



PHYSICIAN ASSISTANT PROGRAM

Student Program Manual

2018-2019

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INTRODUCTION

The education of a Physician Assistant (PA) involves the development of a broad base of scientific and medical knowledge in conjunction with strong interpersonal, professional, and clinical skills. This base of skills and knowledge is acquired through one's pre-professional education and experience. The PA program's didactic and clinical education provides the foundation for entry level practice in the PA profession. The clinical education, when successfully completed, leads to graduation from the program. After the conclusion of formal training, a PA's education continues throughout her/his career via individual study and formal continuing medical education (CME) programs.

The main purpose of this manual is to provide a reference to the policies and procedures of the Program for students. While policies and procedures are **subject to change** throughout the course of one's attendance in the program, this manual is the compilation of the most current established policies and procedures. The Student Policy Manual is reviewed and updated on an annual basis by the Program Director, Clinical Coordinator, Faculty, and PA Administrative Committee before the beginning of each academic cycle. Students enrolled in the Program will be notified of changes in policy and/or procedure as revisions are made. Policies and procedures outlined in this manual as well as those of UW-L Graduate Studies are intended to be comprehensive and consistent. If a student believes there to be any contradiction or inconsistency between policies or has a question regarding the policies contained herein, he/she is encouraged to bring those to the attention of the Program Director.

I. Mission, Vision, & Goals

The PA Program is a partnership between four institutions, including the University of Wisconsin – La Crosse, Gundersen Medical Foundation, Mayo Clinic School of Health Sciences, and Marshfield Clinic. Students benefit from the expertise of dedicated academic and clinical instructors from all four institutions. Didactic instruction during the first year of the program occurs at the Health Science Center located on the campus of UWL, while clinical instruction during the second year occurs within the three clinical partners' healthcare systems.

The University of Wisconsin-La Crosse, in partnership with the Gundersen Medical Foundation of La Crosse and the Mayo Clinic School of Health Science of Rochester, Minnesota, first established this physician assistant educational program in 1995 as a Bachelor of Science program. In June of 2004, the program enrolled its first class in the Master of Science in Physician Assistant Studies program. In August of 2017, Marshfield Clinic joined the programmatic partnership, providing additional sites for student clinical rotations. The program is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

A. Mission Statement

The mission of our program is to educate highly competent and compassionate PAs who excel in meeting the healthcare needs of the regions served by the partner institutions.

B. Vision Statement

We will continue to be a nationally recognized program by:

- Selecting students with the academic background, interpersonal skills and maturity necessary to be outstanding physician assistants
- Educating students who will excel in improving the health and wellness of patients through the supervised practice of medicine
- Developing students who are grounded in professional ethics, cultural sensitivity, and the use of evidence based medicine.

C. Program Goals & Outcomes

Goal 1: The program will attract highly qualified applicants with the academic background necessary to successfully complete the rigorous training required to become a PA.

Since 2010, the number of applicants received and the ratio of applications to available spots has progressively increased. The pool of applicants remains strong academically, as indicated by GRE scores and undergraduate GPA of those matriculating into the program. The benchmark for our program is for at least 90% of matriculated students to successfully complete and graduate from the program. Our graduation rate over the past 5 years has been 97% with a first time pass rate on the PANCE of 100%.

Goal 2: The program will ensure that its graduates attain the medical knowledge necessary to become highly competent PAs.

The benchmark for our program is a pass rate on the Physician Assistant National Certification Examination (PANCE) at or above the national average for first time takers. The program's benchmark is for all subset scores to be at or above the national mean on both the PANCE and the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT). In addition to objective evaluation, the program utilizes feedback from both student preceptors as well as employers of graduates to assess the effectiveness of the curriculum. The program benchmark for all categories assessed is a mean score of 4.0, on a Likert scale of 1 to 5.

The first time pass rate on the PANCE for our 5 most recent graduating classes has been 100%. In addition, the classes have scored at or above the national average on nearly all sub-scores of both the PANCE and PACKRAT. The students consistently demonstrate excellent patient care as assessed by preceptors during clinical rotations, as well as formative and summative faculty assessments.

Goal 3: The program will ensure the development of excellent interpersonal skills essential for the effective practice of medicine as a PA.

During the didactic year, faculty members assess professionalism and interpersonal skills during formative assessments of history-taking skills as well as classroom interactions before students may progress to the clinical year. Preceptors of students during the clinical year and employers of graduates have consistently rated our students' interpersonal and communication skills favorably on clinical rotation evaluations and employers' surveys, respectively.

Goal 4: The program will educate PAs who will meet the healthcare needs of the regions served by the partner institutions.

The program benchmark is for at least 80% of graduates to be employed in WI, MN, and IA. The Master of Science in Physician Assistant Studies was first offered to the graduating class of 2006. Since that time, 91% of our students have stayed and helped meet the needs of the tri-state area served by the partner institutions upon graduation.

II. Student Learning Goals/Outcomes

The overriding goal of the program is for graduates to demonstrate their abilities to identify, analyze, and manage clinical problems in order to provide competent, compassionate patient care with physician supervision. Graduates are expected to demonstrate competency in the following areas:

1. Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention.

The graduate will acquire and apply core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.

2. Interpersonal & Communication Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information.

The graduate will demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the healthcare system.

3. Patient Care

Patient care includes patient- and setting-specific assessment, evaluation, and management.

The graduate will develop and apply skills necessary to provide care that is effective, safe, high quality, and equitable.

4. Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. It involves prioritizing the interests of those being served above one's own and acknowledging professional and personal limitations. Professionalism also requires practice without impairment from substance abuse, cognitive deficiency or mental illness.

Graduates will demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.

5. Practice-based Learning & Improvement

Practice-based learning & improvement includes the processes through which healthcare providers engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-improvement.

The graduate will be able to assess, evaluate, and improve patient care practices by applying knowledge of study designs and statistical methods to the appraisal of clinical literature and by utilizing information technology.

6. Systems-based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which healthcare is delivered. An awareness of and responsiveness to the large system of healthcare to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient is essential in the practice of medicine.

Graduates will understand the societal, organizational, and economic environments in which healthcare is provided.

* Student Learning Outcomes adapted from Competencies for the Physician Assistant Profession adopted 2012 by ARC-PA, NCCPA, and PAEA, adopted 2013 by AAPA

III. Educational Philosophy

The educational philosophy of the UW-L-Gundersen-Mayo-Marshfield Physician Assistant Program is to provide students with the foundation of basic medical sciences and clinical skills necessary for excellent patient care. The integration of knowledge and skills is facilitated by active learning techniques and broad clinical experiences, helping students to develop levels of critical thinking necessary for clinical decision-making. An emphasis on interpersonal skills and professionalism promotes the development of competent and compassionate physician assistants. The faculty strives to provide professional role modeling of lifelong learning and to promote an educational environment that fosters students' personal and professional growth. The Program is also dedicated to providing an educational experience that provides an equal opportunity for students to learn and develop these competencies in an organized and structured manner. To that end the policies in this manual are articulated on the following pages.

Continuous Self-Assessment

The Program engages in both ongoing and periodic assessments of program effectiveness. Input is actively sought from major stakeholders: representatives of our sponsoring institutions, principal and non-principal instructional faculty, students, alumni, and clinical preceptors. It is through this critical self-analysis the Program seeks to provide the highest quality graduate Physician Assistant education.

IV. Program Policies

A. Upon Admission and Throughout PA Training

1. Technical Standards of Performance

The PA must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Candidates for the PA profession and this PA program must have somatic sensation and the functional use of the senses of vision, hearing, and equilibrium. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibratory) and sufficient motor function to permit them to carry out the activities described in the sections that follow. A PA must be able to integrate all information received by whatever sense(s) is (are) employed, consistently, quickly, and accurately, and must have the intellectual ability to learn, integrate, analyze and synthesize such data.

A candidate for the PA profession and this PA Program must have technical abilities and essential skills which include observation, communication, motor, conceptual, integrative and quantitative, and behavioral and social. Upon admission to the program, the student is responsible for reviewing these technical standards and determining whether or not he/she would need assistance in meeting these standards.

Any student who is uncertain if he/she meets these standards is encouraged to seek assistance from a disability support specialist at the UWL ACCESS Center to suggest possible accommodations.

<https://www.uwlax.edu/access-center/> Technological compensations may be applied to accommodate for some disabilities, but a candidate must be able to perform functions in a reasonably independent manner. If a deficiency is noted by faculty members or preceptors during any phase of the program, the program may not allow the student to progress if it is felt that the deficiency would jeopardize patient care.

Observation:

- a. The candidate/student must be able to observe demonstrations and experiments in the basic sciences, including but not limited to examination

of gross organs and tissues in normal and pathologic states, microscopic studies of microorganisms and technology assisted instruction.

- b. The candidate/student must be able to observe a patient accurately both at a distance and close proximity.

Communication:

- a. The candidate/student should be able to speak, hear, and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive the use of nonverbal communication.

- b. The candidate/student must be able to communicate effectively and sensitively with both patients and their family members.

- c. Communication does not include only speech, but also reading and writing.

The candidate/student must be able to communicate in a professional manner that is both effective and efficient through oral, written, and electronic forms with all members of the health care team.

Motor:

- a. The candidate/student should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.

- b. The candidate/student should be able to execute motor movements reasonably required to provide general care and emergency treatment of patients. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Intellectual-Conceptual, Integrative and Quantitative Abilities:

- a. The candidate/student must be able to demonstrate the following abilities: measurement, calculation, reasoning, analysis and synthesis. Problem solving, a critical skill demanded of physician assistants, requires each of these intellectual abilities.

- b. The candidate/student should be able to comprehend three dimensional relationships and the spatial relationships of anatomical structures.

Behavioral and Social Attributes:

- a. The candidate/student must possess the emotional health and stability required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the

diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.

- b. The candidate/student must be able to tolerate a physically taxing workload and to function effectively under stress. He/she must be able to adapt to changing environments and to learn to function where there are uncertainties inherent in the clinical problems of many patients.
- c. The candidate/student must demonstrate compassion, integrity, a concern for others, interpersonal skills, interest and motivation, all of which are personal qualities that are assessed upon admission and during his/her education.

2. Criminal Background Checks/Drug testing

Regulations in many states require review of the criminal histories of those having direct contact with patients in healthcare and other settings. Currently this is a requirement for contact in the healthcare setting in Minnesota and Wisconsin.

Because the UW-L - Gundersen – Mayo - Marshfield PA Program's curriculum requires students to participate in the care of patients in various healthcare settings in both Minnesota and Wisconsin, the program facilitates the processing of these background checks at two points in the curriculum: prior to beginning of coursework and prior to beginning clinical rotations.

Admission to the program is contingent on the results of a candidate's criminal background check. Throughout the program if a student engages in any activity that might affect the results of his/her criminal background check, he/she must notify the Program Director or Clinical Coordinator within 24 hours. A criminal record may adversely affect acceptance at clinical sites and the student's ability to sit for the national certification examination. Please refer to ***Appendix A: Criminal Background Check Policy and Procedure.***

While the Program does not mandate drug testing, it is possible that individual clinical sites may require drug testing prior to participation in a clinical rotation in order to ensure the safety of patients. Should a clinical entity request drug testing prior to a clinical rotation, the student will be notified of the requirement and referred to a capable facility for testing. The cost of testing will be incurred by the student. To ensure the accuracy and fairness of the testing program, all collection and testing will be conducted pursuant to guidelines established by the Medical Review Officers of the testing facility, and if applicable, in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines; a confirmatory test; the opportunity for a split sample; review by an MRO, including the opportunity for a student who tests positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody.

3. Health, Disability, and Life Insurance

All PA students are REQUIRED to participate in the AMA/MedPlus Life and Disability program which includes a \$1,000/month disability benefit. The term life insurance benefit is \$25,000. *These premiums are paid through a special course fee* associated with one course that the student is enrolled in each summer.

All PA students are also REQUIRED to certify that they have medical insurance coverage. Students must sign the Health Insurance Certification form attesting they have health insurance. Students must demonstrate and maintain proof of insurance (e.g. copy of insurance card, signed statement by insurance agent, etc.). Health insurance must be maintained throughout the entire length of the program (without lapse of coverage) and students are responsible for notifying the program of any changes in their health insurance.

4. Health Examination & Immunization Requirement

PA program policies regarding student health and immunization status serve to protect the student and the student's classmates and patients during classroom and clinical experiences within the Program. The PA program must verify that students have complied with the following health history and examination policy as well as immunization standards for healthcare workers and students as determined by the Center for Disease Control (CDC).

To maintain student confidentiality, student medical records are neither seen nor reviewed by any of the Physician Assistant Program faculty or staff.

Principal faculty members, the Program Director, and the Medical Director are not allowed to participate as health care providers for students in the program (except in the case of an emergency). The student is responsible for providing evidence that he/she is in compliance with the health standards from a licensed provider.

A record of immunizations must be provided to the program in order for the student to participate in clinical activities. We respect that a student may elect to not receive immunizations for personal or medical reasons. Students who have a medical condition that precludes them from receiving immunizations may be asked to provide additional documentation from a medical provider. Clinical affiliates must comply with their organization's policy regarding immunizations and as such may decline a student without required immunizations or medical documentation. The student should be aware that this may impact options for clinical education experiences and progression through the PA Program.

The student must be evaluated for compliance with this policy upon beginning the first year of the Program. Upon request, the student may be asked to provide an

updated evaluation prior to beginning the clinical year. Please refer to **Appendix B: Student Health and Immunizations**

5. Malpractice/Liability Insurance

Students are required to pay the premium for professional liability with the carrier selected by the program to provide occurrence coverage with \$1,000,000/\$3,000,000 limits. This annual *premium is paid through a special course fee* associated with PAS 640 during the didactic year and PAS 790 during the clinical year. The Program reserves the right to change or select the carrier or agent for the students' professional liability.

6. Name and Address Changes

It is the responsibility of each PA student to notify the PA Program and the University of Wisconsin - La Crosse of any changes in name, residence addresses or telephone numbers within three business days of the change while enrolled in the program. Forms can be found at <https://www.uwlax.edu/Records/Forms/> and returned to 117 Graff Main Hall or records@uwlax.edu.

During the Clinical Phase, with students moving among a variety of clinical sites, ability to reach students is particularly important. Therefore, students must notify the program of their permanent address and a telephone number at which they can be reached at the start of clinical rotations.

7. Personal Dress and Hygiene

Dress and hygiene in some areas of society are matters of personal taste and judgment and serve as an expression of individuality. However, because of the professional nature of the program, student dress and hygiene must be appropriate for the student's particular role and setting during the program.

Each of the clinical partner institutions have a dress code. These codes **MUST** be strictly adhered to anytime a student is present any of the clinical partners' campuses. This includes times when a student is attending lectures, using the library or participating in clinical rotations. In general, for men this includes dress pants, a dress shirt and tie and if at Mayo, a suit coat. For women, this includes dress pants or a skirt, a dress shirt, and if at Mayo, a suit coat. No tennis shoes or sandals can be worn. Dress shoes must have closed toes. Further details regarding the dress code will be distributed under separate copy. Students will be visiting the partner institution sites starting in the fall of the first year of the program.

Students must either wear their Program-issued name tag or a site-specific name tag at all times when working with patients. The name tag must clearly identify the individual as a PA student.

Occasionally during the second year, a student may complete a rotation at a clinical site that is outside one of the clinical partner institutions. Sometimes these sites require white lab coats. If a clinical setting requires a lab coat, the PA-S standard is the short (half-length), white coat.

8. Professional Development

The Program places great emphasis not only on the acquisition of medical knowledge, but also the development of medical professional behaviors. Students are expected to develop these behaviors which express both the ideals and values of the medical profession in which priority is given to placing the interests and needs of patients above their own. To assist students in their individual development of professionalism, the PA Program has integrated this aspect of learning into the curriculum throughout both the didactic and clinical phases of their education. In the first semester of the Program, the definition and characteristics of professionalism are emphasized. By the end of this first semester, each student will self-evaluate their professional abilities and identify any concerns or areas of needed improvement. This is reviewed with the student's faculty advisor. A detailed discussion of professionalism, professional abilities, and the process by which a student's professional development is evaluated will be discussed in the course, PAS 640: Introduction to the PA Profession. A brief explanation of the process by which the Program evaluates student professionalism may be found in *Appendix C: Professionalism Evaluation*

Membership in professional PA societies is funded through student fees. While enrolled at UW-L, the student will be enrolled as a student member in the American Academy of Physician Assistants (AAPA) and the Wisconsin Academy of Physician Assistants (WAPA). Additional opportunities for leadership activities may be available through active participation in the UW-L PA Student Society (PASS).

When the Program modifies its schedule to enable student participation in professional academy activities, it is expected that students will indeed participate in those experiences. Continued membership and participation after graduation is encouraged.

The Program discourages the receipt of pharmaceutical vendor incentives by students during completion of the program.

9. Academic Advising

The program assigns a faculty advisor to each student. Each of the faculty believes advising students is an important faculty responsibility. Meetings with a student's faculty advisor are required at least once during the didactic phase of the

program. However, if a student needs to seek advice about academic or personal issues, he/she may contact any principal faculty member with whom he/she feels comfortable. Each faculty member shares a genuine concern for the students in this program.

10. Safety Policies

a. Security: Security on the UW-La Crosse campus and the Health Science Center (HSC) building is provided by UW-L Police Department: (608) 785-8000 (non-emergency) or (608) 789-9999 for emergencies.

Intra-campus phones are available in the atriums on each floor of the HSC and may be used to contact security.

The campus has a comprehensive Disaster and Emergency Preparedness Plan. It is the student's responsibility to be familiar with this plan found at: <https://www.uwlax.edu/Police/Emergency-response-plan/>.

The Annual Campus Security Report is also available for review at <https://www.uwlax.edu/Student-Life/Annual-Security-Report/>.

Evacuation instructions are posted next to the door of each classroom in the HSC. When the fire alarms sound, immediately exit the building and remain outside until cleared to re-enter by the fire or police department. Emergency plans have also been developed specifically related to the HSC building which are stated in *Appendix D: HSC Emergency Preparedness Policy*.

b. Latex Safe Environment: If a student is aware of personal health conditions which could be adversely affected by exposure to latex products, the student is encouraged to contact Disability Support Services for accommodations to be made throughout both for the didactic and clinical years. The HSC is committed to provide a latex safe environment as documented in *Appendix E: HSC Latex Safe Environment Policy*.

c. Student Exposures/ Injuries/Safety in the Clinical Setting: Clinical experience in the PA Program is an exciting time of professional growth for PA students as they gain important and necessary clinical skills in a variety of settings. With these experiences in the clinical world the opportunity for learning is great, but associated with that opportunity is some element of risk as the student is exposed to patients with a variety of diseases. Through education and strict adherence to universal precautions, the risk of exposure and injury is minimized, though not completely eliminated. Thus, students should be aware of the program's policies and procedures related to such exposures and injuries. Prior to a student undertaking any educational activities that would place the student at risk of exposure to infectious or environmental hazards, training in methods of exposure prevention is required by the program. This will take place prior to the student's clinical experience.

The UW-L – Gundersen – Mayo - Marshfield PA Program policies are designed to accommodate situations that might arise in a variety of clinical sites. Some of these are program institutional partner sites, while others are sites independent of, but affiliated with our program’s partnership.

Thus, students should follow local, site specific policies, any policies put in place by the site’s organizational affiliation, and PA program policies.

This document has been designed to be consistent with all of these policies, however, it will be important to review and be in compliance with local and organizational policies should an incident occur.

When an incident occurs, the student should immediately seek medical care to assure that any injuries and exposures are appropriately evaluated and treated. If post-exposure prophylaxis is recommended, it should be initiated as recommended, often within two hours of the exposure. The student should seek this care under their own health insurance policy, though in some institutions this care may be provided by that institution.

Further details regarding post-exposure prophylaxis can be found at the following web site: <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

The exposure and/or injury must also be reported to the Program through the procedure outlined further in *Appendix F: Exposure and Injury Reporting Procedure*.

In some instances, exposure to infectious or environmental hazards may preclude the student from returning to scheduled student learning activities. This may result in a delay in graduation, with consequent financial implications resulting from such delay. Depending on the type of exposure and the policies of specific institutions, a student may be required to provide proof from a medical provider that it is safe for the student to return to the classroom and/or clinical environment.

Students receive instruction in safety and security policies of the clinical partner institutions during their orientation to Gundersen, Mayo, and Marshfield Health Systems prior to the start of the clinical phase of the program. For those clinical experiences that occur outside the main campuses of Gundersen, Mayo, and Marshfield, the students are advised of site-specific security and safety policies during onboarding prior to the first day of the rotation.

11. Communication

a. Program Communication

Faculty members are willing to arrange appointments as needed in addition to posted office hours. All University faculty have UW-L email accounts and are willing to communicate with students in this manner. Most didactic and clinical faculty will indicate their preference for student contact. All formal program communication will come to the student

orally in class or via his/her UW-L email account. The student should check his/her UW-L account at least two times per day during both the didactic and clinical phases of the program. During the clinical phase of the program, the student may be assigned an email account specific to the institution at which he/she is rotating. He/she is expected to check both email accounts while on clinical rotations.

b. Social Media Policy

Social media refers to electronic communication in which users post information, personal messages, and other content. As a future health care professional, a higher standard of behavior when participating in social media and online activities will be expected. If, as part of online activities, a student identifies him/herself as a student in the UW-L-Gundersen-Mayo-Marshfield Physician Assistant Program, he/she must make it clear that he/she is speaking for him/herself and not on behalf of the program. A student's social media activities must meet the high standards of professional conduct set forth by the program as well as the PA profession. One must be professional, use good judgment, and be accurate and honest in what he/she says. Unprofessional language or behavior will reflect poorly on the program. This includes, but is not limited to use of obscenities, ethnic, religious or racial slurs, sexual harassment, bullying, or inflammatory rhetoric. If a student is unsure of whether or not something is appropriate, he/she should ask for guidance from faculty. The student must be careful to maintain the privacy of classmates, faculty, preceptors, and patients. It is never appropriate to discuss clinical situations on social media, even if the patient's name and identifying data are omitted. Professionalism issues relating to use of social media as well as general email etiquette will be addressed in depth during the first semester of the student's PA education.

12. Attendance & Absences

Students are expected to attend all scheduled lectures, laboratories, clinical rounds, case presentations and other class sessions. Individual instructors may take attendance at their discretion and consequences of excused/unexcused absences are outlined in individual course syllabi. Students are expected to notify the instructor or clinical coordinator by e-mail or phone *prior to* absence.

If a student is noted to have an inordinate number of absences throughout the didactic or clinical phase of the program, provision of verification of the reason for an absence may be requested by the Program. If verification is requested and is not provided, development and completion of a professional performance improvement plan may be required before the student is allowed to progress within the program and/or graduate.

Students will be excused for observance of religious holidays during the didactic year. During the clinical year, in which patient responsibilities mandate attendance, students may use one of their three allowed absence days for observance of religious holidays.

In the case of inclement weather, it is ultimately the student's decision as to whether or not he or she feels it is safe to travel to class or a clinical site. The student must notify the instructor or clinical coordinator in advance if he/she will not be in attendance. Make-up of missed class or clinical day is at the discretion of the instructor or clinical coordinator.

A pattern of frequent absences from class or clinical rotations is unacceptable and may affect student status within the program, particularly when a student is on probation or carries a deficient grade in a course.

13. Extracurricular Employment

Students are not permitted to work for the Program in any capacity or function as instructional faculty. The Program discourages employment of any kind while in PA school.

14. Health Science Center Access Policy:

Students and faculty are required to follow guidelines established by the HSC consortium regarding access and utilization of HSC classrooms and laboratories at all times.

B. Progression through the Program

1. Progression throughout Didactic Phase of Program

The didactic curriculum has been designed to be completed in a sequential fashion. Coursework during each semester is interrelated and only offered once a year during the didactic (first) year of the Program. Each semester's coursework largely builds on material from the previous semester. Students must complete each semester in sequence and remain in both good academic and non-academic standing (defined below).

Although students on academic probation are not considered to be in good academic standing, they are allowed to progress to the next semester after being placed on academic probation. During this probationary semester, students have the opportunity to raise their cumulative GPA ≥ 3.0 to meet Graduate School requirements or remediate deficiencies noted in Professionalism or Technical Standards.

2. Progression to the Clinical Phase of Program

Students must be in *good academic standing* to progress to the clinical phase (second year) of the program. In addition, students must demonstrate satisfactory performance on the *Summative Clinical Patient Examination* as part of PAS 647: Clinical Practice Skills administered

during the spring semester of the first year. Academic standing is described in detail below.

3. Graduation

Students must successfully complete the didactic and clinical portions of the curriculum to qualify for graduation. In addition, students must successfully complete a comprehensive summative evaluation and Capstone portfolio at the end of the clinical year in order to graduate from the PA Program.

The **Summative evaluation** consists of both a written component as well as a clinical skills component in which the student must demonstrate that he/she possesses the medical knowledge, interpersonal skills, patient care skills, and professionalism required to enter clinical practice. *Deficiency in any one of these areas may result in the need for remediation as well as a delay in graduation.*

Medical knowledge is assessed using a written examination and the student must obtain a minimum score of 70% (or 1.5 standard deviations below the class mean, whichever is lower). If the student does not achieve this minimum score, he/she receives one opportunity to retake the examination. The average of the two examinations must be a minimum of 70% to graduate from the program.

Interpersonal skills, patient care skills, and professionalism are evaluated by means of a problem-oriented clinical examination. The student is evaluated by instructional faculty members on his/her history and physical examination skills, appropriate use and interpretation of diagnostic studies, the ability to generate a differential diagnosis and formulate a treatment plan. During this examination, the student is evaluated by both the faculty member as well as the standardized patient on his/her interpersonal skills and professionalism. The student must meet an acceptable level of performance on each component of the problem-oriented clinical examination. If acceptable performance in any component of the exam is not achieved, he/she is offered one opportunity to retake the exam. If the student fails to meet expected standards of performance on the second attempt, he/she will not be allowed to graduate from the program.

Completion of the Capstone Portfolio is required for graduation from the PA program. This portfolio is designed to ensure that students possess the ability to assess, evaluate, and improve patient care practices by applying knowledge of study designs and statistical methods to the appraisal of clinical literature, employ appropriate oral presentation skills that enhance the effective exchange of information with faculty, peers, and other health professionals, recognize the importance of inter-professional, patient centered care and the unique role and function of members of the health care team, and demonstrate an appreciation of quality improvement methodology through the critical analysis of a contemporary

health care issue and its relevance to patient safety and quality. The student must achieve a minimum grade of a "C" on each component of the Capstone Portfolio. If this minimum grade is not achieved, the student will be offered one opportunity to remediate the project grade under the guidance of the Capstone Course Director. If the student does not achieve the minimum grade on the remediated project activity, the student will not be allowed to graduate from the program.

4. Academic Standards

A student remains in good academic standing if all of the following criteria have been met:

a. Grades

i. Cumulative GPA

Students in the PA Program must maintain a cumulative ≥ 3.0 GPA throughout the PA curriculum. If a student achieves less than a 3.0 cumulative average in any semester, the student will be placed on academic probation for the following semester. (See policy regarding academic probation below)

ii. Minimum Course Grade

Students must obtain at least a "C" in all courses, including clinical rotations. If a grade of "D" or "F" is received, students are automatically dismissed from UW-L Graduate Studies and the PA Program. Course grades as well as dismissal from the Program may be appealed, as outlined below.

b. Professionalism

During the didactic phase (first year) of the Program, professional behaviors are evaluated by faculty in both classroom and laboratory instruction. During the clinical phase (second year) of the Program, professional behaviors are evaluated by the Clinical Coordinator and clinical preceptors.

If professional expectations are not being met, the student will be notified via written notice and the unprofessional behaviors will be addressed in a meeting with the student, the student's faculty advisor, Clinical Coordinator and/or Program Director. Although most professional deficiencies often lead to probation prior to dismissal, some circumstances are so profound or of such serious nature that immediate dismissal may be required.

c. Technical Standards

As described above, PA students must possess abilities and the skills of observation, communication, motor, conceptual, integrative and quantitative, and behavioral and social. While accommodations may be made for some disabilities, a student should be able to perform all of these in a reasonably independent manner. If a deficiency is noted by faculty members or preceptors during any phase of the program, the

program may not be able to allow the student to progress if it is felt that the deficiency would jeopardize patient care.

5. Academic & Non-academic misconduct

- a.** Nonacademic misconduct is addressed pursuant to UWS 17. Nonacademic misconduct is defined and university procedure is outlined in the UW-L Student handbook or at <https://www.uwlax.edu/Student-Life/Student-handbook/>
- b.** Academic misconduct is addressed pursuant to UWS 14. Academic misconduct is defined and university procedure is outlined in the UW-L Student handbook or at <http://www.uwlax.edu/Student-Life/Student-handbook/>
- c.** Exams, quizzes, case-studies, clinical patient exam topics, and assignments are not to be “shared” with classmates or members of subsequent classes. Sharing of such material constitutes academic misconduct and will be subject to disciplinary action.

C. Procedures

1. Remediation

Remediation is a process used to resolve a student’s inability to achieve course/clinical rotation objectives and allows the student the opportunity to demonstrate achievement of those objectives. The goal of remediation is to assist a student in mastery of an identified area of deficiency. Remediation policies specific to the didactic and clinical phases of the program are discussed below in “Policies specific to the Didactic Year” and “Policies specific to the Clinical Year”, respectively.

2. Probation

a. Grades

A student who has failed to achieve a cumulative GPA of 3.0 is placed on academic probation. He/she is required to bring his/her cumulative GPA up to 3.0 after the completion of nine (9) credit hours or the completion of the semester following the semester when the student was placed on academic probation. Failure to achieve a 3.0 GPA in this time frame results in an automatic dismissal from the Physician Assistant Program and dismissal from UW-L Graduate Studies.

b. Professionalism

A student who has failed to meet expectations in professional development/behaviors described above will be placed on academic probation. A professional performance improvement plan (PIP) will be developed on an individual basis to address noted deficiencies. The PIP will outline a plan for improvement, expected behaviors, evaluation methods and time frame in which

the plan must be completed. The PIP is given to the student in writing and kept in the student's permanent file. The student will remain on PA program probation until improvement in deficient professional behaviors has been demonstrated. Failure to meet expectations/goals within the specified period of time noted on the performance improvement plan may result in dismissal or delay of progression to the clinical year and/or graduation as well as consequent additional expense to the student.

c. Technical Standards

A student who has failed to meet the technical standards as outlined above may be placed on programmatic probation if a deficiency is noted by faculty members or preceptors during any phase of the program that would jeopardize patient care. The student will remain on probation until these technical standards are addressed and reasonable accommodations are made to ensure patient safety. Inability to meet the technical standards may result in dismissal or delay of progression to the clinical year and/or graduation as well as consequent additional expense to the student.

d. Implications of Probation

A student's placement on probation may, upon graduation, jeopardize his/her ability to gain licensure in states that require release of such information from the PA Program.

3. Dismissal

a. Grades

Once a student has been placed on academic probation for failure to achieve a cumulative 3.0 GPA, he/she is required to bring his/her cumulative GPA up to 3.0 after the completion of nine (9) credit hours or the completion of the semester following the semester that the student was placed on academic probation. Failure to achieve a 3.0 GPA in this time frame results in an automatic dismissal from the Physician Assistant Program and dismissal from UW-L Graduate Studies. This action may be appealed as outlined in *Appendix G: Appeals Process*.

b. Professionalism

A student who has been placed on probation for failure to meet the expectations of professionalism must demonstrate improvement in professional behaviors as defined by the Performance Improvement Plan that was developed by the principal faculty members (described above). The student may be dismissed from the program if such unprofessional behavior

persists or the student is unable to demonstrate improvement as outlined in the Professional Improvement Plan.

A student may be dismissed from the Physician Assistant Program for various reasons such as failure to comply with program policies and procedures and professional behaviors that constitute a safety hazard or unethical behavior. Dismissal from the Program may be appealed as outlined in *Appendix G: Appeals Process*.

c. Technical Standards

A student who is unable to meet the technical standards despite reasonable accommodations may be dismissed from the PA program. Dismissal from the Program may be appealed as outlined in *Appendix G: Appeals Process*.

4. Appeals Process

The appeals process regarding a course/rotation grade as well as noted deficiencies in Professional Behaviors or Technical Standards is outlined in detail in *Appendix G: Appeals Process*.

5. Withdrawal & Leave of Absence

a. Withdrawal from a Course

If a student wishes to withdraw from a course, they are advised to consult with their PA academic advisor to determine the ramifications of this action. The university timetable has specific deadline dates for dropping a course and relevant tuition refund information. Dropping a course has significant financial and professional ramifications for the student and students are suggested to seek advice before making this decision. This decision would likely result in a delay of completion of the Program.

Additionally, the student may incur significant additional costs for Program completion. Students must discuss this decision with the Program Director prior to taking any action of course withdrawal.

b. Withdrawal from PA Program

Students discontinuing the PA studies program at UW-L for any reason should be aware that a withdrawal from the Physician Assistant Program has significant ramifications. If, at a later date, the student decides to resume PA studies at UW-L, he/she will be required to re-apply and start the program over. Note the general procedure required below for withdrawal.

c. Voluntary Leave of Absence

Students may request a leave of absence from the program for up to one calendar year. Such a leave may be granted when the student is

experiencing extenuating circumstances that substantially interferes with the completion of the PA program. A leave of absence is granted only when **students are in good academic standing**. The PA Administrative Committee will determine whether or not a leave will be permitted. If a leave is granted, the student will be given a date by which he/she must notify the Program of his/her intention to return. If the student has not initiated a request to return to classes by the notification date, the student will be withdrawn from the PA Program by the Program Director. It is the student's responsibility to initiate this request to return within the time frame specified. The student may be required by the program to take an examination to ensure retention of completed coursework mastery prior to reentry into the program.

d. General Procedure to withdraw/request for leave of absence from the program.

If the student wishes to withdraw or take a voluntary leave of absence from the PA program, he/she must schedule a meeting with his/her advisor and the program director to discuss the ramifications of this decision and his/her options. Regardless of the type of withdrawal, the student is required to submit a letter to the Director of the PA Program with the following information:

- Date of withdrawal request
- Student's Name and ID number
- Statement of his/her intent to withdraw from the PA Program
- Reason for withdrawal
- Anticipated time frame of their withdrawal (permanent or expected date of return)

This letter must be signed by the student requesting the withdrawal from the Program.

6. Deceleration Policy

Deceleration is the loss of a student from the entering cohort, who remains matriculated in the physician assistant program. Deceleration results in the delay of graduation and additional tuition costs. The student is responsible for any additional tuition costs incurred.

a. Didactic year:

- i. Deceleration due to course failure (grade of D or F) or failure to achieve the minimum GPA required by Graduate Studies within 9 credit hours or 1 semester after placement on probation is not offered during the didactic year. In this event, the student is automatically dismissed from the PA Program and UW-L Graduate Studies.
- ii. Deceleration may be offered for completion of a Performance Improvement Plan for Professionalism or Technical Standards during the didactic year.

- iii. Deceleration may be offered if the student requests a leave of absence that has been approved by the PA Administrative Committee and the student is in good academic standing at the time of the request.
- iv. Any deceleration during the didactic year will result in additional tuition cost for the student. The student is responsible for any additional tuition costs incurred.

b. Clinical year:

- i. Deceleration may be offered for completion of a Performance Improvement Plan for Professionalism or Technical Standards during the clinical year.
- ii. Deceleration may be necessary for the successful completion of remediation activities to enable the student to master an identified area of deficiency noted by preceptors and/or the Clinical Coordinator during a clinical rotation or Capstone Seminar Activity.
- iii. Deceleration may be offered if the student requests a leave of absence that has been approved by the PA Administrative Committee and the student is in good academic standing at the time of the request.
- iv. Any deceleration during the clinical year will result in additional tuition cost as well as any additional expense for completion of the remediated activities.

D. Policies Specific to Didactic Year

1. Grading Scale

Unless specified otherwise by the course instructor, students will be graded using the following scale:

92-100%	A
88-91.9%	A/B
82-87.9%	B
78-81.9%	B/C
70-77.9%	C
60-69.9%	D
<60%	F

2. Remediation during the Didactic Phase of the Program

Students who fail an exam (score <70%) are required to participate in remediation. It is the student's responsibility to contact the Course Director within 48 hours of notification of failing an exam and arrange a meeting to outline a plan of remediation.

Remediation activities are at the discretion of the Course Director and may include, but are not limited to appropriate reading and activities relative to subject areas of deficiency, identification of resources for assistance, and

scheduled meetings with the Course Director and/or faculty advisor. The student will have two weeks to complete the remediation activities and demonstrate mastery of the area of study in which he/she had demonstrated a deficiency.

The student must obtain a minimum score of 70% on the subsequent evaluation to demonstrate competency in the remediated area. The two scores will be averaged and recorded as the grade for that examination. No partial credit for remediation activities is awarded. If the student does not successfully complete the remediation activity, the initial grade will stand as the final recorded grade for the examination.

Students are allowed a maximum of two opportunities for remediation of exams per semester during the didactic year. Any subsequent failing grades will stand and may result in the failure of a course and dismissal from the program.

Remediation of assignments and/or quizzes are at the discretion of the individual course director.

3. Academic Honesty

Academic honesty and integrity are fundamental to the mission of higher education. Students are responsible for the honest completion and representation of their work and respect for others' academic endeavors. Please see the UW-L Student Handbook at <http://www.uwlax.edu/Student-Life/Student-handbook/> for policies defining academic misconduct, non-academic misconduct, and disciplinary actions for misconduct that will be taken.

Exams, quizzes, case-studies, clinical patient exam topics, and assignments are not to be "shared" with classmates or members of subsequent classes. Sharing of such material may constitute academic misconduct and will be subject to disciplinary action.

4. Schedule for Didactic phase of the program

A class schedule will be available on D2L at the start of each didactic course.

In general, classes are scheduled Monday-Friday between the hours of 7:30 am-5:00 pm. Content experts from the medical community are sometimes utilized for lecturing to facilitate student learning which may require flexibility in scheduling.

Consequently, some evening and even weekend classes may be required.

Students will be given as much notice as possible in the event of evening or weekend classroom hours.

Schedules are subject to change throughout the course of the semester.

Schedule changes are at the sole discretion of the faculty members and students are not allowed to request a change in class or exam schedules.

Students are expected to secure their own transportation to class, laboratory, on or off campus patient encounters, simulation exercises, and clinical sites.

5. Make up of missed material and examinations

Following an absence, a student must make arrangements with the appropriate faculty member(s) to complete missed examinations and any other class material (labs, competency testing, quizzes, assignments, etc.) Decision to provide, time frame and nature of make-up of missed material and examinations are at the discretion of the faculty member(s). Students will be given an incomplete if the semester ends before the make-up period specified by the instructor(s) ends.

6. Anatomy and Neuroanatomy Laboratory

Students within the Health Professions Department are fortunate to be the benefactors of those individuals who have donated their bodies to further the education of future healthcare providers. With this privilege come significant ethical and legal responsibilities. Students and faculty are expected to respect these tremendous gifts to medical education and must comply with the policies and procedures of the anatomy and Neuroanatomy laboratory as outlined in *Appendix H: Anatomy Laboratory Policies & Disclosure Statement*.

7. Participation in laboratory instruction

The Program requires the participation of students as simulated patients as well as examiners throughout the curriculum. The Program expects all students to participate in all aspects of physical exam practicum in a professional and cooperative manner, as outlined in *Appendix I: Participation in Laboratory Instruction*.

8. Clinical Patient Examinations as Formative Assessment

The Clinical Patient Examinations provide formative assessment of the student's medical knowledge, interpersonal skills, patient care skills, and professionalism.

The student must pass all four components of the summative Clinical Patient Examination administered during PAS 647: Clinical Practice Skills in order to progress to the clinical phase of the program. If a student fails to successfully complete any component of the Clinical Patient Examination, a student will be given one opportunity for remediation. An individualized remediation plan will be developed based on the noted area of deficiency and must be completed before progressing to the clinical phase of the program. Completion of a remediation plan may result in a delay of graduation as well as additional expense to the student.

E. Policies specific to the Clinical Year

As a healthcare provider in training, the student will be monitored, instructed and supervised by preceptors, primarily physicians and PAs. After earning trust and demonstrating proficiency, the student may be permitted to undertake specific activities with more flexible supervision and direction. The student cannot, however, substitute for or accept the responsibilities of licensed, qualified staff. Additionally, payment cannot be accepted or received by the student for any services provided during training.

1. Assignment of Rotations

According to PA Program policy, students will be assigned to clinical sites on the basis of site availability and the Program's educational goals and mission statement. Students are never permitted to arrange their own preceptor or clinical sites. All clinical rotations will be secured by the Clinical Education Coordinator of the UW-L-Gundersen-Mayo-Marshfield Physician Assistant Program. To ensure understanding and compliance with this policy, students are required to sign the Internship Waiver” found in *Appendix J: Internship Waiver*.

The Program makes every attempt to fairly and equitably assign rotations. Unfortunately, it is possible that the Program will need to alter a rotation schedule as the year progresses. Be assured that these changes will be kept to a minimum. Students are expected to accept their rotation assignments with professionalism and without complaint.

2. Request for Changes to a Clinical Site

With rare exception, it is **NOT** appropriate for students to request rotation changes once rotations are confirmed. Some examples of legitimate reasons for change are the terminal illness of a family member or a significant personal health problem that requires special medical treatment. The following are not acceptable reasons to request rotation changes: difficulty finding housing, distance from family members, and seeking employment at a particular site. If a student wishes to change a rotation, he/she must submit a written change request to the Clinical Education Coordinator or the Program Director. The final decision of placement is at the discretion of the PA Program. If an additional site is necessary, the Program is only obligated to find one alternate clinical site.

3. Removal from a Clinical Site

On rare occasion, it may be necessary to remove a student from a clinical site. The reasons for removal can include, but are not limited to, the following:

- An inadequate learning environment, as determined by the Clinical Education Coordinator
- Inappropriate preceptor behavior
- Preceptor request for student removal
- Unprofessional, unethical, or illegal student behavior

If a student is removed from a clinical site because of inadequate performance or misconduct, the Program is only obligated to find one additional clinical site. Students

who are removed for unprofessional, unethical, or illegal behavior may be placed on probation or dismissed from the Program.

4. Attendance and hours

Students are required to attend all scheduled patient care and learning activities that are assigned by the preceptor. Some examples include clinics, rounds, and noon conferences. Students are expected to attend the rotation every scheduled day. They are *not permitted to ask for specific days/weekends off or manipulate one's schedule for their own benefit during a rotation. Schedule changes are at the sole discretion of the preceptor and students are not allowed to request a change in their schedules, even if they offer to "make up" the hours at another time.*

Student "work" hours will vary from one rotation to the next. Hours of attendance may even change within a rotation. In some rotations, students will be obligated to "work" 6 or 7 days per week. Students are expected to "work" 40 - 60 hours per week, on average. If a student is consistently asked to "work" less than 36 hours per week, he/she must notify the Clinical Education Coordinator. Similarly, if a student is asked to "work" more than 60 hours per week, and he/she feels that the hours are negatively impacting his/her education, the Clinical Education Coordinator should be notified. If a student's preceptor is absent (ie, due to unexpected illness, conference attendance, vacation, jury duty, etc.), the student should be assigned to an alternate preceptor for clinical opportunities. In the event another preceptor cannot be identified, the student should seek assistance from the Clinical Education Coordinator as soon as possible. (A preceptor's absence does not equate to the student having a vacation day).

On some rotations, students may be required to take periodic evening or weekend call. If call is not required for a certain rotation, the Program encourages the student to request call at least one night a week and one weekend a month. Students often experience unique and interesting patient care opportunities while on-call. This is particularly true in Obstetrics, Psychiatry, Family Medicine, General Surgery, Pediatrics and Orthopedics. For optimal learning on the Emergency Medicine Rotation, the student should arrange to "work" at least one night-shift per week.

Note: The word "work" means that one is present as a student on a clinical rotation, and as such, the student is NOT permitted to be reimbursed for duties performed while on a rotation.

5. Absences

a. Unplanned Absences

Students shall ensure that unplanned absences, late arrivals and early departures are extremely rare. These situations are not excusable when related to other employment, extracurricular activities, or vacations. **If a student is ill and will miss any scheduled rotation time, he/she shall immediately notify the clinical site Preceptor or other appropriate supervisor and the PA Program Office.**

If a student is ill and absent for more than 2 (two) days, he or she may be required to verify their illness with a healthcare provider. At the discretion of the Program, the student may be required to “work” additional hours to accrue sufficient clinical experience.

In the event of a family emergency and scheduled rotation time will be missed, the student shall immediately notify the clinical site Preceptor or appropriate supervisor and the PA Program Office. If the student is absent for more than 2 (two) days, he or she may be required to verify the reason for his/her absence. At the discretion of the Program, the student may be required to “work” additional hours to accrue sufficient clinical experience.

b. Planned Absences

During the second year, a student is allowed up to 3 (three) discretionary days of absence from clinical rotations. These days are intended by the Program to be utilized for job interviews and/or medical education activities but may be used for any purpose deemed important by the student. Students should consider how the absence impacts their education, their Preceptors’ schedule, and their Preceptors’ perception of their work ethic/commitment to medical education.

While the total number of discretionary days shall not exceed 3 (three) during the clinical year, the following stipulations apply:

- The student shall notify the Clinical Education Coordinator as much in advance of planned absence as possible.
- No more than 2 (two) days shall be missed from any single clinical rotation. Missing more than 2 days may require that the student repeat the entire rotation.
- The student is not allowed to miss the first day of a clinical rotation, as this would preclude attendance of scheduled orientation by the clinical site and/or preceptor.
- A student is not allowed to use a discretionary day on Capstone Seminar Days.

If a student is absent for more than 3 days during the clinical year (excluding days missed because of illness and/or family emergencies as described above), any additional missed days will result in a full letter grade reduction (ie, A to B, AB to BC, B to C, etc) *per missed day* for the clinical rotation during which the absence(s) occurred. If the student is on a selective rotation for which a grade of P/F is assigned, the student will receive an “incomplete” in that rotation and may be required to repeat portions of or the entire clinical rotation, at the discretion of the program.

In the event that a student is called to active duty or jury duty, the student must notify the Program as soon as they are aware of the summons. If a student must miss more than 2 days from a rotation, he or she will be required to “work” additional hours or repeat the rotation in order to accrue sufficient clinical

experience. This may result in delay in graduation and additional expense to the student.

6. Completion of Rotations

All clinical rotations must be successfully completed within 24 months of the end of the didactic phase.

7. Rotation Policies

a. Prescriptive Activities

A student CANNOT prescribe drugs or medications of any kind. It is acceptable and legal, though, to fill out a written prescription, review it with one's preceptor, and obtain his or her signature. A student can neither sign a licensed medical provider's name nor write his/her initials behind the provider's name, even if other office staff does this. Furthermore, it is illegal for a PA student to use a pre-signed prescription pad. All prescriptions must be signed by a licensed medical provider with prescriptive authority and privileges. The student is allowed to prepare, but not submit, electronic prescriptions. Any student who violates this prescriptive policy may be suspended from the rotation and may be dismissed from the PA Program. If a student has questions or needs clarification while on rotation, please contact the Clinical Education Coordinator or Program Director.

b. Performing Clinical Procedures

A student may have the opportunity to perform clinical procedures on patients. Note that *no diagnostic or therapeutic procedure is to be performed without the direct, explicit consent of the supervising preceptor.*

c. Professional Conduct

In the clinic and hospital setting, students will constantly be observed by patients, their families, and other professionals. They will notice and judge a student's personal and professional behavior. The Program expects exemplary, professional, ethical and legal conduct at all times.

The student will have direct access to private, sensitive patient information. At all times, it is **imperative** that rules and regulations that protect confidential information are obeyed. For example, a student should never discuss patient names, room numbers, diagnoses, or other identifying information in any public place (e.g., elevator, hallway, lunch room).

It is the student's responsibility to be aware of institution-specific policies at the beginning of each rotation. In addition, please review the "Guidelines for Ethical Conduct for the Physician Assistant Profession" at the following website:

<https://www.aapa.org/workarea/downloadasset.aspx?id=815>

8. Clinical Course Information

Required clinical rotations include: PAS 720: Family Medicine, PAS 722: Internal Medicine, PAS 724: General Surgery, PAS 726 Obstetrics & Gynecology, PAS 728: Pediatrics, PAS 730: Psychiatry, PAS 732: Emergency Medicine. In addition, students will choose 2 selective rotations within the Gunderson, Mayo, or Marshfield Health Systems and 2 additional selective rotations within or outside of the Gunderson, Mayo, or Marshfield Health Systems. Each rotation is a 4-credit course and each course has a list of Cognitive Objectives and Skill Objectives that are provided with the respective course syllabus. These objectives shall guide the student's clinical learning and selection of reading and study materials. Students' preceptors will receive the same rotation-specific Cognitive Objectives.

a. Cognitive Objectives

A student's preceptor will guide his/her clinical experience. *However, he or she is not responsible for teaching the cognitive objectives.* Rather, the Cognitive Objectives are guidelines for the student's personal disciplined study. Because the Program does not assign specific reading, the student shall develop his/her own reading approach of appropriate depth and breadth to fulfill all Cognitive Objectives. These readings will 1) enhance the student's understanding of the medical disciplines through which he/she rotates, 2) prepare the student for the end-of-rotation (EoR) exams, 3) prepare the student for the Program's final comprehensive exam, and 4) prepare the student for the Physician Assistant National Certification Exam (PANCE). The required textbooks should facilitate the fulfillment of most objectives; however, it may be necessary to locate and read additional references. Note that preceptors may also assign separate readings, presentations, papers, or examinations. The student is responsible for graciously accepting and completing these assignments.

b. Skills Objectives

The student and preceptor shall work together to meet the Skill Objectives. Note that *no diagnostic or therapeutic procedure is to be performed without the direct, explicit consent of the supervising physician or PA-C.* The Skills Checklist will verify the completion of the objectives. The student shall turn in this checklist to the Clinical Education Coordinator at the end of each rotation. Not every skill will be available during every rotation. In addition, some rotations may offer skills that are not listed. This is especially true for the selective rotations, PAS 756, 757, 758 & 759. If a skill is performed that is not listed, the task should be added, along with the date, and preceptor's initials to the bottom or back of the Skills Checklist.

c. Assigned Reading

At a minimum, a student should plan on reading for one hour per evening-even if he/she had the opportunity to read during the day while on his/her rotation. This is a good habit to establish and one to continue upon completion of the program and throughout clinical practice.

9. Capstone Seminar

Students are required to return to the La Crosse campus periodically (every 4 weeks) during the clinical year to attend the Capstone Seminar Day. This is the last Friday (usually) of the rotation and is held at the Health Science Center in La Crosse. The day will include written testing of cognitive objectives from the rotation (the EoR exams), presentations, lectures and activities pertaining to the development of the student's professional practice skills. This day is considered part of one's professional education. It is NOT optional.

10. Assessment

Students will be assessed through written End of Rotation (EoR) exams, Clinical Skills exams, Preceptor evaluations, timely completion of activities and assignments related to the clinical rotation and Capstone course syllabi.

a. End of First Week Report

For each clinical rotation, the student must submit a *First Week Clinical Rotation Report* to the Clinical Education Coordinator by the date specified in the course syllabus. Although the format is informal, the content shall include specific information about the student's preceptor(s), a summary of his/her typical day, a list of things that are going well, a description of student concerns, if any, and confirmation of review of safety measures. An example report is included in *Appendix K: End of First Week Report* of this manual.

b. Daily Patient Logging

During clinical rotations, students are required to document patient care activities using TYPHON® on-line software. This information should be entered daily. Before beginning clinical rotations, students will receive TYPHON® training at the University. Documentation of patient encounters affords the Program the opportunity to evaluate both the breadth and depth of clinical experiences in order to satisfy the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) educational accreditation requirements. Insufficient and/or absent documentation essentially indicates a lack of exposure and preparedness related to the clinical specialty. The logged information may also be requested when graduates apply for job-related hospital and clinical privileges. In addition, the development of timely and accurate documentation habits is essential to the practice of medicine following graduation. Failure to log patient information in a timely manner or falsification of logged information can lead to failure of a clinical rotation.

c. End of Rotation (EoR) Examinations

Students will take a written examination following **EVERY** required and Selective 1 & 2 rotations. The selective EoR exam content will reflect general medicine content for primary care specialties/subspecialties and surgical medicine content for surgical specialties/subspecialties. The focus of the exam content will be determined by the Clinical Education Coordinator at the start of the rotation.

Please study accordingly. Students are required to bring their *own laptop* to the examination.

d. Preceptor Evaluation of the Student

Each preceptor will evaluate student performance using the program's established *PA Student Clinical Performance Evaluation* form, an example of which is found in *Appendix L: Preceptor Evaluation of Student Form* of this manual. Some clinical rotations may be completed at sites that utilize their own institution's evaluation instrument. In these instances, the program has a standard process for conversion to ensure equitable and uniform assessment. An example of this conversion tool is found in *Appendix L: Preceptor Evaluation of Student Form*. Often times, only one preceptor will submit a performance evaluation on behalf of the entire team. In this case, the preceptor will solicit information from other preceptors who have been substantively involved with the student's clinical education on the rotation. If a student is unclear as to whom his/her primary preceptor is, he/she should ask the Clinical Education Coordinator. The Program encourages the student and preceptor to discuss student progress at the midpoint of the rotation, and again near the end of the rotation. The evaluation form can provide a basis for such discussion.

e. Rotation Grade

A letter grade of A - F will be assigned to the student for each of the required and selective 1 and 2 rotations based on the criteria set forth in the course syllabi; this will include the preceptor evaluation(s) of student performance and performance on the End of Rotation (EoR) examination. Selectives 3 and 4 are graded as Pass/Fail.

Students must have a minimum score of 70% on the written EoR examination **AND** a minimum score of 60% on the preceptor evaluation to receive a passing grade of a "C" for the rotation. Failure to achieve either of the minimum scores will result in the need for remediation as outlined in "Remediation during the Clinical Phase of the Program".

A minimum score of 60% equates to an average of "3" on a Likert scale of 1-5 for the entire preceptor evaluation. While this is considered a passing score for the preceptor evaluation portion of the rotation grade, a score of <"3" on any individual category or citation of a Professional Attribute concern will prompt a meeting with the Clinical Education Coordinator to develop strategies to address the specific area(s) of deficiency noted by the preceptor. Specific areas are based on the competencies of Medical Knowledge, Patient Care, Professionalism, and Communication/Interpersonal Skills. If a score <"3" or Professional Attribute concern is noted in the same competency on subsequent preceptor evaluations, the student will be required to develop and complete an individualized Performance Improvement Plan (PIP) addressing the area(s) of concern. Please refer to Remediation during the Clinical Phase of the Program outlined below.

f. Student Evaluation of Preceptors and Clinical Sites

Students will complete a *Student Evaluation of the Clinical Site and Preceptor(s)* found in *Appendix M: Student Evaluation of Clinical Rotation* after each rotation. This information is used to evaluate site and preceptor suitability in meeting course objectives. The information is also used to help determine clinical schedules for future years. It is quite likely the institution will also have its own evaluation form. Students are highly encouraged to complete this form in addition to the program's evaluation.

11. Remediation during the Clinical Phase of Program

a. End of Rotation (EoR) exams

A minimum passing score of 70% or higher is expected on the EoR examination. The goal of remediation is to assist a student in mastery of identified area(s) of deficiency. Scores between 60-69.9% will necessitate a remediation activity prior to beginning his/her next clinical rotation and/or graduation. If a student scores <60%, he/she will be required to complete a remediation activity as well as a second written examination. The average of the first and second attempts to pass the examination must be $\geq 65\%$. Failure to achieve an examination score of 65% upon averaging the two scores will result in a "D" or "F" for the rotation with consequent dismissal from the program. Students are allowed a maximum of two opportunities for remediation of EoR examinations during the clinical phase of the program.

b. Preceptor Evaluation of Student Performance

If a student receives a preceptor evaluation score of <60%, noted areas of deficiency (ie, <"3") in the same competency or Professional Attribute concerns on more than one occasion, a remediation plan will be developed by the Clinical Education Coordinator. Remediation may include, but is not limited to oral and/or written presentations, simulated case scenarios, additional supervised clinical experiences, as well as additional written assignments. A student in good academic standing is allowed one remediation for a single rotation with a maximum of two opportunities for remediation of clinical rotations during the entire clinical year. Completion of the remediation activities may result in delay of graduation from the program as well as incurring additional expense for completion of the remediated activities.

c. Capstone Seminar Activities

Students who fail a component of the Capstone Seminar (grade < "C") are required to participate in remediation. It is the student's responsibility to contact the Course Director within 48 hours of notification of failing an assignment and arrange a meeting to outline a plan of remediation. Remediation activities are at the discretion of the Course Director. The student will have two weeks to complete the remediation activities and demonstrate mastery of the area of study in which he/she had demonstrated a deficiency. Successful completion of the remediation activity will result in the student's grade being raised to the lowest "C" achievable based on the grading scale. No partial credit for remediation

activities is awarded. If the student does not successfully complete the remediation activity, the initial grade will stand as the final recorded grade for the examination. Students are allowed a maximum of two opportunities for remediation during the clinical year. Any subsequent failing grades will stand and may result in the failure of a course and dismissal from the program.

V. Student Feedback

a. Evaluation of Teaching

Students have an obligation and the right to evaluate their instructor of record in each of the courses offered by the program. These evaluations will take place during the last three weeks of the didactic courses using the university-wide Student Evaluation of Instruction (SEI). At the conclusion of each clinical rotation, students in the clinical phase of the program complete the Student Evaluation of Preceptor and Site evaluation forms. Faculty/instructional academic staff members are judged for merit, retention, tenure, and promotion in part based on students' evaluation of their instruction. Student evaluations of the instruction from adjunct professors and clinical preceptors are also reviewed by program principal faculty for future teaching consideration. Student feedback is also taken into consideration with the program's on-going self-study process of curriculum evaluation. Appropriate data collection methods will be used to ensure student anonymity.

b. Evaluation of the PA Program

Students have an obligation and the right to evaluate the Physician Assistant Program. Feedback on programmatic elements of policy, procedure, curriculum and clinical experiences will be requested in multiple ways during the student's participation in the program and following graduation.

c. Semester Wrap-Up

Focus groups will be conducted for each cohort of students for feedback on specific topics. Focus groups allow the program to further explore qualitative feedback received in narrative comments.

d. Student Evaluation of Clinical Rotations

Students are required to evaluate each primary preceptor and site. This feedback allows the program to help develop and maintain quality clinical sites and preceptors.

e. Graduate Surveys

Students will fill out their first graduate survey at graduation and then 1-year post graduation. These surveys give the program insight into how well the program prepared them for their work as entry into the PA profession.

f. Ad Hoc Advisory Groups

From time to time, the program will call together ad hoc advisory groups to obtain student input on policies and departmental decisions.

VI. Student Grievances

Any person can file a signed complaint about the PA Program with the Program Director, the Department of Health Professions or the University. The complaint must be in writing and identify the complainant. The written complaint must clearly describe the specific nature of the complaint, provide supporting data, and specify the requested response to the complaint.

If a student believes he/she has experienced discriminatory or harassing behavior, policies and reporting procedures can be found at the following in the student handbook or the following website:

[https://www.uwlax.edu/uploadedFiles/Offices/Affirmative Action/DiscriminationPolicy.pdf](https://www.uwlax.edu/uploadedFiles/Offices/Affirmative_Action/DiscriminationPolicy.pdf)

VII. Student Resources

A. UW-L Campus Resources

Several resources are available to students on the La Crosse campus. These resources are available to all students of the Program during both the didactic and clinical years. In addition, during formal orientation in the first week of the Program, students will receive Gundersen identification badges which will give them access to the Gundersen Medical Library. Resources available to all UW-L m: <http://www.uwlax.edu/student-life/>. A partial list of those student services is also included in *Appendix N: UW-L Campus Resources*.

B. Counseling and Support Services

PA students have counseling services available free of charge through the UW-L Counseling and Testing Center. The staff of the Counseling and Testing Center helps UW-L students be more effective in their academic work, personal life and their relationships with other people. This may involve changing self-defeating behaviors, understanding uncomfortable feelings, and enhancing their own personal strengths. The Counseling and Testing Center may be reached at (608) 785 - 8073 or by email at ctc@uwlax.edu

The Mayo School of Health Sciences also has a Student Assistance Program.

This program provides professional, confidential assistance to anyone who is having difficulties with marital or family situations, depression, drugs or alcohol, job stress, aging parents, chronic physical disability or other personal problems.

This service is free and no record of contact with the student assistance coordinator is placed in student's medical records, health service records or personnel file. To make appointments for the Student Assistance Program contact (507) 266-7078.

Appendix A: Criminal Background Check Policy and Procedure

UW-LA CROSSE HEALTH PROFESSIONS DEPARTMENT

Background

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) in compliance with standards HR 1.20 and EP 5, and the current Wisconsin Caregiver Law with the Department of Health and Family Services (chapters 48 and 50 of the Wisconsin Statutes) background checks are now required for all students in the allied health areas working in clinical settings. To ensure compliance with these rules, the results of criminal background checks must be obtained for all current students before the program begins (early summer). As a representative of the University of Wisconsin-La Crosse, you are expected to practice sound professional ethics and to conduct yourself in a professional, responsible, and reliable manner at all times. You are expected to maintain high professional standards and a part of this professional standard is a criminal background check.

Important Notice

Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies. Clinical rotation and fieldwork sites require a criminal background check and Caregiver check in order to permit participation in the clinical experience, rotation or fieldwork. Participation in clinical experiences, rotations or fieldwork is a required part of the curriculum and a requirement for graduation. Clinical rotation and fieldwork sites may deny a student's participation in the clinical experience, rotation or fieldwork because of a felony or misdemeanor conviction, or failure to produce a criminal background check, and would result in delayed graduation or in the inability to graduate from the program.

If you have a question, please contact the clinical coordinator or director of your program.

Derogatory information can include but is not limited to the following:

- *Conviction of a felony offense.*
- *Misdemeanor convictions probated sentences or felony deferred adjudications involving crimes against person (including physical or sexual abuse);*
- *Misdemeanor convictions related to moral turpitude (including prostitution, public lewdness, exposure etc)*
- *Felony conviction/deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances;*
- *Inclusion on the list of Ineligible Persons;*
- *Providing a false statement on the application*

Students are responsible for the initial criminal background check completed prior to matriculation. The student shall utilize the Health Professions Department designated provider, CertifiedBackground (www.certifiedbackground.com). The company charges between \$48-100 depending on how many places you have lived prior to attending UW-L.

Re-Check Prior to Fieldwork/Clinical Rotations

Many facilities require a current criminal background check (done within the past 6 months) and a caregiver background check. The Health Professions Department will conduct a follow-up Criminal History Background Check for Wisconsin and Minnesota and a Caregiver background check before the student's first full time rotation/clinical/fieldwork assignment. All students are required to have this re-check and it will be charged to the student as a special course fee.

Criminal Background Checks (CBCs) completed at other facilities may not be accepted as a substitute for this process.

Recordkeeping

Students are advised to keep a copy of the results for their personal files to take with on their clinical/fieldwork rotations.

Confidentiality

Results of all background searches will be kept confidential and will be disclosed only to the extent necessary to administer and enforce this policy or pursuant to appropriate legal process.

Students are required to complete and sign the authorization, acknowledgement, and release form releasing necessary criminal background information to the placement facility(s) (Attachment 1). Criminal background records are stored in a secure place and kept separate from the student's academic file. Criminal background check information is destroyed once the student is no longer a student in the Health Professions Department.

Disclosure

The student will be notified if the background check information raises a potential concern for placement or consequences for credentialing or licensure. The Program Director will also be notified of any record that raises a potential concern for the student. The Director will then discuss the potential impact of the record and the student's options with the student.

Some clinical facilities ask for the background check prior to the student placement. In those cases, the information will be disclosed to the facility upon their request. Other facilities require that the student bring a copy of the background check information with them on the clinical rotation. In all cases, the facility makes the final decision about the suitability of the student to be placed at the facility.

Obligation to Report

All students admitted to the Health Professions Department have an ongoing obligation to report any criminal conviction that may impact upon the student's continued ability to participate in the clinical program to the program director/chair of the program no later than the next day of its occurrence. Failure to comply with any aspect of this policy will result in immediate dismissal from the program.

Completion of the Background Checks

Initial Background Check: upon admission to program

Prior to the beginning of classes, students will be supplied with an instruction sheet and a UW-L code for conducting their online search with CertifiedBackground. Students are responsible to complete the background application process and pay the fee in enough time to receive the results and supply them to the program on or before the first day of class. Results and the signed waiver form, included with the instruction sheet, should be turned in to the University Support Associate, Room 4035, Health Professions Department on the 4th floor of the Health Science Building.

Specific information requested in a background check is:

- Verification of the student's social security number
- Search of Caregiver Background and Criminal History
- Office of Inspector General (OIG) list of Excluded Individuals/Entities

Background check results are returned within days on-line. The student is responsible for working with the background check company to clear up any reporting discrepancies.

Re-Check Prior to Fieldwork/Clinical Rotations: Results due prior to placement

Once the student is assigned to a Fieldwork/Clinical Rotation facility, the Clinical Education Support Associate will coordinate with each facility what specific Criminal Background Check information they require. Prior to the clinical rotation, the Minnesota and Wisconsin Criminal Background and Caregiver Background Check forms and the WI Department of Justice Criminal History Individual Name Record Request Form will be provided to each student. The forms can also be printed at: <http://www.dhs.wisconsin.gov/forms/HFSnum.asp> In addition, students will be notified if the facility they will be attending requires additional background information.

Students are required to complete these forms and return them to the Clinical Education Support Associate, Room 4035, Health Professions Department on the 4th floor of the Health Science Building. The fee for the re-check is assessed as a special course fee.

Appendix B: Student Health and Immunizations

PA program policies regarding student health and immunization status serve to protect the student and the student's patients during classroom and clinical experiences within the program. The PA program must verify that students have complied with the following health and immunization policy. To maintain student confidentiality, student medical records are not seen or reviewed by any of the Physician Assistant Program faculty or staff. The student is responsible for providing evidence that he/she is in compliance with the health and immunization policy from a licensed provider (see below) upon entry into the program.

Policy- Initial Health Screening/Immunizations

- The students will obtain a health history and physical examination prior to 7/15 of the first year of the program (pre-clinical year).
- The student will obtain required immunizations prior to 7/15 of the first year of the program (pre-clinical year).
- The examination may be performed by a (non-related) licensed MD, DO, PA-C, or NP of the student's choice outside of the PA program.
- UW-L PA program faculty/staff are not permitted to perform health screening or immunizations for students in the program.
- UW-L PA program faculty/staff are not permitted to see actual health records from the students.
- The student will obtain verification from a health provider that the health screening, titers, and immunizations were obtained in accordance with the requirements stated in the form.

Documentation Required from Student:

- **By 7/15 of first year of the program (pre-clinical year), submit signed Student Health and Immunization Policy Compliance Form to the department office.**
- **By 10/31 of the first year of the program (pre-clinical year), submit signed Proof of Influenza Immunization Form**
- **Maintain own copy of Health Screening and Immunization and Health Screening Records.**

Policy – Update of Health Screening/Immunizations

- Students will have a review of all required immunizations and titers
- Students will obtain an additional Mantoux test.
- Upon request, a student may be asked to submit additional documentation of evaluation by a healthcare provider.
- Students are advised that they may be required to show actual immunization records/titers/TB results at their clinical rotations.

- Students are advised that some rotations may require additional health screening and immunizations. Information about these requirements will be provided prior to the clinical year.

Documentation Required from Student:

- **By 5/1 of first year of the program (pre-clinical year), submit signed UPDATED Immunization Policy Compliance Form to the department office.**
- **By October 31st (10/31) of the second year of the program (clinical year), submit signed Proof of Influenza Immunization Form**
- **Maintain own copy of Health Screening and Immunization Records.**

The student should complete as much of the “Required Immunizations” section from his/her personal health records as possible prior to his/her scheduled physical examination. It may be more economical to obtain some of the immunizations and titers from the UW-L Student Health Service once enrolled as a student. When non-immune titers require re-vaccination, the program may adjust the deadline to accommodate the timing of a follow-up titer. If this is the situation, the student must notify the department office when his/her immunizations will be complete.

If there are questions regarding these health and immunization policies, please contact the Physician Assistant Program Director.

Influenza Vaccine Documentation

Fall 2018

Form due by October 31, 2018

I, _____, received the influenza vaccine on this
date _____ at this location _____.

Signature of provider _____

University of Wisconsin-La Crosse Physician Assistant Program Required Immunizations

Name: _____ Date of Birth: _____ UW-La Crosse PA Class of: _____

Please complete the form and **attach a copy of your immunization record, Hepatitis B, MMR, & Varicella titer results/lab reports, & TB skin test results. Providing self-reported dates and results is not sufficient.** Official documentation from a healthcare professional or organization of your immunization record, titer results/lab reports, & TB skin test results is required. Keep a copy of this form and the required records for yourself and turn in the original form and copy of required records to the Health Professions Department (4035 Health Science Center).

DISEASE	REQUIREMENTS	DATE COMPLETED
Hepatitis B	<p style="text-align: center;">Immunization (3 doses) AND immune titer (drawn within past 5 years)</p> <p>*If not previously immunized, you must plan to receive the immunization series during the first 6 months of enrollment in the PA Program & show proof of an immune titer</p>	<p>Hep. B dose #1: _____ Hep. B dose #2: _____ Hep. B dose #3: _____</p> <p>Hep. B Titer: _____ <input type="checkbox"/> Pos/immune <input type="checkbox"/> Neg/not immune</p>
MMR (Measles (Rubeola), Mumps, Rubella (German Measles))	<p style="text-align: center;">Immunization (2 doses) AND immune titers</p>	<p>MMR vaccine dates: Dose #1: _____ Dose #2: _____</p> <p>Measles Titer: _____ <input type="checkbox"/> Pos/immune <input type="checkbox"/> Neg/not immune Mumps Titer: _____ <input type="checkbox"/> Pos/immune <input type="checkbox"/> Neg/not immune Rubella Titer: _____ <input type="checkbox"/> Pos/immune <input type="checkbox"/> Neg/not immune</p>
Polio	<p style="text-align: center;">At least 3 doses of polio vaccine required</p>	<p>Type of vaccine: _____ Polio vaccine dates: _____</p>
Tetanus/Diphtheria/Pertussis	<p style="text-align: center;">Immunization (at least 2 doses; <u>at least 1 TDAP</u>) AND evidence of TD booster within last 10 years</p>	<p>Vaccine dates: _____ TD Booster within last 10 years: _____</p>
Varicella (Chicken Pox)	<p style="text-align: center;">Immunization or history of disease AND Immune titer</p>	<p>Varicella vaccine date: _____ OR History of Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Varicella Titer: _____ <input type="checkbox"/> Pos/immune <input type="checkbox"/> Neg/not immune</p>
Tuberculosis (TB)	<p>Must be TB skin test dated within past 12 months</p> <p>Chest x-ray within last 12 months required if result is positive</p>	<p>Date applied: _____ Date read: _____ Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg</p> <p>Positive result: Chest x-ray within last 12 months: _____</p>

University of Wisconsin-La Crosse Physician Assistant Program Required Immunizations

It is the responsibility of the student to retain records and to provide documentation as requested by the clinical facility and to provide the UW-La Crosse Department of Health Professions with a copy of this form, his/her immunization records, titer lab results, and TB skin test results. The student is responsible for knowing and complying with the requirements of the clinical facility to which they are assigned.

I hereby authorize the Health Professions Department at UW-La Crosse to release, if requested, this form and its attachments to clinical facilities.

Student Name (printed)

Date

Student Name (signature)

Physician Assistant Program Student Initial Health Examination

Obtain a health examination and submit this signed form to the Health Professions Department (4035 Health Science Center) by 7/1 of the first year of the program. Please note that this form may need to be supplied to some clinical rotations.

I certify that University of Wisconsin-La Crosse Physician Assistant student _____ has had a health examination and

(Student name)

- is free of communicable disease,
- is free of any condition that might endanger the health and well-being of other students, staff, and the patients he/she cares for,
- meets the immunization requirements of the program, and
- is medically fit to undertake study in the University of Wisconsin-La Crosse - Gundersen – Mayo-Marshfield Physician Assistant Program.

(Provider signature)

(Date)

(Provider name printed)

Phone: _____

Email: _____

Healthcare Organization: _____

Appendix C: Professionalism Evaluation

UWL – Gundersen – Mayo - Marshfield Physician Assistant Program Professionalism Evaluation & Advising Form

Professionalism is discussed in the summer semester course, PAS 640: Introduction to the PA Profession. During this course, the PA student performs a self-evaluation of the following aspects of professionalism: Commitment to Learning, Interpersonal Skills, Communication Skills, Effective Use of Time & Resources, Use of Constructive Feedback, Problem Solving, Professionalism, and Responsibility. If the student identifies an area of concern, he/she is asked to discuss this with the Program Director and/or Faculty Advisor.

During the fall and spring semesters, the principal faculty members assess each student's professional development progression via a Qualtrics Survey. The results of these evaluations will be tabulated by the Program Director and shared with the principal faculty for the purpose of identifying problem areas regarding professional behaviors and facilitating the development of remediation plans for individual students.

The results of the student's professionalism evaluation will be discussed with the student during his/her advising session with his/her advisor. If there are any areas of concern, a professional performance improvement plan (PIP) will be developed on an individual basis to address noted deficiencies. The PIP will outline a plan for improvement, expected behaviors and time frame in which the plan must be completed. The student and advisor must sign the plan.

UW-L-Gundersen-Mayo-Marshfield PA Program
 Student Progression Summary Form
 Student: _____

Academic Progress			Action Plan	
Student has a cumulative GPA of 3.0 or better	NO	YES	NO	YES
Student has resolved all prior action plans (if applicable)				

Professional Behaviors	No Concerns	Minor Concerns	Major Concerns	Unable to Assess	Action Plan Needed?	
Interpersonal Skills					NO	YES
Communication Skills					NO	YES
Responsibility					NO	YES
Professionalism					NO	YES
Use of Constructive Feedback					NO	YES
Effective Use of Time and Resources					NO	YES
Commitment to Learning					NO	YES
Meets or exceeds expected professional behaviors for progression (Count of Yes or No from Qualtrics Survey completed by faculty)				NO: _____ YES: _____		

Technical Standards of Performance			Action Plan	
Student meets all Technical Standards of Performance	NO	YES	NO	YES

Additional Comments:

Action Plan (if needed):

Faculty Signature: _____ Date: _____

I, _____ acknowledge receipt of the information contained in this form.

Student Signature: _____ Date: _____

Appendix D: HSC Emergency Preparedness Policy

IN CASE OF EMERGENCY: Call 911 - Life Threatening

- Provide follow-up call to University Police at 789-9999.
- Evacuate the building. Last one out of a room closes and locks the door.

Fire:

- In case of fire, evacuate the building.
- When the fire alarm system is activated, a signal is sent to the UW-L Switchboard and they call 911. Always evacuate the building whenever the alarm is activated.
- Floor plans showing emergency egress routes will be posted on each floor.
- In the event of a fire the elevators automatically shut down and return to the first floor, so it is always preferable to use the stairs in an emergency.
- Wait outside the building until instructed by Fire Department or a Police Officer to return.
- **DO NOT GO BACK INSIDE** until instructed by the Fire or Police that it is safe to return.
- For more information on University emergency procedures, visit the UW-L Emergency Response and Preparedness Plan at www.uwlax.edu/police/emerg.htm.

Keys and Access to the Building After Hours

- Students have access to the building at posted hours. The building is locked on the weekend and students gain access with their student ID card to the back door.

Life Safety Systems (Fire Extinguishers, Sprinkler System, Alarms)

- Service will be provided by the UW-L Physical Plant. Please report any missing fire extinguishers, burned-out exit lights, or other malfunctioning safety equipment. Please contact the UW-L Physical Plant for assistance with maintenance-related issues. A work order will need to be filled out to have even minor maintenance to aspects of the building. Please remember that all parts of the HSC are protected by automatic fire detection and suppression (fire sprinkler) systems.

Radiation Safety

- Call Rob Mowbray (UW-L Biology) at 785-6975 to discuss issues related to radiation equipment and radioactive materials in the Health Science Center.

Security (Rounds, Inspections, Record Keeping)

- Security can be contacted by calling 789-9000 - 24 hours a day. Incident investigation and reporting, along with Crime Prevention Activities, are also provided. Security telephones are located on each floor.

Waste Management (recycling, general rubbish, medical/hazardous)

- Routine building waste and rubbish will be collected by custodians and placed in a Waste Management dumpster located southeast of the receiving area of the HSC. Medical waste will be collected from labs by the daytime custodians and stored in the receiving area until it is removed by Stericycle (formerly BFI). Collection will be based upon the normal routine by which Stericycle serves some of our local hospitals. A paper recycling program is in place. Wastebaskets are provided for recyclable paper alongside traditional rubbish containers. If you need a container, please contact the UW-L Custodial Services at 785-8912.

Electrical Service (Utility)

- Electricity is supplied to the building by Excel Energy, Inc.
- The HSC is equipped with a standby generator that runs on natural gas, which is capable of providing enough power to run emergency lighting, some environmental equipment, elevators, and critical research coolers for an indefinite period.

Appendix E: HSC Latex Safe Environment Policy

The Health Science Center ensures a safe learning and research environment for the faculty, researchers, staff and students through the collaboration of its partners. The Center aims to protect staff and students from unnecessary exposure to latex and to control with limits, exposure of latex and latex based products. To assure a “latex safe environment,” occupants and participants of the Health Science Center will limit the use and direct exposure of latex based products. In accordance with this policy, latex balloons, latex based powered gloves and products produced with latex will be limited. If a product used in of research or instruction does not have a latex alternative, the product should have a protective barrier to prohibit the exposure or release of latex particles.

1. Staff will upgrade/complete a database of equipment/materials that contain latex.
2. Staff will eliminate the use of latex powdered gloves and replace with latex free or low protein, powder free gloves. If possible, supplies and materials containing latex should be removed or replaced with latex free or low protein alternatives. Items without a latex-free alternative should have a protective barrier i.e. covering.
3. Programs/departments will develop a plan for replacing or covering items containing latex.
4. Stickers/signs at each entrance to the building will state “Rubber (Latex) balloons or material containing rubber based substances are not allowed.”
5. Rubber bands should be limited to use in classrooms, labs, and offices must be stored in closed containers or drawers.
6. Before applying bandages (“Band-aids”) or similar adhesive protective barriers the recipient must be questioned regarding allergic reactions. If the recipient has a history of an allergic response, alternative measures must be taken.
7. Staff or students who have a high sensitivity to latex based products should be advised to purchase and wear a bracelet warning of the allergic condition. It is the responsibility of staff and students with hypersensitivity to latex based products to carry an “epi pen” in case of an allergic reaction.

Appendix F: Exposure and Injury Reporting Procedure

When an incident or exposure occurs, the student should immediately seek medical care to assure that any injuries and exposures are appropriately evaluated and treated. If post-exposure prophylaxis is recommended, it should be initiated as recommended, often within two hours of the exposure. The student should seek this care under their own health insurance policy, though in some institutions this care may be provided by that institution. Further details regarding post-exposure prophylaxis can be found at the following web site <http://www.cdc.gov/hicpac/pubs.html>. The exposure and/or injury must also be reported to the

Program through the procedure outlined below:

Exposure/Injuries at Gundersen: At Gundersen sites in La Crosse this care should be provided by the Gundersen Occupational Health and Preventive Medicine Department (3rd Floor, 7th and Denton Building). If exposure to blood or body fluids occurs from 7 am to 5 pm M-F, please use the Exposure pager # 3799 and report immediately. After hours, report to the Gundersen Trauma Emergency Center.

At Gundersen Regional Clinic sites the care should be provided locally with consultation with the Occupational Health Department as necessary. Students assigned to Gundersen clinical sites shall be financially responsible for all medical care received from Gundersen Health System.

Exposures/Injuries at Mayo: At Mayo Medical Foundation Rochester sites this care should be provided by the Mayo Employee Health Service located at Baldwin 5-A, Eisenberg SL-49 and Domitilla MN-H7 at the Mayo Clinic, Rochester Methodist Hospital and St. Mary's Hospital, respectively. After business hours such care is provided by the Urgent Care Center or the St. Mary's Emergency Trauma Center.

Needle sticks should be reported immediately by telephoning 127-2222 on the Mayo Rochester campuses. At Mayo's Regional Health System sites students should seek care with their local providers, Urgent Care Clinic or Emergency Room. Additional policies for such exposures and incidents that might occur at Mayo's Rochester sites are found in the Mayo School of Health Sciences Student Handbook.

Exposures/Injuries at Marshfield: At Marshfield Clinic sites, the student should contact the Exposure hotline number 1-800-782-8581 (for outside clinic facilities) or ext. 9-3314 in the event of blood or bodily fluid exposure. The Hotline is open 24 hours/day 7 days a week.

Other Clinical Sites: For incidents which occur at sites outside of the Mayo and Gundersen clinical systems, immediate care should be sought locally. If necessary consultation with the Gundersen Occupation Health Department, the Mayo Employee Health Service, UW-L Student Health or another appropriate institution may be obtained.

Injury and Exposure Incident Reporting

Report incident using procedures required by the clinical site in the appropriate time frame. It is the student's responsibility to be familiar with these procedures at each clinical site.

- In addition, complete the HSC General Incident Report for any exposures and injuries related to clinical experiences, a copy of which is provided below. Completed HSC incident reports should be sent to the PA Program Director. The program director will send a copy to the HSC building manager and the UW-L Risk Manager.

Instructions for Completing the University of Wisconsin-La Crosse General Incident Report:

Immediately after treating the injury, complete both sides of this form, and mail it to:

PA Program Office
University of Wisconsin La Crosse
1725 State Street
La Crosse, WI 54601

Student's name and address should include both the current (clinical site) address and the student's permanent address.

The work phone number is the clinical site's phone number.

The home phone number is the student's phone number used during the clinical rotation and the permanent home phone number.

Location of the Incident should be listed as completely as possible, with full mailing address.

The remainder of the form is self-explanatory. Important - be as complete as possible, and attach additional pages to the final report if needed.

For the PA Program file, please write a brief description of the medical care received, including the specific time, location and services received.

Appendix G: Appeals Process

Grade Appeals: The Department of Health Professions appeal process has the following levels: Instructor, Program Director, Department Chair, Department. The process will be detailed for each step:

Instructor

The request to appeal a grade will be written and addressed to the individual course instructor. The appeal will contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious

The instructor will acknowledge that the appeal was received via e-mail within 1 working day of receipt of the appeal. The instructor will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student. This meeting will be attended by the course instructor, another faculty member or program director, the student, and anyone else the student wishes to bring (if desired). If the course instructor is the program director, another faculty member or department chair will be asked to attend the meeting. The meeting will be recorded by notes and audiotape.

The possible outcomes of this appeal hearing are:

- Instructor accepts student's appeal and changes the grade
- Student acknowledges instructor's rationale for grade and accepts the grade
- Instructor does not change the grade; student does not accept the decision and decides to appeal to the next level

The outcomes of the appeal will be documented by the course instructor with a copy sent to the student and placed in his/her file.

Program Director (optional step: may be skipped if the program director has been involved in the initial appeal hearing with the individual faculty member).

The request to appeal the grade will be written and addressed to the program director. The appeal will contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious.

The program director will acknowledge that the appeal was received via e-mail within 1 working day of receipt of the appeal. The program director will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student. This meeting will be

attended by the program director, the student, and anyone else the student wishes to bring (if desired). The meeting will be recorded by notes and audiotape. The program director may seek additional information from the course instructor and /or student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- Support for the instructor and a recommendation that the grade should stand as given.
- Recommendation to instructor to change the grade
- Student accepts the grade and ends the appeal process.
- Student does not accept the grading decision and decides to appeal to the next level.

The outcomes of the appeal will be documented by the program director with a copy sent to the student and placed in his/her file.

Department Chair

The request to appeal the grade will be written and addressed to the department chair. The appeal will contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious.
- Program director recommended a grade change to the instructor; instructor did not change the grade.

The department chair will acknowledge the appeal was received via e-mail within 1 working day of receipt of the appeal. The program director will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student. This meeting will be attended by the department chair, the student, and anyone else the student wishes to bring (if desired). The meeting will be recorded by notes and audiotape. The department chair will speak to the course instructor after meeting with the student to gather information about the grading.

The department chair may also formally seek additional information from the course instructor and /or student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- Support for the instructor and a recommendation that the grade should stand as given.
- Recommendation to instructor to change the grade
- Student accepts the grade and ends appeal process.
- Student does not accept the grading decision and decides to appeal to the next level.

The outcomes of the appeal will be documented by the department chair with a copy sent to the student and placed in his/her file.

Health Professions Department Level

A student may request for a formal appeal at the Health Professions Department Level in writing to the department chair. The appeal will contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious.
- Department chair recommended a grade change to the instructor; instructor did not change the grade.

The department chair will acknowledge receipt of the written appeal within 1 working day. The department chair will appoint the five-member ad hoc committee to hear the appeal as indicated in the Health Professions Department bylaws. The committee will consist of five faculty/staff of the Department who have not yet been involved in the appeals process.

The department chair will appoint one of the committee members to chair this committee. The department chair shall not be a member of this committee but will attend the committee meeting as observer and witness. The instructor will also attend this meeting but will not be a voting member. This appeals committee will meet within 1 week of receipt of the written grade appeal. The committee members will be given copies of the documentation of the previous 3 levels of appeal prior to the appeal hearing.

The appeals hearing will be conducted as follows:

- Student will be given 15 minutes to describe the basis for the appeal and provide supporting documentation to the committee.
- The instructor will be given 15 minutes to describe the rationale for the grade and reason for not changing the grade.
- Department chair will be asked to describe his/her involvement in the situation and outcome of actions taken.
- The student, instructor, and department chair will be excused and committee will deliberate.
- The committee may ask for additional information from any of the parties involved. The committee will specify the time frame for supplying the materials. The request for additional materials will be put in writing.
- If additional materials are requested, the committee meeting will be adjourned. The committee will reconvene within one week after deadline for receipt of the requested materials.

The decisions the committee can make are:

1. Support the appeal and make a recommendation to the course instructor to change the grade.

2. Deny the appeal and support the grade as given.

The appeals committee chair will communicate the outcome of the appeal hearing in writing to the student, course instructor, and department chair within 5 days of the final committee hearing.

A copy of the student written appeal and the response of the committee will be given to the student and placed in the student's permanent record.

Any further appeal will be directed to the Dean of the College of Science and Health.

Deficiencies in Professionalism/Technical Standards Appeals: The appeal process has three steps: PA Program Administrative Student Progress & Conduct Committee, Department Chair, and Health Professions Department. The process will be detailed for each step:

PA Program Student Progress & Conduct Committee

The request to appeal the noted deficiency will be written and addressed to the program director.

The appeal will contain the reason for the appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- Decision was biased, arbitrary, or capricious.

The program director will acknowledge that the appeal was received via e-mail within 1 working day of receipt of the appeal. The program director will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student and the members of the PA Program Administrative Student Progress & Conduct Committee. This meeting will be attended by the Program Director, other members of the PA Program Administrative Committee, the student, and anyone else the student wishes to bring (if desired). The meeting will be recorded by notes and audiotape. The Committee may seek additional information from the principal faculty, clinical preceptors and /or student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- Support for Program decision and a recommendation that the noted deficiency stands.
- Recommendation to Program to change the noted deficiency.
- Student accepts the deficiency and ends the appeal process.
- Student does not accept the decision and decides to appeal to the next level.

The outcomes of the appeal will be documented by the program director with a copy sent to the student and placed in his/her file.

Department Chair

The request to appeal the noted deficiency will be written and addressed to the Department Chair. The appeal will contain the reason for the appeal and any supporting materials.

Acceptable reasons for appeal are limited to the following:

- Decision was biased, arbitrary, or capricious.
- Program Administrative Committee recommended changing the noted deficiency to the Program; Program did not make the change.

The Department Chair will acknowledge the appeal was received via e-mail within 1 working day of receipt of the appeal. The Program Director will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student. This meeting will be attended by the Department Chair, the student, and anyone else the student wishes to bring (if desired). The meeting will be recorded by notes and audiotape. The Department Chair will speak to the Program Director after meeting with the student to gather information about the noted deficiencies. The Department Chair may also formally seek additional information from the principal faculty, clinical preceptors, and /or student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- Support for Program decision and a recommendation that the noted deficiency stands.
- Recommendation to Program to change the noted deficiency.
- Student accepts the deficiency and ends the appeal process.
- Student does not accept the decision and decides to appeal to the next level.

The outcomes of the appeal will be documented by the department chair with a copy send to the student and placed in his/her file.

Health Professions Department Level

If the student pursues an appeal, the request for a formal appeal at the Health Professions Department Level must be filed in writing with the Department Chair. The appeal will contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- Decision was biased, arbitrary, or capricious.

The department chair will acknowledge receipt of the written appeal within 1 working day. The department chair will appoint a five-member ad hoc committee to hear the appeal as indicated in the Health Professions Department bylaws. The committee will consist of five faculty/staff of the Department who have not yet been involved in the appeals process.

The department chair will appoint one of the committee members to chair this committee. The department chair shall not be a member of this committee but will attend the committee meeting as observer and witness. The instructor or program director will also attend this meeting but will

not be a voting member. This appeals committee will meet within 1 week of receipt of the written appeal. The committee members will be given copies of the documentation of the previous levels of appeal prior to the appeal hearing.

The appeals hearing will be conducted as follows:

- Student will be given 15 minutes to describe the basis for the appeal and provide supporting documentation to the committee.
- Involved faculty member or Program Director will be given 15 minutes to describe the rationale for the noted deficiency and reason for not changing the Program decision.
- Department chair will be asked to describe his/her involvement in the situation and outcome of any actions taken.
- Student, instructor, program director, and department chair will be excused and committee will deliberate.
- The committee may ask for additional information from any of the parties involved. The committee will specify the time frame for supplying the materials. The request for additional materials will be put in writing.
- If additional materials are requested, the committee meeting will be adjourned. The committee will reconvene within one week after deadline for receipt of the requested materials.
- The possible decisions of the committee are:
 1. Support the appeal and make a recommendation to the Program to change its decision.
 2. Deny the appeal and support the decision of the Program.

The appeals committee chair will communicate the outcome of the appeal hearing in writing to the student, course instructor, and department chair within 5 days of the final committee hearing.

A copy of the student written appeal and the response of the committee will be given to the student and placed in the student's permanent record.

Any further appeal will be directed to the Dean of the College of Science and Health.

Appeal of Dismissal:

A student who has been dismissed from the graduate program may request readmission by making an appeal to his or her graduate program. The student will be given the opportunity to present evidence to the PA Administrative Student Progress and Conduct Committee that he/she warrants an exception to the requirement of achieving the minimum cumulative GPA of 3.0 by the end of the academic probationary period.

If the student's program finds compelling evidence to warrant an exception to the policy, one can be granted upon written notification to the Office of University Graduate Studies, the office of the dean of the college that houses the program, and to the Office of Records and Registration. Students who are granted an exception are readmitted to the graduate program, though readmission can result in a student being placed on probation.

If the program is unwilling to support readmission, the student should consult the Office of University Graduate Studies to discuss the possibilities for any further action.

The decision of a graduate program on readmission of a student that has been dismissed is considered to be final.

1. If a student feels that their graduate program did not follow its written procedures in not supporting his or her request for readmission, that student may appeal to Graduate Council for a hearing on due process.
 1. The Graduate Council will only consider due process appeals (i.e., cases where a graduate program is thought to have acted contrary to its written procedures), and does not consider any other evidence for exceptions to the dismissal policies of a graduate program.
 2. For the purposes of due process appeal, a graduate program is assumed to use the standards of the graduate catalog for probation or dismissal, unless the program has additional prescriptive policies documented in their program guidelines, bylaws, or other equivalent documents that supersede those of the catalog. Such documents should be available to students in the program and on-file in the office of the dean of the college for that graduate program, and provided to the Graduate Council prior to any due process appeal.
 3. If the Graduate Council finds that a program's decision was inconsistent with that program's written procedures, then the program must reconsider the request for readmission and base a new decision on the program's written procedures.
 4. If the program's decision is deemed by Graduate Council to be consistent with written procedures, then that program's decision remains final.
2. Students who have been dismissed from a graduate program can apply to the Office of Graduate Studies for "special non-degree status" or seek admission to another graduate program. However, being accepted to special non-degree status or to another graduate program after dismissal is rare and should not be expected.
3. Students who are not accepted for special non-degree status or accepted to another program are dismissed from the university

Appendix H: Anatomy Laboratory Policies & Disclosure Statement

The following statement appears in the course syllabi for PAS 510, Applied Human Gross Anatomy, to provide students with legal and health information pertinent to that laboratory.

Legal Issues Concerning Cadavers

Although these people are dead, there are still legal rights retained by their estates and their families that must be protected and respected. In general, you should treat each cadaver with the same courtesy and attitudes that you would have toward your patients. You may not collect any type of souvenirs from the cadavers. You may not photograph the cadavers without a legitimate research or educational purpose, and then not without permission of the anatomy director. You may not conduct tours of the laboratory for your friends or family to satisfy the curiosity of those who merely want to see a dead or dissected body. You may not disrespect, violate or mutilate the bodies in any way that is not consistent with the educational goals of this course.

Violation of any of one of these issues is a serious breach of ethics and in some cases constitutes a felony under laws of the State of Wisconsin. Persons caught violating these rules will be dismissed from the course and will be referred to appropriate law enforcement authorities for criminal prosecution. If you have any questions about these legal and ethical issues you should consult with the anatomy director.

Laboratory Chemical Issues

- Material Safety Data (MSD) sheets associated with all the preservatives used in the anatomy lab are available for inspection by anyone who wishes to do so.
- Toxic chemicals are maintained at safe levels for normal healthy individuals. Especially sensitive individuals may need to invest in additional protective equipment.
- People who wear prescription lenses are advised to wear glasses and not contact lenses while working in the lab.
- Women who are pregnant or nursing mothers should consult with the anatomy director about additional safety hazards that may be present in the anatomy lab.

Appendix I: Participation in Laboratory Instruction

The Program requires the participation of students as simulated patients as well as examiners. The Program expects all students to participate in all aspects of physical exam practicum in a professional and cooperative manner.

During PAS 643: Applied Medical History and Physical Examination students will learn the essential skills of history-taking and physical examination necessary for the practice of a Physician Assistant.

During lab sessions, students generally learn examination techniques and skills in teams of two or three with the guidance of an experienced instructor. Students are encouraged to attend these laboratory sessions prepared to partially disrobe. Patient gowns will be provided by the Program, but all students should come prepared to change into athletic shorts beneath the gown. Women should wear a sports bra or tank top beneath the gown.

This participation does NOT include examination of the genitalia, rectum, or breasts. The students will learn to examine and evaluate these anatomical areas using simulators and examining professional patients.

All students are expected to participate in these learning activities by dressing as outlined above and by submitting to inspection, palpation, percussion, and auscultation by their classmates.

By signing below, you acknowledge and understand this policy and agree to abide by it.

Student Signature: _____

Student Name (please print): _____

Date: _____

Appendix J: Internship Waiver

I understand that clinical learning experiences are an essential part of the professional education of the Health Professions Department. Clinical learning environments are becoming an increasingly scarce resource creating challenges for convenient placement of students due to a number of factors, including increased number of programs emerging within academic institutions, changes within the health care environment forcing some sites to reconsider the number of students because of issues related to reimbursement, litigation, and staff productivity associated with placements. All of these factors as well as others have resulted in fewer learning spaces being offered for students. I understand that if I agree to enter the Health Profession programs the quality of the learning experience and the clinical learning will be made based upon the quality of the learning experience and the clinical site resources available. This most likely will necessitate placement in sites that may be inconvenient geographically or have additional expenses associated with them. Personal concerns regarding weddings, family issues, vacations, or future employment issues will not be a consideration.

As a student entering the UWL Health Profession Program, I understand and agree to accept responsibility for the expenses and inconvenience that may occur as a result of clinical assignments, which are a requirement of my professional training.

All clinical rotations will be secured by the clinical coordinator of the UW-L-Gundersen-Mayo-Marshfield Physician Assistant Program. Students must submit all requests for clinical rotations exclusively to the clinical coordinator. The Clinical Education Coordinator will then submit a formal request to the appropriate affiliate institution. A student of this program may **in no circumstance** contact preceptors, clinical or institutional departments or institutional representatives independently from the clinical coordinator. Failure to follow this protocol is considered a breach of program policy and may result in disciplinary action at the discretion of the PA Administrative Student Conduct and Progress Committee.

As a student enrolled in the UW-L-Gundersen-Mayo-Marshfield Physician Assistant Program, I understand and agree to follow the above outlined procedure for obtaining clinical rotations.

Print Name

Signature (upon entrance into program)

Date

Signature (upon entrance into clinical year)

Date

Appendix K

End of First Week Clinical Rotation Report Form

UW-La Crosse-Gundersen- Mayo-Marshfield PA Program

NOTE: This report need NOT be lengthy or grammatically correct. This report must be placed in the D2L drop box for the Capstone course by the end of the first week of the rotation by 5 p.m. (generally Sunday). Please do not include other information or questions for me on this form.

Name:

Rotation #:

Today's Date:

Please type in the following information:

1. Type of rotation:

2. Location:

3. Primary preceptor(s) - (please include title eg. PA-C or MD/DO, etc...) & contact information:

4. What a typical day is like:

5. What is going well:

6. Areas of concern regarding the rotation:

7. Awareness of safety measures in your clinical work environment:

PA STUDENT CLINICAL PERFORMANCE EVALUATION (2016-2017)							
Gundersen Lutheran Medical Foundation		University of Wisconsin-La Crosse		Mayo School of Health Sciences			
STUDENT _____		EVALUATOR(S) _____					
DISCIPLINE (e.g. Family Med) _____		Location _____			Dates _____		
INSTRUCTIONS: The evaluation of student performance covers areas of knowledge, skills and attitudes correlating to rotation objectives. Please circle the appropriate number in each category. To be of maximum benefit for the student, please feel free to address the strengths and weaknesses observed on rotation as well. Complete this form in its entirety and return to the PA Program Office (address on reverse). THANK YOU.							
Note: A grade of 60% (an average of "3" for the entire evaluation) or above is considered a passing score for the rotation. An average less than "3" for the evaluation will typically necessitate repeating the rotation.							
1	Patient Rapport	1 Unable to establish appropriate rapport with the patient; offensive to patients.	2 Able to establish fair rapport; lacks strong communication skills.	3 Generally establishes good rapport; has occasional difficulty communicating.	4 Good rapport; listens and communicates concern for the patient's problems.	5 Excellent rapport with even the most difficult patients; instills confidence in his/her ability.	N/A Not Applicable or Not Observed
2	Medical Knowledge	1 Sketchy; has difficulty recalling basics.	2 Needs to improve to function consistently well.	3 Processes basic knowledge; not always able to apply to cases.	4 Has solid base of knowledge; usually able to relate to cases.	5 Demonstrates solid knowledge base and makes relevant clinical applications consistently.	N/A Not Applicable or Not Observed
3	History Taking Skills	1 Incomplete, inaccurate, fails to elicit important data.	2 Often fails to elicit important data and includes irrelevant data.	3 Usually complete; sometimes includes irrelevant data.	4 Complete, accurate; elicits important data.	5 Elicits complete data even in complex cases; able to describe findings in clear, concise manner.	N/A Not Applicable or Not Observed
4	Physical Exam Skills	1 Almost always incomplete; fails to follow logical sequence. Deficient technical qualities.	2 Generally complete; often fails to follow logical sequence. Minor technical deficiencies. Abnormalities frequently not recognized.	3 Complete, technically accurate; usually follows logical sequence and usually recognizes abnormalities.	4 Thorough. Follows logical sequence; technically reliable; smooth. Common abnormalities consistently recognized.	5 Thorough, precise; follows logical sequence even in difficult cases. Technically efficient & sound. Abnormalities consistently recognized.	N/A Not Applicable or Not Observed
5	Laboratory & Test Knowledge	1 Clearly lacks knowledge of lab values or relationship of tests to clinical picture. Orders without regard to cost or yield.	2 Marginal knowledge of routine tests. Has trouble interpreting results.	3 Adequate knowledge of routine tests. Tests ordered clinically appropriate. Usually interprets results correctly.	4 Adequate knowledge of routine tests; some knowledge of special diagnostic tests. Tests ordered clinically appropriate. Results interpreted correctly.	5 Good knowledge of routine and special diagnostic tests. Tests ordered clinically appropriate and interpreted correctly.	N/A Not Applicable or Not Observed
6	Organization of Data for Diagnosis	1 Fails to integrate data. Unable to identify problems, priorities; overlooks additional data.	2 Has difficulty integrating pertinent data, identifying problems, setting priorities. Frequently overlooks additional data.	3 Usually able to integrate data. Differential diagnosis and identification of priorities usually appropriate.	4 Able to integrate pertinent data. Acceptable differential diagnosis made. Understands and identifies problems and priorities.	5 Integration of data comprehensive. Understands and identifies problems and priorities. Correlates additional data in making the differential diagnosis.	N/A Not Applicable or Not Observed
7	Treatment Planning	1 Has no concept of treatment plans.	2 Plans often inadequate or inappropriate; require major revisions.	3 Treatment plans are acceptable in most cases. Require some revision.	4 Treatment plans are acceptable. Require only minor revisions.	5 In routine cases, treatment plans are comprehensive; need no changes. Can suggest alternatives if necessary.	N/A Not Applicable or Not Observed
8	Patient Education	1 Rarely communicates with patient about disease or treatment. Does not adjust plan to educational/social level of patient. Doesn't check for understanding by patient.	2 Sometimes communicates with patient about disease or treatment. Doesn't adjust plan to educational/social level of patient or check for understanding.	3 Often communicates with patient about disease and treatment. Usually checks to see if patient understands.	4 Communicates well with patient about disease and treatment. Usually adjusts plan to fit educational/social level of patient and checks for understanding.	5 Communicates well with patient about disease and treatment. Adjusts plan to educational/social level of patient and consistently checks for understanding.	N/A Not Applicable or Not Observed
9	Case Presentations	1 Pertinent data absent. Not concise. Disorganized. Often includes irrelevant data.	2 Presentation often confusing. Pertinent data generally stated.	3 Presentation usually organized with some irrelevant data.	4 Explains and summarizes data; organized with little irrelevant data.	5 Explains and summarizes data completely and concisely. Organized and succinct.	N/A Not Applicable or Not Observed
10	Written Skills	1 Sometimes fails to make chart notes. May include irrelevant data or fail to provide relevant data.	2 Chart notes are late or include irrelevant data. Sometimes excludes relevant data.	3 Write-ups are complete. Needs some improvement to become concise and organized.	4 Write-ups are organized. Usually only relevant data is included. Problems and progress noted promptly.	5 Write-ups concise and organized. Problems and progress documented completely and promptly.	N/A Not Applicable or Not Observed
11	Professional Relationships	1 Behavior is unacceptable to colleagues; does not cooperate; makes poor impression.	2 Behavior is usually acceptable to colleagues; cooperates when necessary.	3 Maintains acceptable and workable co-worker relationships.	4 Establishes atmosphere of mutual respect and dignity with co-workers.	5 Commands respect of co-workers; conduct indicative of a true professional.	N/A Not Applicable or Not Observed
12	Work Habits / Attitude Toward Learning	1 Apathetic; actively exhibits disinterest or denies responsibility; does less than prescribed.	2 Generally passive or indifferent; may be reminded; is inefficient; lacks continued interest.	3 Available, cooperative; strives to maintain responsibility.	4 Shows initiative and takes responsibility for extra work; asks many good questions; some independent learning.	5 Demonstrates independent learning; excellent insightful questions; pursues work productively and assertively.	N/A Not Applicable or Not Observed
13	Preparation for Clinical Rotation	1 Clearly unprepared; evidenced by inadequate fund of knowledge and/or clinical skills for a PA student at this stage of training.	2 Emerging skills for a PA student at this stage of training; needs more time and/or training to appropriately integrate.	3 Adequately prepared for a PA student at this stage of training; able to perform clinical patient care tasks with supervision.	4 Above average level of preparation and knowledge for a PA student at this stage of training; requiring minimal supervision.	5 Exceeds expectations for a PA student at this stage of training; performing tasks at high level of competency.	N/A Not Applicable or Not Observed
Professional Attributes							
Circle any of the following that ARE or MAY BECOME problems. Explain under COMMENTS.							
A	Doesn't know own limitations; not cautious enough; proceeds without checking; overestimates abilities.						
B	Lacks initiative; needs to be "spoon-fed" or excessive direction; little self-directed learning.						
C	Grooming: sloppy or inappropriate dress; poor hygiene habits.						
D	Educational attitude: unresponsive to correction; makes same errors; takes criticism personally.						
E	Attendance: absent from activities, late or not available for rounds, leaves early.						
F	Self-image: timid or insecure; performance may be affected by lack of confidence.						
G	Dependability: unprepared for didactic or clinical assignments; fails to follow through with tasks.						
COMMENTS:							
Preceptor, please call the PA Program Office @ 608-785-6621 if you would like to further discuss this evaluation.							
Evaluation discussed with student: ___YES ___NO							
EVALUATOR _____ DATE _____							
Please return this evaluation to: UW-L PA Program, 4th Floor Health Science Center, 1300 Badger St., La Crosse, WI 56401							

Mayo Evaluation form

1. Initial history/interviewing skill*

(3)

1	2	3	4	5	0
Inaccurate, major omission, inappropriate	Incomplete or unfocused	Obtains basic history, accurate	Precise, detailed, broad-based	Resourceful, efficient, appreciates subtleties, insightful	

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
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2. Physical examination skill

(4)

1	2	3	4	5	0
Unreliable	Incomplete or insensitive to patient comfort	Major findings identified	Organized, focused, relevant	Elicits subtle findings	

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
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3. Follow-up

1	2	3	4	5	0
Inaccurate data or omissions	Inconsistent or inaccurate	Monitors active problems, identifies new problems	Vigilant, independent appraisal	Anticipate change	

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
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4. Patient care activities*

1	2	3	4	5	0
Inaccurate data or major omissions	Poor flow in HPI, lacks supporting detail or incomplete problem lists	Accurate, complete	Documents key information focused, comprehensive	Concise, reflects through understanding of disease process & patient situation	

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
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5. Progress notes*

(10)

1	2	3	4	5	0
Not done or inaccurate data	Needs organization, omits relevant data	Reflects on-going problems and team plan	Precise, concise, organized	Analytical	

6. Oral presentations*

(9)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
Consistently ill-prepared	Major omissions, often includes irrelevant facts, rambling	Maintains format, includes all basic information; minimal use of notes	Fluent, focused	Tailored to situation (type of rounds), poised	

7. In general*

(2)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
Major deficiencies in knowledge base	Marginal understanding of basic concepts	Demonstrates understanding of basic pathophysiology	Thorough understanding of diagnostic approach	Understands therapeutic interventions, broad-based	

8. Application to patient's situation*

(6)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
Lacks knowledge to understand patient problems	Inconsistent understanding of patient problems	Knows basic differential diagnosis or active problems in own patients	Expanded differential diagnosis, can discuss minor problems	Appropriate textbook mastery and/or directed literature search	

9. Analysis*

(5)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
Cannot interpret basic data	Frequently reports data without analysis; problem lists need improvement	Constructs problem list, applies reasonable differential diagnosis	Consistently offers reasonable interpretation of data	Understands complex issues, interrelates patient problems	

10. Judgment/management*

(7)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
Unwilling to do expected patient care activities	Inconsistent prioritization of clinical issues	Appropriate patient care, aware of own limitations	Diagnostic decisions are consistently reasonable	Insightful approach to management plans	

11. Patient care responsibilities*

(12)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
Unwilling to do expected patient care activities	Needs prodding to complete patient care responsibilities	Assumes responsibility, consistently knows test results, maintains patient records	Efficient & effective, often takes initiative	Involves & coordinates health care team members	

12. Procedures*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
No improvement with coaching, insensitive	Awkward, reluctant to try even basic procedures	Shows reasonable skill in preparing for and doing procedures	Proficient and skillful	Exceptionally proficient and skillful	

13. Interactive skills*

(1)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0
Obviously uncomfortable and ineffective	Has difficulty supporting patient cooperation, data flow discontinuous	Has difficulty supporting patient cooperation, data flow discontinuous	Professional effective with both patients and staff, misses subtle data that is not completely obvious	Excellent interactive skills, both verbal and non-verbal with patients and staff	

14. Dependability/Punctuality*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

15. Appearance*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

16. Honesty/Accountability*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

17. Response to Error/Learn from Mistakes*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

18. Responsibility/Sense of Duty*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

19. Response to Criticism*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

20. Physician Assistant/Patient Relationship*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

21. Interprofessional Relationships/Teamwork/Ethics*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

(11)

22. Preparation for
Clinicals*

(13)

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

23. Examination/Diagnostic Skills*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

24. Ability to Communicate with Team Members*

Needs Improvement	Marginal	Meets Expectations		Exceeds Expectations	N / A
1	2	3	4	5	0

25. Summary Comments:

Student Evaluation of the Preceptor and Clinical Site

Student _____ **Date** _____

Preceptor _____ **Site** _____

1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree			Comments:
1 2 3 4 5		1. The goals and objectives of this rotation were clear to me.	
1 2 3 4 5		2. This rotation was well organized and my responsibilities were clear to me.	
1 2 3 4 5		3. The majority of the learning objectives were appropriate for this rotation	
1 2 3 4 5		4. I was able to complete the Program's Cognitive objectives for this rotation while at this site.	
1 2 3 4 5		5. I was able to complete the Program's Skill Objectives for this rotation with this site/preceptor(s)	
1 2 3 4 5		6. My preceptor clearly understood his/her role in my education as a teaching clinician.	
1 2 3 4 5		7. I was able to interview and do physical exams on patients, develop differential diagnoses and treatment plans.	
1 2 3 4 5		8. I was taught and allowed to perform some procedures with supervision.	
1 2 3 4 5		9. I was able to prepare SOAP notes and/or H&P notes.	
1 2 3 4 5		10. I was able to dictate notes for the patient record.	
1 2 3 4 5		11. My preceptor(s) provided me with useful feedback on my performance in the course of this rotation.	
1 2 3 4 5		12. This rotation was valuable to my medical education as a PA	
1 2 3 4 5		13. I made significant growth in my ability to evaluate and treat patients during this rotation.	
1 2 3 4 5		14. I would recommend this rotation to a friend in my class.	
1 2 3 4 5		15. I was able to find sufficient time for reading/studying during this rotation.	
Yes No		16. Medical teaching conferences were available to me during this rotation.	

Appendix N: UW-L Campus & La Crosse Community Resources

Several resources are available to students on the La Crosse campus and within our La Crosse community. These resources are available to all students of the Program during both the didactic and clinical years. The following is a partial list of those student services on campus and in La Crosse. A complete list of student services available to UW-L students may be found on the Eagle Eye, the student handbook for all UW-L students:
http://www.uwlax.edu/studentlife/eagle_eye.htm .

UW-L RESOURCES

Counseling & Testing Center

785-8073 2106 Centennial Hall

Office hours: Monday through Friday, 7:45 a.m. – 4:30 p.m. (Closed holidays)

Urgent Care (same day assistance) is available Monday through Friday, 1:00 - 4:00 p.m.

The staff is committed to helping UW-L students be more effective in their academic work, personal lives, and relationships with others. Services offered at no charge to students include:

- Crisis intervention
- Individual Counseling
- Group Counseling
- Career Testing
- Academic skills evaluation
- Psychological testing
- National testing
- Test anxiety and study skills assistance
- Alcohol and drug abuse problems
- Biofeedback clinic

ACCESS Center

785-6900 Murphy Library, Room 165

Any student at the University of Wisconsin - La Crosse who has a physical, sensory, emotional, or learning disability should meet with the personnel from the Office of Disability Resource Services during his/her first semester on campus. Even students who have a mild disability may find it beneficial to discuss their adjustment to campus life with the office staff. Students should contact the personnel at the office immediately after acceptance into the university. Further information can be found at <https://www.uwlax.edu/access-center/>

Financial Aid

785-8604 215 Graff Main Hall

Office Hours: Monday - Friday, 7:45 a.m. to 4:30 p.m. E-mail: finaid@uwlax.edu. Christina Hayes is the primary contact person in the Financial Aid office for issues relating to the Program. The UW-La Crosse Financial Aid Office helps students seek, obtain, and make the best use of all financial resources available. Staff members are committed to providing financial resources to

students to help them pursue their educational and professional goals. Assistance is provided to students through scholarships, grants, student employment opportunities and loans.

Gundersen Health Sciences Library

775-5410 1900 South Ave. H01-011

Adolf L. Gundersen, MD, Health Sciences Library

E-mail: library@gundluth.org

(608) 775-5410 or 1-800-362-9567 ext. 55410

Monday through Friday, 7 a.m. to 4:30 p.m.

The Adolf L. Gundersen, MD, Health Sciences Library, has been an integral part of Gundersen Lutheran for more than 40 years and is the second largest hospital library in the state. The library houses a collection of 450 print journal titles, 2,800 online journal titles and 4,000 textbook titles. As a PA student of our Program, you will receive an identification badge and secure access to the library throughout your entire PA studies.

Murphy Library

785-8808 Murphy Library

Murphy Library provides students with research, course-related, self-enrichment, and recreational library materials. Access the interactive tutorial at <http://www.uwlax.edu/murphylibrary/tutorial/>. In addition to texts and periodicals, on-line data bases and resources are provided through Murphy Library. Inter-library loans are available for those resources not available through either Murphy or Gundersen Lutheran Health Sciences libraries.

Office of Student Life

785-8062 149 Graff Main Hall

The Office of Student Life is committed to assisting the students of the University of Wisconsin - La Crosse by serving as an advocate in promoting and defending the interest of the students within the university at large, maximizing students' use of the services available to them at the University, and intervening on the behalf of students when requested and appropriate.

Office of Multicultural Student Services

785-8225 1101 Centennial Hall

The primary goals of the Office of Multicultural Student Services (OMSS) are to increase the undergraduate and graduate enrollments of U.S. underrepresented and disadvantaged students, to improve the quality of their educational and social experiences and to increase the number of graduates. To accomplish these objectives, OMSS is involved in specific recruitment and retention activities, and special academic support programs. OMSS also sponsors numerous cultural events, supports ethnic student organizations and services, promotes community outreach efforts, consults and holds joint programming sessions with other support services offices and encourages staff and faculty involvement in underrepresented student assistance programs.

Recreational Eagle Center
608-785-5225 1601 Badger Street

The Recreational Eagle Center (REC) is provided by and for UW-L students. It is designed to help meet the recreational, social, and wellness needs of UW-L students. All students are invited to stop by and get acquainted. Bring your Tower Card! In the Recreational Eagle Center you will find: Climbing Wall, 200 meter elevated track, 2 Racquetball Courts, 4 Basketball Courts, 6 Volleyball Courts, 2 Badminton Courts, UWL Club Sports, Outdoor Connection (Outdoor EQ Rental), Strength & Fitness Center, Cardiovascular Equipment, Aerobics Studio, Martial Arts Room, First Aid Room, Campus Child Care Center, Vending Machines, Courtesy & Pay Phones, TV Lounge and Other Lounge Areas, Locker Rooms and Day Lockers, Kiosk for student e-mail, Shower Rooms, and more ...

Student Health Center
785-8558 HSC – First Floor

Office/Appointment Hours (Spring - January 19, 2010 through May 14, 2010)
Monday, Thursday and Friday : 8:00 a.m. – 4:00 p.m.
Tuesday : 9:00 a.m. - 4.00 p.m. and Wednesday : 8:00 a.m. - 7.00 p.m.

Violence Prevention Services
(608)785-8062 149 Graff Main Hall

Monday through Friday, 9:00 A.M.-4:00 P.M.
EMERGENCY AFTER HOURS CONTACT:
University Police, 789-9999 or 911
La Crosse Police, 785-5962 or 911

Violence Prevention Specialist: Ingrid Peterson <http://www.uwlax.edu/violence-prevention/>
UW-L recognizes that violence in any form interferes with the work and learning taking place in our community. Often, someone who experiences a sexual assault, stalking, or violence or abuse in a relationship, may find that they have difficulty focusing on work or on their studies. The Violence Prevention Office (VPO) is here to assist you with advocacy, information, and support, so that you can make informed choices about the options available to you in these situations. Services are free, confidential, and available to all UW-L students, faculty, and/or staff members. In addition to advocacy, the Violence Prevention Specialist is available to provide education and training on campus. Contact us to learn more, or to schedule a classroom presentation or training session.

COMMUNITY RESOURCES

Coulee Council

784-4177 921 West Ave. S.

Education, assessment, and referral for alcohol and other drug additions. For emergency medical services, detoxification, and treatment, as well as the services listed above:

Gundersen-Lutheran Hospital Recovery Center, 1910 South Ave., 785-0530.

Franciscan-Skemp Chemical Dependency, 700 West Ave. S., 785-0940.

First Call for Help

782-8010 (24 hours/day)

Emergency services, counseling and support.

Franciscan-Skemp Safe Path

791-7804 or (800) 362-5454, X7804.

Gundersen-Lutheran Sexual Assault Services

775-5950 or (800) 362-9567, X5950.

La Crosse Police

Emergency 911 Non-emergency 785-7241



PHYSICIAN ASSISTANT PROGRAM

I acknowledge that I have received and read the University of Wisconsin-La Crosse-Gundersen-Mayo-Marshfield Physician Assistant Program Manual. I agree to abide by the policies and procedures outlined in the handbook.

(Signature)

(Date)

(Print name)