



PHYSICIAN ASSISTANT PROGRAM

Student Program Manual
2021-2022

ARC-PA A3.02
Version 05/25/2021

CONTACT INFORMATION

UW-L	Gundersen	Mayo	Marshfield
<p>PA Program Office Health Science Center 1725 State Street La Crosse, WI 54601 (608) 785-8470 paprogram@uwlax.edu</p> <p>Pat Campbell, PA-C Program Director HSC 4039 (608) 785-5067 pcampbell@uwlax.edu</p> <p>Lisa Iverson-Leirimo, DrPH, PA-C Director of Clinical Education HSC 4051 (608) 785-6621 liverson-leirimo@uwlax.edu</p> <p>Sarah Eichenberg, PA-C PA Program Faculty HSC 4044 (608) 785-5061 seichenberg@uwlax.edu</p> <p>Ivy Heims, PA-C PA Program Faculty HSC 4044 (608) 785-8478 iheims@uwlax.edu</p> <p>Maggie Laufenberg, PA-C PA Program Faculty HSC 4046 (608) 785-8479</p> <p><Open Faculty Position></p>	<p>Gundersen Health System 1836 South Avenue La Crosse, WI 54601</p> <p>Gregory Thompson, MD Medical Director (608) 775-2791 gpthomps@gundersenhealth.org</p> <p>Andrew Horstman, PA-C Educational Coordinator alhorstm@gundersenhealth.org</p> <p>Jacob Larkin, PA-C Educational Coordinator jrlarki1@gundersenhealth.org</p>	<p>Mayo Clinic 200 First Street SW Rochester, MN 55905</p> <p>Robert Adams, OPA-C Educational Coordinator (507) 284-6822 radams@mayo.edu</p> <p>Ryan Meverden, PA-C Educational Coordinator Meverden.ryan@mayo.edu</p>	<p>Marshfield Clinic Health System 1000 N Oak Ave Marshfield, WI 54449</p> <p>Kathy Heintz-Dzikowich Manager of Student Programs (715) 389-4197 Dzikowich.kathy@marshfieldclinic.org</p> <p>Bradley Schauer, PA-C Educational Coordinator (715) 239-6344 Schauer.bradley@marshfieldclinic.org</p> <p>Jessica Pisarcik, PA-C Educational Coordinator (715) 568-6220 Pisarcik.jessica@marshfieldclinic.org</p>

TABLE OF CONTENTS

ACRONYMS.....	5
I. INTRODUCTION.....	6
A. Student Responsibility.....	6
B. Student Learning Goals/Outcomes.....	6
1. Medical Knowledge	6
2. Interpersonal and Communication Skills	7
3. Patient Care	7
4. Professionalism	7
5. Practice-based Learning and Improvement.....	7
6. Systems-based Practice	7
II. HEALTH REQUIREMENTS.....	8
A. Technical Standards of Performance.....	8
1. Observation	8
2. Communication	8
3. Motor and Sensory Function.....	8
4. Intellectual-Conceptual, Integrative and Quantitative Abilities.....	9
5. Behavioral and Social Attributes.....	9
B. Health Examination & Immunizations.....	9
1. Didactic Phase	10
2. Clinical Phase.....	10
III. ADMINISTRATIVE REQUIREMENTS.....	11
A. Criminal Background Check.....	11
B. Drug Testing.....	11
C. Dress and Hygiene	12
D. Insurance	12
1. Health Insurance.....	12
2. Disability and Life Insurance	12
3. Malpractice and Liability Insurance.....	13
E. Name and Address Changes.....	13
IV. ACADEMIC REQUIREMENTS.....	13
A. Absence and Attendance	13
B. Academic Advising	14
C. Academic Honesty and Misconduct.....	14
D. Academic Standards.....	14
1. Grades.....	14
2. Professionalism	15
3. Technical Standards of Performance.....	15
E. Appeals Process.....	15
F. Communication	15

G. Equipment, Materials, Supplies and Technology.....	16
H. Extracurricular Employment	16
I. Extracurricular Clinical Experiences	16
J. Memberships & Involvement.....	17
K. Non-Academic Misconduct.....	17
L. Participation in Laboratory Instruction	17
M. Privacy Policy	17
N. Probation	17
1. Grades.....	18
2. Professionalism	18
3. Technical Standards of Performance.....	18
O. Professionalism	18
P. Remediation	19
Q. Social Media Policy	19
R. Student Feedback	19
1. Evaluation of Instruction.....	19
2. Evaluation of the PA Program	20
3. Evaluation of Clinical Rotations and Precepting	20
4. Post-Graduation Surveys.....	20
5. Other Surveys and Research Projects.....	20
S. Student Grievances.....	20
T. Student Resources	20
1. UW-L Campus Resources.....	20
2. Gundersen Health System Resources.....	21
V. SAFETY AND SECURITY REQUIREMENTS.....	21
A. Campus Security	21
B. Health Science Center Policy.....	21
C. Emergency Response Plan	22
D. Latex Safety.....	22
E. Infectious, Chemical, and Physical Safety (A3.08)	22
VI. PROGRESSION THROUGH THE PROGRAM (A3.15).....	25
A. Didactic Phase	25
1. Class Schedule.....	25
2. Cadaveric Privileges.....	25
3. Grading.....	25
4. Missed Assignments and Examinations.....	26
5. Remediation during the Didactic Phase (A3.15c).....	26
6. Advancement to the Clinical Phase.....	27
B. Clinical Phase.....	27
1. Clinical Rotations.....	27

2.	Clinical Attendance	29
3.	Clinical Absences	30
4.	Clinical Assessment (B4.01)	32
5.	Grading	33
6.	Remediation during the Clinical Phase	34
7.	Patient Care Policies	35
8.	Clinical Seminar Course	36
C.	Graduation	36
1.	Summative Evaluation (B4.03)	36
2.	Capstone Activity	37
VII. DECELERATION, DISMISSAL, LEAVE OF ABSENCE, AND WITHDRAWAL....		38
A.	Deceleration (A3.15c)	38
B.	Dismissal (A3.15d)	38
1.	Grade Point Average	38
2.	Professionalism	38
3.	Technical Standards of Performance	39
C.	Voluntary Leave of Absence (A3.15d)	39
D.	Withdrawal	39
1.	Withdrawal from the Program	39
2.	Withdrawal from a Course or Rotation	39
3.	Procedure to Request Leave of Absence and Withdrawal from the Program	40

ACRONYMS

AAPA	American Academy of Physician Assistants
DCE	Director of Clinical Education
EoR	End of Rotation
FERPA	Family Educational Rights and Privacy Act
GPA	Grade Point Average
HSC	Health Science Center
MRO	Medical Review Officer
PA	Physician Assistant
PAEA	Physician Assistant Education Association
PANCE	Physician Assistant National Certifying Examination
PAS	Physician Assistant Studies
PIP	Performance Improvement Plan
UW-L	University of Wisconsin, La Crosse

I. INTRODUCTION

The education of a Physician Assistant (PA) involves the development of a broad base of scientific and medical knowledge coupled with strong interpersonal, professional, and clinical skills. Through didactic and clinical education, students acquire foundational knowledge and skill to enter the PA profession. After formal education concludes, PAs continue career-long learning through individual study and continuing medical education.

The purpose of this manual is to delineate student policies and procedures for the University of Wisconsin, La Crosse (UW-L) PA Program, hereafter referred to as the Program. This manual pertains to enrolled PA students. These policies and procedures, as well as those of UW-L Graduate Studies, intend to be comprehensive and consistent. If information appears contradictory or inconsistent, or if questions arise, contact the Program Director.

The Student Program Manual is reviewed and updated annually, before each academic cycle, by the Program Director, Director of Clinical Education (DCE), Program faculty, and Administrative Committee members. If policies or procedures change during the academic cycle, the Program Director will notify students in writing of changes.

A. Student Responsibility

PA students are responsible for understanding and following the contents of this Student Program Manual. To acknowledge this responsibility, students must review and sign the Student Program Manual Acknowledgement form and submit the form to the Program Director.

B. Student Learning Goals/Outcomes

The Student Program Manual supports the overarching goal of the Program – for PA graduates to demonstrate the ability to identify, analyze, and manage clinical problems to provide competent, compassionate, patient care. As such, graduates are expected to demonstrate competent medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning, and systems-based practice. These student learning outcomes are adapted from Competencies for the Physician Assistant Profession, which were adopted in 2012 by ARC-PA, NCCPA, and PAEA (Physician Assistant Education Association), and in 2013 by the American Academy of Physician Assistants (AAPA).

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 and 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, professional associates, physicians, 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, and 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 and Improvement

Practice-based learning and 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. Essential in the practice of medicine is 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.

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

II. HEALTH REQUIREMENTS

A. Technical Standards of Performance

Upon admission and throughout PA education, students must meet technical standards of performance to render the spectrum of patient care. Specifically, each student must be able to meet the requirements and worker attributes of a PA as defined by the U.S. Department of Labor, Employment and Training Administration Occupational Information Network (O*NET).

Students must have somatic sensation and functional use of their senses of vision, hearing, and equilibrium. They must also have sufficient exteroceptive sense (i.e., touch, pain, temperature), proprioceptive sense (i.e., position, pressure, movement, stereognosis, vibratory) and motor function to carry out required student activities. In addition, the PA student must have the ability to observe, communicate, and conceptualize information. Cognitively, students must consistently, quickly, and accurately integrate all sensory information and intellectually learn, integrate, analyze, and synthesize such data. To sustain self and to care for others, students must also possess behavioral and social attributes.

1. Observation

- Students 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.
- Students must be able to accurately observe a patient, both at distances and in proximity.

2. Communication

- Students must be able to speak, hear, and observe patients to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal cues.
- Communication includes speech, reading and writing. Students must be able to communicate in a professionally, effectively, and efficiently through oral, written, and electronic forms with all members of the health care team.
- Students must be able to communicate effectively and sensitively with patients and their family members.

3. Motor and Sensory Function

- Students should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.
- Students should be able to execute movements that are reasonably required of PAs to provide general care and emergency treatment for patients. Examples of emergency treatments are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and performance of simple obstetrical maneuvers. Such actions require coordination of gross and fine muscle movements, equilibrium, and functional use of touch and vision.

4. Intellectual-Conceptual, Integrative and Quantitative Abilities

- Students must be able to perform the following cognitive abilities: measurement, calculation, reasoning, analysis, and synthesis. Problem solving, a critical skill demanded of PAs, requires each of these intellectual abilities.
- Students must be able to comprehend three dimensional relationships, such as spatial relationships between anatomical structures.

5. Behavioral and Social Attributes

- Students must possess emotional health and stability to fully utilize their intellectual abilities, to exercise good judgment, to promptly complete all responsibilities for patient diagnosis and care, and to develop mature, sensitive, and effective relationships with patients.
- Students must be able to tolerate physically-taxing workloads and to function effectively under stress. They must be able to adapt to environmental changes and to function with inherent uncertainties in the clinical problems of patients.
- Students must demonstrate personal qualities including compassion, integrity, concern for others, interpersonal skills, interest, and motivation.

Students are responsible for reviewing these technical standards and determining whether they meet these standards or need assistance meeting these standards. Students who have questions or need accommodations should seek guidance from a disability support specialist at the UW-L ACCESS Center (<https://www.uwlax.edu/access-center/>).

Even though technological compensations may accommodate some disabilities, students must be able to function in a reasonably independent manner. If Program faculty or preceptors, during any phase of the Program, note a deficiency, the Program may disallow student progression, especially if the deficiency jeopardizes patient care.

B. Health Examination & Immunizations

The PA Program's health examination and immunization policies intends to protect students and patients during classroom and clinical activities. Questions about the health and immunization policy should be directed to the Program Director.

Health examinations must be performed by a non-relative, licensed MD, DO, PA-C, or NP of the student's choice (A3.07). Program faculty, the Program Director, and the Medical Director are prohibited from providing health care or personal health advice to enrolled students, except in the case of emergency (A3.09). Furthermore, to protect confidentiality, PA Program faculty neither receive nor review students' medical records.

Immunizations must be performed by licensed health care personnel. Once enrolled in the PA Program, students may obtain immunizations and titers from the UW-L Student Health Service. Students may forego immunization for personal or medical reasons; however, clinical rotation sites may decline students without required immunizations or medical documentation. Declining an immunization may adversely impact a student's clinical education experience and progression through the Program.

1. Didactic Phase

Upon matriculation, students must obtain a physical health examination to assess communicable diseases; conditions that might endanger the health or well-being of other students, staff, and patients; immunization status; and fitness to undertake graduate education.

Students are responsible for providing evidence from a non-relative, licensed medical provider that they comply with health and immunization standards. Appendix A contains a weblink to the Student Health Examination Form, Required Immunization Form, and the Attestation of Influenza Vaccination Form.

By July 15th of the matriculating year, students will

- Obtain a health history and physical examination
- Verify immunity and obtain required immunizations
- Submit completed, signed Student Health Examination Form and Required Immunization Form (Appendix A) to the Health Professions Department office, including verification from a health provider that the health screening, titers, and immunizations were obtained in accordance with the requirements stated in the form.
- Maintain personal copies of all health records.

By October 31st of the matriculating year, students will:

- Submit proof of influenza immunization using either the Attestation/Declination of Influenza Vaccination Form (Appendix A) or medical documentation containing the student's name, vaccine name, and date.
- Submit proof of other immunizations (e.g., COVID-19), if requested by the Program.
- Maintain personal copies of all health records.

By May 1st of the didactic phase, students will:

- Ensure that all required immunizations and titers are current.
- Obtain a TB test (i.e., Mantoux test, QuantiFERON).
- Submit a completed, signed Required Immunization Form (Appendix A) to the department office. Upon request, students may be asked to submit additional documentation by a healthcare provider.
- Maintain personal copies of all health records.

2. Clinical Phase

Prior to the clinical phase, to participate in clinical activities, students must provide a record of immunization. Additional medical documentation may be needed for students who have medical conditions that precludes them from receiving immunizations. Students may also be asked to provide an updated health examination prior to the clinical phase.

By October 31st of the clinical phase, students will

- Submit proof of influenza immunization using either the Attestation/Declination of Influenza Vaccination Form (Appendix A) or medical documentation containing the student's name, vaccine name, and date.
- Submit proof of other immunizations (e.g., COVID-19), if requested by the Program.

- Maintain a personal copy of all health records.

Students may be required to show immunization, titer, and TB testing records at a clinical rotation site. In addition, some rotations may require additional health screening and immunizations.

III. ADMINISTRATIVE REQUIREMENTS

A. Criminal Background Check

Minnesota and Wisconsin regulations require a criminal background check for people, who have direct contact with patients in healthcare and other settings. Because students are required to participate in patient care in various healthcare settings in both states, students are required to submit to criminal background investigation. The Program processes background checks at two points in the curriculum – prior to matriculation and prior to clinical rotation.

Admission to the Program is contingent upon a favorable criminal background check. After admission, students, who engage in activities that might adversely affect their criminal background check, must notify the Program Director or DCE 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. On a case by case basis, the Program will make decisions about the educational fate of students with adverse criminal background check results. Detailed information about the Program's Criminal Background Check policy and procedure can be found at the weblink in Appendix A.

B. Drug Testing

The Program does NOT mandate drug testing. However, individual clinical sites may require drug testing prior to clinical rotation to ensure patient safety. Prior to rotation, if a clinical site requests drug testing, students will be notified and referred to a capable testing facility. Students will assume the cost of testing.

All collection and testing will be conducted pursuant to guidelines established by the Medical Review Officer (MRO) of the testing facility, and if applicable, in accordance with Substance Abuse and Mental Health Services Administration guidelines, which include a confirmatory test; opportunity for a split sample; review by an MRO, including the opportunity for students who tests positive to provide a legitimate medical explanation for the positive results, such as a provider's prescription; and a documented chain of custody. The Program, in conjunction with the MRO, will make decisions on a case by case basis about the fate of students, who test positive for illicit drugs or medications.

C. Dress and Hygiene

In parts of society, dress and hygiene are matters of personal taste and judgment – even expressions of individuality. However, given the professional nature of PA education, dress and hygiene must be appropriate to the student’s training role and setting.

During the didactic phase, students must follow course-specific dress and hygiene guidance as conveyed by course instructors. During the clinical phase, students must follow the dress and hygiene requirements set by clinical practice sites. Each clinical partner institution has a distinct dress code. The code must be strictly adhered to anytime students are present at a clinical partner campus, such as when attending lectures, using the library, or participating in clinical rotations. In general, men must wear dress pants, a dress shirt, a tie, and dress shoes; at Mayo, a suit coat must also be worn. Women must wear dress pants or a skirt, a dress shirt, dress shoes, and, at Mayo, a suit jacket. Dress shoes must have closed toes. Tennis shoes and sandals CANNOT be worn. Occasionally, students may rotate through a non-clinical partner institution. Sometimes, these sites require white lab coats. The standard PA student lab coat short (half-length) and white. Prior to the clinical phase, the Program will provide students comprehensive clinical dress guidance.

Even though hygiene is a highly personal topic, students must maintain a level of hygiene equivalent to peers in their professional role.

In addition, students must always wear either their Program-issued name tag or a site-specific name tag when working with patients. The name tag must clearly identify the individual as a PA student. (A3.06)

D. Insurance

1. Health Insurance

PA students are required to certify that they have basic health insurance coverage and must sign the Health Insurance Acknowledgement form (Appendix A) attesting they are covered. Students must independently purchase health insurance; health insurance can neither be purchased through UW-L nor the clinical partners. Students must maintain insurance throughout the entire length of the Program, without lapse in coverage. Students are responsible for maintaining proof of insurance (i.e., insurance card, signed statement by insurance agent) and notifying the Program of any changes in carrier or coverage.

2. Disability and Life Insurance

The PA student is NOT required to carry disability or life insurance. However, the Program encourages students to seek appropriate advice about the need for disability and life insurance coverage during PA education.

3. Malpractice and Liability Insurance

Students are required to carry professional liability coverage as arranged by the Program. Students pay the premium for occurrence coverage with \$1,000,000/\$3,000,000 limits. This annual premium is paid through a special course fee associated with Physician Assistant Studies (PAS) 640 during the didactic phase and PAS 790 during the clinical phase. The Program reserves the right to change or select the carrier or agent for the students' professional liability coverage.

E. Name and Address Changes

Students must notify the PA Program and UW-L of changes in name, address, and telephone number within three (3) business days of the change. Within this time, students should update their telephone and address information in Wings. During the Clinical Phase, as students move among a variety of clinical sites, it is especially critical that addresses and telephone numbers are current.

For name changes, students should complete the Name Change Form (<https://www.uwlax.edu/Records/Forms/>) and return the form to Records & Registration at 117 Graff Main Hall or to records@uwlax.edu.

IV. ACADEMIC REQUIREMENTS

A. Absence and Attendance

Students are expected to attend all scheduled lectures, laboratories, clinical rounds, case presentations and other scheduled class sessions and clinical activities. Prior to non-emergent absences, students are expected to notify Instructors, during the didactic phase, and the DCE, during the clinical phase, by e-mail or phone. Instructors may take attendance, and consequences of excused or unexcused absences are outlined in course syllabi.

Students are excused for observance of religious holidays during the didactic phase. During the clinical phase, in which patient responsibilities mandate attendance, students may use one of three personal absence days for observance of religious holidays.

In the case of inclement weather, students must determine if they feel safe traveling to class or a clinical site. During the didactic phase, when the UW-L campus is closed for weather reasons, scheduled lectures and campus activities may also be cancelled or moved online. However, during the clinical phase, closure of the UW-L campus does NOT preclude clinical rotations; students are responsible for reporting to the clinic. In all circumstances of weather-related absence, prior to absence, students must contact the Instructor or the DCE and Preceptor. Missed classes and clinical days may be made-up at the Instructor's or Director's discretion.

If students are often absent from the didactic or clinical phase of the Program, students may be asked to verify the reason for absence. If verification is requested and NOT provided, the Program may require students to complete a professional performance improvement plan (PIP)

before progressing or graduating. A pattern of absences from class or clinical rotations is unacceptable and may affect students' status within the Program, particularly when students are on probation or carry a deficient course grade.

The clinical phase student should also refer to the Progression Through the Program, Clinical Phase section in this manual for more specific absence and attendance information

B. Academic Advising

The Program assigns a faculty advisor to each student. If an advisor ceases employment, students will be reassigned another faculty advisor. At minimum, students are required to meet with their Program faculty advisor at least once during the didactic phase of the Program. However, students may contact their advisor anytime about academic or personal issues.

Students must request letters of recommendation from their faculty advisor. Any Program faculty, though, may serve as employment references.

C. Academic Honesty and Misconduct

Academic honesty and integrity are fundamental to the mission of higher education. PA students are responsible for honestly completing and representing their work and for respecting others' academic endeavors. Similarly, PA students must NOT share, in any fashion, exams, quizzes, answer keys, instructor feedback, case-studies, clinical patient exam scenarios, and assignments with classmates or members of subsequent classes. Sharing of such material constitutes academic misconduct, which is subject to disciplinary action, up to and including dismissal from the Program.

UW-L defines academic misconduct, non-academic misconduct, and disciplinary action for misconduct, in the UW-L Student handbook (<https://www.uwlax.edu/student-life/student-resources/student-handbook/>). Academic misconduct is also addressed in Chapter 14 of the Wisconsin Administrative Code (UWS 14).

D. Academic Standards

Students remains in good academic standing when they meet the following criteria for grades, professionalism, and technical standards.

1. Grades

- **Cumulative Grade Point Average (GPA)**

Throughout the PA Program, students must maintain a cumulative GPA of 3.0 or greater. If students achieve less than a 3.0 cumulative average in any semester, students will be placed on academic probation the following semester (refer to Academic Probation).

- **Minimum Course Grade**

Students must obtain a “C” letter grade or better in all courses, including clinical rotations. If students receives a grade of “D” or “F,” students will automatically be dismissed from UW-L Graduate Studies and the PA Programs. Students may appeal their course grade, as well as dismissal from the Program (refer to section E, Appeals Process).

2. Professionalism

During the didactic phase, Program faculty evaluate students’ professional behavior. During the clinical phase, the DCE and clinical preceptors evaluate students’ professionalism. If professional expectations are NOT being met, the student will be notified in writing, and the unprofessional behaviors will be addressed in a meeting with the student, student’s faculty advisor, the Program Director, and/or the DCE. Even though most professional deficiencies result in probation rather than dismissal, some circumstances may be serious enough to warrant immediate dismissal from the Program.

3. Technical Standards of Performance

As described in the Technical Standards of Performance section, the PA student must possess physical and mental skills and abilities, including observation, communication, motor function, conceptualization, integration and quantitation, and behavioral and social attributes. While accommodations may be made for some disabilities, students must be able to perform these functions in a reasonably independent manner. If Program faculty or preceptors notice a deficiency during any phase of the Program, The Program may disallow student progression if the deficiency may jeopardize patient care.

E. Appeals Process

Students may appeal a course or rotation grade, noted deficiencies in professional behaviors or Technical Standards of Performance, and dismissal from the Program. The Appeals Process is detailed in Appendix B.

F. Communication

PA Program faculty intend to be available to students. In addition to posting office hours, faculty are willing to arrange appointments. Beyond in-person contact, students and faculty communicate via UW-L e-mail, telephone, and video conferencing. Program faculty will inform students of their communication preferences.

Students will receive program information in one of three ways, either verbally during meetings, in writing via UW-L’s learning management system, or in writing through the student’s UW-L e-mail account. Students must subscribe to Canvas Course Announcements and check their UW-L e-mail at least twice daily during the didactic and clinical phases of the Program.

During the clinical phase of the Program, the clinical base site may assign students a separate, institution-specific e-mail account. However, students' university accounts will be used for official communication. While on clinical rotations, students are expected to routinely monitor both e-mail accounts.

G. Equipment, Materials, Supplies and Technology

Throughout the didactic and clinical phases, students must have adequate equipment, supplies, materials, and technology to complete assignments and assessments (i.e., exams, quizzes). At minimum, for software compatibility related to online assessments, students must possess a PC or Mac laptop computer with a functional webcam. For optimum exam performance, students should install the latest version of at least one Web browser, such as Internet Explorer, Mozilla Firefox, Google Chrome, or Safari (Mac). Students are strongly encouraged to use a browser that communicates securely (over https) using TLS 1.2. For daily, non-exam activities, students may use other technology devices, such as iPads and Surface Pros, if desired.

Shortly after matriculation, students will have an opportunity to trial and purchase basic medical equipment from an external vendor. Equipment prices are discounted, and costs can be billed to students' university accounts to allow the application of financial aid funds.

For courses, students can find specific equipment, material, and supply requirements, such as textbooks, study aids, and protective gear, in course syllabi.

H. Extracurricular Employment

Students are NOT permitted to work for the Program in any capacity or function as instructional faculty (A3.04, A3.05). Furthermore, due to the demanding nature of PA education, the Program discourages employment while enrolled in PA school.

I. Extracurricular Clinical Experiences

Clinical experiences that are NOT sanctioned by the UW-L PA Program and are completed without the supervision of Program faculty, are NOT covered by the Program's malpractice and liability insurance. Consequently, clinical experiences that are outside the clinical rotation schedule are NOT allowed while students are enrolled in the Program. Students who violate this policy will be disciplined at the discretion of the PA Administrative Student Conduct and Progress Committee.

During breaks, students can participate in medical mission trips, but they must do so on their own accord or in conjunction with an appropriately sanctioned organization. If the latter, students should consider the organization's policies, procedures, and medical liability coverage.

The Program bears no financial or legal responsibility or liability for extracurricular clinical experiences.

J. Memberships & Involvement

While enrolled at UW-L, students will become student members of the AAPA and the Wisconsin Academy of Physician Assistants (WAPA). Membership in professional PA societies is funded through student fees. Students are also expected to actively participate in the UW-L PA Student Society.

When the Program facilitates student participation in professional academy activities, students are expected to participate in those experiences. Continued membership and participation are encouraged after graduation.

Students should NOT receive pharmaceutical vendor incentives during PA Program enrollment.

K. Non-Academic Misconduct

Students must understand UW-L's non-academic misconduct policy. The university defines non-academic misconduct and disciplinary action for misconduct, in the UW-L Student handbook (<https://www.uwlax.edu/student-life/student-resources/student-handbook/>). Non-academic misconduct is also addressed in Chapter 17 of the Wisconsin Administrative Code (UWS 17).

L. Participation in Laboratory Instruction

Throughout the curriculum, all students are expected to participate in laboratory instruction as simulated patients and examiners. Participation does NOT involve examination of genitalia, rectum, and breasts. To acknowledge participation, students must review and sign the Participation in Laboratory Instruction form (Appendix A) and the Informed Consent to Serve as a Volunteer Ultrasound Scanning Subject and Release of Liability form (Appendix A). The Program expects students to participate cooperatively and professionally.

M. Privacy Policy

The PA Program follows regulations to safeguard student privacy. The Family Educational Rights and Privacy Act (FERPA) is a federal law passed in 1974 that protects the privacy of student education records. In accordance with this law, the UW-L-Gundersen-Mayo-Marshfield PA Program CANNOT discuss or release information about students' academic conduct or performance without the students' written consent.

To authorize the Program to release FERPA protected information, students and graduates must send a written request to the instructor or preceptor via e-mail or paper mail (Appendix A).

N. Probation

Students who fail to meet grade, professionalism, and technical standard requirements will be placed on academic probation. Placement on probation may, upon graduation, jeopardize students' ability to gain licensure in states that require release of such information.

1. Grades

Students who fails to achieve a cumulative average GPA of 3.0 will be placed on academic probation. To remain in the Program, students must bring their cumulative average GPA up to 3.0 after the completion of nine (9) credit hours or the one semester following placement on academic probation. Students who fails to achieve an average 3.0 GPA within this time frame will be automatically dismissed from the Program and from UW-L Graduate Studies.

2. Professionalism

Students who fails to meet professionalism expectations will be placed on academic probation. Several behaviors connote professionalism, including, but not limited to, compliance with program policies and procedures, safe behaviors, and ethical behaviors.

The Program will develop a student-specific PIP to address noted deficiencies. The PIP will delineate expected behaviors, evaluation methods, and the time frame in which improvements must be completed. The Program will communicate the PIP, in writing, to students and keep a record in the student's permanent file. Students will remain on probation until adequate professionalism has been demonstrated or the improvement time frame has been reached. Failure to meet PIP expectations may result in delayed progression to the clinical phase, added tuition and fee expenses, delayed graduation, and/or dismissal from the Program.

3. Technical Standards of Performance

Students who fails to meet technical standards that could jeopardize patient care, as outlined in the Technical Standards of Performance section, may be placed on probation. Students will remain on probation until these technical standards are clarified and corrected or reasonably accommodated to ensure patient safety. Inability to meet technical standards may result in delayed progression to the clinical phase, added tuition and fee expenses, delayed graduation, and/or dismissal from the Program.

O. Professionalism

In addition to emphasizing the acquisition of medical knowledge, the Program emphasizes the development of professional medical behaviors – expressions of the ideals and values of the medical profession. Students are expected to adopt behaviors that place the interests and needs of patients above their own. To nurture professionalism, the Program integrates professionalism education into the didactic and clinical curricula and into faculty advising sessions.

Professionalism is initially discussed in the didactic phase, summer course, PAS 640, Introduction to the PA Profession. During this course, students self-evaluate their professionalism, including their commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem solving, and responsibility.

During advising sessions, professionalism strengths and opportunities will be discussed. If recurrent concerns are identified, a PIP will be developed. The PIP will outline an improvement plan, including expected behaviors and the time frame in which the plan must be completed. The student and the advisor must sign the PIP.

P. Remediation

Remediation is a process to resolve student performance deficiencies in didactic courses and clinical rotations. The goal of remediation is to assist students in mastering identified learning deficiencies. Remediation policies specific to the didactic and clinical phases of the Program are discussed in section VI of this manual under Policies Specific to the Didactic Phase and Policies Specific to the Clinical Phase.

Q. Social Media Policy

Social media refers to electronic communication in which users share information, personal messages, and other content. The Program expects student social media activities to meet the high standards of professional conduct set forth by the Program and the PA profession. Specifically, students must act professionally, use good judgment, and communicate accurately and honestly. Unprofessional language and behavior, including but not limited to obscenities; ethnic, religious, or racial slurs; sexual harassment; bullying; or inflammatory rhetoric; reflect poorly on students and the Program. Students must also maintain the privacy of classmates, faculty, preceptors, and patients. The Program forbids the sharing of clinical situations on social media, even when patient names and identifiers are omitted. Students who violate the Health Insurance Portability and Accountability Act, by divulging personal health information, foreexample, may face disciplinary action up to and including termination of the Program. In addition, if students identify themselves as enrolled in the Program, they must clearly state that their communications represent themselves and NOT the Program.

If students are uncertain about the appropriateness of a social media message, they should consult Program faculty. Social media professionalism, as well as general e-mail etiquette, will be addressed during the first semester of PA education.

R. Student Feedback

1. Evaluation of Instruction

Students have the right and obligation to evaluate course instructors. Evaluations will be offered at the end of each course and each rotation via online assessment survey. Student evaluations, in part, affect Program faculty merit, retention, tenure, and promotion. For adjunct instructors, the Program reviews student feedback to assess their future teaching value. Data collection methods will ensure student anonymity.

2. Evaluation of the PA Program

Students have the right and obligation to evaluate the Program. In multiple ways throughout PA education, the Program will seek student feedback on policies, procedures, curricula, and clinical experiences. Focus groups may be assembled to explore the qualitative or narrative dimensions of specific topics. The Program may form ad hoc advisory groups to obtain student input on policies and departmental decisions.

3. Evaluation of Clinical Rotations and Precepting

Students are required to evaluate each primary preceptor and clinical site. Online evaluations will be offered at the end of each rotation. The Program uses this feedback to develop and maintain quality clinical sites and preceptors.

4. Post-Graduation Surveys

Post-graduation surveys give the Program insight into students' preparation for their jobs and entry into the PA profession. Students will fill out their first post-graduation survey at graduation and then approximately 1-year after graduation.

5. Other Surveys and Research Projects

Apart from the feedback mentioned above, students may be asked to complete surveys or participate in research projects. Prior to distribution, the PA Administrative Committee must review and approve research protocols. If approved, information will be distributed by the PA Program Director. In these circumstances, student participation is strictly voluntary and will NOT affect the student's standing in the Program.

S. Student Grievances

Any student 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 written 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 students believe they have experienced discriminatory or harassing behavior, policies and reporting procedures can be found at the following in students handbook or the following website:
<https://www.uwlax.edu/globalassets/offices-services/equity--affirmative-action/discriminationpolicy.pdf>

T. Student Resources

1. UW-L Campus Resources

Several support and encouragement resources are available to PA students during their didactic and clinical phases. Counseling services are offered free of charge through the UW-L

Counseling and Testing Center. Counseling and Testing staff help students develop more effective academic habits, personal lives, and relationships with others. This may involve changing self-defeating behaviors, understanding uncomfortable feelings, and enhancing personal strengths. The Counseling and Testing Center may be reached at (608) 785-8073. Find more information at <https://www.uwlax.edu/counseling-testing/>.

Learn about additional resources on the Student Life web page at <http://www.uwlax.edu/student-life/>.

2. Gundersen Health System Resources

Matriculating students will also have access to Gundersen's Health Sciences Library. During Program orientation, students will receive a Gundersen identification badge, which will enable library access.

Adolf L. Gundersen, MD, Health Sciences Library

library@gundluth.org

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

1900 South Ave. H01-011

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 Health System 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.

V. SAFETY AND SECURITY REQUIREMENTS

Students must follow all safety and security policies for UW-L, the PA Program, and clinical rotation sites.

A. Campus Security

The UW-L Police Department provides security on the UW-L campus and in the Health Science Center (HSC) building. Students may contact security via personal phone or via intra-campus phone. Intra-campus phones are available in the atriums on each floor of the HSC. For non-emergencies, students should call (608) 785-8000. **For emergencies, call (608) 789-9999.**

Students may review the Annual Campus Security Report at <https://www.uwlax.edu/police/annual-security-report/>.

B. Health Science Center Policy

The HSC is a consortium or multi-partnership building. The consortium has defined building policies for a variety of topics, including fire safety, parking, food and drink, access to and use of

classrooms and laboratories. Building policies can be found at <https://www.lacrosseconsortium.org/content/health-science-center/building-policies>.

Students and faculty are always required to follow building policies. Student specific information can be found on the HSC website (<https://www.lacrosseconsortium.org/content/health-science-center/student-forms>). Students will receive a copy of relevant HSC information upon matriculation.

C. Emergency Response Plan

The UW-L campus has a comprehensive Emergency Response Plan (ERP). Students are responsible for becoming familiar with this plan, which can be found at <https://www.uwlax.edu/police/emergency-management/emergency-response-plan/>.

HSC follows the University's Emergency Response Plan. At HSC, evacuation instructions are posted next to each classroom door. HSC relevant sections of the ERP are printed here: https://www.lacrosseconsortium.org/uploads/content_files/files/Website%20excerpt%20-%20HSC%20Center%20Emergency%20Information%202018.pdf

In general, dial 9-1-1 for immediate threats to life. Call the University Police at 608.789.9999 for non-emergencies.

- Any incident involving any weapon being displayed.
- Any incident where a person has been injured by the actions of another.
- Any incident where a threat to harm or kill someone was made.
- Any suicide attempt or mention of suicide.
- Any substantial property damage.
- Any incident involving a hate crime.
- Any arson.
- Any crime in progress.
- When you smell fire, a burning odor, or see smoke.
- When rescue or emergency medical assistance is needed.

If in doubt, call and let trained personnel decide!

D. Latex Safety

Latex is an allergenic material found in healthcare supplies, such as gloves, bandages, and tourniquets. Students, who suspect that they have an adverse reaction to latex products, should contact UW-L's ACCESS Center (<https://www.uwlax.edu/access-center/>) for educational accommodations during the didactic and clinical phases. The HSC provides a latex-safe, but NOT latex-free, environment as described in the Latex Safe Environment Policy (Appendix A).

E. Infectious, Chemical, and Physical Safety (A3.08)

1. Risk Information

Medical and clinical learning carries risks of exposure to blood, body fluids, sharp objects, chemical preservatives, infectious diseases, radiation, and even violent patients. These risks are minimized, but NOT eliminated, through safety training and strict adherence to universal precautions and safety practices.

The Program has implemented procedures to protect students. In the didactic phase, before students undertake risky educational activities, such as cadaver dissection and genitourinary physical examination, students are required to complete infectious and chemical safety training. During risky learning activities, personal protective gear is also provided.

Prior to the clinical phase of the Program, students, again, receive safety and security instruction during their clinical base site orientation at Gundersen, Mayo, or Marshfield Health Systems. For clinical experiences that occur outside of the clinical partners' main campuses, students will learn of site-specific safety policies during on-boarding or their first day of rotation.

2. Responding to an Incident

For this manual, an incident is defined as an unplanned adverse event that results in, or almost results in, personal injury, property damage, or breach of law and security.

a. First, Seek Treatment

When an incident results in injury (e.g., needlestick, blood splash, back strain), students should immediately seek medical care to assure that injuries and exposures are appropriately evaluated and treated. For exposures to blood or body fluids, which may carry risks of Hepatitis B, Hepatitis C, and HIV infection, rapid evaluation is essential. Students must always be prepared to receive and to pay for medical care under their own health insurance policy, even though some rotation sites offer post-incident care through their employee or occupational health departments.

Students must obtain medical care, including treatment and return to work decisions, from a licensed medical provider. UW-L faculty are prohibited from viewing student medical records and providing care, except in cases of emergency.

Students must be familiar with the incident and exposure procedures at their clinical sites. The following paragraphs offer basic incident guidance at Gundersen, Marshfield, and Mayo sites. These paragraphs, though as accurate as possible, do NOT substitute for information provided by clinical sites.

Incidents at Gundersen Facilities: At Gundersen in La Crosse, incident care is provided by the Gundersen Employee Health Services department. If exposure to blood or body fluids occurs between 7:00 am and 4:30 pm, Monday through Friday, students should immediately contact the Exposure pager, # 3799. Outside of those hours, students should report to Gundersen's Trauma Emergency Center. At regional Gundersen clinics, care should be obtained locally with consultation, as needed, from the Employee Health Services department. Students assigned to

Gundersen clinical sites shall be financially responsible for all medical care received from Gundersen Health System.

Incidents at Mayo Facilities: In Rochester, during business hours, incidents and exposures are handled by the Mayo Employee Health Services department located in the Baldwin building, 5-A; Eisenberg SL-49 at Methodist Hospital; and Domitilla MN-H7 at St. Mary's Hospital. After business hours, incident care is provided by the Urgent Care Center or St. Mary's Emergency Trauma Center. On the Rochester campus, students should immediately report needle stick injuries by telephoning 127-2222. In Mayo's regional health system, students should seek care through local providers, the Urgent Care Clinic, or the Emergency Room. Students should also consult the Mayo School of Health Sciences Student Handbook.

Incidents at Marshfield Facilities: Students should contact the Employee Health and Safety department following accidents and injuries. If students incur a needle stick or other blood or body fluid exposure at Marshfield Clinic sites, students should immediately contact the Exposure Hotline at extension 9-3314 or 1-800-782-8581 (outside clinic facilities). The Hotline is open 24 hours a day, 7 days a week.

Incidents at Other Clinical Sites: At other clinical sites, students should seek immediate medical care in a local facility. If local care is NOT available or apparent, students should follow instructions for incidents at their clinical base site.

b. Second, Report Incidents

Within 24 hours, students must report all incidents, whether personal injury, property damage, or breach of law and security, to the clinical site and the PA Program. Depending on the circumstances, incidents may also need to be reported to the HSC and UW-L. Students should follow the steps outlined below.

1. First, obtain immediate medical attention for exposures and injuries.
2. Notify the clinical site preceptor and the Education Coordinator. Follow their site-specific instructions.
3. Notify the UW-L PA Program Director or DCE and discuss the incident.
4. If directed by the PD or DCE, complete the La Crosse Medical Health Science Consortium Claimant Incident Report: https://www.lacrosseconsortium.org/uploads/content_files/files/Claimant%20Incident%20Report%202-21.pdf Return the completed report to the PA Program Director.
5. If directed by the PD or DCE, complete the UW-L Incident Report Form at: <https://www.uwlax.edu/business-services/our-services/risk-management/incident-reports/>

3. Return to Work

Following an incident, students should follow their care provider's return to work instructions. In some cases, exposures and incidents may preclude students from returning to scheduled learning activities. Depending on the nature of the incident and on clinical base site or institutional policies, students may need to provide a medical note approving their return to

classroom or clinical training. If training is delayed, graduation may be postponed, and students may incur added tuition costs and fees.

VI. PROGRESSION THROUGH THE PROGRAM (A3.15)

A. Didactic Phase

The didactic curriculum is designed to be completed in sequential fashion. Coursework is interrelated and didactic courses are only offered once a phase. Each semester's coursework builds on material from the previous semester. Consequently, students must sequentially complete each semester and remain in good academic and non-academic standing (refer to Academic Standards). Even though students on academic probation are NOT in good academic standing, they are permitted to advance, under probation, to the next semester. During that probationary semester, students will work to raise their cumulative GPA to greater than or equal to 3.0 to meet Graduate School requirements or to remediate deficiencies noted in Professionalism or Technical Standards.

1. Class Schedule

The Program schedules most didactic classes Monday through Friday between the hours of 7:30 am and 5:00 pm. However, some evening and weekend classes may be periodically scheduled to accommodate course instructors and experts from the medical community.

Class schedules are subject to change throughout the semester, and Program faculty have sole discretion to change class schedules. Students are NOT allowed to request changes to scheduled classes and exams.

At the start of each didactic course, the faculty instructor will post a class schedule, either in the course syllabus or on the Learning Management System platform (e.g., Canvas). Students will be notified as soon as possible, if the class schedule changes or if evening or weekend attendance is required.

2. Cadaveric Privileges

Students in the Health Professions Department benefit from individuals who have donated their bodies to healthcare education. The privilege to learn from donors carries significant ethical and legal responsibilities. Students and faculty are expected to respect cadaveric gifts and to comply with policies and procedures in the anatomy and neuroanatomy laboratory. Course Instructors will review these policies and procedures with students.

3. Grading

During the didactic phase, unless specified by the course instructor, students will be graded on the following scale. Grades will NOT be rounded, either up or down.

Percentage Correct	Letter Grade
92-100%	A
88-91.9%	AB
82-87.9%	B
78-81.9%	BC
70-77.9%	C
60-69.9%	D
<60%	F

4. Missed Assignments and Examinations

Following an absence, students must contact course instructors and arrange to complete missed examinations and any other assignments (i.e., labs, competency testing, quizzes). Because course instructors may or may NOT accommodate make-up requests, students are strongly encouraged to discuss absences with faculty before absences occurs (refer to the Absence and Attendance section).

Decisions about the nature of make-up material and the time for completion reside with course instructors. If students do NOT complete make-up activities by the end of the specified make-up period, students will earn an incomplete grade.

5. Remediation during the Didactic Phase (A3.15c)

a. Exam Remediation

Students, who score less than 70% on an exam, may be required to participate in remediation. When students score below 70% on an exam, students must contact the Course Director to discuss remediation within 48 hours of receiving their grade. Remediation decisions reside with the Course Director and may include, but are not limited to, reading, identification of assistive resources, meetings with Program faculty or advisors, and other activities related to the subject of deficiency. Students must complete remediation activities within the timeframe specified by the instructor.

Following remediation, students may be re-tested. If re-tested, students must score at least 70%. Both scores – the initial exam score and the re-evaluation score – will be averaged and recorded as the examination grade. No partial credit will be awarded. If students do NOT successfully complete the remediation activity, the initial grade will serve as the final recorded grade for the examination.

Each semester, students are allowed two or fewer opportunities for exam remediation. Subsequent failing grades will be retained and may result in course failure and dismissal from the Program.

b. Assignment Remediation

Remediation of assignments and quizzes is at the discretion of individual Course Directors.

6. Advancement to the Clinical Phase

To advance to the clinical phase, students must be in good academic standing (refer to Academic Standards) and must demonstrate satisfactory performance on the summative clinical patient examination administered during PAS 647, Clinical Practice Skills.

The Program conducts this summative examination to assess students' medical knowledge, interpersonal skills, patient care skills, and professionalism. During PAS 647, students must pass all four components of the summative exam. If students fail to satisfactorily complete any component, students will be granted one remediation opportunity. The Program will develop an individualized remediation plan for the area of deficiency, and students must fulfill all remediation requirements. The remediation process may delay the clinical phase and graduation and may create additional student expense.

B. Clinical Phase

During the clinical phase, students will be enrolled in clinical courses or rotations. Students will be instructed, monitored, and supervised by clinical preceptors, primarily PAs and physicians (B3.05, B3.06). Students, however, are NOT licensed healthcare providers, and student services cannot substitute for licensed, qualified staff (A3.05). Additionally, students CANNOT accept or receive payment for any services provided during training.

1. Clinical Rotations

a. Required and Supplemental Rotations

Students will complete 11 clinical courses, also known as rotations, during the clinical phase. The seven required courses are PAS 720, Family Medicine; PAS 722, Internal Medicine; PAS 724, General Surgery; PAS 726, Women's Health; PAS 728, Pediatrics; PAS 730, Behavioral Health; and PAS 732, Emergency Medicine. Students will also choose four (4) supplemental rotations (PAS 756, 757, 758, 759) – a minimum of two within the Gundersen, Mayo, or Marshfield Health Systems and the remaining from other health systems.

b. Rotation Objectives

Each 4-credit course is centered around a set of Cognitive Objectives and Skill Objectives, which are listed in the course syllabus, and which guide students' clinical learning and selection of reading and study material.

1. Cognitive Objectives

Cognitive objectives guide students' acquisition of medical knowledge and integration of clinical application in preparation for future exams. Preceptors are NOT responsible for teaching the cognitive objectives. Preceptors, though, may also assign separate readings, presentations, papers, and examinations, and students should graciously accept and complete these assignments.

To fulfill cognitive objectives, students must develop their own reading and study approach of appropriate depth and breadth. Even though the Program does NOT assign specific readings, the Program encourages students to read for at least one hour each evening. For most objectives, students may consult textbooks from the didactic year; however, students may need to locate additional references. For each rotation, students are strongly encouraged to develop and follow a study plan. A reading and study plan will 1) help students understand the medical disciplines through which he rotates, 2) prepare students for end of rotation (EoR) exams, 3) prepare students for the Program's final summative exam, and 4) prepare students for the Physician Assistant National Certification Exam (PANCE).

2. Skill Objectives

Skill objectives guide students' daily clinical learning. Students and preceptors should work together to meet skill objectives, which are outlined on Skills Checklists. The DCE provides rotation-specific Skills Checklists to students. Due to the variable nature of patient care, students will NOT encounter every skill opportunity during rotations. Furthermore, some rotations, especially supplemental rotations, PAS 756, 757, 758 and 759, may offer skill opportunities that are NOT listed. If an unlisted skill is performed, students should add the task to their Skills Checklist.

Students must only perform diagnostic and therapeutic procedures with the direct, explicit consent of the supervising preceptor. To verify the completion of each skill, students must record the date of completion on the Skills Checklist and must obtain the preceptor's initials next to the task. At the end of each rotation, students must submit their Skills Checklist to the DCE. Upon graduation, the Program will return students' original Skills Checklists to facilitate their job search and the credentialing process.

c. Assignment of Rotations

Students will be assigned to clinical rotation sites based on site availability and the Program's educational goals and mission statement. The Program makes every attempt to assign rotations fairly and equitably. As the clinical phase progresses, the Program may need to alter rotation schedules due to unforeseen circumstances with preceptors and clinical departments. While changes will be kept to a minimum, students are expected to professionally accept rotation assignments without complaint.

Students are never permitted to arrange their own preceptors or clinical sites. The DCE will secure all rotations (A3.03). Students, who must understand and comply with this policy, is required to sign the Clinical Placement Acknowledgement Form (Appendix A).

d. Rotation Changes

Infrequently, a clinical site may change a rotation in response to site, preceptor, or student issues. With rare exception, once rotations are confirmed, it is NOT appropriate for students to request rotation changes. However, changes may be requested for legitimate reasons, including terminal

illness of a family member or significant personal health problem that requires special medical treatment. The following reasons are NOT acceptable reasons to request a rotation change – difficulty finding housing, distance from family members, and seeking employment at an institution.

To request a rotation change, students must submit a written change request to the DCE or the Program Director. The Program will make the final placement decisions. If an alternative site is necessary, the Program is only obligated to find one available clinical site.

e. Completing Rotations

Students must successfully complete all clinical rotations within 24 months of the end of the didactic phase.

f. Removal from a Clinical Site

On rare occasion, the Program may remove students 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 DCE or the Program Director
- Inappropriate preceptor behavior
- Preceptor request for student removal
- Unprofessional, unethical, or illegal student behavior

If students are removed from a clinical site for inadequate performance, the Program is obligated to find only one additional clinical site. Students who are removed for unprofessional, unethical, or illegal conduct may be dismissed from the Program.

2. Clinical Attendance

a. Daily Schedule and Hours

The clinical site and preceptor(s) will define students' daily rotation schedule and hours. Students are expected to attend every scheduled rotation day and shift. Students are also required to attend all scheduled patient care and learning activities, such as clinics, reports, rounds, and conferences.

Student work hours will vary from one rotation to the next. The word "work" means that students are learning on clinical rotation, and as such, students are NOT reimbursed for duties performed. Attendance hours may even change within a rotation. On average, the Program expects students to work 40 to 60 hours per week. For some rotations, preceptors will expect students to work 6 or 7 days per week. If students are consistently asked to work less than 36 hours per week, they must notify the DCE. Similarly, if students are asked to work more than 60 hours per week, and they feel that the hours are negatively impacting their education, the DCE should be notified.

Some rotations require evening or weekend call. If call is NOT offered, students should request call at least one night per week and one weekend per month. Students often experience unique and interesting patient care opportunities while on-call, especially in Women's Health, Behavioral Health, Family Medicine, General Surgery, Pediatrics, and Orthopedics. For optimal learning on the Emergency Medicine Rotation, students should arrange at least one nightshift perweek.

If a student's assigned preceptor is absent for any reason, the student should be temporarily assigned to an alternate preceptor. The Program does NOT permit preceptors to give students the day off. If an alternate preceptor CANNOT be identified, students should seek assistance from the DCE.

Schedule changes are at the sole discretion of the preceptor. Students are NOT permitted to manipulate the schedule for their own benefit or to request schedule changes, even if thepreceptor offers make-up hours at another time. Except for discretionary days, students must NOT request specific days or weekends off (refer to Planned Absences).

b. Legal and Religious Holidays

Students are expected to follow their preceptor's schedule while on clinical rotations. Typically, students are NOT scheduled for clinical duties on Memorial Day, Labor Day, Thanksgiving, Christmas Day, and New Year's Day. On Independence Day, students may or may NOT be scheduled to work. On holidays, before planning an absence, students should check with their clinical preceptor. For other legal holidays (i.e., Martin Luther King Day, Presidents' Day), students should expect to participate in clinical activities, even if the UW-L campus is closed.

To observe religious holidays, students may use one of their three (3) discretionary absence days (refer to Planned Absences).

c. Inclement Weather

Neither inclement weather nor UW-L campus closure precludes student attendance at clinical rotations. Ultimately, though, students must decide if they feel safe traveling to a clinical site. If students will miss a clinical rotation day due to inclement weather, they must notify the DCE in advance. The DCE may require students to make-up missed clinical days.

3. Clinical Absences

a. Unplanned Absences

An unplanned absence is spurred by a short notice event. Typically, the event and the absence occur within 8 hours. Examples of unplanned absences include, but are not limited to, late arrivals, early departures, personal illness, transportation problems, and family emergencies. Students shall ensure that unplanned absences are extremely rare. These situations are NOT excused when related to paid employment. If necessary, the DCE will discuss patterns of unplanned absence with students.

If students are ill during a scheduled shift, he shall immediately notify the DCE or Program Director and the clinical preceptor or appropriate supervisor. If students are ill and absent for more than two (2) days, the Program may require them to verify their illness with a healthcare provider.

Similarly, if a family emergency occurs during scheduled rotation time, students shall immediately notify the Preceptor or appropriate supervisor and the DCE or Program Director. If students are absent for more than two (2) days, they may be required to verify the reason for their absence.

For any unplanned absence, at the discretion of the Program, students may be required to participate in additional training hours to accrue sufficient clinical experience.

b. Planned Absences

Planned absences are foreseeable absences. During the entire clinical phase, students are allowed three (3) discretionary absence days from clinical rotations. Discretionary days can be taken in half day (4 hours or less) or full day (more than 4 hours) increments. Discretionary days should be used for job interviews, job trials, personal appointments, or any purpose that students deems important. When scheduling absences, students should consider how their absence impacts their education, clinic schedule, and Preceptors' perceptions of their work ethic and commitment to learning.

Planned absences pertain to scheduled rotation days or workdays. If, for example, the student, who is scheduled to work on Monday, accepts a job interview on Monday, the student must use a discretionary day. If the student was NOT scheduled to work on Monday, a discretionary day is NOT required.

The following stipulations apply to discretionary days:

- Before absence, as early as possible, students shall notify the DCE of planned absences. If students fail to notify the DCE, the absence will be considered a discretionary day.
- Students shall NOT miss more than 2 (two) days from any single clinical rotation. Students who miss more than 2 days from a single rotation may be required to repeat the rotation.
- Students are NOT permitted to miss the first day of a clinical rotation, as this would preclude scheduled orientation by the clinical site and preceptor.
- Students are NOT permitted to use a discretionary day on Clinical Seminar days.

Students who miss more than three (3) discretionary days during the clinical phase will receive a full letter grade reduction (i.e., A to B, AB to BC, B to C) per missed day for the rotation during which the absence(s) occurred. If students are on a supplemental rotation, for which a Pass or Fail grade is assigned, they will receive an "incomplete" for that rotation and may be required to repeat portions of or the entire clinical rotation, at the discretion of the Program.

c. Special Circumstances of Absence

Students who are called to active duty or jury duty must notify the Program as soon as they become aware of the summons. If students must miss more than two (2) rotation days, they will be required to work additional hours or repeat the rotation to accrue sufficient clinical experience.

For absences due to pregnancy and childbirth, the PA Program will follow the U.S. Department of Education's Title IX requirements.

Absences for special circumstances may delay graduation and increase student expense.

4. Clinical Assessment (B4.01)

For clinical rotations, students are assessed via patient logs, Skills Checklists, preceptor evaluations, written EoR exams, and other assignments specific to the semester or clinical specialty.

a. Daily Patient Logging

During clinical rotations, students are required to document patient care activities using Typhon[®] on-line software. Before beginning rotations, students will receive Typhon[®] training.

Students are expected to enter data each day. Insufficient or missing documentation indicates students' lack of exposure to and preparedness for clinical care. Failure to log patient information or falsification of information may lead to failure of a clinical rotation.

Patient logging enables the Program to evaluate the breadth and depth of clinical experiences to satisfy the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) educational accreditation requirements. Future employers, to determine job-related hospital and clinical privileges, may request students' logged information. In addition, timely and accurate logging builds students' note-writing, billing, and coding skills.

b. First Week Clinical Rotation Report

For each clinical rotation, students must submit a First Week Clinical Rotation Report as specified in each rotation syllabus. The brief report queries information about students' clinical site and preceptor(s), daily activities, student concerns, and safety factors (A3.08).

c. Preceptor Evaluation of the Student

At the end of each rotation, preceptors will evaluate students' clinical performance. Each student will identify one or two preceptor evaluators, and either the clinical base site or the DCE will solicit evaluations. Often, one preceptor will submit an evaluation on behalf of a care team. In this case, the preceptor will solicit input from other substantively involved preceptors.

Evaluations commonly measure thirteen clinical and behavioral parameters, including patient rapport, medical knowledge, history and exam skills, lab test knowledge, oral presentation, written skills, professional relationships, and work ethic.

The Program encourages students and preceptors to discuss performance and progress at the midpoint of the rotation, and again, near the end. The evaluation form in Appendix A can provide a basis for such discussion.

d. End of Rotation Examination

Students will take a written examination at the end of every required rotation, PAS 720, 722, 724, 726, 728, 730 and 732, and following two supplemental rotations, PAS 756 and 757. A written exam is NOT offered for supplemental rotations PAS 758 and 759.

The Program uses validated, secure End of Rotation™ exams written by PAEA. According to PAEA, “Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs.”

For required rotations, EoR exam content corresponds to the course’s Cognitive Objectives. For supplemental rotations PAS 756 and 757, exam content corresponds either to the Family Medicine or the Internal Medicine Cognitive Objectives. At the beginning of each rotation, the DCE will inform students of their EoR exam type. Students are required to bring their own laptop to the examination.

e. Student Evaluation of the Clinical Site and Preceptor(s)

After each rotation, students will be invited to complete a Student Evaluation of the Clinical Site and Preceptor(s). The Program sponsors this evaluation to assess sites’ and preceptors’ abilities to meet course objectives and to determine future clinical rotations.

Clinical sites may also request evaluative input from students, either by questionnaire or focus group. Students are encouraged to participate and provide constructive information.

5. Grading

a. Letter Grades

Students will earn a letter grade of A through F for required clinical rotations PAS 720, 722, 724, 726, 728, 730, and 732 and supplemental rotations PAS 756 and 757. The grade is based on preceptor evaluation(s) of student performance, EoR exam score, Typhon® patient logging, student evaluation of clinical sites and preceptors, and other assignments specific to the semester or clinical specialty. Students will be graded on the following scale. Grades will NOT be rounded, either up or down.

Percentage Equivalent	Letter Grade
90 - 100%	A
85 - 89.9%	A/B
75 - 84.9%	B
70 – 74.9%	B/C
60 – 69.9%	C
55-59.9%	D
<55%	F

To pass the rotation with a grade of C or better, students must have a minimum score of 1.5 standard deviations below the national mean on the written EoR examination **AND** a minimum score of 60%, or an average score of 3 on a 5-point Likert Scale, on the preceptor evaluation(s). Failure to achieve either minimum score will result in remediation, as outlined in the Remediation During the Clinical Phase section.

b. Pass-Fail Grades

For supplemental rotations PAS 758 and 759, students will earn a pass or fail grade. To pass a rotation, students must have score of 60%, or an average score of 3 on a 5-point Likert Scale, on the preceptor evaluation(s) **AND** satisfactorily complete required assignments, such as patient logs, Skills Checklists, and other assignments specific to the semester or clinical specialty. Failure to achieve a passing score will result in remediation, as outlined in the Remediation During the Clinical Phase section.

6. Remediation during the Clinical Phase

The purpose of remediation is to help students master areas of identified deficiency.

a. Preceptor Evaluation of the Student

Students who receive a preceptor evaluation score of less than 60%, or is noted deficient (i.e., Likert score less than 3) in a competency or Professional Attribute, on more than one occasion, must complete remediation. Remediation activities, as developed by the DCE, may include, but are not limited to, oral presentation, written presentation, simulated case scenarios, additional supervised clinical experiences, or written assignments.

On subsequent evaluations, if students receive a score less than 3 or a concern with a Professional Attribute, in the same, previously concerning category, the Program requires students to complete an individualized PIP.

The Program allows students in good academic standing one remediation per rotation, with a maximum of two remediations during the entire clinical phase. Remediation may delay graduation and may lead to additional student costs (e.g., tuition, fees, housing, transportation).

b. End of Rotation Examination

Students are expected to pass the End of Rotation™ examination with a score that is greater than 1.5 standard deviations below the national mean. Students who score below this required minimum must participate in a remediation activity and successfully complete a second written examination. Students are allowed a maximum of two opportunities to remediate an EoR examination.

Remediation and re-examination must be completed before the next clinical rotation or graduation. Students who fail to achieve the required passing score on the subsequent exam will receive a D or F grade for the rotation and will be dismissed from the Program.

c. Clinical Seminar Course

Students who fail (grade lower than C) a component of the Clinical Seminar are required to participate in remediation. Within 48 hours of receiving a failing score, students must contact the Course Director and meet to outline a remediation plan. Remediation activities are at the discretion of the Course Director. Once assigned, students must complete remediation activities in two (2) weeks and demonstrate mastery of the deficient area. Upon completion of remediation, students' grades will be raised to the lowest C on the grading scale. No partial credit will be awarded. If students do NOT complete remediation activities, their initial grade will stand as their final assignment grade.

During the clinical phase, students are allowed two remediation opportunities for Clinical Seminar activities. Subsequent failing grades will remain unchanged and may result in course failure and dismissal from the Program.

7. Patient Care Policies

a. Prescribing Policy

PA students CANNOT prescribe drugs or medications of any kind. All prescriptions must be signed and submitted by a licensed medical provider with prescriptive authority and privileges. It is, though, acceptable, and legal for the PA student to initiate electronic prescriptions or to fill out written prescriptions; review prescriptions with the licensed medical provider; and obtain the providers signature.

Here are a few more illegal acts:

- PA students CANNOT sign a licensed medical provider's name, and CANNOT write their initials behind the Provider's name, even if other staff do this.
- PA students CANNOT use a pre-signed prescription pad.
- PA students CANNOT submit electronic prescriptions.

Students who violate this prescriptive policy may be suspended from the rotation and dismissed from the PA Program. While on rotation, students should direct prescribing questions and clarifications to the DCE or Program Director.

b. Performing Clinical Procedures

The clinical phase student will have opportunities to perform clinical procedures on patients. Students must only perform diagnostic and therapeutic procedures with the direct, explicit consent of the supervising preceptor.

c. Student Conduct

In the clinic and hospital setting, patients, families, and peer professionals will constantly observe students. Others will notice and judge students' personal and professional behaviors. At all times, the Program expects students to demonstrate exemplary professional, ethical, and legal conduct.

d. Patient Privacy and Confidentiality

Students will have direct access to private, sensitive patient information. Students are responsible for understanding and following all institution-specific policies to protect privacy and confidentiality. Students must also review AAPA's "Guidelines for Ethical Conduct for the Physician Assistant Profession" (<https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>).

At all times during the clinical phase, students are expected to obey federal and institutional rules and regulations that protect confidential information. As such, students should never discuss patient names, room numbers, diagnoses, or other identifying information in any public place (e.g., waiting room, elevator, hallway, lunchroom) or in social media posts, messages, and blogs.

8. Clinical Seminar Course

During the clinical phase, students are required to return to the UW-L campus every four weeks – following each rotation, to attend Clinical Seminar course events. This day, called Seminar Day, is the last day of each clinical rotation, typically Friday. On Seminar Day, students will take their online end-of-rotation exam; listen to presentations and lectures; and participate in skill development. Seminar Day attendance is required, NOT optional.

C. Graduation

To qualify for graduation, students must successfully complete the didactic and clinical phases of the curriculum. In addition, students must successfully complete a summative evaluation and an end-of-clinical-phase Capstone Activity.

1. Summative Evaluation (B4.03)

The summative evaluation consists of written and clinical skills components through which students must demonstrate ability to meet program competencies for entry-level clinical practice including medical knowledge, clinical and technical skills, clinical reasoning and problem-

solving abilities, interpersonal skills, and professional behaviors. Deficiency in any of these areas may necessitate remediation and may delay graduation.

a. Medical Knowledge

Medical knowledge is assessed via written, standardized examination. Exam results are scored on a scale from 1,200 to 1,800 and categorized into performance levels to indicate whether students demonstrate limited, satisfactory, or advanced medical knowledge.

- Scores between 1,200-1,399 indicate limited performance
- Scores between 1,400-1,524 indicate satisfactory performance
- Scores between 1,525-1,800 indicate advanced performance

To pass the written summative evaluation, students must achieve a score of at least 1,400. If this minimum score is not achieved, students may retake the examination one time.

b. Skills, Abilities and Behaviors

Clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal skills and professional behaviors are evaluated via problem-oriented clinical examination. Using a mock patient case or mock clinical case scenario, Program and instructional faculty, along with standardized patients, jointly evaluate students' history and physical examination skills, appropriate use and interpretation of diagnostic studies, and ability to generate a differential diagnosis and formulate a treatment plan. Students must achieve an acceptable level of performance on each component of the problem-oriented clinical examination. If acceptable performance is NOT achieved on each component of the exam, the Program may offer one-time remediation. If students fail to meet expected standards of performance on the second attempt, they will NOT graduate from the Program.

2. Capstone Activity

The Capstone Activity, which is defined in the Clinical Seminar syllabi, enables students to

- demonstrate their ability to assess, evaluate, and improve patient care practices by applying knowledge of study designs and statistical methods to the appraisal of clinical literature,
- apply oral presentation skills to enhance the effective exchange of information among faculty, peers, and other health professionals,
- recognize important inter-professional, person-centered care and the unique role and function of members of the health care team.

Students must achieve a minimum grade of a "C" on each component of the Capstone Activity. If this minimum grade is NOT achieved, students will be offered one opportunity to remediate the project under the guidance of the Clinical Seminar Course Director. If students do NOT achieve the minimum grade on the remediated activity, students will NOT graduate from the Program.

VII. DECELERATION, DISMISSAL, LEAVE OF ABSENCE, AND WITHDRAWAL

A. Deceleration (A3.15c)

Deceleration is the loss of a student from his or her matriculating cohort and the planned delay of graduation. Deceleration results in additional tuition, fee, and housing costs, and students are responsible for all added costs.

1. Didactic Phase

Deceleration may be granted to students in good academic standing, who request a leave of absence that is approved by a majority of PA Program faculty. Deceleration may be offered to didactic phase students, who need additional time to complete a PIP for deficiencies in Professionalism or Technical Standards. Deceleration is NOT granted to students during the didactic phase due to course failure (D and F grades) or failure to achieve the minimum GPA required by Graduate Studies within 9 credit hours or 1 semester of placement on probation.

2. Clinical Phase

During the clinical phase, deceleration may be offered to students in good academic standing, who request a leave of absence that is approved by the PA Administrative Committee. Deceleration may be offered for completion of a PIP for Professionalism or Technical Standards. Deceleration may be necessary for the successful completion of remediation when preceptors or the DCE identify deficiencies in a clinical rotation or Clinical Seminar activity.

B. Dismissal (A3.15d)

UW-L Graduate Studies may dismiss students for failing to achieve a 3.0 GPA after one semester of academic probation. The Program Director may also initiate dismissal for failure to complete a professionalism remediation via PIP or inability to meet technical standards of performance.

1. Grade Point Average

Students, who are on academic probation for failure to maintain a cumulative GPA of 3.0, must raise their cumulative GPA to 3.0 or higher upon completion of nine (9) credit hours or completion of the semester following placement on academic probation. Failure to achieve a minimum cumulative GPA of 3.0 within this time frame results in automatic dismissal from the Program and dismissal from UW-L Graduate Studies. This action may be appealed (Appendix A).

2. Professionalism

Students, who have been placed on probation for failure to meet professionalism expectations, must demonstrate improved professional behaviors as defined in the faculty-prepared PIP. If the unprofessional behavior persists, or if students are unable to demonstrate improvement as

outlined in the PIP, students may be dismissed from the Program. Students may appeal dismissal (Appendix A).

3. Technical Standards of Performance

Students, who are unable to meet the technical standards of performance, despite reasonable accommodations, may be dismissed from the PA program. Dismissal from the Program may be appealed (Appendix A).

C. Voluntary Leave of Absence (A3.15d)

Students in good academic standing may request a leave of absence from the Program for up to one calendar year (see Procedure to Request Leave of Absence and Withdrawal from the Program). Voluntary leave may be granted to students who experience life extenuating circumstances that substantially interfere with the completion of the PA program. The PA Administrative Committee will approve or disapprove of all leave requests.

If leave is granted, students will be given a return-to-class notification date. By that date, students must notify the Program of their intention to return. If, by the notification date, students do NOT contact the Program and initiate the return process, students will be withdrawn from the Program by the Program Director.

Students are responsible for initiating the return-to-class process within the specified time frame. Prior to reentry, the Program may require students to take an examination that assesses retention of completed coursework.

D. Withdrawal

1. Withdrawal from the Program

Students may discontinue enrollment in the UW-L PA Program for any reason (see Procedure to Request Leave of Absence and Withdrawal from the Program). However, students must be aware that withdrawal has significant ramifications. Students may or may NOT be re-admitted to the Program. If, later, students decide to resume PA education, students must re-apply for admission. If admitted, students must restart the Program; students will neither receive credit nor waiver for didactic courses and previously completed clinical rotations.

2. Withdrawal from a Course or Rotation

UW-L specifies deadline dates for dropping courses and receiving tuition refunds. This information can be found at <https://www.uwlax.edu/cashiers/tuition-and-billing/refund-information/>. Because course and rotation withdrawal carries significant financial and professional ramifications, students must discuss this decision with the Program Director prior to withdrawal. Withdrawal will delay completion of the Program (refer to Deceleration Policy) and may result in additional enrollment costs.

3. Procedure to Request Leave of Absence and Withdrawal from the Program

To request a voluntary leave of absence or to withdraw from the Program, students must first meet with the Program Director and their Academic Advisor to discuss the ramifications of this decision. Thereafter, to proceed, students must submit a letter containing the following information to the PA Program Director:

- Date of request
- Student's name and ID number
- Statement of intent to take leave or to withdraw
- Reason for leave or withdrawal
- Anticipated time frame of leave or withdrawal (departure date and expected return date)
- If expected to return, acknowledgment of return-to-class notification date
- Student's hand-written signature

Appendix A: PA Forms and Information Weblink

<https://www.uwlax.edu/grad/physician-assistant-studies/resources-for-students/documents-and-forms/>

Appendix B: Appeals Process

I. Grade Appeals

The grade appeals process employs four, hierarchical levels: Instructor, Program Director, Department Chair, and Department.

Instructor Level

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

- The instructor used different grading standards for the student's work than for other students in the class.
- The grading process for the student was biased, arbitrary, or capricious.

The instructor shall acknowledge receipt of the written appeal via e-mail within one (1) working day of receiving the appeal. The instructor will contact the student within five (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 Program faculty member or the Program Director, the student, and anyone else the student wishes to bring (if desired). If the course instructor is the Program Director, another Program faculty member or the 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:

- The instructor accepts the student's appeal and changes the grade.
- The student acknowledges the instructor's rationale for grading and accepts the grade.
- The instructor does NOT change the grade, and the student does NOT accept the grading decision and chooses to appeal to the next level.

The actual outcome of the Instructor Appeal will be documented by the course instructor, copied to the student, and placed in the student's academic file.

Program Director Level

The Program Director Appeal level may be skipped if the Program Director has been involved in the Instructor Appeal hearing.

The student's request to appeal the grade shall be written and addressed to the Program Director. The written appeal shall contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- The instructor used different grading standards for the student's work than for other students in the class.
- The grading process for the student was biased, arbitrary, or capricious.

The Program Director shall acknowledge receipt of the written appeal via e-mail within one (1) working day of receipt. The Program Director shall contact the student within five (5) working days of receipt of the appeal and schedule a formal meeting with the student. This meeting shall 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 the student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- The Program Director supports the instructor and recommends that the grade should stand, as given.
- The Program Director recommends that the instructor change the grade.
- The student accepts the grade and ends the appeal process.
- The student does NOT accept the grading decision and chooses to appeal to the next level.

The actual outcome of the Instructor Appeal will be documented by the course instructor, copied to the student, and placed in the student's academic file.

Department Chair Level

The student's request to appeal the grade shall be written and addressed to the Department Chair. The appeal shall contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- The instructor used different grading standards for the student's work than for other students in the class.
- The grading process for the student was biased, arbitrary, or capricious.
- The Program Director recommended a grade change to the instructor, and the instructor did NOT change the grade.

The Department Chair will acknowledge receipt of the written appeal via e-mail within one (1) working day of receipt. The Program Director will contact the student within five (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 grade. The Department Chair may also formally seek additional information from the course instructor and the student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- The Department Chair supports the instructor and recommends that the grade should stand, as given.
- The Department Chair recommends that the instructor change the grade
- The student accepts the grade and ends appeal process.
- The student does NOT accept the grading decision and chooses to appeal to the next level.

The actual outcome of the Instructor Appeal will be documented by the course instructor, copied to the student, and placed in the student's academic file.

Department of Health Professions Level

The student may request, in writing, a formal appeal to the Health Professions Department Level. The written appeal, addressed to the Department Chair, shall contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- The instructor used different grading standards for the student's work than for other students in the class.
- The grading process for the student was biased, arbitrary, or capricious.
- The Department Chair recommended a grade change to the instructor, and the instructor did NOT change the grade.

The Department Chair shall acknowledge receipt of the written appeal within one (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 ad hoc committee will consist of five departmental faculty or staff, who have NOT yet been involved in the appeals process. The Department Chair will appoint one committee member to lead or chair this committee. The Department Chair shall NOT be a member of the ad hoc committee but will attend the committee meeting as observer and witness. The instructor will also attend this meeting but will NOT serve as a voting member. This ad hoc appeals committee will meet within one (1) week of receipt of the written grade appeal. Prior to the appeal hearing, the committee members will be given copies of documentation relevant to all previous appeals levels.

The appeals hearing shall be conducted as follows:

- The student shall be given 15 minutes to describe the basis for the appeal and to provide supporting documentation to the committee.
- The instructor will be given 15 minutes to describe the rationale for the grade or the reason for NOT changing the grade.
- The Department Chair will be asked to describe his or her involvement in the situation and the outcomes 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 request for additional materials will be put in writing, and the committee will

specify the time frame for supplying the materials. If additional materials are requested, the committee meeting will be adjourned.

- The committee will reconvene within one week after the deadline for receipt of the requested materials.

Following the appeals hearing, the ad hoc committee can make two decisions:

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 shall communicate the outcome of the appeal hearing, in writing, to the student, course instructor, and Department Chair within five (5) days of the final committee hearing. A copy of the student's written appeal and the response of the committee will be given to the student and placed in the student's permanent academic record.

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

II. Professionalism and Technical Standards of Performance Appeals

The appeal process for deficiencies in professionalism and technical standards of performance has three, hierarchical levels: the PA Program Administrative Student Progress and Conduct Committee, Department Chair, and Health Professions Department. The process is detailed here.

PA Program Student Progress and Conduct Committee Level

The student's request to appeal a noted deficiency shall be written and addressed to the Program Director. The written appeal shall contain the reason for the appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- The assignment of deficiency was biased, arbitrary, or capricious.

The Program Director shall acknowledge receipt of the appeal via e-mail within one (1) working day of receipt. The Program Director shall contact the student within five (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 and Conduct Committee. This meeting shall be attended by the Program Director, 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 Program faculty, clinical preceptors, and student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- The Committee supports the Program's decision and recommends that the noted deficiency stands.
- The Committee recommends that the Program change the noted deficiency.

- The student accepts the deficiency and ends the appeal process.
- The student does NOT accept the decision and chooses to appeal to the next level.

The actual outcome of the appeal shall be documented by the Program Director, copied to the student, and placed in the student's academic file.

Department Chair Level

The student's request to appeal the noted deficiency shall be written and addressed to the Department Chair. The appeal shall contain the reason for the appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- The assignment of deficiency was biased, arbitrary, or capricious.
- The Program Administrative Committee recommended that the Program change the noted deficiency; the Program did NOT make the change.

The Department Chair shall acknowledge receipt of the written appeal via e-mail within one (1) working day of receipt. The Program Director shall contact the student within five (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 Program faculty, clinical preceptors, and the student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- The Department Chair supports the Program's decision and recommends that the noted deficiency stands.
- The Department Chair recommends that the Program change the noted deficiency.
- The student accepts the deficiency and ends the appeal process.
- The student does NOT accept the decision and decides to appeal to the next level.

The actual outcome of the Instructor Appeal will be documented by the course instructor, copied to the student, and placed in the student's academic file.

Department of Health Professions Level

If the student pursues to appeal a professionalism or technical standard deficiency, the request for a formal appeal at the Department of Health Professions Level must be filed in writing with the Department Chair. The appeal shall contain the reason for the appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- The assignment of deficiency was biased, arbitrary, or capricious.
- The Department Chair recommended that the Program change the noted deficiency; the Program did NOT make the change.

The Department Chair will acknowledge receipt of the written appeal within one (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 ad hoc committee will consist of five departmental faculty or staff, who have NOT yet been involved in the appeals process. The Department Chair will appoint one committee member to lead or chair this committee. The Department Chair shall NOT be a member of this committee but will attend the committee meeting as an observer and witness. The instructor or Program Director will also attend this meeting but will NOT serve as a voting member. The appeals committee will meet within one (1) week of receiving the written appeal. Prior to the appeal hearing, the committee members will be given copies of documentation relevant to all previous appeals levels.

The appeals hearing shall be conducted as follows:

- The student shall be given 15 minutes to describe the basis for the appeal and to provide supporting documentation to the committee.
- The 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.
- The Department Chair will be asked to describe his or her involvement in the situation and the outcomes of actions taken.
- The student, instructor, Program Director, and Department Chair will be excused, and the committee will deliberate.
- The committee may ask for additional information from any of the parties involved. The request for additional materials will be put in writing, and the committee will specify the time frame for supplying the materials. If additional materials are requested, the committee meeting will be adjourned.
- The committee will reconvene within one week after the deadline for receipt of the requested materials.

Following the appeals hearing, the ad hoc committee can make two decisions:

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 shall communicate the outcome of the appeal hearing, in writing, to the student, course instructor, and Department Chair within five (5) days of the final committee hearing. A copy of the student's written appeal and the response of the committee will be given to the student and placed in the student's permanent academic record.

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

III. Appeal of Dismissal

Students who has been dismissed from their graduate program may request readmission by making an appeal to their graduate program. The dismissed PA student shall be given the

opportunity to present evidence to the PA Administrative Student Progress and Conduct Committee that he or she warrants an exception to the requirement of achieving the minimum cumulative GPA of 3.0 by the end of the academic probationary period or to the requirement of professionalism.

If the PA Administrative Student Progress and Conduct Committee finds compelling evidence to warrant an exception to the policy, the Committee can grant the student an exception 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; however, readmission can result in a student's probation.

If the program is unwilling to support readmission, the student shall consult the Office of University Graduate Studies to discuss the possibility of further action. However, the readmission decision of a graduate program is final.

If the student feels that their graduate program did NOT follow its written procedures for readmission, the student may appeal to Graduate Council for a hearing on due process.

- 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). The Graduate Council does NOT consider any other evidence for exceptions to a graduate program's dismissal policies.
- For due process appeals, a graduate program is presumed to follow the probation and dismissal standards of the graduate catalog, unless the Program has additional prescriptive policies 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.
- 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 their new decision on the program's written procedures.
- If the program's decision is deemed by Graduate Council to be consistent with written procedures, then that program's decision remains final.

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, it is rare to be accepted to "special non-degree status" or to another graduate program after dismissal, and acceptance should NOT be expected.

Students who are NOT accepted for "special non-degree status" or accepted to another program are dismissed from the university.