutic management in Pharmacotherapy III. (2 credits)

PA 630 Clinical Medicine II: Clinical Medicine II is the second installment in the foundational three-part Clinical Medicine Series. This course advances students' understanding of disease processes and clinical practice through an integrated approach. The course will be presented in a systems-based format and will include instruction on pathophysiology, evaluation of clinical presentation, diagnosis, and management of primary care diseases. (5 credits)

PA 632 Physical Exam II: This course is the second of a three-part series. This is a systems-based course covering advancing concepts with different organ systems. This course is designed to provide fundamental knowledge, introduce practical skills, develop professional attitudes and behaviors relevant to the clinical assessment of a patient. This course emphasizes professionalism, sensitivity to gender, age and sociocultural background. This will be accomplished by learning how to obtain a relevant medical history and physical exam. Instruction in the art of assessment is complemented by topics in evidenced-based medicine, and clinical problem solving. The course emphasizes developing skills which allow for the recognition of normal findings as well as abnormal presentations. Credits 3(2,3)

PA 634 Clinical Skills and Procedures II: This course is the second of a 3-part series, this is a systems-based course covering advancing concepts with different organ systems. The course provides foundational knowledge in clinical and diagnostic skills that prepare the student for the required responsibilities in clinical medicine and patient care. Through a systems-based approach covering cardiology, musculoskeletal, neurology, and hematology the course content includes clinical, laboratory, and basic surgical procedures and techniques in primary care, appropriate utilization, and selection in being able to diagnose and manage disease states of patients across a wide spectrum of

medical conditions in various settings. Students learn the best practices for approaching patients with illness or health maintenance goals, reinforce clinical reasoning skills, recognize, and use guidelines for preventive care, and disease screening. Credits 2(1,3)

PA 638 Emergency Medicine: This course explores various types of urgent and emergent conditions across the lifespan that present in an emergency medicine setting and prepares the student to triage, stabilize, evaluate, treat, and monitor such conditions. The resources needed for management of patients presenting to an emergency medicine setting are discussed as they relate to the hospital setting and include referrals and specialty consultations. The course emphasizes interdisciplinary collaboration, effective communication, and cultural competence in emergency settings. (2 Credits)

PA 639 Geriatrics: Geriatrics prepares students to deliver exceptional care to elderly patients. Students master comprehensive geriatric assessment techniques, evidence-based practices, and complex case management while developing crucial communication skills to work effectively with patients, families, and caregivers. This is a population-based course that will include instruction on pathophysiology, evaluation of clinical presentation and conditions, diagnosis, and management of diseases as they relate to geriatrics. Appropriate evaluation, treatment, counseling, and referral of the elderly is presented. The process of death and dying is discussed. (1 Credit)

Semester 4 – Fall Session

PA 646 Pharmacotherapy III: Pharmacotherapy III is the culminating course in the Pharmacotherapy series for physician assistant students, focusing on the pharmacological management of pulmonary, renal, reproductive, and endocrine disorders. This comprehensive course integrates fundamental pharmacological principles with clinical decision-making in these specialized areas. Students will explore pharmacokinetics, pharmacodynamics, and evidence-based therapeutic interventions specific to respiratory conditions, kidney and genitourinary disorders, reproductive health, and endocrine system diseases. (2 Credits)

PA 640 Clinical Medicine III: This final course in the Clinical Skills and Procedures series advances students' competencies in clinical and diagnostic procedures across major organ systems, including pulmonology, nephrology, reproductive, and endocrinology systems. The course will be presented in a systems-based format and will include instruction on pathophysiology, evaluation of clinical presentation, diagnosis, and management of primary care diseases. (5 Credits)

PA 642 Physical Exam III: Physical Examination III is the culminating course in the Physical Exam Series at Francis Marion University's Physician Assistant program. This advanced course focuses on comprehensive physical examination techniques with particular emphasis on the pulmonary, renal, genitourinary, endocrine, and reproductive systems. Students will develop clinical skills in conducting system-specific examinations and emphasize professionalism, sensitivity to gender, age and sociocultural background. The course integrates surface anatomy, physiology, and evidence-based examination techniques, with special attention to the interpretation of normal and abnormal findings across these vital organ systems. Credits 3(2,3)

PA 644 Clinical Skills and Procedures III: This final course in the Clinical Skills and Procedures series advances students' competencies in clinical and diagnostic procedures across major organ systems, including pulmonology, nephrology, reproductive, and endocrinology systems. The course

provides foundational knowledge in clinical and diagnostic skills that prepare the student for required responsibilities in clinical medicine and patient care. Course content includes clinical, laboratory, and basic surgical procedures and techniques in primary care, appropriate utilization, and selection in being able to diagnose and manage disease states of patients across a wide spectrum of medical conditions in various settings. (2:1-3)

PA 648 Research: This course is designed to cover basic medical literature review, research methods, ethical standards, and relate how this information may affect the delivery of patient care when addressing diverse patient populations. The course will emphasize accessing and utilizing different medical databases using informatics in reviewing medical decision-making, problem-solving, and critical research needed in improving practice delivery, and patient outcomes through use of evidence-based medicine. (3 Credits)

Section IV: Clinical Year Information

This section provides information covering the clinical year. Students will not be permitted to enter the clinical phase of the program unless they have successfully completed and passed all didactic phase courses and requirements.

IDENTIFICATION (A3.06)

Students must always identify themselves as Physician Assistant students to patients and site staff, and never present themselves as physicians, residents, medical students, or graduate Physician Assistants. If a patient or staff member misidentified them as any other discipline (such as medical student or physician) they must immediately correct the error. *At all times while on clinical rotations, the students must wear their student photo identification badge and a short lab coat with embroidered FMUPAP logo provided by the University* (unless the site prefers students not wear a lab coat in which case they will wear their photo ID prominently displayed). While in the Program, students may not use previously earned titles (i.e. PT, RN, DC, Ph.D., etc.) for identification purposes. Repeated failure of a student to wear proper identification will result in the student being placed on disciplinary warning status.

STUDENT PREPARATION OF SELF AND OTHERS

You will need to begin to think about how to prepare yourself and any significant others who will be affected by your long hours and time away from home. This is a process you should begin talking about now. While we will do our best to meet your individual circumstances, there is no guarantee of placement in any particular location for any period of time.

STUDENT INVOLVEMENT ON CLINICAL ROTATIONS

A student of the PA Program is not a licensed medical provider and, therefore, is not legally or ethically permitted to perform medical acts unless under the direct supervision of a licensed professional. All patients must be presented to the preceptor prior to the implementation of any diagnostic/therapeutic plans or discharge of the patient. The student will not write a prescription for any medication at any time without the direct supervision and the signature of the preceptor. The preceptor is responsible for medical care of the patient and for countersigning all orders, chart documentation, etc., written by the student.

CLINICAL CLERKSHIP OVERVIEW (A3.12d)

Clinical clerkships offer the PA students the opportunity to learn patient care skills in an actual clinical practice. The student will employ both clinical and academic skills acquired in the classroom and continuity clinics and, under supervision of a clinical preceptor, apply these skills with increasing ability and sophistication throughout the clinical clerkships.

Our clinical preceptors consist of physicians, physician assistants, nurse practitioners, and other licensed health care professionals. Clerkship sites include outpatient clinics, hospitals, operating rooms, and emergency departments.

Clerkship sites are designed to include patients across the lifespan including the following age groups:

- Prenatal
- Infants (< 1 yr)
- Child (1-11 yrs)
- Adolescent (12-17 yrs)

- Adults (18-64 yrs)
- Elderly (65 yrs and older)

Additionally, clerkships are designed so students care for patients with emergent, chronic, acute, and preventive medical needs.

Clerkships are wonderful opportunities for clinical learning and a required part of professional education that you will remember for an entire PA career. The PA Department wants your clinical experiences to be both educational and interesting. At the same time, the student is a professional in training and is expected to demonstrate professional conduct at all times in the clinical setting.

CLINICAL LEARNING GOALS & OBJECTIVES (A2.17a,b)

The clinical experience provides an opportunity for PA students to learn about the comprehensive diagnosis and management of patients with common problems. Students will experience the key features of primary care and specialty care such as diagnosis and management, continuity of care, caring for the whole patient, appreciation of the effect of family and social factors, preventive medicine and the team approach including involvement with community agencies. The clinical experience should also provide opportunities for the students to improve their basic skills in provider-patient communication, history taking and physical examinations, differential diagnosis formation, stepwise decision-making, and clinical procedures.

Each clerkship has a syllabus that identifies instructional objectives, competencies, and required textbooks. Instructional objectives and clinical competencies for each clerkship are found in the relevant syllabus (see Blackboard/Typhon). They are based upon clinical competencies described in the National Commission on Certification of Physician Assistants (NCCPA) guidelines and other sources including the Physician Assistant Education Association (PAEA), Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the American Academy of Physician Assistants (AAPA), the FMU PA Department, feedback from preceptors and students, and information from other PA programs.

Each clerkship will be different but there are a set of rules that apply to all clerkships:

- Students will only be permitted to see patients under the supervision of their preceptors. The number of patients that the student will see is determined by each preceptor. The expectation is that by the end of the clinical experience students should be progressively seeing more patients than when they began the clerkship.
- Most patient interactions will involve the students introducing themselves, receiving the consent of the patient, soliciting the medical history, and conducting an initial physical examination as appropriate. Typically, students will present their findings, interpretation(s) and recommendations to the preceptor and together they will see the patient. Whether or not the preceptor repeats any or all of the H&P depends on the gravity of the findings, state of the student's training, and previous preceptor/patient relationship.
- In some settings the student will be shadowing the preceptor or working with a multidisciplinary team. In this case patient interactions will include observational learning. This style of learning is key in the clinical education process. Do not underestimate the importance of observation and team learning. Students should expect to work with other learners; inter-professional education and practice is important in the physician assistant profession. While you are a student you will have multiple opportunities to learn how to work on a team, FMU PA Department strongly encourages you to seek collaborative opportunities with other learners such as residents, medical students, nurse practitioners, pharmacy students, and nurses.

- Students are required to document each visit according to their site's standards and follow the directions provided by each specific site. There may be paper charts or electronic medical records (EMR). Sometimes special forms are used, such as health maintenance exams or checklists for well child and prenatal visits. Some sites may not allow students to document in the chart or use the EMR.
- In regards to signing your name to a document, always include your title: Physician Assistant Student or PA-S. You may NOT include or substitute any other title or credential you may have earned previously.
- All notes, prescriptions and orders *should* be written in black ink. Please do not use felt-tip pens when you write in the medical record.
- Medical records must never be taken from the medical facility.
- Most preceptors allow students to document the patient's visit and then the preceptor will edit or add an addendum and co-sign. These rules do not mean the student cannot write a note. However, it does mean that the preceptor also needs to personally document the billable aspects of the history and physical.
- At some clerkship sites, other activities and opportunities may be made available to students. If your preceptor would like to take you to a facility that you are unsure if the FMU Physician Assistant Program has an affiliation agreement with, contact your clinical coordinator immediately. Students are strongly encouraged to accompany preceptors on hospital rounds, nursing home rounds, home visits, deliveries, and to do all that is practical to make themselves available for all clinically related, "after hours" activities as long as the Clinical Coordinator has given prior approval. The best way to learn is to be available and be involved.

CLINICAL CLERKSHIP DESCRIPTIONS (A3.11)

(* The clinical year of the program consists of nine required rotations. All clerkships are four weeks in length. (There will be periodic interval callback days required for students to attend at the FMU facility for evaluations and other activities.) The following are the clinical courses:

- **710 Family Medicine Clerkship** (4) (Prerequisite: Completion of the didactic curriculum) Under the supervision of experienced family medicine preceptors, this clerkship provides students with experience, primarily in the outpatient evaluation of pediatric and adult patients in a community setting, which emphasizes prevention, health maintenance, and the management of acute and chronic illnesses.
- **711 Women's Health Clerkship** (4) (Prerequisite: Completion of the didactic curriculum) F, S, SU. During this clerkship students will immerse themselves in the care of female patients, addressing a wide range of health issues from routine preventive care to complex gynecological and prenatal conditions. Students will apply the medical knowledge and clinical expertise gained during their didactic training to real-world scenarios, refining their skills under the guidance of experienced women's health professionals. with experience in managing common gynecologic issues and disorders as well as prenatal care.
- **712 Pediatrics Clerkship** (4) (Prerequisite: Completion of the didactic curriculums) This clerkship provides students with extensive clinical exposure to aspects of pediatrics under the supervision of experienced pediatric preceptors. Students will explore the unique aspects of pediatric medicine, including growth and development, preventive care, and the diagnosis and management of common and complex pediatric conditions. The course emphasizes the importance of family-centered care, developmental considerations in medical decision-making, and the role of the PA in promoting child health and well-being.

- **713 Behavioral Health Clerkship** (4) (Prerequisite: Completion of the didactic curriculum) This clerkship provides students with extensive clinical exposure to the major aspects of behavioral health care under the supervision of experienced preceptors. Students will explore the biological, psychological, and social factors that contribute to mental health and illness. The course covers a wide range of psychiatric conditions, from mood disorders and anxiety to psychotic disorders and substance use disorders. Emphasis is placed on developing strong clinical reasoning skills, utilizing evidence-based practices, and understanding the importance of interprofessional collaboration in mental health care.
- **714 Emergency Medicine Clerkship** (4) (Prerequisite: Completion of the didactic curriculum) This clerkship provides students with experience in triage, evaluation, and management of patients in the emergency department under the supervision of experienced preceptors. The curriculum integrates foundational medical knowledge of pathophysiology with hands-on clinical skills, including emergency procedures such as airway management, cardioversion, and trauma care. Special emphasis is placed on developing critical interprofessional communication skills, triage capabilities, and the ability to function effectively in high-stress emergency environments.
- **715 Internal Medicine Clerkship** (4) (Prerequisite: Completion of the didactic curriculum) This clerkship provides students with extensive clinical exposure to the major aspects of internal medicine care under the supervision of experienced preceptors. Students will immerse themselves in the care of adult patients with a wide range of medical conditions, from common ailments to complex multisystem disorders. They will apply the medical knowledge and clinical expertise gained during their didactic training to real-world scenarios, refining their skills under the guidance of experienced internal medicine professionals. The rotation emphasizes the development of critical thinking, diagnostic reasoning, and the ability to manage both acute and chronic medical conditions.
- **717 General Surgery Clerkship** (4) (Prerequisite: Completion of the didactic curriculum) This clerkship provides students with hands-on experience in general surgery through exposure to the operating room, to pre- and post-operative management, and to out-patient surgical management and follow-up under the supervision of experienced preceptors. Students will immerse themselves in the care of surgical patients, addressing a wide range of conditions requiring operative management. They will apply the medical knowledge and clinical expertise gained during their didactic training to real-world scenarios, refining their skills under the guidance of experienced surgeons and surgical teams. The rotation emphasizes the development of surgical knowledge, perioperative care, and the ability to assist in surgical procedures.
- **718 Elective Clerkship I** (4) (Prerequisite: Completion of the didactic curriculum) Under the supervision of experienced preceptors, this clerkship provides students with extensive clinical exposure to the major aspects of an area of medicine selected in consultation with the clinical coordinator. Students will immerse themselves in their chosen specialty, working alongside experienced healthcare providers to develop a deeper understanding of the field. Students will engage in both outpatient and inpatient care as applicable to the specialty, participating in diagnosis, treatment planning, and patient management.
- **719 Elective Clerkship II** (4) (Prerequisite: Completion of the didactic curriculum) This clerkship provides students with extensive clinical exposure to the major aspects of an area of primary care medicine selected in consultation with the clinical coordinator, under the supervision of experienced preceptors. Students will immerse themselves in their chosen specialty, working alongside experienced healthcare providers to develop a deeper

understanding of the field. Students will engage in both outpatient and inpatient care as applicable to the specialty, participating in diagnosis, treatment planning, and patient management.

- **720 Physician Assistant Capstone** (1) (Prerequisite: Completion of six clerkships) F. This course will emphasize test-taking skills, testing practice, and critical thinking. Emphasis will be placed on prioritization and delegation. Learners will review critical medical concepts and content needed for their success as professional Physician Assistants.

Francis Marion University Physician Assistant Program

Clinical Competency Domains (B4.01a,b)

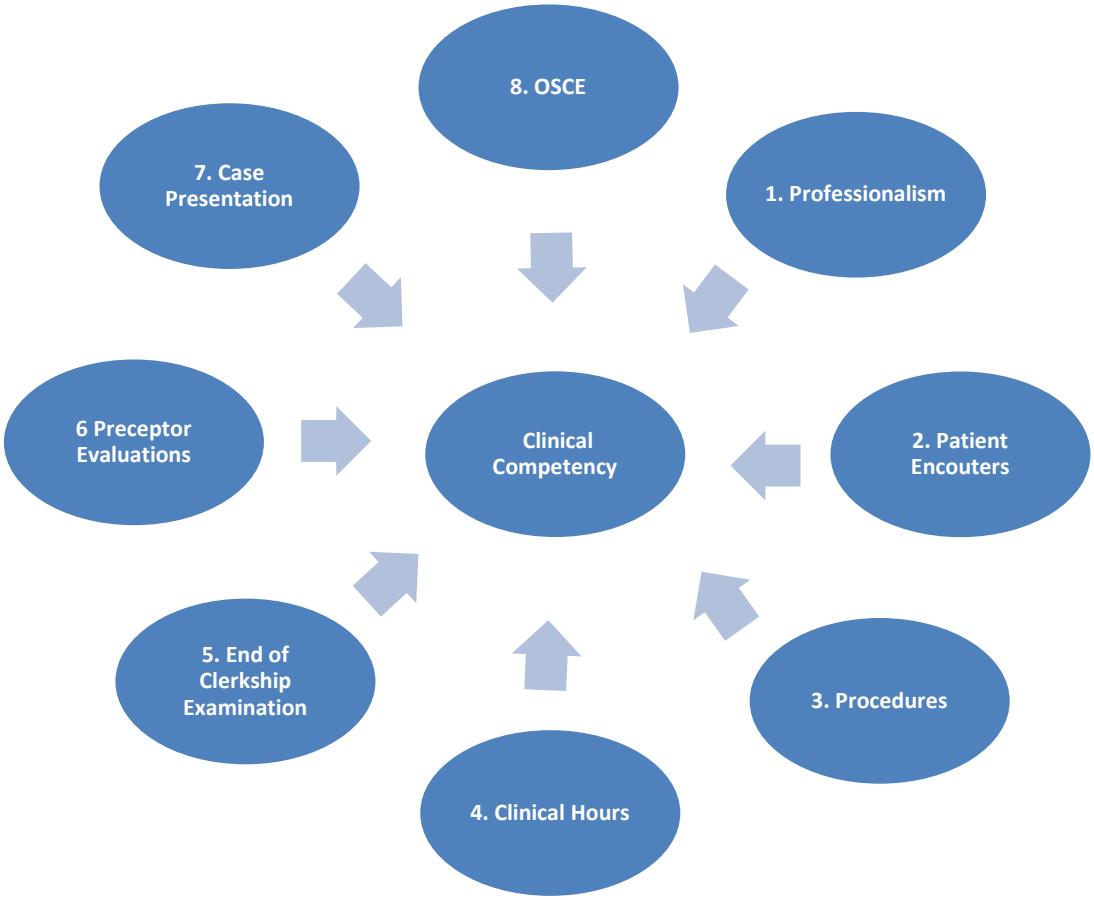

Figure 1

The Francis Marion University Physician Assistant Program uses eight domains to evaluate, monitor, and ensure students will be successful entering the physician assistant profession. The domains used by the FMU PA Program have been created based on the PA competencies recommended by NCCPA (National Commission on Certification of Physician Assistants), ARC-PA (Accreditation Review Commission on Education for the Physician Assistant), AAPA (American Academy of Physician Assistants), and PAEA (Physician Assistant Education Association). These domains allow all FMU faculty to monitor the progression of the students throughout the clinical year. An online clinical tracking system (Typhon) is utilized to provide real time information regarding students' clinical encounters and procedures so that a remediation plan can be quickly developed if students fail to meet minimum requirements.

1. **Professionalism**

    a. Professionalism is evaluated throughout a student's tenure in the program. Professional behavior is stressed in orientation and featured prominently in the student handbook. Students are evaluated continuously by the faculty through their interactions with the faculty and their classmates based on their communication skills, respectfulness, and willingness to work in teams.

b. Students are evaluated two times a year by the clinical faculty via in-person or virtual site visits to students while on clerkships. Professionalism is part of the faculty member's assessment of the student. The preceptor evaluates professionalism on the Preceptor Evaluation of Student Form, specifically assessing students' punctuality, ability to dress appropriately, and cultural competency.

2. Patient Encounters

All students are expected to play a direct role in patient care throughout the clinical phase of education. The clinical phase consists of eight required clerkships and two elective clerkships. The program encourages students to be actively involved in patient encounters for each clerkship as well as participating in patient acuity level, care setting, age, surgical settings, and specific types of patient encounters. The table below defines guidelines for various type of patient encounters to ensure broad exposure to clinical care.

a. Each student will log every clinical encounter on a secure online clinical tracking system accessible to the faculty (Typhon). A detailed orientation of Typhon use will be provided during the clinical orientation.
b. Students will only log interactions in which they played a partial or full role in the care of the patient. Interactions that only involve observing or shadowing will not be logged.
c. Interaction types encountered should be logged at any time during the clinical phase regardless of the assigned clerkship.
d. It is understood that a single patient interaction will likely meet the criteria for several domains. For example, a student might evaluate a twenty-five year old patient who presents acutely to the outpatient clinic for a Behavioral Health complaint while on a Family Medicine clerkship. In this case, the student would be able to log an encounter that counts towards (Acute), (Outpatient), (Adult), (Family Medicine) and (Behavioral Health).
e. Students may only log patient interactions that occur while on site with their clinical preceptor present. Paid or volunteer work in any other setting will not count towards logging requirements.
f. Students' Typhon logs will be checked weekly by clinical faculty. Students who are not logging clinical encounters may be issued a warning from the SAPC. Lack of student logging may require the student to repeat a required rotation during their elective rotation block.

3. Procedures

a. Students will be required to log procedures they perform. These procedures require the student to combine kinesthetic activities with critical analysis during a patient interaction. Examples will include suturing, incision and drainage of abscesses, intravenous access, Foley catheter, interpretation of imaging studies and medication counseling.
b. Procedures may be logged at any time during the clinical phase when they occur and need not be associated with a particular clerkship.

c. Logged procedures should include those where the student played an active role and performed at least part of the activity personally. Observational learning, while on the clinical phase, is considered valuable and important but will not count toward the competency requirements.
d. Clinical Technical Skills and Procedure Logbook – students will complete the "Clinical Skills and Procedures" Log Book requirements as completion will add to demonstrating student competency in performance of the Skill and/or Procedure. Skills and Procedures may be completed in multiple rotations other than the rotation listed in the logbook. Students are still required to log the Skills and Procedures in Typhon.

4. Clinical Hours

a. Completing the minimum time on clerkship does not eliminate the need to continue seeing patients and working until the clerkship rotation is completed.
b. For all clerkships, students must complete and log a minimum of 135 hours of on-site time with their preceptor, or preceptor designee. However, it is expected that on all clerkships, students will work with their preceptors "full time" schedule to maximize learning. Students are encouraged to avail themselves of every clinical opportunity including those that occur on nights or weekends. The minimum time limit is a programmatic requirement to ensure competency and to meet requirements for graduation.

5. End of Rotation (EOR) Examination (B4.01a,b)

At the end of each clerkship, students will take a standardized written examination. Each exam will be specific to the clerkship. The questions will be based on the PAEA Blueprint and Topic Lists. Students will return to the Carter Center for Health Sciences to take the EOR exam. Students more than 2 hours drive from the Health Science building or are out of state will be able to take the EOR exam remotely at the same time as their peers. (EST)

6. Preceptor Evaluations (B4.01a,b)

a. The FMU PA program uses a Likert scaled Preceptor Evaluation of Student Form to evaluate the student at the end of the clerkship. The Preceptor Evaluation of Student Form is based on the six NCCPA competencies and asks the preceptor to evaluate the students on multiple facets of each competency area.
b. The preceptor evaluation is scored 1-Unacceptable, 2-Poor, 3-Marginal, 4-Good, 5-Excellent. If a student scores a 1-Unacceptable on any assessment item, the student will be required to repeat the clerkship.

c. Each preceptor is evaluated by the Clinical Coordinator prior to the student beginning the clerkship. At the time of the initial visit, the Clinical Coordinator explains the Preceptor Evaluation of Student Form, reviews instructional objectives for the clerkship, and provides a copy of the Preceptor Orientation Handbook. All questions regarding the evaluation process are answered at this time.
d. Students are required to complete the "Student evaluation of Site and Preceptor" form at the end of each clinical rotation. (These are completed and submitted through Typhon)

e. **Note:** *It is the student's responsibility to ensure the Preceptor completes and submits the "Preceptor Evaluation of Student" on or before the student completes and leaves the rotation site.* (If the preceptor is unable to complete the evaluation form, the student must have direct preceptor contact information to encourage completion of this grading form.)

7. Case Presentation (B4.01a,b)

At the end of Family Medicine, Behavioral Health, Pediatrics, and Primary Care Elective clerkships, students will present a case presentation with appropriate references which will be graded by the faculty. The report will include specifics of the patient's case including history, physical exam, labs, diagnostic tests/procedures, diagnosis, treatment plan, therapeutic modalities, and outcome. It will also include a thorough explanation of the patient's disease and how that patient exhibited and experienced the disease process. The case report will evaluate a student's ability to concisely summarize a case and use it to illustrate a detailed understanding of specific disease.

8. OSCE (B4.01a,b)

To ensure competency, each student will be required to complete one (1) OSCE in week 5 that is relevant to their completed clerkship. This will be administered in addition to the written exam. At the conclusion of the clinical year, each student will have been assessed by nine (9) OSCEs that will evaluate acute, emergent, chronic, preventive, prenatal, gynecological, and behavioral health encounters and infant, child, adolescent, adult and elderly lifespan categories. These will be documented on the OSCE Completion Form maintained by the Clinical Coordinator and reviewed by the Program Director in week 5 of each clerkship. Should the student not meet the requirement, additional OSCEs will be required at a time and date set by the Student Affairs and Progression Committee and in accordance with the remediation policy in the Clinical Year Student Handbook. This process will allow the program to monitor, measure, and document that each student has met program expectations after each clerkship experience.

9. Clinical Competency (A3.12g, B4.01)

The determination of a student's clinical competency involves evaluation of eight domains (see Figure 1 above). Each domain is systematically assessed with specific standardized instruments and procedures. Student performance can be compared within a cohort and between cohorts.

Over the course of the program, students obtain competence in clinical and technical skills consistent with a newly licensed PA. Through life-long learning, it is expected that the PA will develop their competency in clinical and technical skills post-graduation. Students in the FMU-PA program will learn many clinical skills and procedures during the didactic phase of the program. These are described in the program syllabi. Certain skills identified in the learning outcomes of the clinical rotations will be practiced and assessed by the preceptor during those rotations. However, students are encouraged to practice other clinical skills and procedures

learned in the didactic year during clinical rotations under the supervision of the preceptor. Some of these skills may be assessed during the summative evaluation during the last four months of the program."

RESPONSIBILITIES & EXPECTATIONS

Clinical Faculty

The Clinical Coordinator and clinical team are responsible for coordinating, fostering and overseeing an optimal clinical education experience for PA students, ultimately preparing them for certification and professional practice. Frequent and detailed monitoring and evaluation of each student through the clinical competencies ensures the realization of this goal. Placements are always at the discretion of the Clinical Coordinator and/or Director of Preceptor Recruitment and the reasoning may not be apparent or shared publicly.

- **Establishing Clerkships**
  - Clinical Coordinator and Coordinator of Preceptor Recruitment will be responsible to make sure all affiliation agreements are in place between FMU and the preceptor. FMU will also make sure all contracts are up to date (A1.01, A3.01).
  - The Clinical Coordinator or Clinical Staff will inform the student which Instructional faculty member (preceptor) is designated by the program to assess and supervise the student's progress in achieving the learning outcomes and how to contact the faculty member. (A2.17a)
  - The Clinical Coordinator or Clinical Staff will orient the Instructional faculty (preceptor) to specific learning outcomes it requires of students. (A2.17b)
  - Arrangement of clinical clerkships and preceptors. Students are not allowed to coordinate clinical sites or preceptors. Students may make a request for a clinical site or preceptor to the Coordinator of Preceptor Recruitment or Clinical Coordinator. It is the responsibility of the Coordinator of Preceptor Recruitment or Clinical Coordinator to contact, evaluate, and secure clinical sites and preceptors. (A3.03).
  - The Clinical Coordinator and/or Coordinator of Preceptor Recruitment will determine the most appropriate clerkship sites.
  - Clinical Coordinator and/or Coordinator of Preceptor Recruitment will determine the most appropriate timeframe of each clerkship. Students may not switch site assignments with other students. Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only.
  - During the initial site visit, FMU PA faculty will ensure the facility is appropriate, secure and safe for the students (A1.02g).
  - Clinical staff will make sure all preceptors are licensed and board certified to practice (A2.16).
  - Clinical staff will ensure student credentials at all facilities.
  - Clinical staff will assess the preceptor's clinical practice workload, types and numbers of patients seen, and preceptor understanding of program expectations and learning outcomes.
  - Clinical team will review the prospective preceptor information to establish the preceptor as an appointed clinical faculty member for the program clerkship.
  - The Clinical Coordinator and the Program Director have final say on approving the site for training.

- Clinical staff will assist the student with guidance in submitting any additional paperwork required by the clinical site.
- The Program works toward firmly establishing each four-week block, however unforeseeable events can occur which may require a student to be moved to a different site with short notice just prior to starting and/or during a rotation.
- Additionally, students must be in good academic standing within the Program to be considered for placement in a requested elective rotation.

- **Student Site Visits** (C2.01a-c)
  During clinical experiences FMU PA faculty may visit students during the clinical year either virtually or in person. Site visits may be conducted either virtually or on-site. FMU PA faculty may visit students early in their clinical training, but site visits can occur at any time of the year. Students may be visited multiple times throughout the year if necessary. The goal of the site visit is to evaluate the student's clinical performance/improvement. Both the student and preceptor will participate in site visits with the FMU PA faculty.
  - The site visitor may accompany the student and observe a patient encounter (when available).
  - The site visitor will have time to speak individually with the student about his/her learning experience, to the preceptor about the student, and visit with the student and preceptor together (when time allows). The "On-Site Progress Report of Student" will be completed by the FMU PA Faculty.
  - The site visitor may speak with other health professionals and staff including, but not limited to, office managers, nursing staff, clerks and medical assistants about the student's professionalism.
  - The site visitor may review Typhon notes made by students about patients previously seen and charted by the student.

- **Guidance**
  Students will have access to his/her advisor for assistance and counseling regarding their career development, concerns and problems. Advisors will also be promptly available to assist students in understanding and abiding by program policies and practice and to provide referral for students with personal problems that may interfere with their progress in the clinical experience.

Preceptors

- **Initial Requirements**
  Preceptors will consist primarily of practicing physicians and physician assistants. The Physician Assistant Department may use nurse practitioners, nurse midwives, psychologists, and other health care professionals in the following disciplines for the core clerkships, not to exceed 15% of the total student rotation experiences.
  - family medicine
  - internal medicine
  - general surgery
  - pediatrics
  - women's health
  - emergency medicine
  - behavioral medicine

Preceptors practicing in various subspecialties may be utilized for elective clerkships. Other licensed health care providers experienced in their area of instruction may be designated as preceptors for supervised clinical clerkship experiences as the Clinical Coordinator deems necessary and appropriate.

The FMU PA Department will verify and document (1) current licensure in the state in which the preceptor will be providing the clerkship and (2) National Commission on Certification of Physician Assistants (NCCPA) certification for PAs; ABMS or AOA specialty board certification for Physicians, and (3) American Association of Nurse Practitioners (AANP) or American Nurses Credentialing Center (ANCC) certification for nurse practitioners. (A2.16, B3.06a-c)

- **Licensure**
  Providers approved as preceptors must be licensed within the state in which they will be providing clerkship for students. The department will verify licensure status at the time of initial preceptor evaluation via http://www.llr.state.sc.us or respective state medical board for out-of-state providers and then annually as long as the provider remains an active preceptor for the department. If a license is due to expire prior to the annual review, renewal will be verified prior to the annual review date. (A2.16)
- **Specialty Certification**
  Physician preceptors should be American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) board certified in the specialty for which they are teaching. PA preceptors must be supervised by physicians who are board certified in the specialty for which the physician assistant is providing clerkship for program students. Specialty board certification of physician preceptors or supervising physicians for PA preceptors will be confirmed by the department at the time of initial evaluation of the potential preceptor by retaining a copy of the physician's board certification and again when the certification is due to expire if the provider remains an active preceptor for the department. (B3.06a)
- **Preceptor Affiliation Agreement**
  Will be established when preceptors are in private practice, group practice, or otherwise act as the agent of the clinical site for purposes of providing student clinical training experience. There may some clinical sites with extra requirements, students must comply with policies at all clinical sites. The clinical coordinator will inform students of any extra requirements before the clinical rotation begins (A1.01, A3.01).
- **Responsibilities**
  - At the beginning of each student's clinical clerkship, review the instructional objectives/learning outcomes for the clinical practice experience with the student in an effort to devise a plan to attain the necessary learning.
  - Provide students with opportunities to provide 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.
  - Provide opportunities for student to achieve technical skills competency and then confirm performance of logged competency skills during clerkship.
  - Complete the Preceptor Evaluation of Student (student will provide form to preceptor) and return to the program in a sealed envelope with preceptor's signature across the seal. The evaluation is due on the Monday following the student's completion of the four-week clerkship.

Student Responsibilities (A3.02)

The goals for the FMU PA students are to learn and acquire skills to function as an effective PA under the supervision of a licensed physician, physician assistant, nurse practitioner, or other healthcare professional. It is important for the student to recognize the difference in methods of teaching and learning between the formal didactic and clinical experience. Preceptors are willing to teach but *react primarily to inquisitiveness and preparedness on the student's part.* When enthusiasm, motivation and energy are demonstrable in students' work, the preceptor is likely to respond similarly creating a rich learning experience.
It is possible, though it occurs rarely, that student-preceptor interactions are less than optimal. If a situation like this develops, please contact the Clinical Coordinator or Coordinator of Preceptor Recruitment immediately to discuss the problem and determine which steps may be appropriate in resolving the problem.

- **Responsibilities to Preceptor & Patient**
    - The student will keep the safety, comfort, confidentiality, and dignity of their patients as their primary focus at all times.
    - The student will strive to be competent, courteous, reliable, responsible, and respectful at all times in interactions with patients, preceptor, and staff.
    - The student will dress in a professional manner appropriate for that clinical site.
    - The student will be punctual for clinic. In the event that the student is unable to attend clinic, she/he will notify the preceptor and Clinical Coordinator
    - Adhere to the schedule as determined by the PA department requirements and preceptor/clinical site.
    - Adhere to the AAPA Code of Ethics https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf.

- **Responsibilities to the Department**
    - Read and be able to describe FMU PA Department policy according to the FMU Catalog, University, Student Handbook, FMU PA Student Handbook and Clerkship Handbook.
    - Meet deadlines for course registration, paperwork completion, and submission of assignments.
    - Maintain health insurance as stipulated by the PA Department policy.
    - Follow procedures in the event of school-related injuries, illnesses, and exposure to potential blood borne pathogens. If you are involved in a blood or body fluid exposure, please refer to the Blood & Body Fluid Exposure Protocol for Students (Appendix E) and the Incident Report (Appendix F) for proper procedure.
    - Maintain current immunizations, TB testing, and drug testing and provide documentation to the PA Department.
    - Students must NOT go to other facilities or spend time with preceptors other than those assigned by the Clinical Coordinator/Director of Preceptor Recruitment.
    - Check email on a daily basis (Monday-Friday) for communication with the department. If any email is sent to the PA faculty after 5 pm it will be addressed the following day (Monday-Friday) unless it is an emergency situation.
    - Respond within 24 hours, as indicated, to department correspondence.

ESTABLISHING CLINICAL SITES

Ongoing Requirements

- Review of Student Evaluations of the Preceptor to ensure positive ratings are received. In the event negative ratings are received, the department 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 clerkship.

- Ongoing clinical site evaluation of all active preceptors' sites will be completed annually by the clinical faculty. Each FMU PA student will have the opportunity to evaluate the preceptor and site they are assigned to after each clerkship through completion of a "Preceptor and Site Evaluation by Student" (Appendix C).
- Review of the numbers and types of competency skills students report performing with the preceptor (via Typhon PAST) to verify that students are provided opportunities to develop the required competency skills as defined in the clinical syllabi.

REQUESTING NEW CLINICAL SITES

If a student identifies a clinical clerkship that meets Department standards, where they would like to rotate, FMU PA Department will investigate the clerkship site and determine if it meets our standards. *Please note that students are not required or allowed to arrange their own clerkships and in some cases students may not be able to rotate in a clerkship of their choosing.* (A3.03) Should the student identify a special clerkship please note that this process can take up to 120 days. The following steps outline the process the student must follow:

- Email the Clinical Coordinator or Coordinator to communicate details of a clerkship a student has identified on their own. This must be done at least 120 days in advance. Placement is always at the Clinical Coordinator and/or Coordinator of Preceptor Recruitment's discretion.
- If appropriate, the Clinical Coordinator or Coordinator of Preceptor Recruitment will arrange affiliation agreement with all appropriate parties. This is a legal document needed for each institution or facility the preceptor desires to have the student work, including all hospitals. This process must be completed before a site can be approved and assigned to a student.

TRANSPORTATION & HOUSING

Students are responsible for reliable transportation to and from all clinical sites. Some sites may require students to commute a considerable distance. Students are responsible for their own transportation for end-of-clerkship activities and throughout the clinical experience. Additionally, should a student elect or be assigned to a clinical clerkship away from home the student has the responsibility to arrange and cover housing costs and living expenses.

PAPERWORK FOR CLERKSHIPS

Students are responsible to read and complete all instructions in the TYPHON scheduling database. All clerkships have a different set of requirements and students may be required to:

- Sign the signature pages to confirm that they understand the policies and procedures that have been set forth for the upcoming clinical year. Students must complete any Signature Pages required by the PA Program or Clinical Team before beginning the clerkship year.
- Attend a formal orientation including Health Insurance Portability and Accountability Act (HIPAA) and electronic medical records (EMR) training or operating room scrub classes at multiple sites throughout the year. This may be time consuming and seem like a duplication of training but the student must comply.
- Share documentation of BLS and ACLS certification, results of background checks and results of drug screening-Castlebranch with a clinical site. FMU PA staff can also share with the site that the student has all required immunizations and a negative PPD. However, some sites will require that the student personally bring this information into the Medical Staff or Human Resources office. FMU requires students to give the department written permission to release immunization history. Please maintain a

folder of HIPAA certification, updated immunization records, PPD records, and a CV/Bio and be prepared to present as requested.

- Register on-line for orientation. The student should be advised that there may be a registration fee which they are responsible for paying i.e. Passport.
- *Contact the preceptor or preceptor's designee at least one-week prior to the start date.* The intent of this communication is to personally introduce oneself and inquire about the expectations for the first day, start time/place, dress code, etc. It is the student's responsibility to get this contact information via Typhon.
- Print competency skills from Typhon, that have been completed during each clerkship and have the preceptor sign confirming completion.
- Encouraged to give their preceptor a Thank You note upon completion of each clerkship. FMU PA faculty strongly encourages you to purchase a box of Thank You notes and make an effort to personally thank each preceptor for their time and effort. The preceptor not only appreciates your effort but this small gesture also helps maintain our relationship with the site for future students.

CLINICAL SETTING POLICIES (A3.01)

- PA students must see and discuss each patient with their preceptor and may not treat or release a patient without approval of the preceptor.
- PA students may not administer medications without the express approval and supervision of the responsible preceptor.
- PA students may not be used as a substitute for clinical or administrative staff during clinical clerkships. (A3.05b)
- PA students must discuss patient clinical findings, assessment, and treatment plans with their preceptor before discussing them with the patient.
- PA students will abide by the rules and regulations established by the participating preceptor and institution including scheduling of hours of attendance.
- PA students will abide by the requirements of the affiliation agreement in place with the clerkship site organization. These are on file in the office of the PA Administrative Assistant.
- PA students will acknowledge that the Institution guidelines and policy supersedes the PA Program policies.
- PA students will follow the dress code of the participating institution or site.
- PA students must introduce themselves as a physician assistant student and wear identifying nametags and badges around their neck or on the left chest pocket. The student may be given a photograph I.D. with caption to display the clerkship/Facility site when permissible by the preceptor (B3.01). The I.D. badges will need to be returned to the facility prior to graduation.

Note that PA students, by law, may not sign, phone-in, or enter orders for medication prescriptions. PA students may write or enter the prescription or medication order with the approval of their preceptor, but the preceptor must sign the medication order or prescription. The student's name or initials must not appear on a prescription or medication order.

Students will be evaluated for professional conduct by the preceptor and PA Department faculty. A student may be removed from a clinical site by the department for behavior that is considered unsafe, unprofessional, or unethical. Removal from a clinical site for unsafe, unethical, or unprofessional conduct mandates evaluation by the SAPC for possible dismissal from the department. Examples include, but are not limited to:

- A student performs an act that puts the safety or health of a patient or colleague at risk.
- A student takes time off from a clerkship and fails to notify the preceptor and Clinical Coordinator/Coordinator of Preceptor Recruitment.

- A student's behavior is reported as unprofessional or unethical by the preceptor.
- A student does not promptly follow through with responding to correspondence or taking action in clerkship arrangements as directed by the department.
- A student does not respond to FMU PA Faculty or Staff as instructed.
- A student fails to meet deadlines for PA Department required assignments.

OUT-OF-STATE CLERKSHIPS

Students may request out-of-state clerkships. The student must present a request in writing for an out-of-state clerkship to the Clinical Coordinator/Coordinator of Preceptor Recruitment no later than four months, and preferable six months, before the anticipated start date. In no case will the Clinical Coordinator/Coordinator of Preceptor Recruitment consider a request for an out of state clerkship less than four months ahead. Students are cautioned that some out-of-state clerkships are not feasible due to the inability to establish an affiliation agreement. The feasibility may not be known until an attempt is made to establish the agreement.

EVALUATION METHODS (B4.01a)

Clinical performance will be evaluated each clerkship and may include the following assessment mechanisms:

1. End of Clerkship Examination (EOR exam)
2. Preceptor Evaluation of Student (see Blackboard/Typhon)
3. OSCE
4. Student evaluation of Preceptor and Site
5. End of Clerkship Oral Case Presentation
6. SOAP and H&P notes
7. Procedure logs and patient encounters in Typhon

TYPHON TRACKING SYSTEM

Typhon Group Physician Assistant Tracking System is an electronic tracking system for students to log patient encounters, skills and procedures. Students are required to log information regarding patients seen daily. All logging for the week must be completed by Sunday at 11:59 PM EST. All submissions are reviewed by the program weekly (Mondays). Students are contacted if the weekly review shows inadequate patient care experiences either in age groups (infant, child, adolescent, adult, elderly) or in categories of preventative, acute, chronic, or emergent. The Clinical Coordinator and Coordinator of Preceptor Recruitment will discuss ways to maximize clinical opportunities for the remaining time in the clerkship.

Typhon Group Patient Logging: Patient logs and will be evaluated on the following criteria:

- Logging an of patients per clerkship as determined by the accuracy and completeness of care for type of patient encounter.
- Completeness of information provided (no missing data).
- Meeting the deadline for turning in the patient log.
- Logging patients on a regular basis. Patient logs will be checked weekly to ensure that students are entering patient encounters on a regular basis.
- Logging accurate information for the criteria listed below. Any information that is deliberately logged incorrectly will be considered as fraud and referred to the SAPC.

Patient encounters will be checked weekly to include the following information:

- Date of encounter

- Clerkship type
- Clerkship site
- Preceptor
- Patient age (infant, child, adolescent, adult, or elderly)
- Patient Acuity category (preventative, chronic, acute, or emergent)
- Patient gender
- Patient ethnicity
- ICD 10 Diagnosis codes – to include all diagnoses assigned to the patient
- CPT Billing codes
- Procedures

Patient tracking/logging is NOT optional and must be on time. Many credentialing agencies (i.e. hospitals) require student patient tracking logs for verification of adequate training to perform duties and responsibilities as a Physician Assistant. If a student fails to comply with these requirements, the clinical team will discuss a remediation process. This may include a warning letter placed in the student's file and a referral to the SAPC.

ATTENDANCE POLICY (A3.02)

Expectations
Students are expected to be present at their clerkship site for the total scheduled hours per clerkship. Each clerkship is four weeks in-length. The student is expected to be present each day you are scheduled by your preceptor. The preceptor will give each student their individual clerkship schedule. A clerkship is expected to require approximately 40 hours per week, although some clerkships may vary. If a clerkship is scheduled 5 days a week (example Monday through Friday), the student is expected to attend all 5 days. If a clerkship is scheduled at a site with various shifts (example 12 hour shifts, weekends, or take call), the student is expected to attend all the scheduled shifts. If a student has an issue with their schedule they should contact the Clinical Team. Clerkship attendance will be reflected in the preceptor's final evaluation.

Absences
The FMU PA Department understands situations do occur in life. If a student has a third absence during a clerkship then this will result in the student being referred to the SAPC which may result in the student repeating a clerkship. After an absence has occurred the Clinical Rotation Absence Form (page 68) should be completed and submitted to the clinical administrative assistant upon returning to the clerkship. If the form is not submitted the student will be referred to the SAPC.
If a student has an absence request, the Clinical Clerkship Absence Form (Appendix H) should be submitted to the Clinical Team at least 45 days prior to the requested date. A request is not guaranteed to be approved. The Clinical Team will contact the student with a response within one week.
Failure to comply may prolong the length of the Program and delay graduation.

Holidays
Students are expected to work the same holiday schedule that the preceptor follows. FMU PA student clinical year schedule does not follow the FMU holiday schedule.

Pregnancy
There are areas of clinical medicine and clinical practice that present hazards or potential danger to an expectant mother, and/or unborn child. A student who is pregnant at the time of matriculation, or becomes pregnant at any time before graduation, is required to inform the Clinical Coordinator/Coordinator of Preceptor Recruitment and their faculty advisor. The preceptors and sites may have their own

guidelines/policies regarding pregnant students and the program has no authority over a clinical site's policies. Missed time on a clerkship, return to campus conferences, lectures, or other program requirements due to pregnancy will be treated as any other absence. If an issue arises, the SAPC will review each instance on a case-by-case basis.

REMEDIATION AND DECELERATION (A3.15c,d)

The goal of remediation is to assist a student in mastering the area of study in which s/he has demonstrated a deficiency. Remediation/deceleration are processes to resolve a student's inability to achieve a clerkship competency. If a student is identified as having deficiencies, they will be provided supplemental study material and offered additional faculty instruction. It will consist of counseling with the student's advisor or with a subject matter expert to identify areas of deficiency and the provision of supplemental study materials.

All students in the FMU PA Program are required to achieve 80% or better average in each of their clerkships and an overall GPA of 3.0 or higher to progress through and graduate from the program. In the clinical portion of the Program, a student must remediate any failed assessment (e.g. EOC exam, Typhon logging, case presentation, OSCE) and pass a remediation process regardless of clerkship grade. However, failure of a Preceptor Evaluation will automatically result in a failed clerkship.

EOC Exam
If a student fails an end of clerkship examination, they will be referred to the SAPC to determine a remediation plan. However, the failed examination does still count as a failure. If a student fails two (2) end of clerkship examinations, they will be referred to the SAPC regardless of the student's overall clerkship grade and may be subject to dismissal.

Preceptors Evaluation
If the student scores a one (1) on any portion of the Preceptor Evaluation they will fail the clerkship. If they receive a two (2) on any portion of the evaluation, they will require remediation with an assigned instructor, in the area that they are deficient. Students who fail a preceptor evaluation will fail the clerkship regardless of the overall clerkship grade. These students will be referred to the SAPC and will be required to repeat the clerkship, which may delay graduation.

OSCE
Students will be allowed to repeat one (1) failed OSCE during clinical year and will be referred to SAPC. After two (2) failed OSCE's the student will be referred to the SAPC and will have met the criteria for dismissal.

Any student that has received a failing grade for a clerkship or twice fails an end of clerkship exam will be referred to the SAPC to discuss their future in the program. The student should note that a delay in graduation will result in additional tuition. A student who is unable to complete a clerkship due to extenuating circumstances, such as major illness or injury, will be referred to the SAPC.

Once a decision has been made by the SAPC, the decision is then reported to the Program Director for final approval. *For information related to the Appeals Process, please see page 33.*

END-OF-CLERKSHIP ACTIVITIES (B4.01a,b)

Students will return to the FMU PA Department at the end of each clerkship for several days of clerkship activities. Attendance is mandatory to all activities. These activities may include the OSCE's, case

presentations, soap notes, history and physical notes, guest lectures, community activities, inter-professional opportunities, skills workshop, and end of clerkship exam.

GRADUATION REQUIREMENTS (A3.12g, A3.15e)

For a student to graduate they must have successfully completed all courses and clinical experiences with a grade of "B" or better, overall GPA of 3.0 on a 4.0 scale, be in good standing with the program (not on academic or disciplinary probation), and successfully complete the Summative Evaluation.

SUMMATIVE EVALUATION – PA 720 CAPSTONE (4.03a-e)

During the final semester of the program, students will complete PA 720 Capstone course. During this course the student will complete a summative evaluation within the last 4 months of the Program. The Summative evaluation will verify that each student meets the program competencies required to enter clinical practice. The summative evaluation will consist of the following evaluation methods and cover the following technical areas.

- A summative multiple-choice examination. (PAEA EOC Exam)
- A series of Objective Structured Clinical Exams (OSCEs) assessing patients with complex medical conditions requiring use of:
  - clinical and technical skills,
  - clinical reasoning and problem-solving abilities,
  - interprofessional skills,
  - medical knowledge
  - professional behaviors

- A capstone paper – the student should reflect upon a direct experience during the clinical year in which care of a patient was related to a health disparity or health policy and what the outcome was. The student should discuss what evidence-based guidelines were followed, discuss current research regarding support of the evidence-based guidelines and/or policy, discuss how this experience will affect the student's future practice, and how the student's awareness of the health disparity or policy has been affected.

A student's failure of any part of the summative evaluation requires remediation for the student to graduate.

Student Handbook Agreement (A3.02)

As a student of the Francis Marion University Physician Assistant Program:

I understand and agree that I must abide by and am governed by all school and University policies wherever they may reside, including, but not limited to, the Physician Assistant Program Student Handbook and FMU Student Handbook, as they may be changed from time to time.

I understand that I can review the Student Handbook in its entirety as it is posted on the Francis Marion University Physician Assistant Program Website. (here)

By signing this form, I understand that it is my responsibility to read the Handbook and familiarize myself with the policies and regulations established by the Francis Marion University Physician Assistant Program.

I also signify that I have read and understand the following documents and hereby pledge my support:

- FMU Honor Code
- Francis Marion University Physician Assistant Handbook

I understand what is expected of me as a student of the Francis Marion University Physician Assistant Studies Program.

**Rename the Form as: Last Name, First Name, Attestation Fall 2026. Save as PDF and send to rita.brantley@fmarion.edu by August 15, 2026.

_____
Signature

_____
Print Full Name

_____
Student ID

_____
Date

Signed Technical Standards Testament (A3.02, A3.13e)

Francis Marion University Physician Assistant Program 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) motor skills and strength, (2) communication, (3) sensory, (4) conceptual, integrative and quantitative abilities, (5) behavioral and social, and (6) safety.

(*Please refer to pages 8-10 for contents of each category above)

Candidates offered a seat in the program are required to sign this testament, verifying understanding and that they meet these Technical 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.

**Rename the Form as: Last Name, First Name, Attestation Fall 2026. Save as PDF and send to rita.brantley@fmarion.edu by August 15, 2026.

_____
Signature

_____
Print Full Name

_____
Student ID

_____
Date

Consent for Release of Student Information Form

NCCPA Personal Information Release

I authorize the FMU Physician Assistant Department to release to The National Commission on Certification of Physician Assistants (NCCPA) my name, social security number, date of birth, gender, address, email address, graduation date and any other information that they may require to ensure my eligibility to take the PANCE.

Initials_____

Criminal Background Checks and Drug Screening

Certain federal, state and local regulations now require students to provide criminal background checks and, in some cases, drug screen results to prospective clinical sites. I authorize the FMU Physician Assistant Department to release the results of my background check and/or drug screen to clinical sites and/or preceptors as needed to facilitate scheduling of clinical clerkships.

Initials_____

Release of Immunization Information and TB Test Results

I authorize the FMU Physician Assistant Department to release my personal information regarding immunization status and TB test results to preceptors, hospitals, or other institutions that require that information to allow me to function in the role of a PA student in their areas of authority.

Initials_____

I authorize the FMU Physician Assistant Department to release my information as outlined in the above paragraphs.

Student Name: _____
(Print)

_____ _____

Student Signature Date

_____ _____

Witness Signature (FMU Faculty/Staff) Date

**Rename the Form as: Last Name, First Name, Attestation Fall 2026. Save as PDF and send to rita.brantley@fmarion.edu by August 15, 2026.

Incident Report

(A3.08b)

In the event you are injured, suffer a needle stick/sharps injury, your highest priority is prompt treatment. Do not delay seeking appropriate treatment to fill out paperwork or make notifications. Students should comply with all accident/injury protocols in place at the clinical site. In the absence of a protocol, seek treatment in the nearest emergency department.

Student Name: _____ Date: _____

Course:

_____

Nature of Incident

Date of Incident: _____ Approximate Time of Incident: _____

Did the incident involve possible exposure to blood born pathogen? ___ No ___ Yes (see below)

Description of Incident:

_____

_____

_____

_____

Actions/first aid taken immediately following incident:

_____

_____

_____

Notifications	Date and Time Notified
Clinical Preceptor/Instructor	
Onsite Health Services/Employee Health/ED	
Clinical Coordinator/Program Director	

_____ _____

Student Signature Date

PA Professional Oath:

I pledge to perform the following duties with honesty and dedication:

- I will hold as my primary responsibility the health, safety, welfare and dignity of all human beings.
- I will uphold the tenets of patient autonomy, beneficence, nonmaleficence and justice.
- I will recognize and promote the value of diversity.
- I will treat equally all persons who seek my care.
- I will hold in confidence the information shared in the course of practicing medicine.
- I will assess my personal capabilities and limitations, striving always to improve my medical practice.
- I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.
- I will work with other members of the health care team to provide compassionate and effective care of patients.
- I will use my knowledge and experience to contribute to an improved community. I will respect my professional relationship with the physician.
- I will share and expand knowledge within the profession.

These duties are pledged with sincerity and upon my honor.

_____ _____

Student's Signature Date

**Rename the Form as: Last Name, First Name, Attestation Fall 2026. Save as PDF and send to rita.brantley@fmarion.edu by August 15, 2026.

FMU Physician Assistant Department
Clinical Rotation Absence Form

This form is to be completed any time a student is absent from Clinical Rotation for any reason. It should be faxed to the program office as soon as possible.

Student Name:	
Preceptor Name:	
Rotation Type:	
Date of Absence:	
Hours of Absence:	□ full-day □ half-day
Reason for Absence:	
Make-up date:	

Notes:

_____ _____

Student's Signature Date

_____ _____

Preceptor's Signature Date