

CONCORDIA UNIVERSITY ANN ARBOR

PA STUDENT DIDACTIC YEAR HANDBOOK

2022-2024 ACADEMIC YEAR

PA CLASS OF 2024



CONCORDIA UNIVERSITY

Ann Arbor, Michigan

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Ann Arbor, Michigan

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CONCORDIA UNIVERSITY
Ann Arbor, Michigan

WELCOME TO THE PHYSICIAN ASSISTANT PROGRAM

The faculty and staff would like to welcome you to the Physician Assistant program at Concordia University Ann Arbor (CUAA). We are happy to have you here and are certain that you will find the program both challenging and rewarding as you prepare to become highly skilled Physician Assistants. We are here to assist you in any way we can so that you may take full advantage of the wonderful resources and rich experiences available at CUAA.

This handbook will give you an overview of the program as well as explain all policies and procedures that require your ongoing compliance. While we will be reviewing the handbook together during orientation day, we ask that you take the time to read the handbook carefully on your own and ask questions you may have regarding its contents at any time during the didactic terms.

If you have any questions, please feel free to contact the Program Director or any of the Principal Faculty for clarification.

On behalf of the entire PA program here at CUAA, we extend our best wishes for a successful and rewarding educational experience. We look forward to working with you as you begin this new vocation!

Blessings,

PA Faculty and Staff

CUAA Physician Assistant Program

Vision

The vision of the PA program at Ann Arbor is to provide the local and global community with competent medical providers who will improve healthcare access and foster disease prevention and do so in a compassionate and respectful manner that changes the lives of all patients who seek our care.

Mission

The mission of the PA program at Ann Arbor is to educate Physician Assistant students in primary medicine with a focus on rural and underserved patient populations and communities.

Program Goals

The goals of the CUAA Physician Assistant program are to:

1. Recruit and retain students from underserved, underrepresented, and diverse backgrounds committed to the PA profession.
2. Provide each PA student cohort with specific curricular content in providing primary care to rural and underserved communities in order to increase the number of graduates who elect to practice in rural and underserved communities after graduation.
3. Obtain a pass rate greater than, or equal to, 90% on the PANCE examination.
4. Develop entry-level PA graduates who demonstrate competency in all aspects of primary care.
5. Achieve a PA employment rate of 75% by 6 months after graduation.

ADEI Statement

The PA Program at Concordia University Ann Arbor is intentional in creating an inclusive student body from diverse backgrounds to become competent medical providers. We welcome and embrace students of any age, race, color, gender, religion, national and ethnic origin, and mental and physical abilities/ disabilities while meeting the technical standards. In addition, we are committed to creating a safe and compassionate learning environment for all seeking to improve and influence communities through clinical service and leadership with compassion and respect.

PA Program Competencies

At the completion of the PA program, students will:

1. Demonstrate the requisite knowledge necessary in primary medicine to evaluate and provide non-pharmacologic and pharmacologic management of medical concerns of an acute, emergent, chronic, and preventive nature in patients of any age.
2. Demonstrate communication skills that are patient-centered in obtaining a thorough and concise medical history from patients in an attentive and respectful manner.
3. Perform a technically accurate complete physical exam on patients of any age for preventive and chronic visits; and focused physical exam for patients presenting with acute or emergent medical problems.
4. Select appropriate labs & diagnostic testing based on a differential diagnosis, and interpret testing to narrow or identify the diagnosis.
5. Demonstrate the requisite basic procedural skills required to identify and manage illness and injury in a clinical encounter.
6. Apply medical decision making to develop a diagnosis or presumptive diagnosis from a broad differential utilizing all aspects of patient evaluation findings.
7. Organize and present an oral presentation of a clinical patient encounter in a coherent fashion.

8. Document a clinical note including all components appropriate to the presentation for a patient with a medical or surgical concern in an inpatient or outpatient setting.
9. Utilize available medical research to identify appropriate evidence for a particular clinical question or to assist in medical decision making.
10. Function professionally in medical practice with all members of the healthcare team.
11. Demonstrate understanding of Christian Values, and exemplify integration of these values, attitudes, and behaviors in both the classroom and in clinical practice.

OVERVIEW OF THE CUAA PA PROGRAM

Std. A3.01 The Program policies apply to all students, all principal faculty, and the program director regardless of location on campus or off campus, or in clinical rotations. It is possible that a policy at the clinical site may supersede this program policy, at which time students and faculty will be made aware.

Didactic Year Classroom Hours

Physician Assistant Program classes generally run from 8:00 am until 4 or 5:00 pm Mondays thru Fridays. No classes are held during chapel time (see below). On rare occasion, there may be some weekend and/or evening classes, IPE, workshops, or seminars. Classes are mandatory and every effort will be made to notify students far in advance of class times that fall on weekends and/or evenings.

Daily chapel

Daily Chapel is available on the main campus every Monday through Friday that classes are in session. There is a pause in the day from all classes and meetings so that everyone can come together. Daily Chapel takes place at 10:30 to 11 am. and is live-streamed to the North Chapel on M-T-Th-F. In addition, every Wednesday at 10:30 a pastor comes to the North Chapel just outside the hallway to SHP, and Starbucks coffee is served.

PROGRAM RESPONSIBILITIES TO THE STUDENT

Fair Practices

CUAA is committed to equality of opportunity and does not discriminate against applicants, students, or employees based on race, religion, color, national origin, gender, age, sexual orientation or disability. CUAA PA students have equal access to facilities and programs of the Concordia University Ann Arbor as any student from any of the other programs.

University Discrimination Statement

Concordia University (CU) fully subscribes to all federal and state civil rights laws banning discrimination in private, church affiliated institutions of higher education, subject to the First Amendment. CU will not illegally discriminate against any employee, applicant for employment, student or applicant on the basis of race, color, sex, pregnancy, national origin (including ancestry), citizenship status, physical or mental disability, age, marital status, gender, veteran or military status, predisposing genetic characteristics, domestic violence victim status, or any other protected category under applicable local, state or federal law. However, CU is a Christian educational institution operated by The Lutheran Church-Missouri Synod and, in compliance with Title VII of the Civil Rights Act of 1964, reserves the right to give preference in employment based on religion.

Gender discrimination and sexual harassment (including sexual assault) are prohibited by Title VII of the Civil Rights Act of 1964 as amended and Title IX of the Education Amendments of 1972.

FERPA

CUAA also complies with the Family Educational Rights and Privacy Act (FERPA), which generally prohibits the release of student education records without student permission. However, FERPA does permit the release of public or "directory" information about students.

University Accreditation

Concordia University Ann Arbor is accredited by The Higher Learning Commission of the North Central Association of Colleges and Schools (230 S. LaSalle Street, Suite 7-500, Chicago, IL 60604-1413 Phone 1-800-621-7440; <http://www.ncahlc.org>). CUAA successfully achieved re-accreditation at the last accreditation review and site visit August of 2019.

Credential Awarded

Upon successful completion of the PA program, students will be awarded a Master of Science in Physician Assistant Studies (MSPAS) from Concordia University Ann Arbor. The graduate is eligible to sit for the Physician Assistant National Certifying Examination (PANCE) upon completion of all aspects of the PA program and graduation from CUAA. This examination is administered through the National Commission on Certification of Physician Assistants (see pg. 27).

Program Accreditation

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted Accreditation - Provisional status to the Concordia University Ann Arbor Physician Assistant Program. Accreditation - Provisional is an accreditation status granted to a new program. Ongoing program accreditation will occur if the program continues to remain compliant with all ARC-PA Standards going forward.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards.

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

Accreditation review commission on Education for the Physician Assistant, Inc., 12000 Findley Road, Suite 150, Johns Creek, GA 30097, (770) 476-1224.

Policies and Procedures Regarding Allegations of Harassment

What is Title IX?

Title IX is a federal law that protects people from sex discrimination in educational programs and activities at colleges and universities that receive federal financial assistance. Sexual harassment, including sexual violence, and retaliation are forms of discrimination prohibited by Title IX. The law reads, in part, as follows:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program or activity receiving Federal financial assistance. (Title IX of the Educational Amendments of 1972 to the 1964 Civil Rights Act)

What Constitutes Sexual Harassing Behavior?

Sexual harassment is unwelcomed, gender-based verbal or physical behavior that is objectively offensive and is severe, persistent, or pervasive. The effect of harassment creates a hostile environment and/or interferes with, denies, or limits a person's ability to benefit from Concordia's educational programs and/or activities.

Definitions

Reporting Party: A person who believes that she/he has been the subject of behavior that violates the University Sexual Misconduct policy and wishes to report the alleged violation to a Title IX Coordinator.

Responding Party: A person who is the subject of a Title IX investigation due to alleged behavior that violates the University Sexual Misconduct policy.

The following will provide specific information regarding the process for investigating and sanctioning allegations of a policy violation.

1. Process for Addressing Allegations of Misconduct

2. Sanctions and Retaliation
3. Findings and Appeals

Reporting Information: There are options available to file a sexual harassment or sexual assault report or complaint as described below:

1. You can talk with a Title IX Coordinator who will assist you in making a decision of how to proceed with a report or complaint.
2. You can file a report or complaint with a Campus Safety Officer.
3. Reports may be filed anonymously.
4. If you need confidential help in deciding whether or not to file a report or complaint you can talk with a confidential individual.
5. Employees Must Report: Please know that all sexual harassment and sexual misconduct allegations made to a “responsible employees” (faculty, staff, or student employees) must be reported to the Title IX Coordinator staff.
6. CU encourages all members of our community who are victims of sexual misconduct to report the incident to the Ann Arbor police. Any Title IX Coordinator or Campus Safety Officer will assist you in filing a complaint with the police.

What is H1A (Honor One Another)?

In Romans 12:10 (NIV), the apostle Paul writes “Be devoted to one another in love. Honor one another above yourselves.” To achieve this goal, we must have a community that honors one another and is free from all forms of harassment and discrimination. We strive to create a community that builds one another up rather than tears one another down. To that end, our “Honor One Another” (H1A) educational program calls out our entire campus community to live out Romans 12:10.

General Academic Grievances

The steps listed below are to be carried out with an attitude of Christian love and concern for academic, moral, and spiritual growth. Face-to-face meetings are encouraged throughout the process, but may not be possible because of the situation. A PA student would utilize this procedure if s/he wants to dispute a grade (either test grade or final grade).

Step I: The student meets with the instructor to resolve the matter informally.

Step II: Graduate students submit a written grievance to the Program Director of the program in which the course was taught within 10 working days after meeting with the instructor. Upon receipt of the student’s grievance, the Program Director will notify the instructor, who will then have 10 working days to submit a written explanation of the incident to the Program Director. Within 5 working days of receiving the instructor’s report, the Program Director will send a written response to the student and the instructor.

Step III: If the student is still not satisfied, s/he may file a written complaint with the Dean of the School (of Health Professions) in which the course was taught within 10 working days of receiving the step II report (if applicable). The Dean will render a decision and send a written response to the student, the instructor, and the Program Director within 10 working days of receiving the grievance. The Dean’s decision is final.

Std. A 3.13 Students who wish to file a grievance related to student mistreatment, should also use the link below:

Student Grievances Procedure: <https://www.cuaa.edu/about/offices/compliance/complaint-resolution.html>

Students with Disabilities

If you need accommodations of any kind, you must complete a request through the Academic Resource Center:

<https://www.cuaa.edu/academics/services/student-academic-resources/academic-resource-center/accessibility-services/index.html>

Location: **North Campus Location:** Room 125, North Building

Hours: Monday - Friday by Appointment

Main Campus Location: **Zimmerman Library, 1st Floor**

Staffed Hours: Monday - Friday from 8:00AM to 5:00PM

Email: ARC@cuaa.edu

Phone: 734-995-7460

CUAA offers resources, information, and assistance to students with disabilities through Disability Support Services (DSS) and the Academic Resource Center (ARC). Our goal is to ensure that each student has a clear path to success through providing equal access to facilities and programs of the University. DSS provides accommodations to students with disabilities as mandated by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act as Amended of 2010. Furthermore, the confidentiality of the student and the nature of his/her disability is of the utmost importance to our office. We maintain all student records in accordance with the Family Educational Rights and Privacy Act (FERPA) and we deeply respect the student's right to privacy.

DSS works closely with students, faculty, and staff in order to ensure that qualified students with disabilities are able to fully participate in academic programs, functions, and the facilities at CUAA. Students with disabilities must self-identify with DSS and submit documentation from a licensed professional of his/her disability/impairment. In accordance with CUAA's values, DSS strives to serve others in caring, helpful, respectful, and knowledgeable ways.

It is the sole responsibility of the student to provide documentation that verifies that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act as Amended (2010). Eligibility for academic accommodations is based on documentation from a medical professional that clearly demonstrates that a student has one or more functional limitations in an academic setting. Furthermore, it must be clear that such functional limitations require the implementation of academic accommodations in order to ensure equal access.

- For your convenience, you may choose to provide your health care professional with the Disability Verification Form (available from the ARC).

Temporary Impairment

If a student with a temporary impairment (illness, injury, or otherwise) needs accommodations, DSS can facilitate the accommodation process. The student will still need to register with DSS which requires them to complete the Application for DSS, submit acceptable documentation verifying their temporary impairment, and complete an intake appointment to discuss their eligibility for services/accommodations as well as the duration that services will be provided.

PLEASE NOTE: The student must request disability services. The CUAA PA program can only provide accommodations as recommended by the CUAA Disability Services, which are based on the information provided by the student to the CUAA Disability Services.

Other Program Responsibilities

Clinical Sites

Std. A3.03 PA students must not be required to provide or solicit clinical sites or preceptors. Students will not be asked to solicit sites, recommend preceptors, or be required to find their own clinical sites. Contact the Director of Clinical Education for appropriate process to follow should you have a site or preceptor that you may want the program to consider for your clinical rotations.

Teaching out

CUAA in accordance with HLC (regional accreditor) requirements, promises to “teach out” all students currently matriculated into the PA program in the event of program closure and/or loss of accreditation.

Financial Services

The Director of Financial Services is responsible for providing qualified students the appropriate documentations and counseling to secure financial assistance in the form of loans, scholarships, and grants.

Tuition Refund

Students who withdraw from the University will receive a pro-rated refund of educational fees and board fees, according to the following schedule (a week runs Monday to Sunday):

During first week of classes	80 percent
During second week of classes	75 percent
During third week of classes	60 percent
During fourth week of classes	40 percent
During fifth week of classes	20 percent
After fifth week	none

Students who are charged for Summer and Winterim class but then withdraw will receive refunds on a pro-rated basis as follows:

During first day of class	80 percent
During second day of class	75 percent
During third day of class	60 percent
During fourth day of class	40 percent
During fifth day of class	20 percent
After fifth day of class	none

Official Academic Records/Student Transcripts

The Office of the Registrar houses official academic records. The student’s permanent academic record may contain the following:

- Name
- Social Security number or numeric identifier
- Chronological summary of Concordia University Ann Arbor coursework and grades
- Degree earned
- Date(s) degree requirements completed and degree conferred

Student transcripts are maintained in perpetuity. Students may request official transcripts from the Registrar's office as needed. Official transcripts require a fee paid; unofficial transcripts may be requested without fees. <https://www.cuaa.edu/about/offices/registrar/assets/TranscriptRequestForm.pdf>

Obtaining Transcripts

The student may obtain or have forwarded to designated parties' copies of his/her academic transcript by submitting a written request to the Registrar's Office. The form to obtain transcripts can be found at: <https://www.CUAA.edu/academics/assets/requesttranscript.pdf>.

Student Resources

Std. A3.10 – Students should use resources noted below, if unable to contact CAPS, or counseling services are not available for any reason. The program will update this list of resources each year when revising the handbook. Emergency services are noted in RED below.

Currently there are no health services on campus. U of Michigan hospital is located at 1500 East Medical Center Drive, Ann Arbor, and St. Joseph Mercy Ann Arbor Hospital is located at 5301 McAuley Drive, Ypsilanti. Both are less than five miles from campus and have emergency facilities. There are multiple primary care providers nearby as well. Students should identify the nearest UC or Hospital nearest campus and nearest their home and have that location accessible. If you would like further information about access to health care in Ann Arbor, please contact health services at 734-995-7316.

IF YOU ARE EXPERIENCING A LIFE-THREATENING EMERGENCY, CALL 911 OR CAMPUS SAFETY AT 734-358-1340 OR EX. 7502 FROM ANY CAMPUS PHONE FOR ASSISTANCE.

Counseling Services

Counseling and Psychological Services (CAPS) is available on campus using the following url: <https://www.cuaa.edu/academics/services/counseling-services/index.html>

CAPS is located on campus at the Student Services Center SS 115 (main campus). A shuttle is available to transport you if needed. Hours are M-F 10 am to 4 pm.

Other services: Michigan Medicine Psychiatric Emergency Services provides a 24 hour/7 day a week crisis phone services: 734-936-5900 or 734-996-4747

Psychiatric emergency services are also available at the U of Michigan hospital, less than 5 miles from campus and provides walk-in evaluation and crisis phone services (above) through the Department of Psychiatry.

Std. A3.09 - PLEASE NOTE: at no time is any PA faculty member allowed to provide medical information, diagnosis, medical advice, and treatment or allowed to be the provider of a CUAA PA student except in an emergency situation.

Academic Resource Center (ARC)

The ARC provides a variety of academic support options for CUAA students. This includes course specific tutoring, writing and math support, collegiate study skills, and other targeted academic support to ensure our students have all the support they need to succeed. These resources are available to any CUAA student who can come to an appointment on campus. Most of the appointment availability is between 8:00 AM and 8:00 PM Monday through Friday.

- Tutoring and Academic Coaching: individually scheduled sessions with a peer tutor or coach
- Writing Center: an on campus center supporting students to improve their writing
- Math Drop In Desk: a drop-in center answering Math related questions from any course
- Supplemental Instruction: an academic support service targeted at certain courses and sections

Office of Multicultural Engagement

The Office of Multicultural Engagement (OME) looks to provide the necessary support and guidance needed to encourage students to become members of a community respectful of differences. The OME coordinates programs that educate, engage, and embrace students of different ethnic and diverse backgrounds so that all students have a richer campus experience and will be better prepared for service and leadership after graduation. Multiple resources exist on the CUA A home page, or you can contact the Director directly: shanitra.cheff@cuaa.edu

IT Support

Students have online access to available medical journals at all times and from any locations. Support is available for all Blackboard content through BB itself. IT help is available to students through the available through the Helpdesk at 734.995.7424, and email support at support@cuaa.edu. IT is working to provide expanded coverage through the combined help desks in WI and MI.

The Career Engagement Studio

On campus the Career Engagement Studio is the beacon for transformational career education/management programming and offers innovative interactive resources, programming, and career coaching in areas of identifying God-given uniqueness, career/vocational exploration, and connecting undergraduate and graduate students with workforce readiness and professional development opportunities.

Holidays

Official CUA A Holidays (Offices closed/no classes): In addition to the mid semester break which varies from year to year, CUA A is closed on the following days: Labor Day, Thanksgiving Day and the Day following Thanksgiving, Good Friday, Easter Monday, Memorial Day, and Fourth of July. During the clinical year, students must follow the calendar designated by the CUA A PA Program's Director of Clinical Education.

Security and Personal Safety

Director of Campus Safety: Dieter Heren

Office: SS114

Office Phone: (734) 995-7502

Campus Safety Office: SS 116

Office Phone: (734) 358-1340

Hours of Operation: 24/7

Ann Arbor Police

Phone: 911 or (734) 794-6920

Hours of Operation: 24/7

The Campus Safety Office at Concordia University Ann Arbor is committed to providing safety, protection and service to students, staff, faculty and visitors.

All members of the campus community are encouraged to immediately report any suspicious or criminal activity to Campus Safety (**734-358-1340**). The responding officer will investigate the complaint or concern and, if appropriate, complete an incident report. Reported violations of federal or state laws, city ordinances, and university policies are documented in reports maintained by the Department of Campus Safety.

The Concordia University Department of Campus Safety would rather prevent crime or injury than react to it after the fact. For that reason Campus Safety, in cooperation with the Student Life and other university departments, administer a number of programs designed to encourage students and staff to be responsible for their own safety.

Link to Campus Safety Annual Report: https://www.cuaa.edu/academics/services/campus-safety/_assets/SafetyReport.pdf?v=2019

Anonymous tip form: <https://www.cuaa.edu/academics/services/campus-safety/anonymous-tip-form.html>

Building security

Members of the campus community are asked to notify Campus Safety (**734-358-1340**) if they notice any unlocked or propped doors that should be secured. Residence halls are locked 24 hours a day, year-round. Key card access is required to gain access to a residence hall. Campus Safety officers routinely check residence halls to ensure they remain closed and locked. Other university facilities are checked and locked/unlocked at predetermined times.

Personal safety

- Be aware of your surrounding
- Use the “buddy” system. Do not walk alone after normal business hours
- Report all strange/questionable activities and encounters with individuals to Campus Safety
- Trust your instincts with encounters with strangers for your personal safety
- Do not wear earphones while walking or jogging. Use Campus Safety for escorts to and from any location on Concordia’s campus during the evening hours
- Stay alert, and plan ahead for "What if...?"

Cardinal Buddy Program

- Campus Safety Officers are available 24 hours a day to provide escort service to and from any location on the Concordia campus. Please be patient when calling as officers may be busy handling other calls. Escorts provided may be a "walking" escort.

Safety Tips Brochure

- Campus Safety regularly publishes a safety tips brochure available to the Concordia Community. This brochure includes personal protection tips, protecting your property, and parking lot and vehicle safety.

Monitoring Off Campus Criminal Activity

- Concordia University operates no off-campus housing or off-campus student organization facilities that would require the University to monitor off campus criminal activity. However, the Campus Safety office maintains a strong working relationship with all local area police departments and regularly exchanges information with them.

PLEASE NOTE: Clinical Site Safety, policies and program oversight will be discussed at clinical year orientation, and available in the clinical year handbook.

Residential / workplace safety

- Know your neighbors or coworkers; you are the best one to determine who does not belong
- Do not prop open exterior doors
- If you come in through an electronic key card access door, do not allow strangers to enter with you on your code. They should have their own access card.
- Always lock your door when you leave
- Lock your door while you sleep
- Get involved. If you see someone you consider suspicious or out of place, CALL CAMPUS SAFETY IMMEDIATELY
- Protect your Property
- Keep your car locked. Store items of value in the trunk out of view.

- Coats, backpacks, and purses should remain with you or be locked up
- Mark and record your belongings
- If you have a bicycle on campus, document all information about the bike, and make sure it is secure before leaving it

Timely Warning

In an effort to provide timely notice to the Concordia University community, and in event of a serious incident which may pose a threat to our community, the Campus Safety Office will issue "timely warning" crime bulletins in a manner that is timely and will aid in the prevention of similar crimes.

A warning will be issued when a crime occurs on or off campus that constitutes an ongoing or continuing threat to community members. The warnings are usually issued for the following crimes: arson, aggravated assault, criminal homicide, robbery, and sex offenses. They may also be issued for other crimes as deemed necessary. Once the University determines that an alert will be issued, Campus Safety will e-mail the alert to the community and post the information here.

All students and employees can register online to receive timely warnings on their cell phone in the form of a text message. There is no charge for this service beyond what each individual's cell phone service provider charges for incoming text messages. To register to receive text notifications on your cell phone you must log into the [CUAA Portal](#), then click on the "Student Services" or "Employee" tab. Then follow the "Concordia SafetyNet – Text Message Alerts" link.

Active shooter video training: <https://youtu.be/5VcSwejU2D0>

Inclement Weather

Radio and television stations will be contacted and every effort made to have morning or daytime cancellations posted/announced by 6:00 a.m., along with an announcement on the my.CUAA.edu portal or call 262-243-2222. Information can also be found on the portal.

Off Campus Safety

If didactic experiences occur off campus in the community, the faculty will make every attempt to ensure safety measures are available at the site from prior evaluation of the site as a safe environment for students, by reviewing the site ahead of time, and evaluating safety requirements. If necessary, campus safety will be asked to assist faculty in reviewing safety protocols. Clinical site safety will be discussed in length at the clinical year orientation.

NOTE: All Program Policies apply equally to all PA students, as well as Principal Faculty and the Program Director, regardless of location on campus and off campus (clinical sites and practicum experiences). If affiliated sites or clinical rotation sites have policies that supersede the program policies, the DCE will make the Students, Faculty and Program Director aware.

STUDENT RESPONSIBILITIES TO THE PROGRAM

Current Contact Information

Please make sure that the PA Program Administrative Assistant has your current address and phone number on file at all times **during both the didactic and clinical years**. If your address and/or phone number changes, please submit that information immediately. Information must also be updated in the Registrar's office **especially before graduation**. **Diplomas are sent to the address the Registrar's office has on file.**

Health Insurance

All PA students are required to have and maintain health insurance. Students who do not have up-to-date health insurance will not be allowed to participate in any activity that involves patient contact. This may result in the student not being able to fulfill the requirements of certain courses and activities which could have a detrimental effect on the student's progress/grade.

Health Requirements

Applicants accepted for admission are required to submit a completed health certificate provided by the program that certifies that the student is free from communicable diseases and physical limitations that may cause injury to the individual or to another person if they were to perform procedures related to the Physician Assistant Program of Concordia University Ann Arbor. It also will note if the student is in good physical and mental health. The form must be completed and signed by a licensed health care provider and uploaded and checked off by CastleBranch.com by the designated date set by the program. Also, applicants must have their own health insurance policy and provide evidence of such at the start of each Academic Year. This document is also uploaded to CastleBranch.com. **Students who do not fulfill this requirement will not be allowed in any activity that requires seeing patients, with no exceptions.**

Std. A3.07 The PA program follows the Centers for Disease Control and Prevention (CDC) guidelines for healthcare personnel recommendations. The PA program requires the following immunizations:

1. Annual PPD;
 - (And, if the PPD is considered positive; Chest radiography)
2. Hepatitis B immunization (established by three reported dates of immunization or by documented testing of antibody titer);
3. Tdap to those who have not received it before, then Td (every 10 years);
4. Rubella immunity (established by two reported dates of vaccination or documented antibody titer);
5. Varicella immunity (established antibody titer) or date of vaccination;
6. Annual Influenza vaccination.

In order to assure our affiliated healthcare facilities that our students are appropriately immunized, the following PA program policy is in effect:

1. All PPDs must be effective and current.
2. Failure to provide a current PPD evaluation will prevent the student from participating in any clinical activities for the following year.
3. All students must provide evidence of Hepatitis B immunization prior to starting the first year. All Hepatitis B documentation must be completed prior to beginning rotations. This documentation must be uploaded to CastleBranch.com. Failure to provide completed documentation will prevent the student from participating in any clinical rotations for the following year.
4. While CUWAA does not require vaccinations, many of the university's clinical partners require that students who learn in their facilities are vaccinated against specific communicable diseases. Such policies are developed and administered by the clinical partners, and those facilities may in some cases grant exemptions to their own vaccine requirements. However, on the advice of legal counsel, CUWAA does not review or grant exemptions/waivers/exceptions to policies developed by other entities. Students who choose to enroll in a CUWAA health care program must adhere to all vaccine requirements of the clinical facilities to which they are assigned. Further, CUWAA is not obligated to reassign students to a different clinical experience or facility based on vaccination status, or for any other reason.

PLEASE NOTE: While student health records are confidential and are not disclosed to faculty or staff of the PA program, results of immunizations, titers, and drug screens are allowable documents for program personnel to review.

Pregnancy While in the Program

Students who are or become pregnant while enrolled in the PA program should consider notifying the PA Program Director as soon as possible. If a student needs accommodation based on their health, the student needs to

contact the DSS immediately. Students should contact their health care provider if they have a health concern. Students will be exposed to formaldehyde in Anatomy (PHAS 500) and in Neuroanatomy (PHAS 520) as well as other chemicals and potential hazards throughout the program. If a student wishes to wear personal protective equipment, the student will be responsible for obtaining and paying for the equipment.

In 2008, the Americans with Disabilities Amendments Act (ADAAA) increased protections for individuals with disabilities. The ADAAA expanded the definition of “disability” to include temporary impairments and less severe impairments. As a result, certain impairments resulting from pregnancy are now considered disabilities and reasonable accommodations must be made. Pregnancy in and of itself is not a disability covered by the ADAAA, but is covered under Title IX. However, pregnancy related impairments such as hypertension, gestational diabetes, severe nausea, sciatica, etc. are disabilities covered by the ADAAA when they substantially limit one or more major life activities.

Any time off due to illness/injury/extended absence *may* delay graduation (please see pg. 37 for more information on Leave of Absence). Students will be required to pay fees associated with returning to the program as stated by University policy.

Leave of Absence

Students may elect to take a medical leave of absence at the time of the illness or medical concern. If a student becomes ill/injured requiring a leave of absence during the didactic year, it is possible that the student will have to repeat and successfully pass that term. The Student Progress Committee will determine what the student will need to do regarding coursework upon return to the program. A note from the health care provider will be required for the student to return to the program after a medical leave. Students will be required to pay fees associated with returning to the program as stated by University policy.

Employment While in the Program

Because of the intensity of the CUAA PA program, students are ***strongly discouraged*** from seeking or maintaining employment during the entire program. If a PA student chooses to work during the first year of the program, it is his/her responsibility to ensure that employment does not interfere with or hinder academic progress. Having a job is not an excuse for missing lectures, examinations, clinical labs, or assignments. During the clinical year, students will be required to rotate through a clinical site a minimum of 40 hours a week. In addition, students may be required to take call, weekends, holidays, evenings, and/or nights.

Std. A 3.04-PA students are not allowed to work for the program or be substituted for clinical or administrative staff at clinical sites. Pre-PA students are not allowed to work for the program.

Std. A3.05 - PA students must NOT substitute or function as primary instructional faculty nor instructor of record for any component of the curriculum; however, students with specific prior knowledge, experience, and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills.

Std. 3.06 - The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.

Background Check

All applicants accepted into the program and current students are required to complete a background check prior to entering the program and again before the clinical year. The cost of obtaining these background checks is incurred by the student. Students entering the program will need to open an account with CastleBranch which will provide the students with the information needed to complete all requirements.

If a student entering the program has had a previous felony conviction, they may not be allowed to enter the program. Students who are already in the program and are convicted of a felony **will be removed** from the program. Being convicted of a felony or pleading guilty to a felony can have implications in receiving education at clinical sites, obtaining a license, or becoming employed. If a student cannot finish their education due to prior criminal history, Concordia University or the PA program will not be held liable for the inability of the student to graduate or to obtain a license. If a matriculant does not provide a cleared background prior to matriculation, the offer of admission will be considered withdrawn. If a current student does not provide any requested and required information in a timely fashion, they may not be able to continue in the program until the request is fulfilled and graduation may be delayed. If any incident occurs that would change the information requested on the application for admission or the background check, the student must notify the program immediately. Failure to do so may be grounds for dismissal from the program.

Drug Screen

Students will be required to submit a urinalysis for drug screen prior to matriculation into the program and as designated by clinical facilities throughout the program. Students are responsible for all costs associated with the drug screen(s). Positive drug screens are reviewed by CastleBranch's Medical Review Officer. Students who have a positive drug screen at any time during the program that is not cleared by the designated Medical Review Officer from CastleBranch, may be dismissed from the program.

Medical Marijuana/CBD Policy/Controlled Substance Policy

It is important to note that despite the fact that medical and now recreational marijuana use is legal for in the State of Michigan, CUAA policy does not allow use of marijuana by students. Most other states still consider marijuana an illegal substance, and even if legal, many medical institutions do not allow providers to be under the influence or have documentation of having used substances that could impair ability. Even if you hold a valid prescription for medical marijuana, and even if CBD is considered a legal substance, you will not be allowed participate in any clinical rotations if your drug screen is positive. At no time should students utilize any controlled substances without a valid prescription from their medical provider.

Alcohol Policy

Students must remember the following: Students will be held responsible for their behavior while consuming alcohol during University travel, and at on/off-campus University events or functions, or at any time that they are representing the University.

Faculty, Course, Program and Post-graduate Evaluations & Surveys

Student feedback is essential to ensure the highest level of academic effectiveness. **Evaluation of the course and of the faculty by the students is an ARC-PA Standard required for successful accreditation of our program.** Multiple surveys will be conducted throughout the didactic and clinical year, and surveys are again asked of our graduates at a 6-month mark, and at other times that the program needs information in order to make data drive decisions for the program. Students are provided evaluation form(s) electronically for the purpose of collecting feedback on the program, course, faculty (both principal and guest lecturers), and in trying to evaluate other answers to questions that come up. Data from this evaluation is kept confidential and used for faculty and course developmental purposes. Some surveys (related to course, faculty, and program) are required, and failure to complete those surveys will be identified as a professionalism issue. Other surveys are purely voluntary. The program will make it clear if this is a mandatory or voluntary survey that needs to be completed. Criticism and ideas for improvement are welcomed by the program, but comments are to be constructive to assist in improving the course, program, and/or instructor.

ACADEMIC ENVIRONMENT

The University considers both in-class and out-of-class learning spaces to be equally important and therefore we strive to create environments conducive to optimal learning in both spaces. The following are policies and encouragements designed to enhance and guarantee such a campus experience for our students:

POLICIES ON ATTENDANCE

Attendance Policy

Attendance at all classes, laboratories, clinical experiences, and events scheduled by the department are **mandatory**. Students will be notified in advance for evening or weekend labs required.

Excused Absences

The student *must* contact the course director for the class(es) that they will miss.

The following are considered excused absences, but must be reported to the course director and Program director by email or in person in advance if at all possible.

1. Policy on matters related to religious holidays: students must inform the Program Director 30 days prior to the anticipated missed classroom time.
2. Military service: Students must notify the PD as soon as deployment requirement has been received.
3. Death in the family; funeral
4. Unforeseen illness or injury requiring student to be hospitalized or housebound. If possible, zoom attendance is possible. If not possible, then content will be recorded and student will be responsible for recorded lecture material on any assessment.
5. The student will obtain written permission from both the course director/s and the Program Director by completing and signing the Excused Absence Request Form.
6. If the student will be out for three days or longer, the PD must be informed and will need a release from a health care provider to return to class.

Appointments

Students must schedule their medical appointments outside of class or rotation time.

Appointments may be kept without incurring an unexcused absence if that appointment was made, and the course time schedule was changed and student was unable change their medical appointment on short notice.

Unexcused Absences/Unapproved Absences

Anything other than #'s 1-5 above will be considered an unexcused absence.

If a second unexcused absence occurs, the student will appear before the Student Progress Committee. No credit or make up will be given for missed assignments, quizzes, exams, or labs. Any student excused from a class is responsible for obtaining the missed material. If the absence is expected to go beyond 3 days, the student must contact the Program Director and a note from the student's provider will be needed to return to class. Make up class or lab assignments are provided solely at the discretion of the course director. Multiple excused absences may be brought before the Student Progress Committee.

Tardiness

Students are responsible for being in their seat in the classroom prior to the start of lecture. The lecture room doors will be locked at the start of class and will open again during a break. The tardy student will be responsible for any missed content. Repeated tardiness or absences are inconsistent with the professional expectations noted in the handbook. After the student is tardy to a class two times, the advisor will meet with the student; after three times, the student meets with the Program Director, and the fourth time, the student will appear

before the Student Progress Committee. Each class period the student is tardy, is considered one event. The AA will notify the PD when there is a tardy form turned in by faculty.

Leave of Absence, see page 37 for more information on LOA.

PROFESSIONAL BEHAVIOR AND ACADEMIC INTEGRITY

Professional Behavior Expectations

The National Board of Medical Examiners has identified behaviors consistent with professionalism, listed below. Each member of the PA program should strive to model these behaviors to ensure quality patient care and the health of the profession.

Altruism

1. Helps colleagues and team members who are overwhelmed
2. Takes on extra work to help the team
3. Serves as knowledge of skill resource to others
4. Advocates for policies, practices and procedures that will benefit patients
5. Endures inconvenience to accommodate patient needs

Honor and Integrity

1. Admits errors and takes steps to prevent reoccurrence
2. Deals with confidential information appropriately
3. Does not misuse resources (i.e. school property)
4. Attributes ideas and contributions appropriately for other's work
5. Upholds ethical standards in research and scholarly activity
6. Requests help when needed
7. Assumes personal responsibility for mistakes

Caring and Compassion

1. Treats the patient as an individual, considers lifestyle, beliefs and support systems.
2. Shows compassion to patients and maintains appropriate boundaries in professional relationships
3. Responds to patient's needs in an appropriate way
4. Optimizes patient comfort and privacy when conducting history, physical examination and procedures

Respect

1. Respects institutional staff and representatives; respects faculty and colleagues during teaching sessions
2. Adheres to appropriate dress code
3. Participates constructively as a team member
4. Adheres to institutional and departmental policies and procedures
5. Displays compassion and respect for all patients even under difficult circumstances
6. Discusses patients/faculty/colleagues without inappropriate labels or comments

Responsibility and Accountability

1. Presents self in an appropriate manner to patients and colleagues
2. Completes assignments and tasks in a timely manner
3. Responds promptly when called or when pages, emails or phone calls are sent
4. Intervenes when unprofessional behavior presents a clear and present danger
5. Uses resources effectively

6. Responds appropriately to an impaired colleague
7. Makes valuable contributions to class, rounds and group interactions
8. Elicits patient's understanding to ensure accurate communication of information
9. Facilitates conflict resolution
10. Remains flexible to changing circumstances and unanticipated changes
11. Balances personal needs and patient responsibilities
12. Provides constructive feedback

Excellence

1. Has internal focus and direction, sets goals to achieve excellence
2. Takes initiative in organizing, participating and collaborating with peer groups and faculty
3. Maintains composure under difficult situations
4. Inspires confidence in patients by proper preparation for clinical tasks and procedures

Adapted from *Behaviors Reflecting Professionalism*: National Board of Medical Examiners.

Unprofessional Behavior/Professional Misconduct

An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional behavior exhibited during training is a predictor of future problems with state regulatory boards and requires disciplinary actions (Papadakis, Hodgson, Teherani and Kohatsu, 2004). Since such behavior presents a potential danger to the provision of good patient care and may damage the credibility of the profession, professional behavior is equal in importance to content knowledge and manual skills.

The PA Program takes breaches of professional conduct seriously.

Definitions

Cheating: includes, but is not limited to:

- The use of unauthorized assistance in taking any type of test or completing any type of classroom assignment.
- Assisting another student in cheating on a test or class assignment, including impersonation of another student.
- Turning in someone else's work as your own (with or without his or her knowledge).
- Turning in a completely duplicated assignment is a flagrant offense, but even copying only a portion of the assignment and turning it in as your own is considered cheating.
- Allowing someone else to turn in your work as his or her own.
- Several people writing one paper, or other work, and turning in multiple copies, all represented (implicitly or explicitly) as individual work.
- Using any part of someone else's work without proper acknowledgement.
- Stealing an examination or a solution from the instructor. This is an extremely flagrant offense.

Plagiarism: includes, but is not limited to:

- Failure to give full and clear acknowledgement of the source of any idea that is not your own.
- Handing in the same assignment for two different courses without the consent of the instructors.

Academic Misconduct: includes, but is not limited to:

- Intentionally or recklessly interfering with teaching, research, and/or other academic functions.

Any Physician Assistant student involved in behavior which is deemed unprofessional, unethical, or immoral is subject to disciplinary action which may include reprimand, probation, suspension, or dismissal from the program. Any rude, disrespectful, or derogatory remark, gesture, or act towards any instructor, program, university faculty, or staff member, clinical preceptor, peer, and patient or staff member of any clinic or hospital is not consistent with professional behavior and will be documented in the student record, remediated by the faculty advisor, and if the behavior persists, will be grounds for dismissal. If you would like to appeal the decision, see Appeals Process on pg. 37 of this handbook.

Physician Assistant Student/Patient/Preceptor Relationships

The relationship between the physician assistant student and patient or preceptor should always remain at a professional level. The student is not to engage in relationships with patients or preceptors that are construed as unethical or illegal. Dating and intimate relationships with patients or preceptors is never appropriate. Unprofessional conduct will be considered improper behavior and will be grounds for disciplinary action, including dismissal from the CUAA PA Program.

Classroom Etiquette

To maintain an environment conducive to learning in the classroom and laboratory, the Department has established the following guidelines:

Eating and Drinking in Classrooms

Students may have a beverage in the classroom as long as the beverage has some type of cover to prevent spillage. Eating will be allowed in the classroom as long as it is not disruptive to the class. Students must clean up after themselves. Refrigerators and a microwave are available in the lower level of the health professions building. Students are not allowed in the faculty workroom in the Health Professions wing.

Personal Items in the Classroom

All personal items must be taken home on a daily basis or placed in a locker. Other programs use the classroom and security of personal items cannot be offered.

Behavior in the Classroom

Such activities as :emailing, instant messaging, cell phone usage or receiving calls when not on silent mode, headsets for music, surfing the internet aside from direction by faculty as a part of the conduct of the classroom, bringing animals to class, bringing children to class, conducting conversations outside of class participation and distracting peers or faculty from the conduct of the learning process distracts from the classroom environment and interferes with the conduct of the educational process. Faculty have the responsibility to maintain an optimum classroom environment and will ask those who engage in distracting activity to leave the room.

Frequent breaks are given during the day. Please make every attempt to limit your exit and reentry to class by using break time to attend to needed activities. Students who violate this policy may be asked to leave.

Proper Identification and Nametags

Students should wear a short white lab coat, and display the name badge provided by the program that identifies that they are a PA student at all times. **PA students must always identify themselves as “physician assistant students” to faculty, patients, clinical site staff, and never present themselves as physicians, residents, medical students, or graduate physician assistants.** While in the CUAA PA program, students may not use previously earned titles (i.e. RN, MD, DO, EMT, Ph.D., Dr. etc.) for identification purposes.

Dress Code

In keeping with the professional nature of the CUAA PA program, all PA students are expected to dress in an appropriate manner both in the classroom and in the clinical setting.

Students should maintain a professional appearance and dress appropriately whenever they are representing CUAA and the PA profession in any on or off-campus setting. This includes clinical sites, meetings, EOR, and special events. Being neatly dressed and well-groomed exemplifies a professional appearance.

Clothing:

- Should allow for adequate movement and should not be tight, short, low-cut, or expose the trunk with movement (you will be sitting on low stool, leaning over patients, so check your clothing for movement).
- No ripped jeans, shorts, cut-offs, T-shirts, hats, flip-flops.
- Men are to wear collared shirts at professional events, meetings, or shadowing (tie is not necessary).
- Women are not to wear short skirts, low cut tops or tops that are revealing.

Jewelry:

- Watches, wedding bands and/or engagement rings are permissible, but be aware they may get lost when gloving and ungloving.
- No excessive numbers of bracelets or necklaces as this is a potential safety risk
- Women should not wear dangling or oversized earrings, it is a safety risk
- No other visible body piercings are permitted.

Fingernails:

- Nails should be trimmed shortly
- Polish is not allowed, nor are nail extensions/gel nails (infection hazard)

Tattoos:

- All tattoos must be covered.

Perfume/after-shave:

- No perfumes or after-shaves/colognes (patients may be sensitive or allergic)

Hair:

- Hair should be clean and arranged so as not to interfere with providing patient care. (Your hair should NEVER touch a patient. Don't touch your hair and then touch a patient without washing your hands.)

Preceptors, clinical supervisors, and PA department faculty reserve the right to ask a student who is not appropriately dressed to leave the clinical site lab, or classroom. This will result in the student being required to meet with the SPC.

Confidentiality

Students must follow HIPAA guidelines at all times. As a reminder, students must respect the confidentiality of patients and fellow students and are not permitted to discuss patients or fellow students by name outside the clinical or academic setting. For academic presentations and H&P assignments, please use patients' initials or first name only. All protected information must be redacted from any documents during presentations.

Electronic Media Statement

Electronic media are internet-based applications which support and promote the exchange of user-developed content. Posting or transmitting personal images, experiences and information using services of this type poses a set of unique challenges for all members of the medical community, including employees, faculty, volunteers and students. All of us assume responsibility for any materials, regardless of where or when the materials are posted, that may reflect poorly on the CUAA PA program, Concordia University Ann Arbor or on the medical community.

The CUAA PA program is committed to supporting your right to interact knowledgeably and socially; however these electronic interactions have a potential impact on patients, colleagues, your professionalism, and future employers' opinions of you.

Electronic Media Guidelines

The following Guideline outlines appropriate standards of conduct related to all electronic information that is created, transmitted, or posted internally or externally by faculty, staff, and students affiliated with the CUAA PA Program. This applies at any time that the views and opinions expressed are not intended to represent the official views of the CUAA PA program.

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

GUIDELINES

- 1. Social networking (or 'friending') or texting CUAA PA Program faculty and staff, guest lecturers, clinical preceptors, or current/former patients is strictly prohibited.**
2. Texts cannot be saved as part of a permanent record. If you want to contact faculty or staff please do it in an email format.
3. Take responsibility and use good judgment. Incomplete, inaccurate, inappropriate, or threatening posts, harassment or bullying or use of profanity on your postings is strictly prohibited, is a professionalism violation and may result in dismissal from the program.
- 4. HIPAA laws apply to all social networking.** It is the utmost priority to protect patient privacy by not sharing information or photographs.
5. Social networking is permanently timed and tracked. Therefore, social networking during class, program activities, and clinical time is easily noted, and strictly prohibited.
6. You are strictly prohibited from communicating with a member of the media or outside source attempting to gather information regarding the CUAA PA Program through the social network. Refer all questions regarding program information, policies and procedures to the CUAA PA Program Director.

Best Practices

Everyone who participates in electronic media activities should understand and follow these simple but important best practices:

- 1. Take Responsibility and Use Good Judgment.** You are responsible for the material you transmit by email or post on personal blogs and other electronic media. Be courteous, respectful, and thoughtful about how other Personnel may perceive or be affected by postings.
- 2. Think Before You Post.** Electronic media is generally retained and subject to investigation, subpoena, discovery, or other legal actions. Further, the organization providing the service (email, social site, etc.) owns your material at the moment of posting or transmission. Thus, anything you post or transmit is highly likely to be permanently connected to you and your reputation. Future employers and patients may come across this information and may use it to evaluate you, making it important that you take great care and be thoughtful before placing comments in the public domain.
- 3. Protect Patient Privacy.** Disclosing information about patients without written permission, including photographs or potentially identifiable information is strictly prohibited. HIPAA guides us to take extreme care when sending any information that could possibly be linked to a patient or patient's family. These rules also apply to deceased patients and to posts in the secure sections of your electronic media pages that are accessible by approved friends only.

4. **Protect Your Own Privacy.** Make sure you understand how the privacy policies and security features work on your own devices, the devices provided in workplaces and schools, and on the sites where you are posting material.
5. **Respect School Commitments.** Ensure that your emailing, messaging, blogging, electronic networking, and other external media activities do not interfere with your school commitments.
6. **Identify Yourself.** If you communicate in electronic media about the CUAA PA program, disclose your connection with CUAA and your role in the program. Use good judgment and strive for accuracy in your communications. False or unsubstantiated claims and inappropriate, inaccurate or inflammatory postings may create liability for you.
7. **Use a Disclaimer.** Where your connection to CUAA is apparent, make it clear that you are speaking for yourself and not on behalf of the CUAA PA program. A disclaimer, such as, "*The views expressed on this [blog; website] are my own and do not reflect the views of CUAA or the CUAA Physician Assistant Program,*" may be appropriate.
8. **Respect Copyright and Fair Use Laws.** For CUAA's protection as well as your own, it is critical that you show proper respect for the laws governing copyright and fair use of copyrighted material owned by others, including CUAA's own copyrights and logo brands.
9. **Protect Proprietary Information.** Do not share confidential or proprietary information that may compromise the CUAA PA program's practices or security. Similarly, do not share information in violation of any laws or regulations.
10. **Seek Expert Guidance.** Consult with the PA program director if you have any questions about the appropriateness of materials you plan to publish or if you require clarification on whether specific information has been publicly disclosed before you disclose it publicly. Electronic media may generate interest from the press. If you are contacted by a member of the media about a CUAA-related blog posting or program information of any kind, contact the PA program director before disclosing information to the media.

Failure to adhere to the aforementioned best practices will be considered a breach of appropriate professional behavior and can result in discipline, up to and including removal from the program.

Permission received to adapt policy from Wingate University's and Mississippi College's Physician Assistant programs.

Information Collected Automatically

CUAA web servers generate logs that may contain information about computers or devices used to access the university website, or about general activity on the university website, such as the following:

- Internet address of computer or device
- Type of web browser or other client application used
- The operating system of the device connecting to the CUAA website
- Web pages requested
- Referring web pages
- Time spent on the site

We do not associate IP addresses to individuals. As such, visitor sessions will be tracked, but visitors will remain anonymous. Our use of tracking technologies allows us to analyze trends and statistics to improve our website and your web experience.

ACADEMIC STANDARDS AND PERFORMANCE REQUIREMENTS

The PA program at Concordia University Ann Arbor has the freedom and ultimate responsibility for selection and evaluation of students, curriculum design and implementation, evaluation, academic and classroom policies, and determination of who will be awarded a degree and certificate of completion. Retention/program completion,

and graduation decisions are made based on satisfactory academic and clinical performance as well as adherence to policies in demonstrating professional behavior, and other nonacademic behavioral factors such as appropriate interpersonal interactions which serve to ensure overall success in the PA profession.

ACADEMIC STANDARDS

Typical Cognitive and Interpersonal Demands

The CUAA PA student must possess the ability to:

- Comprehend, retain, analyze, and integrate a large amount of information related to medicine
- Engage in long hours of study in the classroom, labs, and clinical rotations (typically 2 hours of study per credit hour of class)
- Study on a frequent (daily) basis. “Cramming” is not a successful study approach in the PA program.
- Adequately prepare for every class by completing assigned readings prior to class time and complete assignments as stated in the course syllabi.
- Respond appropriately to constructive feedback.
- Interact and examine patients from diverse populations with varied socioeconomic status, varied cultural and religious beliefs, and a wide variety of abilities, with acute and chronic medical and surgical conditions.
- Participate in written and practical examinations, procedures, and demonstrations.

STUDENT PERFORMANCE REQUIREMENTS

The CUAA PA student will be required to:

- Participate in full time didactic and clinical training, sometimes requiring weekends and late hours
- Perform all required medical and surgical procedures
- Participate fully in medical, surgical, emergency, outpatient and inpatient settings off campus
- Demonstrate professionalism, and ethical behavior at all times.
- Follow the medical law as it relates to restrictions, constraints, and opportunities for PA students
- Demonstrate respect for beliefs and values different from self, exhibit empathy and compassion for all patients, and tolerate ambiguity, and differences in patient abilities in health literacy.
- Display mental and physical stamina required during long hours in both the classroom and clinical settings, and required continuing study after on campus and clinical days are finished.
- Demonstrate competency by the end of the program in all CUAA PA Program Learning Outcomes at the level required by faculty.
- Participate in service.
- Complete other duties as required to demonstrate aptitude for the physician assistant profession.

TECHNICAL STANDARDS

Typical Physical Demands

The CUAA PA student must possess:

- Normal visual and hearing acuity, hand and eye coordination, and manual dexterity
- Full range of motion including the capacity to sit for long periods in classroom
- The ability to assist patients in range of motion
- The ability to stand and walk for long periods of time in the hospital or clinic settings
- Capability to work long hours, tolerate stressful mental and physical situations, and take preventive measures with exposure to various body fluids and communicable diseases

The CUAA PA student may also:

- Work long hours in the clinical and classroom environments with exposure to individuals with various beliefs, hostile individuals, those with disabilities, communicable diseases, and the potential for exposure to radiation, and toxic substances

Concordia University Ann Arbor (CUAA) has specific technical standards that apply to all candidates for admission and those who are selected to enter the program. Students selected to enter the program must have the capacity to complete the entire course curriculum to achieve the Master of Science in Physician Assistant Studies degree. Accommodations may be possible for some disabilities, but the Physician Assistant's (PA) role in the provision of health care requires that he or she be able to perform in an independent manner that does not compromise patient care.

In order to perform the functions required of a physician assistant in a variety of clinical situations and render competent patient care stipulated by the faculty, accreditation agencies, and the standards of practice as a PA, candidates/students for the program must meet the Technical Standards:

1. **Observation:** Students must be able to observe demonstrations, visual presentations, lectures, and laboratory studies in the basic medical and clinical settings. The candidate must be able to accurately observe a patient both close and at a distance; this requires functional use of vision, sensation, and smell. Adequate visual capabilities are necessary for proper evaluation and treatment integration, including the assessment of symmetry, range of motion, and tissue texture changes.
2. **Communication:** Students must be able to speak, hear, and observe patients to gather pertinent data, describe their observations (including activity and function, mood, and posture) and be able to perceive nonverbal communications. Students must be able to effectively communicate with patients, families, faculty, and colleagues from different cultural backgrounds in oral, written, computer and telephonic formats.
3. **Motor and Sensory:** Students must have gross and fine motor function and coordination in order to auscultate, palpate, and percuss as well as the ability to use appropriate diagnostic techniques and instruments to provide routine and emergent medical care and common diagnostic procedures such as, but not limited to, performance of cardiopulmonary resuscitation, advanced cardiac life support, administering intravenous medications, suturing of simple and complex wounds, treatment of respiratory distress or bleeding, and routine obstetric and gynecologic care, as well as assisting in surgery. Students should have adequate sensory skills, including tactile sensory and proprioceptive capability. Students must be able to transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and to receive educational training. Strength, mobility and endurance: Students must be able to tolerate physically taxing workloads.
4. **Cognitive, Integrative, and Quantitative Skill:** Students must exhibit skills in problem solving, and critical thinking, measurement, calculation, and comprehension of three dimensional relationships consistent with medical practice. Students must be able to assimilate and learn large amounts of complex, technically detailed information in the form of lectures, discussions, videos, handouts, and clinical exam demonstrations and to synthesize and apply concepts arising from it to create diagnostic and therapeutic plans.
5. **Behavioral and Social Skills:** Students must possess sufficient emotional health to allow them to optimally utilize intellectual, cognitive, and reasoning judgment required of medical professionals and be able to quickly complete all duties and responsibilities commensurate with effective diagnosis and treatment of patients of all ages. Students must be able to demonstrate empathy, sensitivity, and the ability to quickly establish rapport with patients, exhibiting adequate interpersonal communication skills, compassion, concern for others, honesty, and integrity. Students must be able to tolerate physically demanding workloads (which may involve nights, weekends, and on call), noisy environments, and long hours. Students need to be able to maintain composure and emotional stability in challenging and stressful, changing circumstances and to deal effectively with uncertain, possibly emotionally charged situations. Students must be able to accept constructive criticism and respond via appropriate behavior

modification. Students must be able to complete all assignments and activities as assigned by the program. Students must be able to attend all classes, labs, examinations, and rotations on time and act in a professional manner.

6. **Students must be able to wear full PPE** (protective personal equipment) MASKS & SHIELDS: given the COVID pandemic, all students will be required during times of close physical contact (PE labs, practicums, anatomy prosection review) if unable to maintain at least a 6 foot distance to wear a mask. At times, if in close proximity to each other while performing skills and procedures, you will be required to wear a KN-95 mask, a surgical mask over that, and a face shield as well as gown and gloves (full PPE). This may also be a requirement while in the clinical rotations and you may be required to wear PPE for extended periods of time during some clinical rotations.

If the applicant is aware that they will not be able to wear PPE as needed, they should contact the program director to discuss. This requirement is for the safety of all students, faculty and staff.

Examination/Assessment Policy

Examination content is derived from course objectives, assigned readings, classroom, and lab experiences. You are expected to take examinations at the scheduled time. Re-scheduling a written examination may be accommodated only under the following extreme circumstances:

- A personal illness with medical attention from a personal health care provider. (A signed medical note of excuse will be required);
- Illness of a family member. (Documentation from a health care provider may be required);
- Death in the immediate family (including spouse, significant other, parents, siblings, grandparents, or in-laws)
- Note: Lab exams, simulations, and classes using standardized patients/students from another program in IPE activities, may not be able to be accommodated depending on the type of lab, simulation, or examination process. If you cannot attend an examination, you are required to notify the course director prior to the scheduled exam time. If the student does not notify the course director prior to exam time, then the student will receive a "0" for that exam.
- Missing an exam or assignment or being tardy is not consistent with the professional expectations of the program, and as such, may be cause for referral to the SPC.

Pre-Examination Classroom Setting

The classroom will be completely quiet 15 minutes prior to any exam. Conversations must take place in a location where they will not be heard by persons in the classroom. Please remember that voices travel easily and speaking in a whisper would be inconsiderate of those who need quiet time before an exam.

Students may wear ear plugs during the exam. No ear buds or headphones will be allowed.

After the exam, students may not talk until they are outside the classroom so that no talking can be heard.

Students who do not follow this protocol will be violating professionalism standards of conduct.

Testing Procedures

All personal items (including wireless devices) should be out of sight and out of reach during the exam. Students who need to be excused from the exam may do so one at a time. No extra time will be given to complete the test due to a restroom break. If a hard copy exam, it must remain with the proctor until the student returns. Students are not allowed to wear hats/caps into or during the exam. Students will be given approximately one minute per question on the multiple-choice exams in preparation for taking the PANCE.

Students must be ready to start the examination at the designated time. If a particular exam requires a computer or other items to be set up, that must be done prior to the designated start time. If a student arrives late or does not have their equipment set up and in good working order prior to the exam, they will not be given extra time. If a student is late for an exam, they must speak to the Program Director prior to entering the classroom.

***Students will not be allowed to ask the proctor any questions during the examination regarding definitions, interpretations or clarity of content. Students may ask if there is a typo or to clarify a question.**

All examinations are the property of the CUAA Physician Assistant Program. **Copying of examinations and related testing materials, in full or part, for any reason will be regarded as cheating and theft and disciplinary actions will be instituted. Other students receiving, viewing, or duplicating such stolen examination materials will be treated as an accomplice, and subject to disciplinary action.**

ACHIEVING SUCCESS IN THE DIDACTIC YEAR

PA Program Advising

The CUAA PA program is dedicated to help students achieve academic success. The program will monitor the progress of all students on a regular basis throughout the entire didactic and clinical years in order to assist the student in achieving success. Students will be notified of their academic standing at a minimum at the end of each term. If a student is identified at any time in the program of being at academic risk, they will be contacted and will be asked to meet with their faculty advisor.

All students will be assigned a principal faculty member as their academic and professionalism advisor. There will be a formal evaluation at the mid-point of each term (semester) and at the end of each term throughout the didactic phase. Recommendations by your advisor may be to meet with another faculty who is directing a particular course. At times other than mid- and end term, if a concern is raised during regularly scheduled department faculty meetings, your faculty advisor may contact you and ask to meet and discuss.

The advisor is a key support and primary contact during your academic career. Evaluation forms are completed by all faculty (including adjunct and guest lecturers), and utilized by faculty for discussion with their assigned student. Advisor meetings are designed to:

- Assist your understanding of policies and practices of the PA Program and CUAA.
- Respond to questions or concerns about course requirements and expectations, performance criteria, academic standing, and professionalism.
- Provide feedback on your progress in course and/or rotation requirements, faculty expectations, graduate competencies and program goals.
- Provide support for your personal and professional growth. This support can include referring you to appropriate professionals should difficult situations arise.
- Discuss academic performance in an effort to optimize your learning experiences.
- Assist you with plans to address issues of academic difficulties on an as needed basis.
- Advise your progress for the portfolio required at the time of summative evaluation.

Each session should be scheduled directly with your advisor. Students who are having academic difficulty will be required to see their advisor more often as well as other instructors in the program to assist in improving their academic performance.

Your advisor may refer you to available CUAA PA Program resources/facilities and provide you with information to assist you to meet your personal and educational goals. **Please note that at NO TIME may your advisor act as your medical provider or as a professional counselor.**

Requesting Assistance

It is essential to professional development that students adopt and exhibit self-directed responsibility for the mastery of knowledge and skills. It is the student's responsibility to maintain the required academic standards and to initiate the appropriate activities needed to resolve deficiencies in any area. Students who are aware of a deficiency should contact the course director and their faculty advisor as soon as possible to solicit their help and recommendations to remediate deficiencies.

Students requesting assistance may be offered any of the following methods for didactic phase courses:

- 1) More frequent faculty advisor meetings
- 2) Meetings scheduled with course director in course of concern
- 3) Academic resource center
- 4) Counseling services provided through the university or outside resources
- 5) Remediation with faculty or course director on specific content topics
- 6) Tutoring in certain circumstances

Accessing Faculty

In addition to regularly scheduled advisor meetings, students may request advising sessions at any time by contacting any faculty member.

PA faculty will have 10 hours per week for office hours posted outside their door (or as noted in the course syllabus). Office hours may be conducted in person, or electronically. This time is for faculty to counsel, advise, and answer academic questions or concerns related to the CUAA PA program. If you feel an extended period of time is needed, please consult the faculty member to make an appointment.

Faculty are also accessible via email and will respond to email **during normal work hours**. Please allow the faculty until at least the next business day to respond to student emails. In addition to teaching, PA faculty members have administrative, university, and clinical responsibilities, and while they may have an "open door policy", they may not be able to accommodate a "drop-in" academic counseling session, but should schedule a session at their earliest convenience. If students find it difficult for any reason to meet with a faculty member for academic or other advice, they should contact the Program Director.

In the event of a true emergency, you have access to the Program Director's email and cell phone number.

ASSESSING STUDENT PERFORMANCE

The didactic year is designed to help you **develop** competency in all 11 of the LO's, and be ready for the clinical rotations. Students must **demonstrate** competency in each of CUAA Program competencies by the end of the clinical year in order to graduate and sit for the PANCE exam.

At the completion of the PA program, students will:

12. Demonstrate the requisite knowledge necessary in primary medicine to evaluate and manage medical concerns of an acute, emergent, chronic, and preventive nature in patients of any age.
13. Demonstrate communication skills that are patient-centered in obtaining a thorough and concise medical history from patients in an attentive and respectful manner.
14. Perform a technically accurate complete physical exam on patients of any age for preventive and chronic visits; and focused physical exam for patients presenting with acute or emergent medical problems.
15. Select appropriate labs & diagnostic testing based on a differential diagnosis, and interpret testing to narrow or identify the diagnosis.

16. Demonstrate the requisite basic procedural skills required to identify and manage illness and injury in a clinical encounter.
17. Apply medical decision making to develop a diagnosis or presumptive diagnosis from a broad differential utilizing all aspects of patient evaluation findings.
18. Organize and present an oral presentation of a clinical patient encounter in a coherent fashion.
19. Document a clinical note including all components appropriate to the presentation for a patient with a medical or surgical concern in an inpatient or outpatient setting.
20. Utilize available medical research to identify appropriate evidence for a particular clinical question or to assist in medical decision making.
21. Function professionally in medical practice with all members of the healthcare team.
22. Demonstrate understanding of Christian Values, and exemplify integration of these values, attitudes, and behaviors in both the classroom and in clinical practice.

Grading Scale

For didactic courses, all course directors will submit grades for each assessment in Banner, resulting in a final grade for their course at the end of the term, found in Banner, and an end of term GPA will be calculated. The grade report in Banner will include only a letter grade. If you want to see the percentage score, the course director will have that information. The grading scale for the Physician Assistant program is as follows:

There will be no rounding up of grades at the end of the term.

Grading for exams, papers, OSCE's, practical lab exams or other assignments will be based on the following scale:

100-93%	A	89-87%	B+	82-79%	B-	75-73%	C	69-67%	D+
92-90%	A-	86-83%	B	78-76%	C+	72-70%	C-	<66%	F

Dissemination of Examination Results

Feedback on student examination performance will be disseminated through a secured site. An open review session after the exam has been graded is at the discretion of the instructor as described in the class syllabus.

DIDACTIC YEAR CURRICULAR COMPONENT REQUIREMENTS AND DEADLINES

There are several benchmarks that all students must achieve in order to successfully progress through the didactic curriculum, complete the didactic year, and be prepared for the clinical year:

For each term (spring 1, summer, fall, winterim, spring 2):

1. The student must obtain a grade of 73% or higher on any MCQ exam.
2. The student must obtain a grade of 79% or higher (and at or above 2 SD of the mean on the assessment) on other curricular component assessments (see list below)
3. Some assessments will be graded with P/F or with competency level achieved, and will require a PASS (see list below)
4. The student must obtain a **final course grade of 79% or higher in every course in the term** (spring 1, summer, fall, winterim, spring 2)
5. The student must obtain a **cumulative end of term GPA of 3.0**; (cumulative final grade for all courses in the term, by the end of each term (spring 1, summer, fall and spring 2 terms)

After every assessment has been reviewed and graded, the student will be able to access their grades on Blackboard in the grade book, and will contact the course director within 2 business days if they have failed to meet the benchmarks, in order to discuss remediation (detailed below).

Types of Assessment (there may be others created throughout the program)

1. MCQ exams: requiring $\geq 73\%$ grade
2. Other assessments: requiring $\geq 79\%$ grade
 - a) Written cases
 - b) H&P's, SOAP notes; progress notes; admission orders; discharge summaries, etc.
 - c) OSCE's (objective structured clinical exams)
 - d) Practicums (physical exam checklist and skills observation and checklist)
 - e) Key Features Problems
 - f) Extended Matching Testing

Some assignments are created to help you develop competency and not as a final benchmarks, examples are worksheets and cases provided after a lecture, Key feature testing which helps you develop clinical reasoning skills, and extending matching tests which help you develop skills in establishing differential diagnoses, and narrowing likely diagnosis with information provided. These assignments will be graded P/F as discussed above with the student improving competency toward successful competency-based assessment near the end of the course which will be held to the benchmark.

3. Assessments graded as Pass/Fail:
 - a) Direct Observations of Skills: P/F
 - a) Simulation labs: P/F
 - b) GTA/MUTA activity: P/F
 - c) BLS/ACLS P/F
 - d) IPE activities: P/F
 - e) Reflections: P/F
 - f) Oral presentations: P/F
 - g) Portfolio creation: PF

All assessment will have rubrics which delineate the expectations for each assignment, and the benchmarks for achieving a passing grade.

Didactic Phase Remediation

- Students who do not meet the required academic benchmarks (as noted above) in any assessment or a course will be asked to do remedial work on the content missed in order to meet the academic requirements for those student learning outcomes and/or course learning outcomes missed.
- When a student earns a score of less than 73% on any MCQ exam or 79%/ or PASS on other assessments (as described above), the student will be required to remediate. The student *must* contact the course director to discuss assessment results and remediation requirements and deadlines. Failure to contact the course director will suggest a professionalism infraction. The course director will contact the student if necessary.
- Similarly, remediation will be required if the benchmarks for any course grade at the end of the semester is not met, in order for the student to meet the academic requirements for the course learning outcomes.
- Remediation should not be thought of as a punitive action; instead the program provides remediation for the student's benefit in order to improve the understanding and competency in any missed content. The

purpose of the remediation is to ensure that the student has a clear understanding of the material required in order to advance to the clinical year.

- In addition to the grade on assessment, any student scoring more than 2 SD below the mean on any exam or assessment will require remediation in some circumstances. This does not affect your grade, but instead is used in assessments that have a very high mean to capture deficiencies in understanding or performance for a student who would make the 73% or 79% benchmarks, but still be significantly below the mean of the cohort performance.
- Remediation will focus on specific concepts related to content missed on the exam or other assessments that lacked appropriate performance competency, knowledge of content, or for any professionalism deficiencies.
- The method or procedure for remediation, and demonstrating mastering the material will be at the discretion of the faculty/professor.
- Once grades are posted, **it is the student's responsibility** to contact the course director to initiate the remediation process. Failure to contact the professor will be seen as a professionalism infraction and will result in a review by SPC.
- Determination of successful remediation of the deficient assessment will be made by the course director.
- **Successful remediation does not change the original grade on the exam.**

PLEASE NOTE:

- A student is required to remediate failed assessment in all course work.
- A grade 2 SD below the mean (but at a passing grade) *must* be remediated, but is not considered a failure as long as that grade meets the 79% benchmark.
- Successful remediation does not change the original grade on the exam. The purpose of remediation is to ensure that the student demonstrates understanding of the missed content.

ACADEMIC PROGRESSION

Progression in the PA program curriculum is contingent on demonstration of developing mastery of Program Learning Outcomes, demonstrated competency for all course learning outcomes, and the demonstration of professional behavior.

To remain in good academic standing, all PA students must maintain:

1. A final grade for an entire course of 79% (and will include grades on all exams, written, oral, skills, and other assessments graded throughout that course)
2. A GPA of 3.0 at the end of the term (averaged for all final course grades in that term)
3. A minimum GPA of 3.0 at the end of the didactic year
4. A minimum GPA of 3.0 at the end of the clinical year
5. A cumulative didactic + clinical year grade of 3.0 GPA

We (Faculty, PD and DCE) will be monitoring all of your grades very carefully, and providing feedback frequently; you will be remediating any of these assessments that you did not meet benchmarks for, so that you improve your competency in those skills. **Failure to meet all of the above requirements will result in a review by the SPC.**

Grade Changes

Grade changes are a rare occurrence. It is the student's responsibility to provide evidence that an assessment was incorrectly graded. This may be submitted to the course director with appropriate evidence identified by the student in either the course syllabus, content within the course lectures or practicum, or from an evidence-based outside source.

Once an exam grade has been made available to the student, any challenge of that grade will be permitted only within two calendar weeks following the exam.

If the student feels a final course grade is in error, the student should meet with the Program Director to discuss, with appropriate evidence of the facts.

Incomplete Grades in the Didactic Year

All assignments in the didactic year must be completed on time. Every assessment will clearly delineate a due date in the “drop box” assignment, and will be posted on Blackboard and on the Blackboard calendar. **Any assignment turned in late will be given a grade of 0 or F.** The only exception to this policy will require approval of the Program Director due to significant extenuating circumstances beyond the control of the student.

In this instance, the program director will discuss with the course director length of time provided to make up the late assessment. **An incomplete grade of this nature will become a failing grade if the work is not completed within the time frame assigned** by the course director unless discussed with the program director in advance of the deadline.

Requirements for Successful Completion of the Didactic Year

1. Comply with all policies and procedures published by CUAA and those of the Physician Assistant Program.
2. Meet all requirements for attendance.
3. Submit timely documentation of immunization and physical exam requirements.
4. Successfully complete all required assessments (incomplete grades are not allowed).
5. Comply with professionalism expectations and demonstrate academic integrity throughout the didactic year.
6. Achieve a grade of 79% or higher at the end of **each didactic course**.
7. Maintain a GPA of 3.0 or higher **at the end of each term**.
8. Successfully complete any remediation required.
9. Obtain and maintain BLS & ACLS certification (provided by the PA program) prior to entering clinical rotations. Certification must remain valid through graduation from the program.
10. All students will participate in the summative evaluation of didactic education in the last two weeks of the spring 2 semester in order to demonstrate competency in the knowledge and skills deemed requisite to beginning the clinical year. **Students who fail to demonstrate competency in the summative didactic assessment will forfeit their first elective rotation, and instead participate in remediation at the program campus in lieu of their first clinical rotation. Any student failing to demonstrate competency after remediation for either academic poor performance or professionalism infraction will be referred to the SPC for consideration of probation or dismissal from the program.**

The Student Progress Committee (SPC)

The purpose of the Student Progress Committee (SPC) is to ensure that every graduate of CUAA’s PA Program has the skills, knowledge, professionalism and judgment to assume the responsibilities of a physician assistant.

At the end of each term, once final grades are available, the SPC reviews the grades and professional behavior of each student to determine eligibility for progression to the next term. In addition, if concerns about a student’s academic performance or professional behavior arise prior to the end of the term, the SPC committee will convene to discuss. The SPC is composed of members appointed by the PA Program Director.

Following the SPC meeting, the SPC decisions are shared as recommendations to the PA Program Director.

The PA Program Director will review the SPC's recommendations and affirm, amend, or reverse each recommendation and then notify the student of the decision by phone call and in writing.

PROBATION

Students who do not maintain a GPA of 3.0 or higher overall or do not meet professionalism expectations each term, will be placed on Probation and notified in writing by the PA Program Director. In the written notification, the PA Program Director will specify the reason(s) for probation, the policy/process for removal from academic probation and the deadline for completing the requirements.

Students placed on academic probation:

- May submit information to the Program Director and SPC within 5 working days of probation decision.
- Must create a probation plan for improving grades, and/or improving or mitigating behaviors for a professionalism infraction. This plan must be submitted to your advisor for approval within 5 working days from receipt of probation letter.
- Must determine a meeting schedule with advisor which is at a minimum of twice a month while on probation. It is the student's responsibility to schedule the meetings.
- May not hold any student society position
- If this process is not followed, or if the student fails to obtain a GPA of 3.0 or fails to demonstrate professionalism in the subsequent term, he/she will be referred to the SPC for consideration of dismissal from the program.
- **A student with a cumulative GPA of < 3.0 at the end of the 2nd spring term of the didactic year will not advance to the clinical year, and will be dismissed from the program.**

Deceleration

Deceleration in the didactic program is not allowed for academic or professionalism deficiencies. In the case of a Leave of Absence due to medical illness or pregnancy, deceleration may require that the student repeat the entire didactic re-taking or auditing all courses that they had passed previously, which would require additional tuition. The program will make decisions related to LOA on a case-by-case basis.

Dismissal from the Program

The CUAA PA Program reserves the right to dismiss any PA student at any time prior to graduation. Circumstances warranting such action may be of an academic, legal or professional nature.

Students who do not meet the defined progression standards will be dismissed from the program as stated in the *Academic Progression* section of this handbook. Students will be notified via email that the SPC is convening to discuss possible dismissal. Students who are being considered for dismissal may request a meeting with the SPC or submit written commentary for the SPC to consider in making their decision. If granted, the student will meet with the SPC. This is not a legal proceeding; no attorneys may be present.

If the SPC recommends dismissal, the Chairperson of the SPC will inform the PA Program Director of the recommendation. If the Program Director affirms the recommendation, the decision will be communicated via certified letter and phone call to the student informing them of the dismissal decision.

Appeal Process

Appeal Steps

Step I: The student wishing to appeal an academic decision must discuss the matter with the Program Director.

Step II: If the student wishes to appeal the dismissal decision, the student may file the appeal in writing with the Dean of SHP within (10) working days. The Dean will render a decision and send a written response to the student, and to the Program Director within 10 working days of receiving the appeal.

Step III: **The student may appeal to the Provost only if they believe that the program's appeal process was not followed properly.** If that is the case, the student will present an argument in writing to the Provost's Office which will examine the request, and if s/he ascertains that due process was not followed, s/he will return the appeal to the program for reconsideration. This decision will be communicated to the student within 10 working days of receiving the request.

Academic Ethics

Mutual respect and concern for one another in the atmosphere of a Christian caring community is the basic principle which should govern the relationship between student and instructor. Faculty are professional in their expectations of academic excellence and students respond with an appropriate level of effort and commitment. Unprofessional conduct and unethical behavioral are serious breaches of the academic contract.

Academic Dishonesty

Academic honesty is the foundation of our education institution. Without it, we make a mockery of the academic endeavor and the ultimate rewards associated with a degree in higher education. At Concordia, honesty is central to our Christian identity and way of relating to one another. The Academic Dishonesty Policy is found in each syllabus for both the didactic and clinical years.

PA students may appeal a faculty-issued academic dishonesty decision or penalty in writing to the Dean of the School of Health Professions within 15 working days of receiving the report. The Dean (in consultation with the Program Director) will consider the appeal and render a decision within 10 working days of receiving the appeal and issue a written response to the student.

General Academic Grievances

The steps listed below are to be carried out with an attitude of Christian love and concern for academic, moral, and spiritual growth. Face-to-face meetings are encouraged throughout the process, but may not be possible because of the situation.

Step 1: The student meets with the instructor to resolve the matter informally.

Step 2: PA students submit a written grievance to the Program Director within 10 working days after meeting with the instructor. Upon receipt of the student's grievance, the instructor involved will have 10 working days to submit a written explanation of the incident to the Program Director. Within 10 working days of receiving the instructor's report, the Program Director will send a written response to the student and the instructor.

Step 3: If the student is still not satisfied, s/he may file a written complaint with the Dean of the School of Health Professions within 10 working days of receiving the report. The Dean will render a decision and send a written response to the student, the instructor, and the Program Director within 10 working days of receiving the grievance.

Voluntary Withdrawal

Students who wish to withdraw from the PA program during a term must notify the Director of the Physician Assistant Program. If withdrawal is authorized, the student will receive the notation “W” on their permanent academic record for each course in which they are in good academic standing. For each course in which the student is doing failing work, they receive the notation “WF.” In the event that a student is seriously injured/ill, receives an official leave of absence, or cannot continue for any acceptable reason, the student will receive a “W” in all registered courses. A student who discontinues attending classes without official permission to withdraw will receive a grade of “WF” for all registered courses.

PLEASE NOTE: Students in the CUAA PA program may not elect to withdraw from individual courses in the didactic or clinical year.

The following are University policies regarding student withdrawal and reflect important information that may affect grades that will be reported on your transcript.

- For **withdrawal from the program**, students must complete an Add/Drop Form through the Office of the Registrar
- If a withdrawal is not made through the Office of the Registrar, a failing grade will be recorded for the affected course(s)
- Withdrawals may be made without penalty within the first half of a term (please see the current Academic Catalog for current dates)
- After the beginning of the tenth week of a semester or the second half of a summer session, withdrawals are reported with a grade of WF (Withdraw Fail)
- Exceptions may be made for withdrawals due to extenuating circumstances such as illness or some other unavoidable occurrence by working with the Director of the Physician Assistant Program.

Promotion of the Student

Physician Assistant students will advance only after having met the academic, financial, and professional requirements of CUAA for the didactic year. The faculty will meet and review each student’s performance in both the didactic and the clinical years. Faculty will review remediation results, professionalism infractions, results of summative evaluations, and will verify demonstrated competency with all program learning outcomes for each student. The program director will recommend each student who meets all requirements for both the didactic and the clinical years, and forward this information to the Registrar, along with completed verification forms.

Requirements for Successful Completion of the Clinical Year

Information about requirements for the clinical year are provided in the Clinical Handbook, as well as explained during a face-to-face clinical year orientation meeting prior to beginning rotations.

Requirements for Graduation

A student will be recommended for the Master of Science in Physician Assistant Studies degree provided h/she:

1. Successfully completes all components of the program (didactic, clinical and capstone). The capstone includes the portfolio and multiple written and practice summative exams that will be conducted within the last four months prior to graduation.
2. Successfully demonstrates competency for each of the Program Learning Outcomes.
3. Maintains an overall GPA of 3.0 or higher.
4. Maintains professionalism standards (see pp. 20 in this handbook).
5. Fulfills all financial obligations to Concordia University Ann Arbor.
6. Complies with all CUAA and Physician Assistant Program policies and procedures

Campus Graduation

Students are able to participate in the University graduation in May of their clinical year as long as they only have two rotations left to complete at the time the graduation ceremony is scheduled. If a student is on probation, must repeat a rotation or is in violation of any professionalism or academic standards, they will not be able to participate in graduation.

Course Problem/Conflict Resolution

When a PA student identifies a conflict or problem with a course, the student should follow this list of steps:

1. Speak with the Course Director. If this does not resolve the concern then:
2. Speak with the PA Program Director

If a student is experiencing personal problems, the student should speak with their faculty advisor. The advisor will try to guide the student to appropriate resources, such as student services or referral to outside agencies. **At no time may a faculty member, the Program Director nor the Medical Director provide medical or mental health advice or management. The faculty advisor, PD or MD may refer you to an outside resource or make a referral for you in assisting with the issue, if needed.**

Non-Sanctioned Study Guides

The faculty understands that students can study in many different ways. Study guides that are developed and posted on a closed website or sent via email between classmates to review and study are not the responsibility of the PA faculty or course directors. It is up to each student to verify the information is correct that their classmates have sent for them to study.

The University cannot transmit any official transcripts electronically (FAX). The cost of each transcript is \$8.00. The student's account with Financial Aid must be paid in full and student loans must be in a current non-defaulted status prior to the release of any official grades or academic transcripts.

CURRICULUM

CURRICULUM SEQUENCE: (CREDITS: 67credits DIDACTIC + 46 credits CLINICAL)

TOTAL of 113 Credits

DIDACTIC YEAR

Spring Term 1 (19 credits)

- PHAS 509 Anatomy (5cr)
- PHAS 511 Molecular Basis of Disease (2cr)
- PHAS 512 Primary Medicine 1 (3cr)
- PHAS 513 Labs & Diagnostics 1 (2cr)
- PHAS 514 Patient Care 1 (2cr)
- PHAS 516 Pharmacotherapy 1 (2cr)
- PHAS 517 Skills for Primary Practice 1 (1cr)
- PHAS 533 Medical Decision Making 1 (1cr)
- PHAS 519 PA Professional Practice 1 (1cr)

Summer 1 (12 credits)

- PHAS 522 Primary Medicine 2 (3cr)

- PHAS 523 Labs & Diagnostics 2 (2cr)
- PHAS 524 Patient Care 2 (1cr)
- PHAS 528 Pharmacotherapy 2 (2cr)
- PHAS 529 Skills for Primary Practice 2 (1cr)
- PHAS 543 Medical Decision Making 2 (2cr)
- PHAS 536 PA Professional Practice 2 (1cr)

Fall Term 1 (17 Credits)

- PHAS 537 Primary Medicine 3 (4cr)
- PHAS 538 Labs & Diagnostics 3 (3cr)
- PHAS 539 Patient Care 3 (2cr)
- PHAS 541 Pharmacotherapy 3 (3cr)
- PHAS 542 Skills for Primary Practice 3 (2cr)
- PHAS 557 Medical Decision Making 3 (2cr)
- PHAS 546 PA Professional Practice 3 (1cr)

Winterim 1 (3 credits)

- PHAS 547 Behavioral Medicine (2 cr)
- PHAS 549 PA Professional Practice 4 (1 cr)

Spring Term 2 (16 credits)

- PHAS 558 Medical Emergencies (3 cr)
- PHAS 559 Surgical Medicine (3 cr)
- PHAS 551 Primary Medicine 4 (3 cr)
- PHAS 552 Labs & Diagnostics 4 (2 cr)
- PHAS 553 Patient Care 4 (2 cr)
- PHAS 554 Pharmacotherapy 4 (2 cr)
- PHAS 548 Skills for Primary Practice 4 (1 cr)

CLINICAL YEAR

Courses in Year 2 are off campus clinical rotations (46 credits):

- Rotations are **required** in family medicine (2), internal medicine (2), obstetrics and gynecology, pediatrics, emergency medicine, surgery, and behavioral medicine.
- Two elective rotations of any discipline must occur.
- Rotations are 4 weeks in duration, and may be taken in any order except that Family Medicine I must precede Family Medicine II, and Internal Medicine I must precede Internal Medicine II.
- Clinical rotations are expected to be 32-40 hours or more per week in clinical practice.
- In addition, a 2-credit course (Summative Assessment) is required in the final summer of the program. This includes a summative evaluation of student demonstration of competency, and submission of the Capstone Portfolio that the student will be completing throughout the entire PA program. More information about the summative evaluation will be presented at orientation and throughout the didactic and clinical years.

The Student Clinical Handbook will be reviewed with students prior to beginning the clinical year.

COURSE DESCRIPTIONS

PHAS 509 Anatomy (5cr) is a spring term 1 course which provides supervised dissection of human cadavers, along with prosection specimens in a lecture and lab based format designed to assist the student in connecting the structure of the human body to the organ based content of disease states studied throughout the rest of the medical curriculum. This will also provide the foundation for primary patient care where the student will integrate known anatomical structures with the physical examination of a patient.

PHAS 511 Molecular Basis of Disease (2cr) is a spring 1 term course which will cover topics important to review from your prior pre-requisite science experience with emphasis on the Primary application of physiology, cell biology, biochemistry, microbiology, human genetics, and immunology. The course will be co-taught with PA faculty and Science faculty from the department of Arts & Sciences at CUAA.

PHAS 512 Primary Medicine 1, (3cr) Primary Medicine 1 is a spring 1 term course which will focus on the physiology and pathophysiology, epidemiology, differential diagnosis of disease, and management of the most common disease states in the organ systems of dermatology, ophthalmology, ear, nose throat, neurology, hematology/oncology and coagulation. An overview of public health initiatives, current guidelines by national and global organizations will be reviewed. Student will apply evidence and data to develop health promotion and disease prevention strategies in the topics covered in this course.

PHAS 522 Primary Medicine 2, (3cr) is a summer term course which will focus on the physiology and pathophysiology, epidemiology, differential diagnosis of disease, and management of the most common disease states in the organ systems of urology, nephrology, and endocrinology, and HIV. Nutrition will be addressed in this course related to disease states such as obesity, diabetes, and patients with renal disease in providing health promotion and disease prevention for the topics in this course.

PHAS 537 Primary Medicine 3, (4cr) is a fall term course which will focus on the physiology and pathophysiology, epidemiology, differential diagnosis of disease, and management of the most common disease states in pulmonology, cardiology, gastroenterology, and orthopedics/rheumatology. Health promotion and disease prevention education and recommendations for patient intervention in cardiovascular risk reduction, smoking cessation strategies for pulmonology, and best practices in patients with chronic GI illnesses will be addressed.

PHAS 551 Primary Medicine 4 (3cr) is a spring 2 term course which will focus on the physiology and pathophysiology, epidemiology, differential diagnosis of disease, and management of the most common disease states specific to women's health, pediatrics, and geriatrics. Additional topics will be on prevention from STI's, vaccination and their ability to prevent disease in Women's Health; anticipatory guidance in Pediatrics, fall prevention in Geriatrics prevention, as well as ways to help patients develop healthy behaviors in the pediatric & adolescent populations; maintain health in the pregnant patient, and maintaining adequate nutrition in the geriatric population, as well as the prevention and/or identification of abuse, and neglect across the lifespan.

PHAS 514 Patient Care 1 (2cr) Patient Care 1 is a spring 1 term course is first in a series of four courses which will encompass all aspects of patient care in general. Each course in the series has a history component, a physical examination component, and a documentation

component. This first course will focus on identification of normal physical exam findings, proper exam techniques, and the ability to compare and contrast normal findings to abnormal findings anticipated in a particular disease state. Content will include examination of each organ system covered in Primary Medicine 1, and on collecting the history and documentation of a normal physical exam and documenting all history and physical findings in a SOAP format.

PHAS 524 Patient Care 2 (1cr) Patient Care 2 is a summer term course in a series of four courses which will encompass all aspects of patient care in general. This second course will focus specifically on obtaining an appropriate physical examination of a diabetic patient in keeping with Primary Medicine 2 topics, linking the pathophysiology of the disease and information about DM from Primary Medicine to the physical exam of a patient with DM. Students will learn to identify normal physical exam findings and compare and contrast these to abnormal exam findings anticipated in DM. Because this term the other topics in Clinical Medicine are not amenable to physical examination, the second focus of patient care will be on learning to elicit historical information for all aspects of an H&P (including documentation of abnormal findings for all systems) and appropriate documentation of a SOAP note, complete H&P whether it be a presentation in a new patient in a clinical or hospital setting, H&P for preventive visit, or for employment/school physical exams or for referral purposes.

PHAS 539 Patient Care 3 (2cr) Patient Care 3 is the fall term course in this series which will focus on examination of the organ systems covered in Primary Medicine 3 by linking anatomy with the physical exam findings of normal and abnormal exam findings. Students will continue to hone skills in eliciting the history from adult patients with continued practice in history-taking and documentation of both SOAP notes and H&P's in acute, chronic and preventive disease states. Focus in the second part of the term will be on documenting referrals, admission and progress notes for both OP clinical practice and IP clinical practice.

PHAS 553 Patient Care 4 (2cr) is the spring 2 term final course in this series which will encompass patient care including eliciting the history and completing a physical exam on both pregnant and non-pregnant women, pediatric patients from birth to 18 yr., and geriatric patients (>65 yo).

Students will gather and document historical information for both SOAP notes (acute & chronic), and H&P's (preventive), with focus on obtaining history from these specific populations. Focus will also be on obtaining histories from any patient who struggles with providing historical information for any reason. Students will acquire experience in obtaining information from family/caregivers/interpreters and previous patient records. The physical exam component of the course will have students contrast normal and abnormal findings, and document those findings. Additionally, students will focus on appropriate education of the patient and documentation of appropriate discharge instructions.

PHAS 513 Labs & Diagnostics 1 (2cr) is a spring 1 term course designed to follow the content of Primary Medicine 1. The focus initially will be on the appropriate selection of and interpretation of lab & radiologic diagnostic testing utilizing concepts of sensitivity and specificity; variants of normal; pitfalls in interpreting lab results; and the specific labs & diagnostics used in narrowing the differential diagnosis of patients with dermatologic, EENT, neurologic and hematologic disease presentations and an overview of infectious disease diagnostic evaluation in the lab

PHAS 523 Labs & Diagnostics 2 (2cr) is a summer term course which will continue focus on the appropriate selection and interpretation of lab & radiologic diagnostic testing. This course will follow the content of Primary medicine 2 with specific focus on patient evaluation with lab

& diagnostic testing of patients with Primary presentations involving urology, nephrology and endocrinology.

PHAS 538 Labs & Diagnostics 3 (3cr) is a fall term course which will continue focus on the appropriate selection and interpretation of lab & radiologic diagnostic testing. This course will follow the content of Primary medicine 3 with specific focus on patient evaluation with lab & diagnostic testing of patients with pulmonic, cardiologic, gastrointestinal and orthopedic/rheumatologic presentations.

PHAS 552 Labs & Diagnostics 4 (2cr) is a spring 2 term course which will continue focus on the appropriate selection and interpretation of lab & radiologic diagnostic testing. This course will follow the content of Primary medicine 4 with specific focus on patient evaluation with lab & diagnostic testing of gynecologic and obstetric patients and other women's health issues, pediatric patients, and geriatric patients. Focus will be on identifying the differences in both selection of appropriate lab & radiologic testing and variants of normal in the interpretation of testing in these particular patient populations.

PHAS 516 Pharmacotherapy 1 (2cr) is a spring 1 term course which will cover basic principles of pharmacology such as mechanism of action and resistance, therapeutic toxicity, adverse drug reactions, followed by the specific commonly used medications in those topics covered in Primary Medicine 1. Pathophysiology learned in Primary Medicine 1 will be linked with coursework in all term courses and pathophysiology taught in Primary Care 1, allowing the selection of the most appropriate therapeutic options for a particular patient, whether acute, chronic or preventive and in any clinical setting.

PHAS 528 Pharmacotherapy 2 (2cr) is a summer term course which will cover basic principles of pharmacology such as mechanism of action and resistance, therapeutic toxicity, adverse drug reactions, followed by the specific commonly used medications in those topics which are covered in Primary Medicine 2, linking coursework in all term courses and pathophysiology learned in Primary Medicine 2 with selection of most appropriate therapeutic options.

PHAS 541 Pharmacotherapy 3 (3cr) is a fall term course which will cover basic principles of pharmacology such as mechanism of action and resistance, therapeutic toxicity, adverse drug reactions, followed by the specific commonly used medications in those topics which are covered in Primary Medicine 3, linking coursework in all term courses and pathophysiology learned in Primary Medicine 3 with selection of most appropriate therapeutic options.

PHAS 544 Pharmacotherapy 4 (2cr) is a spring 2 term course which will cover basic principles of Pharmacotherapy such as mechanism of action and resistance, therapeutic toxicity, adverse drug reactions, followed by the specific commonly used medications which are covered in Primary Medicine 1; those used in patients from birth to adolescence with appropriate weight-based dosing, those used in female patients but avoided or contraindicated in pregnancy, continuing to link pathophysiology learned in Primary Medicine 4 with selection of most appropriate therapeutic options.

PHAS 517 Skills for Primary Practice 1 (1cr) is the spring 1 term course in this series where students will learn the basic skills needed for family medicine practice. The skills will mirror those topics taught in Primary Medicine 1 and will include basic sterile technique, dermatologic procedures, skills in throat and nasopharyngeal swabbing, epistaxis management, and lumbar puncture. Besides performing the skill, students will learn how to

obtain informed consent, document the procedure and provide discharge information to the patient, including post-procedure education.

PHAS 529 Skills for Primary Practice 2 (1cr) is the summer term course in this series and will mirror those topics taught in Primary Medicine 2 including Foley placement; suprapubic drainage of the bladder, straight catheterization skills and basics of managing fistulas for dialysis patients. Students will learn how to document the procedures and discharge information to the patient or staff (if inpatient), including post-procedure complications. In addition to the skills noted, and in preparation for the next term, skills in interpreting ECG's will begin and continue throughout the next term.

PHAS 542 Skills for Primary Practice 3 (2 cr) is the fall term course in this series which will mirror those topics taught in Primary Medicine 3 and will include indications for, and performing and interpreting ECG's, obtaining and interpreting spirometry and peak flow; indications for and basic management of feeding and G-tubes and NG tubes. Besides performing the skill, students will learn how to document the procedure and provide discharge information to the patient, including post-procedure education (if warranted).

PHAS 548 Skills for Primary Practice 4 is a spring 2 term course in this series and will mirror those topics taught in Primary Medicine 4 which includes performing pelvic exams and male genitalia exams, pediatric exams, geriatric exams and splinting/casting and joint aspiration and injections. Besides performing the skill, students will learn how to document the procedure and discharge information to the patient, including post-procedure education.

PHAS 533 Medical Decision Making 1 (1 cr) is the spring 1 term course in this series which begins the process of learning how clinicians make medical decisions by creating a broad differential based on the chief complaint and narrowing that differential with history-taking skills, ordering and interpretation labs & diagnostics as warranted, and creating plans of action for pharmacologic treatment or non-pharmacologic management, referral, interventions as required, and then documenting the entire encounter. This spring term 1 course will be based on cases that match the Primary knowledge gained in Primary Medicine 1, Patient Care 1, Health Promotion/Disease Prevention 1, Labs & Diagnostics 1 and Pharmacotherapy 1.

PHAS 543 Medical Decision Making 2 (2cr) is the summer term course in this series which continues the process of learning to make medical decisions by creating a broad differential based on the chief complaint and narrowing that differential utilizing patient evaluation methods and creating plans of action for pharmacologic treatment or non-pharmacologic management, or referral as required, and then documenting the entire encounter. This course will be based on cases that match the Primary knowledge gained in Primary Medicine 2, Patient Care 2, Health Promotion/Disease Prevention 2, Labs & Diagnostics 2 and Pharmacotherapy 2.

PHAS 557 Medical Decision Making 3 is the fall term course in this series which builds on the process of learning to make medical decisions by creating a broad differential based on the chief complaint and narrowing that differential utilizing patient evaluation methods and creating plans of action for pharmacologic treatment or non-pharmacologic management, or referral as required, and then documenting the entire encounter. This course will be based on cases that match the clinical knowledge and concepts gained in Primary Medicine 3, Patient Care 3, Health Promotion/Disease Prevention 3, Labs & Diagnostics 3 and Pharmacotherapy 3.

PHAS 519 PA Professional Practice 1 (1cr) is the spring term 1 course in this series which will focus on intellectual, academic and professional honesty and ethical conduct. The history

of the PA, the healthcare delivery system in the U.S., and the changing role of the PA in the US medical system will be covered. Students will be introduced to information about the national and state organizations for PA's, PA laws, licensure and advocacy for the profession. This content will be repeated in more depth during the End of Rotation (EOR) experiences in the clinical year closer to the time when students will be entering clinical practice. Students will be introduced to statistical analysis of medical literature, how to differentiate between types of studies, and discern study quality. This information will dovetail with Health promotion content, and will be reinforced in Clinical Medicine throughout all four courses. Evidence-based medicine content will continue throughout the professional practice series of courses.

PHAS 536 PA Professional Practice 2 (1cr) PA Professional Practice 2 (1cr) is the summer term course in this series and will focus on patient and drug safety, reducing risk of medical errors, root cause analysis (RCA) and risk management, participation in quality improvement and practice improvement. Students will continue EBM education in utilizing federal and other databases to evaluate evidence about diagnosis, evidence about historical and PE findings, studies about therapy and will evaluate medical guidelines.

PHAS 546 PA Professional Practice 3 (1cr) is the fall term of the series and will focus on obtaining appropriate and ethical informed consent, will focus on ethical dilemmas e.g., in managing female minors, pregnancy related ethics, elderly issues, patients with cognitive impairment, ethics in prescribing related to resource allocation; information on how to manage patients when there are scarce resources. The course will also provide education and discussion on end of life issues for the lifespan which will encompass palliative care, long-term care, POA/DNI/guardianship. Health care delivery systems will be discussed and reviewed as well as Federal, State and Local health care policy, reporting, and systems-based health care in the U.S. and the PA's place in decision-making within the system. EBM part 3 will educate the student on hypothesis testing, how sample size affects study validity and reliability; risk ratios and confidence intervals designed to prepare the student to apply EBM in medical decision making.

PHAS 549 PA Professional Practice 4 (1cr) will occur in the winterim term and will encompass issues related to stereotyping, bias, conflicting health beliefs and values, single perspectives, PA and patient expectations. Diversity and culture will be discussed, and ways to include this information in PA clinical practice will be explored. Cases will be used, and this will be primarily a discussion and reflection focused course.

PHAS 547 Behavioral Medicine (2cr) is a winterim term course that provides an introduction to the evaluation, diagnosis and treatment of psychiatric/behavioral medicine disorders. The course will prepare students for managing common presentations of mental health disorders in primary medicine as well as the general management of patients who present to an ER, and those who require evaluation prior to admission when a psychiatric diagnosis is in the patient history or in the differential diagnosis.

In addition, the course will review the health promotion and disease prevention management of patients who must be on neuropsychiatric medications chronically.

PHAS 558 Emergency Medicine for Primary Practice (4cr) is a spring 2 term course which will take all the prerequisite knowledge learned in Primary Medicine, Labs & Diagnostics, Patient Care, Skills and Medical Decision-Making courses and integrate that knowledge in the management of similar disease states or specific disease states that may present emergently.

PHAS 559 Surgical Medicine (3cr) is a spring 2 term course which will take all the prerequisite knowledge learned in prior courses with a now surgical focus in the management of the patient. The course will address the role of the PA in a surgical practice, with emphasis on the evaluation and management of the surgical patient including pre-operative, peri-operative, and post-operative care. Specific topic content will focus on those skills necessary to participate successfully in your surgical Primary rotation; i.e., common surgical procedures, sterile technique, and common surgical complications. This is a mixed lecture/laboratory course. It is important for you to understand that you will NOT leave this class knowing how to perform surgeries, but that you recognize surgical conditions and know the basic surgical interventions for conditions.

PROCEDURES TAUGHT DURING THE PROGRAM

At the time of graduation, CUAA PA graduates will have demonstrated competency by performing each of following skills on human subjects or simulation devices:

Certifications

- Basic life support (must have obtained this by time of matriculation)
- Advanced cardiac life support (obtained during the program curriculum, see below)

Advanced Cardiac Life Support (ACLS)

- All students must participate in the on-line ACLS certification course as well as the on-campus ACLS skills check-off course. If a student is ACLS certified when they enter the PA program, they are required to take the on-line ACLS recertification course and participate in the on-campus ACLS skills check-off course with their classmates regardless of when their ACLS certification expires.

Injections/IV/digital blocks/diagnostics

- Intravenous catheterization
- Venipuncture and arterial puncture
- Use of a glucometer
- Intramuscular, subcutaneous, and intradermal injections for adult and pediatric patients
- Administration of local anesthesia including digital blocks and tendon sheath blocks
- Apply and interpret tuberculin skin test
- Perform and interpret results of a lumbar puncture

Surgical

- Apply techniques to avoid exposure to biomedical hazards, body fluids, and needle sticks.
- Sterile/aseptic technique
- Punch biopsy
- Cryosurgery
- Subungual hematoma drainage
- Ingrown toenail excision
- Superficial skin abscess incision and drainage
- Simple and complex laceration repair including use of skin adhesives, various techniques of wound suturing (including subcutaneous closure) and wound stapling
- Suture and staple removal
- Dress wounds
- Foreign body removal (ear canal, nose, ocular, skin)
- Perform a surgical scrub

- Assist in surgery and demonstrate proper use of surgical instruments
- NG/G-tube tube placement
- Joint aspiration

Standard diagnostics

- Nasopharyngeal swabs and throat swabs
- Perform basic CLIA-waived laboratory tests including office pregnancy test, urinalysis (dipstick), hemoglobin and hematocrit

Cardiac/respiratory

- Correct placement of EKG leads and interpretation of electrocardiogram
- Perform and interpret peak flow testing
- Use of pulse oximetry meter to measure oxygen saturation
- Airway management including ventilation (bag/mask ventilation)

Radiology

- Order and interpret plain films of chest, abdomen and spine/extremities
- Order CT, MRI, US, nuclear medicine and other studies appropriate for the indication
- Interpret the radiologist's report for imaging studies

Male and Female Genitalia/Urinary

- Perform breast examination and instruct patient on how to perform self-exam
- Perform testicular examination and instruct patient on how to do self-exam
- Perform pelvic examination including pap smear and culture
- Perform digital rectal, rectovaginal and prostate examinations.
- Perform and interpret stool testing for occult blood
- Perform straight and Foley catheterization of the urinary bladder

Eye/Ear

- Perform ophthalmic fluorescein staining
- Be able to focus slit lamp in order to investigate for foreign body
- Cerumen removal using curette and irrigation of auditory canal

Orthopedics

- Apply basic splints
- Demonstrate proper crutch walking and sling use

OSHA

- Utilize OSHA recommended Universal Precautions at all times

PHYSICIAN ASSISTANT PROGRAM

ACADEMIC SCHEDULE

2022-2023 – Class of 2024

Spring Term 2021			Holidays
Orientation	Jan 24, 2022		
Classes Begin	Jan 25, 2022		
Spring Break	Mar 14-18		Classes resume Mar 21
Easter Break	April 15-17		Classes resume April 18
Final Exams	May 9-13		
Summer Term	May 16 – July 8		May 30 (Monday) July 4 th (Monday)
Resume Class	July 5-8 FINALS July 11-15		
BREAK	July 18 – Aug 26		
Fall Term	Starts: Aug 29		Labor Day Sept 5
Resume Fall	Nov 28 – Dec 9		Thanksgiving Nov 24 – Nov 25
FINALS	Dec 12-16		
Christmas break	Dec 17 – Jan 2, 2023		
Winterim	Jan 3 (Tues) Jan 20 (F) finals, 2023		MLK Mon, Jan 16
Spring 2 Term 2022 begins	Jan 23 (M) , 2023		Spring Break March 13-17
Easter Break			April 7-11 Spring Finals May 8-12

Spring Finals			
Summative Didactic Evaluation	TBD (early May)		
Clinical Rotations Begin	TBD		
SUMMER TERM BEGINS			
SUMMER BREAK			
FALL STARTS			

Appendix A

Participation of Students as Human Subjects

I understand that as part of my experience at the CUA A Physician Assistant Program, that I will be required to participate as a living subject and an examiner during the Didactic Phase of the Program. The program faculty advisor expects that students will be willing, professional, and cooperative in participating in the physical examination courses and practicums.

I understand that I need to come to laboratories prepared and that I may be required to partially disrobe. I also understand that shorts will be required when examining the lower extremities. Upper body, including thorax, abdomen, and extremities will be examined. Males should remove their shirts and women should wear sports bras so they will be able to remove their shirts.

I understand that participation will not include breast or genitalia examinations. These examinations will be learned with the use of mannequins and/or professional patients.

I understand that faculty expect all students to dress as listed above for the designated activities and be willing to be inspected, palpated, percussed, and auscultated by their peers and/or faculty.

I have read, understand, and agree to abide by this policy.

Castlebranch will require a signature that you understand the above information. Please see CB to fulfill this requirement.

Appendix B

Technical Standards

The PA student will verify that they are able to meet the following standards:

- 1. Observation:** Students must be able to observe demonstrations, visual presentations, lectures, and laboratory studies in the basic medical and clinical settings. The candidate must be able to accurately observe a patient both close and at a distance; this requires functional use of vision, sensation, and smell. Adequate visual capabilities are necessary for proper evaluation and treatment integration, including the assessment of symmetry, range of motion, and tissue texture changes.
- 2. Communication:** Students must be able to speak, hear, and observe patients to gather pertinent data, describe their observations (including activity and function, mood, and posture) and be able to perceive nonverbal communications. Students must be able to effectively communicate with patients, families, faculty, and colleagues from different cultural backgrounds in oral, written, computer and telephonic formats.
- 3. Motor and Sensory:** Students must have gross and fine motor function and coordination in order to auscultate, palpate, and percuss as well as the ability to use appropriate diagnostic techniques and instruments to provide routine and emergent medical care and common diagnostic procedures such as, but not limited to, performance of cardiopulmonary resuscitation, advanced cardiac life support, administering intravenous medications, suturing of simple and complex wounds, treatment of respiratory distress or bleeding, and routine obstetric and gynecologic care, as well as assisting in surgery. Students should have adequate sensory skills, including tactile sensory and proprioceptive capability. Students must be able to transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and to receive educational training. Strength, mobility and endurance: Students must be able to tolerate physically taxing workloads.
- 4. Cognitive, Integrative, and Quantitative Skill:** Students must exhibit skills in problem solving, and critical thinking, measurement, calculation, and comprehension of three-dimensional relationships consistent with medical practice. Students must be able to assimilate and learn large amounts of complex, technically detailed

information in the form of lectures, discussions, videos, handouts, and clinical exam demonstrations and to synthesize and apply concepts arising from it to create diagnostic and therapeutic plans.

5. Behavioral and Social Skills: Students must possess sufficient emotional health to allow them to optimally utilize intellectual, cognitive, and reasoning judgment required of medical professionals and be able to quickly complete all duties and responsibilities commensurate with effective diagnosis and treatment of patients of all ages. Students must be able to demonstrate empathy, sensitivity, and the ability to quickly establish rapport with patients, exhibiting adequate interpersonal communication skills, compassion, concern for others, honesty, and integrity. Students must be able to tolerate physically demanding workloads (which may involve nights, weekends, and on call), noisy environments, and long hours. Students need to be able to maintain composure and emotional stability in challenging and stressful, changing circumstances and to deal effectively with uncertain, possibly emotionally charged situations. Students must be able to accept constructive criticism and respond via appropriate behavior modification. Students must be able to complete all assignments and activities as assigned by the program.

6. PPE Requirement: Students must be able to wear full PPE (protective personal equipment) during some experiences in the practicum labs during the didactic year and may have to wear PPE for extended periods of time during some clinical rotations. If the applicant is aware that they will not be able to wear PPE as needed, they should contact the program to discuss. This requirement is for the safety of all students, faculty and staff. Students will be required to provide a signature in CastleBranch, attesting to their ability to meet the technical standards

Appendix C

Blood-borne Pathogen, Infectious Control and Hazard Policy and Protocol

(Std.A3.08)

(most current update: 12/03/2020 CDC)

The Blood-borne Pathogen Exposure Plan, Infectious Control and Hazard Policy was developed by the Concordia University Physician Assistant department and will be applicable to all PA students, faculty and staff.

Due to the training environments and the hands-on nature of training that takes place, there is potential for exposure for PA students to infectious or environmental contacts that may lead to disease or disability.

To protect against exposure to HIV, hepatitis and other infectious diseases, all students will be instructed in the use of universal precautions during the didactic year and again just before the clinical year. While participating in laboratory activities and while on clinical rotations students will treat all body fluids as if infected. The student is financially responsible for all costs related to acquired disease or disability. The requirements for protection from bloodborne pathogens and environmental hazards reflect federal law instituted by OSHA. This policy will be reviewed and updated yearly.

If you have questions about appropriate medical treatment for occupational exposures, assistance is available from the Clinicians' Post Exposure Prophylaxis (PEP) Line at 1-888-448-4911

PURPOSE: To promote a safe environment and eliminate or minimize student and staff exposure to blood-borne pathogens and environmental hazards during the didactic and clinical year, and to provide education regarding blood-borne pathogens and environmental hazards as exposure has the potential to lead to injury, illness and death. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

POLICY: Standard Universal Precautions are observed in all situations when it may be reasonably anticipated there will be contact with blood or other potentially infectious body fluids in accordance with the OSHA Blood-borne Pathogen standard. All blood and other potentially infectious body fluids are to be treated as if infectious. The student is responsible for all costs incurred related to workup and treatment of infectious or potentially infectious exposures. Infection control and hazard prevention are included to alert and educate the student so exposure might be minimized and if required treated appropriately.

Definition of Significant Blood-borne Pathogen Exposure—contamination of an individual with another’s blood, tissues, or other potentially infectious body fluids by percutaneous injury (e.g., needle stick or cut with a sharp object), contact with eye, mouth, mucous membranes, or contact with non- intact skin (especially when the exposed skin is cut, chapped, abraded, or excoriated).

Blood-borne Pathogens of Primary Concern:

Hepatitis B virus (HBV)

Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person; sharing contaminated needles, syringes, or other drug-injection equipment; from infected mother to baby at birth; from needle sticks or blood splashing onto non-intact skin. HBV is not spread through casual contact with infected individuals. Not all people newly infected with HBV have symptoms, but for those that do, symptoms can include fatigue, poor appetite, stomach pain, nausea, and jaundice. For many people, hepatitis B is a short-term illness. For others, it can become a long-term, chronic infection that can lead to serious, even life-threatening health issues like cirrhosis or liver cancer. Risk for chronic infection is related to age at infection: about 90% of infants with hepatitis B go on to develop chronic infection, whereas only 2%–6% of people who get hepatitis B as adults become chronically infected. The best way to prevent hepatitis B is to get vaccinated. In 2016, an estimated 862,000 people were living with HBV infection

The Hepatitis B vaccine has been available since 1982, and routine Hepatitis B vaccinations have greatly reduced the rate of disease among children adolescents and young adults.

For acute infection, no medication is available; treatment is supportive.

For chronic infection, several antiviral drugs are available. Persons with chronic HBV infection require medical evaluation and regular monitoring to determine whether disease is progressing and to identify liver damage or hepatocellular carcinoma.

It is required that all Concordia Physician Assistant students complete the Hepatitis B vaccination series. A titer to confirm immunity may be required by a clinical site despite appropriate Hep B series vaccines if nonimmune. CDC Hepatitis B FAQ's July 28, 2020

<http://www.cdc.gov/hepatitis/hbv/bfaq.htm>

Hepatitis B information for Health Professionals <https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm>

Hepatitis C virus (HCV)

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). Hepatitis C is spread through contact with blood from an infected person. Today, most people become infected with the hepatitis C virus by sharing needles or other equipment used to prepare and inject drugs. For some people, hepatitis C is a short-term illness (acute Hepatitis C infection), but for more than half of people who become infected with the hepatitis C virus, it becomes a long-term, chronic infection. Chronic hepatitis C can result in serious, even life-threatening health problems like cirrhosis and liver cancer. People with chronic hepatitis C can often have no symptoms and don’t feel sick. When symptoms appear, they often are a sign of advanced liver disease. There is no vaccine for hepatitis C. The best

way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injecting drugs. Getting tested for hepatitis C is important, because treatments can cure most people with hepatitis C in 8 to 12 weeks.

In those people who do develop symptoms, the average period from exposure to symptom onset is 2–12 weeks. Symptoms may include nausea, fever, fatigue, dark urine, clay-colored stools, loss of appetite, vomiting, and jaundice. However, many people infected with the Hepatitis C virus do not develop symptoms.

To investigate the many new and emerging treatments for Hepatitis C, see the following link:

<https://www.hcvguidelines.org/>

CDC Hepatitis C July 28, 2020

<https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>

Hepatitis C information for Health Professionals

Human Immunodeficiency Virus (HIV)

HIV is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). HIV is a virus spread through body fluids that affects specific cells of the immune system, called CD4 cells, or T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. When this happens, HIV infection leads to AIDS. AIDS was first reported in the U.S. in 1981, and has since become a major worldwide epidemic. HIV is passed from one person to another through blood-to-blood and sexual contact. Pregnant women infected with HIV can also pass the virus to their baby during pregnancy or delivery, and through breast-feeding.

There are two types of HIV, HIV-1 and HIV-2. In the United States, unless otherwise noted, the term "HIV" primarily refers to HIV-1.

Both types of HIV damage a person's body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases.

Body fluids in which HIV can be detected are human blood, semen, vaginal secretions, breast milk, and other body fluids containing blood. Contact with saliva, sweat, vomit, feces, and tears has never been shown to result in HIV, but these fluids should be considered potentially infectious and Universal precautions should be taken.

HIV progressively destroys the body's ability to fight infectious and certain cancers. People diagnosed with AIDS may get life-threatening diseases opportunistic infections, which are caused by microbes such as viruses or bacteria that usually do not affect healthy people.

The symptoms of HIV infection range from an asymptomatic state to severe immunodeficiency and associated opportunistic infections, cancers, and other conditions. Initial infection can include an acute flu-like illness within two to four weeks after infection, with such symptoms as: fever, headache, nausea, vomiting, diarrhea, swollen lymph glands, sweats, fatigue, myalgia, rash, sore throat. The most commonly used HIV tests detect HIV antibodies. Antibodies that can be detected by the most commonly used tests in the United States for HIV are positive within 2 to 8 weeks (the average is 25 days) of their infection. Ninety-seven percent (97%) of persons will develop detectable antibodies in the first 3 months. Even so, there is a small chance that some individuals will take longer to develop detectable antibodies. Therefore, a person should consider a follow-up test more than three months after their last potential exposure to HIV.

HIV does not have an effective cure. Antiretroviral therapy (ART), however, can dramatically prolong the lives of many people infected with HIV and lower their chance of infecting others. It is important that people get tested for HIV and know that they are infected early so that medical care and treatment have the greatest effect.

To date, no vaccine is available to prevent HIV or AIDS.

CDC HIV November 3, 2020

<https://www.cdc.gov/hiv/basics/index.html>

Less common bloodborne pathogens include:

Syphilis, Malaria, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections (specifically Colorado tick fever), Relapsing fever, Creutzfeldt-Jakob disease, Human T-lymphotropic virus type I and Viral hemorrhagic fever.

PROCEDURES

1. Prevention of Blood or Body Fluid Exposure:
 - a. **Hand washing:** All students and faculty/ staff using PPE (personal protective equipment) must wash hands before and after removal of gloves. Good hand washing practices should also be adhered to after using the restroom and before and after consuming food or drink.
 - b. **PPE (personal protective equipment)** should be used if there is **ANY** potential for exposure to blood or body fluids. PPE may include (but not limited to) gloves, masks, gowns, face shields, shoe covers or hair covers. If a student is ever concerned that they may need protection they may ask the instructor for proper PPE.
 - c. Exposure to Blood or Body Fluids:
 - Skin is immediately washed with soap and water thoroughly for 10-15 minutes. Allow blood to flow freely from the wound. Mucous membranes of the eye, mouth, or nose are flushed immediately with water for 10-15 minutes. An eye wash station is located in the anatomy lab. Bleach should not be used as a skin, mucus membrane or eye disinfectant.
 - If a garment is penetrated, the garment shall be removed as soon as possible and isolated in a Red Bag.
 - If major cleanup is needed on campus, Campus Safety is to be contacted at X7502.
 - Students and faculty who are not on campus, should immediately notify the appropriate department at their clinical facility about any significant bloodborne pathogen exposure and evaluation, first aid if needed and PEP (post exposure prophylaxis) consideration and counseling as soon as possible after the exposure.
 - Students/Faculty/Employees at Concordia University should note currently there are no health services on campus. U of Michigan hospital is located at 1500 East Medical Center Drive, Ann Arbor, and St. Joseph Mercy Ann Arbor Hospital is located at 5301 McAuley Drive, Ypsilanti. Both are less than five miles from campus and have emergency facilities. There are multiple primary care providers nearby as well. Students should identify the nearest UC or Hospital nearest campus.
 - Campus Safety can also be called from any campus phone at X7502 or at 734.358.1340 for assistance during an emergency.
2. Preventing Needle stick injury and other Iatrogenic Exposure to Blood or Potentially Infectious Materials: (PIM)
 - a. **Needles** are not to be recapped or manipulated by hand after use. Used Syringes, Needles, Scalpel Blades, and other Sharp Items are immediately discarded after use in puncture-resistant red containers. Safety devices are to be used as often as possible.
 - b. **Sharps containers** will either be labeled with the universal biohazard symbol and the word "biohazard" or be color-coded red. Sharps containers must be maintained upright throughout use, replaced routinely, and not be allowed to overfill. The containers must be: Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; placed in a secondary container if leakage is possible. The second container must be: Closable; Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and Labeled or color-coded according to the standard. Upon closure, duct tape may be used to secure the lid of a sharps container, as long as the tape does not serve as the lid itself.

- c. **Food and Drink** shall be stored in clearly marked separate refrigerators. Biohazards should be stored in a separate clearly marked refrigerator. Food, drink and cosmetics (including lip balms, chap stick etc.) are not to be consumed/used in environment where sharps contact or contact with blood or other body fluids/PIM could potentially occur.
 - d. **Personal Protective Equipment:** Specialized clothing or equipment shall be worn to prevent skin or mucous membrane exposure to blood or body fluids. These include gloves, masks, protective eyewear, scrubs and gowns. Remove PPE after it becomes contaminated and before leaving the work area. Contaminated PPE (pourable, droppable, splashable) should be placed in a red bag.
3. Reporting Bloodborne Pathogen Exposure:
- a. Students and staff working in hospitals, clinics, long term health care facilities, or other health care centers, will notify the appropriate department (i.e. ED or Occupational Health Dept.) **at the facility they are working** about any significant bloodborne pathogen exposure for PEP (post exposure prophylaxis) consideration and counseling as soon as possible after the exposure. If the exposure occurs at Concordia University, students and faculty will contact an ED at a nearby hospital as soon as possible after the exposure for consultation, PEP consideration and counseling.
 - b. A history of the incident should be obtained including documentation of route of exposure, how and when the exposure occurred, and where the exposure occurred. **That form is located at the end of this document and in CORE.** That document should be brought with you to the health center or clinic where you will be getting evaluation.
 - c. The health care provider will aid in determining if the exposure was significant and if post exposure prophylaxis (PEP) needs to be provided. The risks and benefits of PEP should be discussed with the provider and a decision made by the individual.

Significant Bloodborne Pathogen Exposure Information you need to know:

Listed below are general guidelines, the advice of your evaluating health care provider should be followed. Depending on the circumstances not all steps may need to be taken.

1. All individuals with a potential blood or body fluid exposure should be evaluated using Public Health Service and CDC recommendations to determine whether a significant exposure has occurred, the risk associated with the exposure, and what type of PEP is appropriate.
2. Exposed person should be counseled regarding risk of bloodborne pathogens, exposure information, PEP medication information, prophylaxis, assurance of confidentiality, follow-up, and post exposure transmission prevention. Baseline labs should be obtained for HIV, HBsAg, HBsAB, and HCV.
3. Identify source person if possible. Test source person for HIV, HBsAg, and HCV if status is unknown. If the source person is HIV +, gather available information regarding person's stage of infection (i.e., asymptomatic, symptomatic, or AIDS), CD4+ T-cell count, result of viral load testing, current and previous antiretroviral therapy, and results of any viral resistance testing in order to choose an appropriate PEP regimen for the exposed person.
4. For unknown sources, evaluate the likelihood of exposure to a source at high risk for infection when considering PEP therapy.
5. If PEP is initiated, the following may be required: Lab testing of the exposed person (in addition to above baseline testing) to include CBC with differential, ALT, Metabolic Panel, Pregnancy test if indicated, and UA if indicated by PEP medications. The baseline lab work is important in testing for PEP medication side effects. Confidentiality should be maintained.
6. An informed consent should be signed for each drug that is prescribed. The provider should educate you to the risks, benefits and alternatives to treatment.
7. A declination of PEP meds should be signed if the exposed person decides against PEP therapy after counseling.
8. A 2-day or 3-day supply of PEP medications may be prescribed to the exposed person until the source person's laboratory results are obtained and the source person is determined to be HIV AB negative.

Medications may need to be continued and will be prescribed at 1-2-week intervals according to CDC guidelines if source is HIV or Hepatitis B or C positive.

9. Follow-up visits may need to be scheduled at least every 1-2 weeks during PEP therapy to:
10. Review medication side effects, vital signs, and consult with provider.
11. Lab testing: 2 wk. CBC with diff, ALT and Metabolic Panel; 4 wk. CBC with differential, ALT. Other tests may be ordered depending on the PEP medication prescribed.
12. Referral to an Infectious Disease Specialist may be considered for pregnant women, immune suppressed persons and all others with special concerns.
13. Follow-up laboratory testing for prophylaxis and monitoring of bloodborne pathogens (HIV, Hepatitis B virus and Hepatitis C virus) based on CDC recommendations. The time line of testing should reflect incubation periods of the suspected bloodborne pathogen.
14. If the source person is available for testing and **not infected** with a bloodborne pathogen after lab testing, further follow-up of the exposed person is **not** necessary.

Bloodborne Pathogens Exposure Report (stored in CORE as well)

In case of exposure to blood-borne pathogens, complete this form and submit a copy to the evaluating preceptor and retain a copy for the program Director of Clinical Education if you are on clinical rotation. If you are on campus, inform the faculty member present, complete this form and bring a copy with you to your evaluation. You should keep a copy for your personal file.

Date of Incident Exposure: ___/___/___ Time of Incident Exposure: _____ am /pm

Date of Report: ___/___/___ Time of Report: _____ am / pm

Exposed Individual's Information:

Name (Last, First, M.I.): _____ Sex: _____

Concordia University I.D. Number: _____

Address (Local): _____

City, State, Zip: _____

Date of Birth: _____

Cell Phone: _____ Home/Other Phone: _____

Status at time of exposure: Employee Student Faculty Other:

Has the Exposed Individual been immunized against hepatitis B Virus? Yes No

Dates of Immunization (if known): (1) ___/___/___ (2) ___/___/___ (3) ___/___/___

Place (Facility/Dept.) where incident exposure occurred:

Name of individual in charge of area where exposure occurred:

Individual in charge role: Clinical Preceptor Supervisor Faculty

Site Preceptor/Supervisor/Staff Contact Phone:

List any witnesses present:

#1) Name: _____ Role/Title: _____

Phone: _____

#2) Name: _____ Role/Title: _____

Phone: _____

NAME _____

Exposure to: (Check all that apply)

<input type="checkbox"/>	Blood/ blood products	<input type="checkbox"/>	Cerebrospinal fluid
<input type="checkbox"/>	Body fluid with visible blood	<input type="checkbox"/>	Synovial fluid
<input type="checkbox"/>	Body fluid without visible blood	<input type="checkbox"/>	Pleural fluid with visible blood
<input type="checkbox"/>	Amniotic fluid Solution without visible blood	<input type="checkbox"/>	Pericardial fluid
<input type="checkbox"/>	Vaginal secretions	<input type="checkbox"/>	Seminal fluid
<input type="checkbox"/>	Peritoneal fluid	<input type="checkbox"/>	Other:

Mechanism of Exposure: (Check all that apply)

____ Needlestick/sharps accident

Device Type:

Device Brand: _____

____ Human Bite with or without open wound

____ Contact with mucous membranes (eyes, mouth, nose) – includes inhalation

____ Contact with skin (circle all that apply) broken, chapped, abraded, dermatitis, prolonged contact, extensive contact

Anatomical location of injury/exposure: _____

Personal protective equipment in use at time of exposure: _____

Severity of Exposure: _____

How much fluid (approx.)? _____

How long was exposure? _____

Describe any injuries: _____

Estimated time interval from exposure until medical evaluation: _____ minutes _____ hours

Source of Exposure:

Source Individual: _____ Name (if known): _____

Address: _____

Telephone: _____

Medical Record # (if available): _____

Date of Birth: _____

Primary Care/Attending Physician: _____

Diagnosis: _____

Source Individual Consent/Refusal form:

Is a blood sample from the source available? Yes No

Is the source individual's HBV/HCV antigen/antibody status known? Yes No

Status: _____

Is the source individual's HIV antibody status known? Yes No

Status: _____

Source Risk Factors: (as documented in medical record or patient interview)

Yes No Unknown Known HIV Positive

Yes No Unknown Known homosexual, bisexual, prostitute, or sexual contact with high risk partner

Yes No Unknown Known IV drug user or history of same

Yes No Unknown Received blood transfusion 1977 – 1985

- Yes No Unknown Currently taking antivirals such as: Zidovudine (AZT), Lamiduvine (3TC), &/or Indinivir (IDV)
- Yes No Unknown History of Hepatitis B, past, present or carrier
- Yes No Unknown History of Hepatitis C, past, present or carrier
- Yes No Unknown History of hemophilia, kidney, dialysis, transplant
- Yes No Unknown Currently elevated liver enzymes
- Yes No Unknown Current fever, lymphadenopathy, rash, malaise, GI or neuro symptoms
- Yes No Unknown Traveled outside of the United States

If yes, when and to which countries: _____

Activity Leading to Exposure: (Check all that apply)

<input type="checkbox"/>	Giving Injection	<input type="checkbox"/>	Handling waste products
<input type="checkbox"/>	Recapping needle	<input type="checkbox"/>	Handling lab specimen
<input type="checkbox"/>	Discarding needle	<input type="checkbox"/>	Controlling bleeding
<input type="checkbox"/>	Handling IV line	<input type="checkbox"/>	Performing invasive procedure
<input type="checkbox"/>	Handling disposal box	<input type="checkbox"/>	Cleaning blood spill
<input type="checkbox"/>	Other:		

Actions Taken after the Exposure: (Check when completed)

____ Area washed with soap and water or other cleanser

Did the injury bleed freely? Yes No

Was topical antiseptic applied? Yes No

_____ Areas flushed (if applicable)

_____ Site Preceptor/Supervisor notified

Actions Taken after the Exposure: (Check when completed)

____ Infection / Exposure Control Officer notified

____ Exposed Individual referred for medical evaluation/treatment

____ Site/Facility (ED, Employee Health, Occupational Health, etc.)

____ Off-Site affiliated location (Occupational Health, Clinic, etc.)

Name of Location:

____ School affiliated: _____

Other facility: _____

___ School/Program faculty notified: Director of Clinical Education Program Director

___ Follow-up made for re-evaluation of lab studies, clinical condition

___ Clinical Site made aware of approximate date of return

Narrative Description of the Incident/Exposure:

—

—

—

Nature and Scope of any Personal Injury:

—

Person Completing Form:

Name:

Title/Capacity: _____

Signature:

Telephone: _____

Date: ____ / ____ / ____

Appendix D

Environmental Hazards Policy

Physician Assistant students, faculty and staff face a number of serious safety and health hazards, some in the didactic year, and additional concerns in the clinical year. Potential hazards include but are not limited to: bloodborne pathogens (addressed above) and biological hazards, potential chemical exposures, respiratory hazards, ergonomic hazards from lifting and repetitive tasks, workplace violence, hazards associated with laboratories, and x-ray hazards etc. Listed below are the protocols to be followed for specific hazards.

Severe weather emergency (i.e., tornado) (code grey)

- Concordia Protocol is posted in every classroom and lab.
- The student/faculty/staff should take action to ensure their own safety and follow posted protocol.
- Safely move out of the path of danger and seek the lowest level of the building, away from windows or doors
- If you have identified any issue contact campus safety ()
- In case of emergency call 911 from cell or 9-911 from campus phone.
- If off campus follow the policy and procedure of that institution

**Students and Faculty should note that the “color codes” for Concordia University are markedly different than hospital/clinic emergency code colors. When at a hospital or clinic please take time to note how their codes are called and what the proper response should be.*

A. Medical Emergencies:

- Concordia University has established guidelines for Response to Medical Emergencies; this policy is posted in every classroom and lab.
- Should a student require treatment in a medical emergency, the student is responsible for the cost.
- Contact Campus safety (734-358-1340)
- If on campus phone dial 9-911, cell 911

B. Armed Intruders: at Concordia University (code blue)

- Concordia Protocol is posted in each classroom and Lab
- The student/faculty/staff should take action to ensure their own safety and follow posted protocol.
- Any suspicious activity should be reported to campus safety (734-358-1340)
- Call 911 for cell phone or 9/911 from campus phone.
- If off campus follow the policy and procedure of that institution.

C. Bomb Threat: at Concordia University (code orange)

- Protocol is posted in each classroom and Lab.
- The student/faculty/staff should take action to ensure their own safety and follow posted protocol.
- Any suspicious objects should be reported to campus safety. (734-358-1340)
- Ann Arbor Police 9-911 from campus phone or 911 from cell.
- If off campus follow the policy and procedure of that institution

D. Fire or Infrastructure Emergency includes: Water, Electrical, HVAC (code red)

- The student/faculty/staff should take action to ensure their own safety.
- Follow posted evacuation routes or alternatives if needed.
- If you have identified potential issues contact campus safety (extension)
- In case of emergency call 911 from cell or 9-911 from campus phone
- If off campus follow the policy and procedure of that institution

E. Gas, Chemical or Bioterrorism Emergency code

- The student/faculty/staff should act to ensure their own safety.
- Follow posted evacuation routes or alternatives if needed.
- If you have identified any issue or suspicious activity contact campus safety
- In case of emergency call 911 from cell or 9-911 from campus phone.
- If off campus, follow the policy and procedure of that institution

F. Environmental Spill/ Biological Hazard Exposure

- In case of hazardous environmental spill access the proper MSDS sheet. It is under my resources on the my.CUAA.edu page, for appropriate first aid measures to be taken. <https://msdsmanagement.msdonline.com/ViewerSite/MSDSSearch.aspx>
- If the spill requires medical care to be rendered to a student they are responsible for costs incurred.
- Complete the Environmental Spill/Release report found in each classroom and lab, then forward the completed form to campus safety.
- During anatomy lab it is anticipated there will be exposure to formaldehyde or similar chemicals associated with the preservation of human bodies, this issue is specifically addressed in the addressed in the guidelines for Anatomy Lab
- If off campus follows the policy and procedure of that institution

G. Latex Allergy or sensitivity

Physician Assistant students will have frequent contact with latex containing products. Latex allergy may manifest as a skin or systemic reaction after being in contact with the latex in rubber gloves or other products that contain latex (i.e., Blood pressure cuffs, Stethoscopes, Intravenous tubing, tape, Band-Aids, Syringes, injection bottle diaphragm, cannulas, catheters, Electrode pads etc.) or by inhaling airborne latex particles. These particles can be released when powdered latex gloves are removed. Your reaction can worsen with repeated exposure to latex. Mild reactions include rash and itching, moderate to severe reactions may be systemic and include Itchy, watery eyes, Scratchy throat, Difficulty breathing, wheezing or coughing when exposed to latex or latex particles. The most serious allergic reaction to latex is an anaphylactic and may cause drop in blood pressure, dizziness or loss of consciousness.

- Clinical activities undertaken by physician assistant students will involve exposure to latex.
- The student may risk of worsening a pre-existing latex sensitivity, and continued exposure may cause the condition to worsen and potentially lead to life threatening symptoms.
- It is the student responsibility to be aware of potential exposure to latex and the student responsibility to notify and provide health care provider documentation of the latex sensitivity/allergy to Concordia faculty or clinical staff in every situation where potential exposure may be present.
- It is the responsibility of the student to follow up with their healthcare provider/allergist for services related to latex allergy and follow those recommendations.

- The student will be responsible for any costs related to latex allergy screening and treatment.

H. Respiratory or gastrointestinal illness

- Students are advised to follow their health providers' recommendations and to self-isolate at home until they are no longer potentially infectious to others.
- Follow respiratory/cough/sneeze protocol:
 - ✓ Cover mouth and nose when coughing or sneezing
 - ✓ Use and dispose of tissues
 - ✓ Perform hand hygiene after hands have been in contact with respiratory secretions
 - ✓ Consider using a mask to prevent aerosol spread when in the clinic or hospital
- **Students are required to have negative TB testing prior to entering the PA program and again at the onset of the clinical year.**
- **If during the clinical year, there is a patient with known TB positivity the student should follow the clinic/hospital guidelines.**
- **Students with suspected exposure to TB should follow up with their health care provider and follow those recommendations. The student is responsible for related costs.**

Due to the nature of training of Physician Assistant Students there is the potential of exposure to infectious or environmental contacts that may lead to disease or disability. Acquisition of an infectious or environmental disease may impact student learning activities during the didactic or clinical phase of training. Should a student contact an environmental or infectious disease or disability, the student must be able to meet published health requirements as outlined above under "Health Requirements and Technical Standards" as documented in the student manual in order to continue matriculation in the Concordia University MPAS Program. If a student should contract an infectious or environmental disease or disability they may need to be cleared by their health care provider prior to continuing with the PA program course of studies. Based upon outcomes and degree of infectious or environmental hazard exposure, a student's continued participation in the required classroom and/or clinical activities may be delayed or prevented. This may delay or prohibit graduation from the program. If a student misses class or clinic time related to acquisition of an infectious or environmental disease they may need the clearance of the attending health provider before returning to participation.

The student is financially responsible for any costs incurred secondary to infectious and/or environmental hazardous exposures.

Appendix E

Personal Release

I grant the Concordia University Ann Arbor (CUAA) School of Health Professions and the Department of Physician Assistant Studies the right to use my image and name for the purposes of publishing student pictures and names in School of Health Professions, Department of Physician Assistant Studies or other CUAA materials. These materials may include: the Graduate Recognition Ceremony program, student slide show, informal class composite photo, formal graduating class composite photo, white coat ceremony, and/or recruitment materials. I agree to the release of my name to third-parties taking graduation photos and to have my name released to any CUAA, Concordia or LCMS publications and for any special graduation materials or articles. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

The students will be required to sign (in CastleBranch) one of the two statements below either agreeing or denying consent to use name or image.

I release Concordia University Ann Arbor from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

I choose NOT to authorize CUAA School of Health Professions and the Department of Physician Assistant Studies the right to use my name and image. I understand that I will not be included in the class composite picture, White Coat Ceremony class picture or Graduate Recognition Ceremony program.

Appendix F

Student Consent to Participate

In order to prepare for a career as a physician assistant, students in the Physician Assistant Studies program at Concordia University are provided with opportunities to participate in laboratory experiences. These laboratory experiences will include, but are not limited to the following activities performed by course faculty as well as novice physician assistant students under the supervision of course faculty.

Lab activities:

- Cerumen removal using curette and using irrigation
- Subcutaneous injection for TB skin test practice using sterile saline solution
- Peak flow
- Pulse oximeter
- Throat swab with rapid strep testing and Nasopharyngeal swab
- Cryosurgery
- Fluorescein stain for corneal abrasion
- Finger stick for glucometer reading
- Urine dipstick
- Splinting

- Sling application
- Venous puncture/IV insertion/Injections
- EKG
- Palpation of lumbar region (landmark recognition for Lumbar puncture. Lumbar puncture will be performed on a mannequin.)

Students will have the opportunity to participate in the aforementioned activities in the role of the “treating clinician” and as the “patient”. While the risk of injury when participating in the planned laboratory activities is low, potential exposure to injury may occur to students in both roles (treating clinician or patient). Potential risks may include, but are not limited to the following: discomfort, needle stick, staining of clothing. Appropriate personal protective equipment will be provided for student use.

If you have any allergies, disabilities or other medical conditions (e.g., pregnancy), it is your responsibility to discuss any safety precautions that need to be taken with your medical provider in order to safely participate in this course. It is the student’s responsibility to purchase any required safety equipment recommended by their medical provider. If the student is not able to participate in lab activities due to a temporary medical condition (e.g., pregnancy) and based on a medical provider’s note, the student will make up the full class after cleared from their medical provider when the class is offered again.

Student Consent to Participate

The students will be required to complete this form in CastleBranch either consenting or declining consent to participate. This will remain in effect throughout the duration of the program, unless rescinded by the student.

- I understand the content of this consent form.
- I understand that it is my responsibility to notify the course faculty if I am unable to participate in a particular laboratory activity.
- In the unlikely event that an adverse response occurs, I will report this immediately to the supervising faculty member and will then be required to complete an incident report.
- I FOREVER RELEASE CONCORDIA UNIVERSITY, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, AND OTHER STUDENTS FROM ANY AND ALL LIABILITY RELATED TO MY VOLUNTARY PARTICIPATION IN CLINICAL SKILLS LAB ACTIVITIES DURING SCHEDULED CLASS TIME.

Student Signature _____

Date _____

Appendix G

Receipt of Physician Assistant Didactic Year Handbook

DIDACTIC YEAR HANDBOOK

LINK FOR THE CODE OF STUDENT CONDUCT

You will be providing a signature in CastleBranch stating that you acknowledge your responsibilities as related to all the policies above.

Please read the Didactic Handbook noting all policies and procedures. If questions arise related to any policies and procedures, DO NOT SIGN IN CB. Instead, please make an appointment to see and discuss with the Program Director or the Director of Clinical Education as soon as possible.