



**Francis Marion University
Physician Assistant Studies
Student Manual**

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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.

FMUPAP MISSION STATEMENT

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

- Maintain a pass rate above the national average for PANCE
- Maintain an attrition rate of 3.5% or less
- The employment rate at 6 months after program completion will be 95%
- Strive for 50% of graduates employed in primary care
- Provide all students a clinical experience in an underserved area

FMUPAP LEARNING OUTCOMES

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

1. Medical Knowledge

- a) **Knowledge** and understanding of the established and evolving biomedical and clinical sciences and the application to patient care involving infants, children, adolescents, adults, and elderly in medical and surgical settings to include pre-operative, intra-operative, and post-operative care. (B1.02, B3.03a, B3.03c).
- b) **Knowledge** base of anatomy, physiology, genetics and molecular mechanisms of health and disease and their application in clinical practice (B2.02a, b, e).
- c) **Knowledge** and understanding of pathophysiology in all organ systems and disease processes and the application in clinical practice to include preventive, emergent, acute, and chronic encounters as well as prenatal, gynecological, and behavioral and mental health conditions. (B2.02c, B2.03, B3.02, B3.03b, B3.03d).
- d) **Knowledge** of pharmacology principles and an understanding of the pharmacotherapeutics to provide appropriate pharmacologic therapy and implementation of an appropriate patient treatment plan (B2.02d, B2.05, B2.09).

- e) **Knowledge** of professional issues related to practice as a physician assistant (B2.17).

2. Patient Care

- a) Demonstrate the **clinical and technical skills** of eliciting a medical history and performing a physical examination that is relevant and accurate of patient information across the lifespan (infants, children, adolescents, adult, and elderly) and the ability to appropriately differentiate preventive, acute, emergent, and chronic patient presentations as well as manage prenatal, gynecological, and behavioral and mental health encounters (B2.05, B3.02, B3.03a, B3.03b, B3.03d).
- b) Knowledge of routine **clinical and technical skills** and more specialized diagnostic studies/procedures and the ability to accurately interpret the diagnostic studies/procedures for patient care (B2.05).
- c) Competency in medical and surgical **technical skills/procedures** that are required by the program to include pre-operative, intra-operative, and post-operative care of patients. (B2.07, B3.03c).
- d) Develop a diagnostic and therapeutic management plan based on patient information and **clinical reasoning** and **problem solving skills** for common medical, surgical (pre-operative, intra-operative, post-operative), gynecological and prenatal, and behavioral health conditions across the life span (infants, children, adolescents, adults, and elderly), taking into consideration cost, sensitivity/specificity, invasiveness, appropriate sequencing, and level of acuity (preventive, acute, emergent, chronic) (B1.07, B2.06, B2.10, B3.02, B3.03a, B3.03b, B3.03c, B3.03d).
- e) Apply **clinical reasoning** and **problem solving skills** of patient data by utilizing medical knowledge to develop a differential diagnosis and patient management that applies the principals of epidemiology and evidence-based medicine (B2.05, B2.10).

3. Interpersonal and Communication Skills

- a) Utilize **medical knowledge** and **interpersonal skills** to provide accurate patient education inclusive of health promotion and disease prevention in oral and written forms taking into consideration literacy, diversity, inclusiveness of family/caregivers and utilization of other healthcare professionals and community resources/services for medical, surgical (pre-operative, intra-operative, post-operative), prenatal, gynecological, and behavioral and mental health conditions. (B1.06, B1.08, B2.04, B2.09, B2.12, B3.03b, B3.03c, B3.03d).
- b) Demonstrate **interpersonal skills** that provide clear and effective communication in oral and written forms with patients, family/caregivers and members of the healthcare interprofessional team to provide competent comprehensive patient-centered care across the lifespan (infants, children, adolescents, adults, and elderly) related to preventive, emergent, acute, and chronic encounters. (B1.08, B2.17, B3.02, B3.03a).
- c) Demonstrate patient education skills that are culturally sensitive for patients from diverse populations and help patients cope with their illness, injury and stress to promote positive health behaviors (B2.05, B2.08, B2.09, B2.12).
- d) Demonstrate the **interpersonal skills** necessary to effectively collaborate interprofessionally with all members of the healthcare team (B1.08).

4. Professionalism

- a) Demonstrate **professional behavior** with high ethical standards sensitive to the patient, family/caregiver and members of the health care team across the lifespan (infants, children, adolescents, adults, elderly) (B2.16, B2.17, B3.03a).
- b) Demonstrate respect for self and others, tolerance, empathy, and confidentiality (B1.05).
- c) Understand and abide by all practice laws and regulations as a physician assistant and be committed to ethical principles and knowledge of current health care and legal issues to ensure that best care practices are provided in a **professional manner** during preventive,

emergent, acute, and chronic encounters involving medical, surgical (pre-operative, intra-operative, post-operative), prenatal, gynecological, and behavioral and mental health conditions. (B2.14, B3.02, B3.03b, B3.03c, B3.03d).

- d) Demonstrate reliability, positive work ethic, and commitment to on-going professional development (B1.05).

5. Practice-Based Learning and Improvement

- a) Be knowledgeable of the public health system and the role of providers in disease prevention and public health (B2.12).
- b) Demonstrate ethical principles and implement best practice principles in patient safety, quality improvement, risk management, and prevention of medical errors (B2.13, B2.16).
- c) Maintain practice-based and **problem-solving skills** with continued critical analysis of medical literature to evaluate manage and improve patient-centered care (B2.10).
- d) Understand the impact of racial, ethnic and socioeconomic health disparities on health care delivery (B1.06).

6. System-Based Practice

- a) Demonstrate responsiveness and **clinical reasoning** to systems-based practice by practicing cost effective care and resource allocation that does not compromise the quality of care (B2.13, B2.12).
- b) Understand reimbursement as it relates to coding, billing, and documentation of care (B2.15).
- c) Understand the use of technology resources to support patient care and patient education (B2.10).
- d) Understand the health care delivery systems and health care policy and concepts of public health (B2.11, B2.12).

TECHNICAL STANDARDS

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.

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

Motor Skills and Strength

- Motor skills necessary to elicit information from patients through performance of the physical examination techniques of inspection, palpation, percussion, and auscultation;
- Ability to safely perform techniques of physical examination;
- Motor functions 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;

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- 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 team;
- 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;
- Ability to adapt to environments that change rapidly without warning and/or in unpredictable ways;
- Accept supervision and apply 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 in regard to 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 because of disability may require special arrangements in order to meet course requirements, must first obtain approval for accommodations through the University's Office of Disability Support Services. Once accommodations are approved, the student must meet with the program director. Accommodations are for present and future activities and are not retroactive. Students will not receive special arrangements unless accommodations are approved by the University's Office of Counseling and Testing.

DRUG SCREENING

- 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

- **On-campus**
 - 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

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 2012 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.

Medical Knowledge

Knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

Patient Care

Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients
- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

Systems-Based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistants are expected to:

- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- practice cost-effective health care and resource allocation that does not compromise quality of care

- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide effective, efficient patient care
- recognize and appropriately address system biases that contribute to health care disparities
- apply the concepts of population health to patient care

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

Practice-Based Learning & Improvement

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Interpersonal and Communication Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in

effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

NCCPA CODE OF CONDUCT FOR CERTIFIED AND CERTIFYING PAS

(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 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

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.

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

Can be found on the FMU web page <http://www.fmarion.edu/about/refundschedules>

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.

ATTIRE

Didactic Phase

All students must wear: 1) publicly acceptable attire in the classroom setting. Clothing that exposes areas of the chest, abdomen, and midriff or back is unacceptable. 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 and a bathing suit top covered by a T-shirt. Sandals or flip-flops are permissible 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 dress pants, shirts and ties. 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, sweat shirts, hoodies, T-shirts, tank tops, halter tops, off the shoulder or strapless tops or clothing with rips/tears. No hats.

COATS: A white lab coat with an embroidered FMUPAP logo will be worn at all times unless directed otherwise by the preceptor.

SHOES: Wear closed toe dress shoes. No tennis shoes, clogs, sandals, flip flops or shoes with heels > 2".

EAR RINGS - no more than one earring per ear, no dangling or oversized earrings. No ear lobe stretching (gauging). 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 and clean. No artificial nails or gel nails.

TATTOOS: No visible tattoos (must be covered during work hours).

PERFUME / AFTER-SHAVE: No perfumes or after-shaves/colognes.

HAIR: Hair should be clean and arranged so as not to interfere with patient care.

IMMUNIZATION REQUIREMENTS

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.

Meningococcal

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

CDC VACCINATION GUIDELINES

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 unvaccinated 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 varicella or herpes zoster (shingles) by a healthcare provider.

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, without 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)

References

- 1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
- 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

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.**
- 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

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

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

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

The Program discourages students from having outside employment while in the Program. If a student feels that it is necessary to work while in the Program, it is advisable that the student informs his faculty advisor of

this need. Program expectations, assignments, deadlines and responsibilities will not be altered or adjusted to accommodate working students and it is expected that the student employment will not interfere with the student learning experience. Any conflict that may arise due to outside employment may be brought to the Student Affairs and Progression Committee (SAPC).

POLICY ON STUDENT WORK TO BENEFIT THE PROGRAM

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 FACULTY PROVIDING HEALTHCARE TO STUDENTS

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 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.

Section III: Program Policies and Procedures

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

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

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

Successful completion of every course and clinical rotation with a minimum grade of 70% is necessary 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 69.50 is the minimum grade needed to pass this course, as this is rounded to a 70. 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 for review.

CELL PHONE USE

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

Social media is 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, 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.
- 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 and 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?

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.

FMUPAP Student Manual

- 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

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

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)

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. 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 to the Grades Appeal Committee as per the appeals policy outlined in the FMU Catalog.

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

Academic Improvement Process (AIP)

When a student earns a score of less than 70 on a test or assignment, the student will be required to complete the Academic Improvement Process (AIP).

- 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:
 - instructor and student may review exam questions to determine areas of misunderstanding and/or how to approach test questions,
 - a group or individual oral presentation that demonstrates competence in the areas tested, OR some combination of the above
 - 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
- **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 grasp 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 directly to the Program Director.
- **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

A didactic phase student may be placed on Academic Warning if the student fails two (2) exams in a semester. The period of Academic Warning will be articulated in writing for 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

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 70% 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 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

- 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 will 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

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

STUDENT SERVICES

Career Development

The FMU Office of Career Development provides information about career development and job placement.

Counseling and Testing

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.

Personal Counseling

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.

Services for Students with Disabilities

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.

SUBSTANCE ABUSE

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:

Resources for Education and Treatment

On-campus

- 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)

PROCEDURES FOR GRIEVANCES AND COMPLAINTS

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: <https://www.fmarion.edu/studentaffairs/#1498657712235-676ef864-0e78>

DISCRIMINATION AND HARASSMENT POLICY

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 (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. 843-661-1146**

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.

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

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 ROTATION OVERVIEW

Clinical rotations 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 rotations.

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

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

Rotations 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

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 rotation has a syllabus that identifies instructional objectives, competencies, and required textbooks. Instructional objectives and clinical competencies, for each rotation, 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 rotation will be different but there are a set of rules that apply to all rotations:

- 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 rotation.
- 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 rotation 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 ROTATION DESCRIPTIONS

The clinical year of the program consists of nine required rotations. All rotations are five weeks in length, four weeks at the clinical site and the fifth week at the FMU facility for evaluations and activities. The following are the clinical courses:

- **710 Family Medicine Clerkship (4)** (Prerequisite: Completion of the didactic curriculum) F, S, SU. 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. This clerkship provides students with experience in managing common gynecologic issues and disorders as well as prenatal care under the supervision of experienced preceptors.
- **712 Pediatrics Clerkship (4)** (Prerequisite: Completion of the didactic curriculum) F, S, SU. This clerkship provides students with extensive clinical exposure to aspects of pediatrics under the supervision of experienced pediatric preceptors.
- **713 Behavioral Health Clerkship (4)** (Prerequisite: Completion of the didactic curriculum) F, S, SU. This clerkship provides students with extensive clinical exposure to the major aspects of behavioral health care under the supervision of experienced preceptors.
- **714 Emergency Medicine Clerkship (4)** (Prerequisite: Completion of the didactic curriculum) F, S, SU. This clerkship provides students with experience in triage, evaluation, and management of patients in the emergency department under the supervision of experienced preceptors.
- **715 Internal Medicine Clerkship (4)** (Prerequisite: Completion of the didactic curriculum) F, S, SU. This clerkship provides students with extensive clinical exposure to the major aspects of internal medicine care under the supervision of experienced preceptors.
- **717 General Surgery Clerkship (4)** (Prerequisite: Completion of the didactic curriculum) F, S, SU. 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.

- **718 Elective Clerkship (4)** (Prerequisite: Completion of the didactic curriculum) F, S, SU. 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.
- **719 Primary Care Elective Clerkship (4) (Prerequisite: Completion of the didactic curriculum)** F, S, Su. 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.
- **720 Physician Assistant Capstone (1)** (Prerequisite: Completion of six rotations) 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.

CLINICAL COMPETENCIES DOMAINS

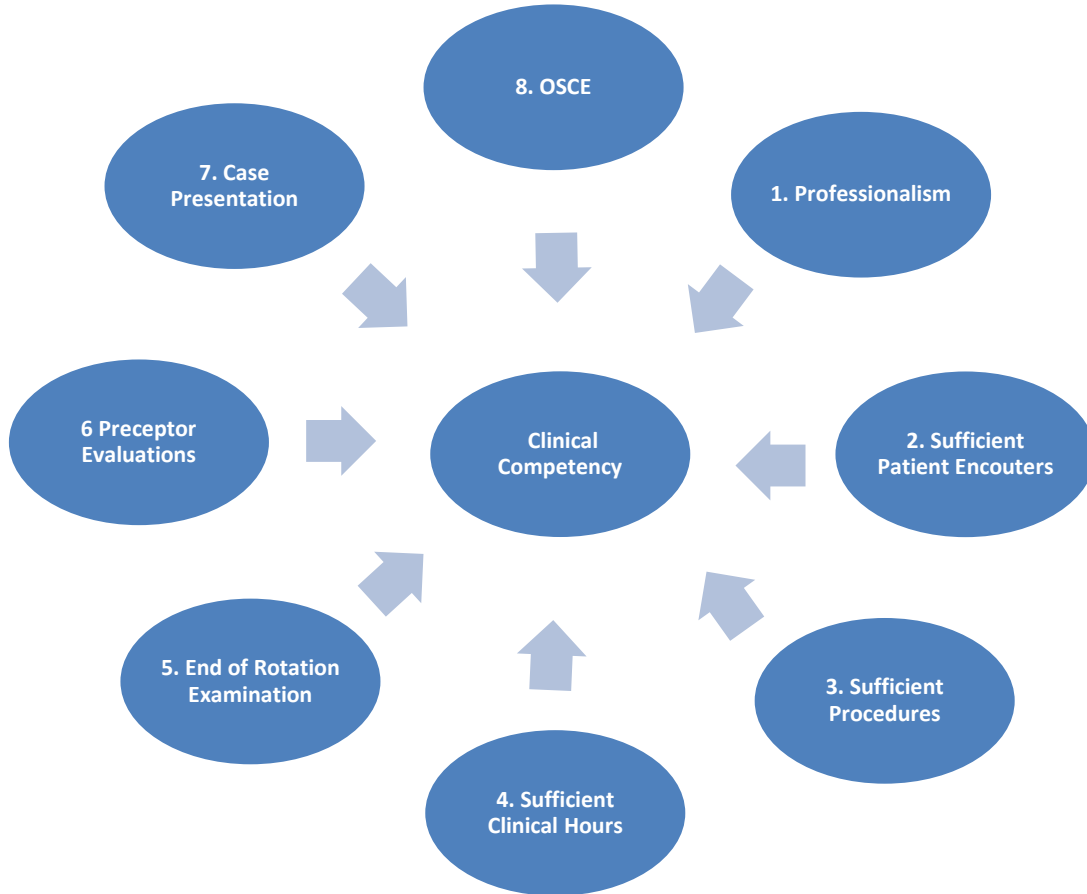


Figure 1

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 site visits to students while on rotations. Professionalism is part of the faculty member’s assessment of the student. The preceptor also evaluates professionalism on the Preceptor Evaluation Form, specifically assessing students’ punctuality, ability to dress appropriately, and cultural competency.

2. Sufficient 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 rotations and one elective rotation. The program has established goals for patient encounters for each student per rotation as well as goals for patient acuity level, care setting, age, surgical settings, and specific types of patient encounters. The table below defines goals for various type of patient encounters to ensure a sufficiently broad exposure to clinical care.

Goals for Clinical Encounters for Entire Clinical Year

Group I (B3.02)	Classification of Patient Encounter Based on Acuity Level									
	Preventive		Emergent		Acute		Chronic			
	40		25		300		200			
Group II (B3.04)	Classification of Patient Encounter Based on Setting									
	Outpatient		Emergency Room		In-Patient		Operating Room			
	400		40		40		20			
Group III (B3.03a)	Classification of Patient Encounter Based on Age									
	Infants		Children		Adolescents		Adults		Elderly	
	0 – 1		1– 11		12 – 17		18 – 64		> 65	
Age (yrs)	10		40		25		200		80	
Group IV (B3.07)	Classification of Patient Encounter Based on the Rotation									
	Family Med.	PEDS	Emergency Med.	Int. Med. (out-pt.)	Int. Med. (in-pt.)	Women’s Health	Gen. Surgery	Beh. Med.		
	40	40	40	40	40	40	40	40	40	
Group V (B3.03c)	Classification Based on Surgical Setting									
	Pre-operative			Intra-operative			Post-operative			
	10			10			10			
Group VI (B3.03b and d)	Classification Based on Specific Type of Encounter									
	Women’s Health				Behavioral Health					
	10 Pre-natal				40					
20 GYN										

- 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. Groups I-III & V-VI include interaction types that can be encountered and logged at any time during the clinical phase regardless of the assigned rotation.
- d. Group IV shows the minimum number of patient encounters students must complete within the assigned dates of that particular rotation. These numbers cannot be logged outside of the assigned rotation.
- e. 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 rotation. In this case, the student would be able to log an encounter that counts towards Groups I (Acute), II (Outpatient), III (Adult), IV (Family Medicine) and VI (Behavioral Health).
- f. 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 the benchmarks in any domain to ensure the quality of the interactions and instruction.
- g. Students' Typhon logs will be checked weekly by clinical faculty. Students who are not meeting clinical encounter benchmarks may be moved to a different site or may be assigned a rotation during their elective block to meet benchmarks.

3. Sufficient Procedures

- a. Students will be required to log procedures they perform (see table 1 at the end of this section). 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 rotation.
- 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.

4. Sufficient Clinical Hours

- a. The rotation clinical hour benchmark is distinct from the patient encounters benchmark. Completing the minimum time on rotation does not eliminate the need to see the minimum number of patients required for that rotation.
- b. For all rotations, students must complete and log a minimum of 135 hours of on-site time with their preceptor. However, it is expected that on all rotations, students will work 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

At the end of each rotation, students will take a standardized written examination. Each exam will be specific to the rotation. The questions will be based on the PAEA Blueprint and Topic Lists.

6. Preceptor Evaluations

- a. The FMU PA program uses a Likert scaled Preceptor Evaluation of Student Form to evaluate the student at the end of the rotation. 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 rotation.
- c. Each preceptor is evaluated by the Clinical Coordinator prior to the student beginning the rotation. At the time of the initial visit, the Clinical Coordinator explains the Preceptor Evaluation of Student Form, reviews instructional objectives for the rotation, and provides a copy of the Preceptor Orientation Handbook. All questions regarding the evaluation process are answered at this time.

7. Case Presentation

At the end of Family Medicine, Behavioral Health, Pediatrics, and Primary Care Elective rotations, 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

To ensure competency, each student will be required to complete one (1) OSCE in week 5 that is relevant to their completed rotation. 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 rotation. 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 Student Handbook. This process will allow the program to monitor, measure, and document that each student has met program expectations after each rotation experience.

9. Clinical Competency

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.

Table 1

Procedures for Clinical Clerkships	Minimum to be logged
Adm. Of local anesthesia	10
Assist in surgery – this number represents actual participation	15
Auscultate fetal heart sounds	10
Culture collection (blood, throat, wound, vaginal)	15
Demonstrate aseptic technique	25
EKG interpretation	20
Explanation of medication to patients	20
Explanation of procedures	25
Injections	10
Pelvic Exam	5
Rectal Exam	5
Suturing	15
Well-child exam	15
Wound care & dressing	20
Radiologic Studies Interpretation-CXR	20
Radiologic Studies Interpretation – Other (AXR, skeletal, etc.)	15
Casting & splinting & applying a sling	7
PAP smear collection	5

RESPONSIBILITIES & EXPECTATIONS

Clinical Faculty

The Clinical Coordinator and Director of Preceptor Recruitment 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 Rotations**

- Clinical Coordinator and Director 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 (A1.02).
- Arrangement of clinical rotations 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 Director of Preceptor Recruitment or Clinical Coordinator. It is the responsibility of the Director of Preceptor Recruitment or Clinical Coordinator to contact, evaluate, and secure clinical sites and preceptors. (A3.03).
- Clinical Coordinator and/or Director of Preceptor Recruitment will determine the most appropriate rotation sites.
- Clinical Coordinator and/or Director of Preceptor Recruitment will determine the most appropriate timeframe of each rotation. 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 (A1.03g).
- 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 rotation.
- 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**

During clinical experiences FMU PA faculty will visit each student at least two (2) times during the clinical year. FMU PA faculty will 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 rotations.

- family medicine
- internal medicine
- general surgery
- pediatrics
- women's health
- emergency medicine
- behavioral medicine

Preceptors practicing in various subspecialties may be utilized for elective rotations. Other licensed health care providers experienced in their area of instruction may be designated as preceptors for supervised clinical rotation 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 rotation 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.

- **Licensure**

Providers approved as preceptors must be licensed within the state in which they will be providing rotation 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 rotation 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.

- **Preceptor Affiliation Agreement**

Will be established when preceptors are in private practice or otherwise act as the agent of the clinical site for purposes of providing student clinical training experience (A1.02).

- **Responsibilities**

- At the beginning of each student's clinical rotation, 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 rotation.
- 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 rotation.

Student Responsibilities

The goals for the FMU PA students are to learn and acquire skills in order 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 Director 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 (Caitlin Jordan, PA-C at caitlin.jordan@fmarion.edu) Director of Preceptor Recruitment (Traci Coward, MPH, CTRS at tcoward@fmarion.edu) at the earliest opportunity.
- 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, and FMU PA Student 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 and the Incident Report 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 rotation.
- 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 rotation through completion of a Preceptor and Site Evaluation by Student.
- 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 rotation that meets Department standards, where they would like to rotate, FMU PA Department will investigate the rotation site and determine if it meets our standards. Please note that students are not required or allowed to arrange their own rotations and in some cases students may not be able to rotate in a rotation of their choosing. Should the student identify a special rotation 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 Director of Preceptor Recruitment to communicate details of a rotation 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 Director of Preceptor Recruitment's discretion.
- If appropriate, the Clinical Coordinator or Director 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 at considerable distance. Students are responsible for their own transportation for end-of-rotation activities and throughout the clinical experience. Additionally, should a student elect or be assigned to a clinical rotation away from home the student has the responsibility to arrange and cover housing costs and living expenses.

PAPERWORK FOR ROTATIONS

Students are responsible to read and complete all instructions in the TYPHON scheduling database. All rotations 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 Signature Pages before beginning the rotation 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 rotation and have the preceptor sign confirming completion.
- Encouraged to give their preceptor a Thank You note upon completion of each rotation. 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

- 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 rotations.
- 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 rotation site organization. These are on file in the office of the PA Administrative Assistant.
- 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 rotation/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 rotation and fails to notify the preceptor and Clinical Coordinator/Director 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 rotation 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 ROTATIONS

Students may request out-of-state rotations. The student must present a request in writing for an out-of-state rotation to the Clinical Coordinator/Director of Preceptor Recruitment no later than four months, and preferable six months, before the anticipated start date. In no case will the Clinical Coordinator/Director of Preceptor Recruitment consider a request for an out of state rotation less than four months ahead. Students are cautioned that some out-of-state rotations 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

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

1. End of Rotation Examination
2. Preceptor Evaluation of Student (see Blackboard/Typhon)
3. OSCE
4. Preceptor and Site Evaluation by Student
5. Required notes written notes
6. End of Rotation Oral Case Presentation
7. Procedure logs and patient encounters in Typhon

TYPHON TRACKING SYSTEM

Typhon Group Physician Assistant Tracking System is an electronic tracking system to log patient encounters 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 or in categories of preventative, acute, chronic, or emergent. The Clinical Coordinator and Director of Preceptor Recruitment will discuss ways to maximize clinical opportunities for the remaining time in the rotation.

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

- Logging an appropriate number of patients per rotation 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
- Rotation type
- Rotation site
- Preceptor
- Patient age
- 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

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

Expectations

Students are expected to be present at their rotation site for the total scheduled hours per rotation. Each rotation 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 rotation schedule. A rotation is expected to require approximately 40 hours per week, although some rotations may vary. If a rotation is scheduled 5 days a week (example Monday through Friday), the student is expected to attend all 5 days. If a rotation 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. Rotation attendance will be reflected in the preceptor's final evaluation.

Absences

The FMU PA Department understands situations do occur in life. The third absence during a rotation will result in the student being referred to the SAPC which may result in the student repeating a rotation. After an absence has occurred the Clinical Rotation Absence Form should be completed and submitted to the clinical coordinator upon returning to the rotation. If the form is not submitted the student will be referred to the SAPC.

If a student has an absence request, the Clinical Rotation Absence Form 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/Director 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 rotation, 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.

REMEDICATION AND DECELERATION

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 rotation 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 a 70% or better average in each of their rotations 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 rotation grade. However, failure of a Preceptor Evaluation will automatically result in a failed rotation.

EOC Exam

If a student fails an end of rotation 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 rotation examinations, they will be referred to the SAPC regardless of the student's overall rotation grade and may be subject to dismissal. Students will be allowed to repeat one (1) EOC examination throughout the course of the clinical year and will be referred to SAPC. If student fails a second EOC examination they will be referred to SAPC and may be subject to dismissal.

Preceptors Evaluation

If the student scores 97 or below and/or scores a one (1) on any portion of the Preceptor Evaluation they will fail the rotation. 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 rotation regardless of the overall rotation grade. These students will be referred to the SAPC and will be required to repeat the rotation, 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 rotation or twice fails an end of rotation 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 rotation 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 30.*

END-OF-ROTATION ACTIVITIES

Students will return to the FMU PA Department at the end of each rotation for one week for rotation 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 rotation exam.

GRADUATION REQUIREMENTS

For a student to graduate they must have successfully completed all courses and clinical experiences with a grade of "C" 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

During the final semester of the program, students will complete PA 720 Capstone course. During this course the student will complete a summative evaluation which will include evaluation of the student's knowledge, interpersonal skills, patient care skills, professionalism as well as the program learning outcomes through the following evaluation methods:

- A cumulative multiple-choice examination designed by the program faculty.
- A series of Objective Structured Clinical Exams (OSCEs) assessing patients with complex medical conditions requiring mastery of the physical examination, clinical procedure skills, and high-level clinical reasoning skills.
- 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.
- Student self-evaluation

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