

CONCORDIA UNIVERSITY ANN ARBOR



CONCORDIA UNIVERSITY
Ann Arbor, Michigan

PA STUDENT CLINICAL YEAR HANDBOOK

CONCORDIA UNIVERSITY ANN ARBOR

Table of Contents

CONCORDIA UNIVERSITY ANN ARBOR.....	0
PA STUDENT CLINICAL YEAR HANDBOOK	0
CONCORDIA UNIVERSITY ANN ARBOR.....	1
Table of Contents.....	1
Congratulations	4
CUAA Physician Assistant Program	5
Vision	5
Mission.....	5
Program Goals	5
Federal, State, and University-Specific Policies and Procedures.....	5
Fair Practices	5
University Discrimination Statement	5
FERPA	6
University Accreditation.....	6
Program Accreditation	6
Credential Awarded	6
Policies and Procedures Regarding Allegations of Harassment	6
Definitions	6
Reporting Information:.....	7
General Academic Grievances.....	7
Official Academic Records/Student Transcripts.....	7
Electronic Media Statement	8
Electronic Media Guidelines.....	8
Best Practices	8
Information Collected Automatically	9
Student Resources	10
Health Services	10
Counseling Services	10
Students with Disabilities	10
Temporary Impairment	11
Academic Resource Center (ARC)	11
IT Support	11
The Career Engagement Studio.....	11
Office of Multicultural Engagement.....	11
	1

Financial Services	12
Tuition Refund	12
Security and Personal Safety	12
On Campus Safety Measures	12
Building Security	13
Cardinal Buddy Program	13
Safety Tips Brochure	13
Monitoring Off Campus Criminal Activity	13
Timely Warning	13
Safety at Clinical Rotations	13
Personal Safety	13
Residential /Rotation Safety.....	14
OSHA Guidelines.....	14
Incident Reporting:.....	14
Program Specific Policies and Procedures.....	14
Communication	14
Health Requirements	15
Health Insurance	16
Leave of Absence.....	16
Pregnancy While in the Program	16
Background Check	16
Drug Screen	17
Medical Marijuana/CBD Oil/Controlled Substances	17
Alcohol.....	17
Unprofessional Behavior/Professional Misconduct.....	17
Academic Ethics.....	17
Academic Integrity Failures	17
Physician Assistant Student/Patient/Preceptor Relationships	18
Employment While in the Program.....	18
Student Responsibilities to the Program.....	18
Academic Standards and Performance Requirements	18
Typical Cognitive and Interpersonal Demands.....	18
Student Responsibility in Ongoing Program Assessment	19
Student Performance Requirements	19
Professional Behavior Expectations	19
Student Responsibilities to the Site.....	20

Attendance Policies	20
Excused absences:	21
Unexcused absences:	21
Tardiness:	21
Accessing Faculty and Educational Resources While on Rotation	21
Holidays	21
Inclement Weather	22
Proper Identification and Nametags	22
Confidentiality	22
Etiquette.....	22
Dress Code.....	22
CUAA PA Physician Assistant Program Responsibilities	23
Liability Insurance Coverage.....	23
Preceptor Responsibilities to the Student and Program.....	23
Clinical Rotation Specific Policies and Procedures	24
Affiliation Agreements/Clinical Sites	24
PA Program Advising	24
Basic Student Responsibilities for the Clinical Year	25
Clinical Rotations Required	26
Course Descriptions.....	27
Rotation Site Visits	29
Housing, Transportation, and Meals	29
Medical Diagnostic Equipment	29
Documentation	29
Rotation Procedures and Guidelines	29
Scheduling	29
Assessment of Student Performance	30
PA Program Competencies	30
Assignments while on Clinical Rotation	31
Patient Profile Logging	32
Grading for the Clinical Rotations.....	34
Case Presentation for Elective Rotations	34
The Preceptor Evaluation of Student Performance	35
The Student Evaluation of Preceptor and Clinical Site.....	35
Academic Progression	38
Requirements for Graduation	38

Campus Graduation.....	38
Student Progress Committee	38
Probation.....	38
Dismissal.....	39
Appeal Process for Dismissal.....	39
Deceleration Policy.....	39
Voluntary Withdrawal.....	40
Appendix A	41
Technical Standards.....	41
Typical Physical Demands.....	41
Technical Standards	41
Appendix B	43
Blood-borne Pathogen, Infectious Control and Hazard Policy and Protocol.....	43
Blood-borne Pathogens of Primary Concern:.....	43
Hepatitis B virus (HBV)	43
Hepatitis C virus (HCV)	44
Human Immunodeficiency Virus (HIV).....	44
Less common bloodborne pathogens include:	45
PROCEDURES.....	45
Significant Bloodborne Pathogen Exposure Information you need to know:.....	46
Appendix C	48
Hazards Policy	48
Latex Allergy or sensitivity.....	49
Respiratory or gastrointestinal illness.....	49

Congratulations to each and every one of you for surviving and thriving in the didactic year. Now the actual FUN begins! While it is going to be another exhausting year, you will be energized by realizing that the learning you do THIS year really sticks!!

You will wonder if you are ready, and we can only tell you that we would not let you go out into the medical world as a student provider now if we didn't think you were ready.

So, this handbook is really a guide to all the policies, procedures, and rules you have to follow as clinical year PA students. It will also provide you the information about grades, grading and benchmarks you need to hit. But the MOST IMPORTANT part of this handbook lies in the PA Competencies we want you to become competent at in the coming year.

In the 11 rotations, it is not even remotely possible to see a patient with every single disease entity and clinical presentation that you may get quizzed about. Even after 30 years of practice there will be some diseases that you will not have seen, so we have focused on what you ARE likely to see, and those life-threatening illnesses that you cannot miss even if you see it only once. We will guide you to what you need to know, but it is YOUR job to utilize all necessary

resources and to work hard and fully engage in each and every one of your rotations – even those that you think you may never ever work in – as God may have a different plan for you ☺

Be a sponge.... Don't worry about getting the answer wrong, but be very proud when you get it right.

The 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 lives and influence communities through clinical service and leadership, 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

1. Recruit and retain students from underserved, underrepresented, and diverse backgrounds committed to the PA profession.
2. Increase the number of PAs who become HC providers in underserved and underrepresented HC communities
3. Develop entry-level PA graduates who demonstrate competency in all aspects of primary care.
4. Obtain a pass rate greater than, or equal to, 90% on the PANCE examination.
5. Achieve a PA employment rate of 75% by 6 months after graduation.

ADEIB Statement

The PA Program at Concordia University Ann Arbor is intentional in creating an environment of diversity and belonging, welcoming students 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 who meet 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.

Federal, State, and University-Specific Policies and Procedures

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.

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/>

Information on accreditation is also available at: Accreditation review commission on Education for the Physician Assistant, Inc., 3325 Paddocks Parkway, Suite 345, Suwanee, GA 30024, (770) 476-1224.

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.

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: <https://www.cuaa.edu/about/offices/title-ix/index.html>

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 [online](#).
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 “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.A3.15 f/g Students who wish to file a grievance related to student mistreatment should also use the following link: <https://www.cuaa.edu/about/offices/compliance/complaint-resolution.html>

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

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 CUA A PA program, Concordia University Ann Arbor or on the medical community.

The CUA A 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 guidelines outline 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 CUA A PA Program. The CUA A PA Program supports your right to interact knowledgeably and socially. These guidelines have been developed to outline appropriate standards of conduct for your future and the reputation of our program. This applies at any time that the views and opinions expressed are not intended to represent the official views of the CUA A 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.

GUIDELINES

1. Social networking (or 'friending') or texting CUA A 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, bullying, or use of profanity on your postings is strictly prohibited, and 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 CUA A PA Program through the social network. Refer all questions regarding program information, policies and procedures to the CUA A 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 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.

Privacy Policy: <https://www.cuaa.edu/about/offices/compliance/privacy-policy.html>

Don't Forget CUAA's Mission

Concordia University Ann Arbor is a Lutheran higher education community committed to helping students develop in mind, body, and spirit for service to Christ in the Church and in the World. Be sure that your social media profiles, pages, content and comments reflect our mission in all you do.

Student Resources

Health Services

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

In compliance with **Std. A3.10**, provide students timely access and/or referral to services addressing personal issues which may impact progress in the PA program.

Currently there are no health services on campus. UofM Hospital is located at 1500 East Medical Center Drive, Ann Arbor, and Trinity Health Ann Arbor Hospital is located at 5301 McAuley Drive, Ypsilanti. Both are less than 5 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 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/health-wellness/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. (**Std. A3.10**)

Other services: Michigan Medicine Psychiatric Emergency Services provides a 24 hour/7 day a week crisis phone service: 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.

Students with Disabilities

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).

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.

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. (For more information see Leave of Absence).

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

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>

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

IT Support

IT help is available through the helpdesk at 734.995.7424, and email support at support@cuaa.edu. Though the helpdesk isn't typically staffed on weekends, weekdays are usually scheduled/staffed until 8pm during normal school sessions. Students have online access to available medical journals at all times and from any location. Support is available for all Blackboard content through BB itself.

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.

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 CUAA home page, or you can contact the Director directly: shanitra.cheff@cuaa.edu

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, 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 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

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>

On Campus Safety Measures

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.

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. A few tips to remember are:

- Be aware of your surroundings
- 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.
- Stay alert, and plan ahead for "What if...?"

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.

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.

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 cell phone service provider charges for incoming text messages. **To register to receive text notifications on your cell phone you must log into the CUA Portal, then click on the "Student Services" or "Employee" tab. Then follow the "Concordia SafetyNet – Text Message Alerts" link.**

Safety at Clinical Rotations

The safety of patients and students is paramount. Students will be placed in rotation sites that are deemed to be safe for the students, patients, employees, and faculty. If the student feels that safety of any of these parties is at risk, they should discuss this immediately with their preceptor, or the site coordinator. If the student does not feel comfortable discussing this with the preceptor, or if concerns remain, the student should consult with the PA Program Director or Director of Clinical Education immediately. If any parties are felt to be at risk, the student will be removed from the clinical site until such time as the Director of Clinical Education deems it is safe to return, or an alternative clinical site will be provided for the student. Safety of the student is one of several measures evaluated during initial site procurement and at subsequent clinical site visits.

Personal Safety

Residential /Rotation 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 and when you sleep.
- Keep belongings labeled and stowed in a secure area.
- Get involved. If you see someone you consider suspicious or out of place, CALL CAMPUS SAFETY or 911 IMMEDIATELY
- Park in a well-lit area and utilize chaperones if possible after regular hours.
- Keep your car locked. Store items of value in the trunk out of view.

OSHA Guidelines

Students are responsible for following required universal precaution guidelines at the clinical sites. This includes the use of personal protective equipment, proper care and disposal of sharps, and other precautionary measures. Students are also required to take and pass a Bloodborne Pathogen and Universal Precaution exam after receiving training in both of the areas prior to clinical rotations.

Incident Reporting:

Should a student sustain an exposure at the clinical site (i.e., blood or body fluid exposure, TB exposure, or needle stick) the student should report the incident immediately to the preceptor and receive appropriate medical care (under two hours from the time of exposure). An **incident report** should be completed (**CORE**) and the student is then required to contact the Director of Clinical Education. Ultimately, the student is responsible for initiating care and follow up care after an exposure at a hospital or medical office. All costs are the sole responsibility of the student. (See Appendix B for post-exposure guidelines).

Program Specific Policies and Procedures

NOTE: All Program Policies apply equally to all PA students, the Principal Faculty, and the Program Director, regardless of location on campus and off campus (clinical rotation sites). An affiliated clinical rotation site may have policies that supersede certain program policies, and those affected will be notified by the DCE. (**Std. A3.01**)

Communication

Please make sure that the PA Program Administrative Assistant has your current address and phone number on file at all times during 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.

The program makes every attempt to keep in close contact with each student and clinical site. The Director of Clinical Education is readily available for consultation with the student or site whenever necessary, within reason.

During the clinical year communication between PA Faculty and PA Students is accomplished through several methods that may include site visits, email, telephone calls, and voicemail. Students must check their CUAA email at least once a day. Checking email while at the practice site is at the discretion of the preceptor. **It is the expectation that the student will respond within 24 hours to any communication from either the Director of Clinical Education or Clinical Coordinator.**

Problems on rotations can occur, be they academic, professional, or personal in nature. Students should use the following guidelines in dealing with any problems:

- Attempt to resolve problems with the individual directly.
- If this is not possible, discuss it with the preceptor or contact person.
- **If unable to resolve a problem for any reason, contact the Director of Clinical Education ASAP.** *If the Director of Clinical Education is unavailable, please contact the administrative assistant in the PA office and she will put you in contact with an available faculty member.*

Health Requirements

Applicants accepted for admission are required to submit a completed health exam 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.

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

1. Annual PPD
2. Chest radiography (every three years, if the PPD is positive)
3. Hepatitis B immunity (established by three reported dates of immunization or by documented testing of antibody titer)
4. Tdap to those who have not received it before, then Td (every 10 years)
5. Rubella immunity (established by two reported dates of vaccination or documented antibody titer)
6. Varicella immunity (established antibody titer) or date of vaccination
7. 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 subsequent clinical activities.
3. All students must provide evidence of Hepatitis B immunization prior to starting the first year. All Hepatitis B documentation must be completed 4 weeks prior to going out on 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. Due to the COVID-19 pandemic, it is recommended that every student be fully vaccinated and boosted and upload proof of vaccination to CastleBranch. Those who decline vaccination must acknowledge and sign the CUAA SHP VACCINATION DECLINATION FORM (see APPENDIX E and Castlebranch), aware that clinical rotations and graduation may be delayed or ultimately prevented as many clinical sites require full vaccination.
5. 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.

Employer and student roles with regards to exemptions: If you are participating in clinicals for an organization you are employed by, and have received a medical or religious exemption for the COVID-19 vaccination (or any other vaccination), you must go through that process again, but this time in a student role. An employer exemption does not carry over to the CUWAA student role. Once a decision on the student exemption has been made from the organization, the approval form or email needs to be forwarded to the staff member that handles your onboarding process.

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. (**Std. A3.19**)

Health Insurance

Physician assistant students must have basic health insurance coverage and upload a copy of their health insurance card to CastleBranch.com each year. The clinical sites where the students will be completing their rotations require all students to have 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.

Leave of Absence

If any significant change in health status occurs (serious injury, prolonged illness, or other health-related needs that impact program progression or participation), the student must contact the Director of Clinical Education immediately. Restrictions or accommodations must be provided by the University Disability Support Services (DSS). The DSS Coordinator will work in conjunction with the DCE to ensure that accommodations do not interfere with the academic and/or technical standards of the program. If you have a health concern, or are pregnant (see below for more information), please let your health care provider know as well as the DCE.

The student must submit a note to the Director of Clinical Education from their health care provider verifying the need for a leave of absence, or that the student requires accommodations. Please also see the Deceleration Policy in this handbook. If accommodations are needed, the student should also contact the DSS.

The Student Progress Committee and DCE 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

PLEASE NOTE: Student health records are confidential and must not be made available to program personnel. Your provider will simply provide documentation of the need for LOA or accommodations but will not be divulging the reasons.

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.

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. 39 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.

Background Check

All students are required to complete a background check again prior to the beginning of the clinical year. Some clinical sites require an *additional* background check within 30 days of a rotation. The cost of obtaining these background checks is incurred by the student. Students can fulfill the requirement through their CastleBranch account which provides deadlines.

Current PA students who 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 for admittance to 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 current student

does not fulfill the background check in a timely fashion, he/she may not be able to continue in the program until the background check is approved, 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 admission 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 the Castle Branch 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 Castle Branch, will be dismissed from the program.

Medical Marijuana/CBD Oil/Controlled Substances

At no time should students utilize controlled substances without a valid prescription from their medical provider. It is also important to note that despite the fact that medical marijuana is legal for use 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 to participate in any clinical rotations if your drug screen is positive.

Alcohol

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.

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.

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.

Academic Integrity Failures

Academic honesty is the foundation of our educational institution. Without it, we make a mockery of the academic endeavor and the ultimate rewards associated with a degree in higher education. At CUAA, 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 by following the steps listed below for **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 I: The student meets with the instructor to resolve the matter informally.

Step II: 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 III: 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.

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. 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, patient, or staff member of any clinic or hospital is not consistent with professional behavior. Unprofessional conduct will be considered improper behavior and will be grounds for disciplinary action by the SPC, including possible dismissal from the CUAA PA Program.

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. During the clinical year, students will be required to rotate through each clinical site an average of 40 hours a week. In addition, students may be required to take call, work weekends, holidays, evenings, and/or nightshift. This full schedule precludes the PA student's ability to work in addition to clinical rotations. Missing a rotation or coming in late due to outside work requirements will be an unexcused absence, and may result in the student repeating the clinical rotation.

In compliance with **Std. A3.04**, students must not work for the program.

In compliance with **Std. A3.05b**, students must not substitute for or function as clinical or administrative staff at rotation sites.

Student Responsibilities to the Program

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.

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 with 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 Responsibility in Ongoing Program Assessment

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. Additionally, in clinical practice, PA's are often asked to complete surveys in research requests and PA policy advocacy. Multiple surveys will be conducted throughout the didactic and clinical year, and surveys are sent to our graduates at a 6-month mark and even years later as alumni, when the program needs information in order to make data-driven decisions. 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 instructor, courses, curriculum and program.

Student Performance Requirements

The CUAA PA student will be required to:

- Participate in full time didactic and clinical training, often 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 in continuing study after on-campus and clinical days are finished.
- Demonstrate competency by the end of the program in all CUAA PA Competencies at the level required by faculty.
- Participate in service.
- Complete other duties as required to demonstrate aptitude for the physician assistant profession.

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)

Student Responsibilities to the Site

Attendance Policies

- Rotation dates are established by the PA program.
- Attendance is mandatory.
- The work schedule will be determined by your preceptor and should include approximately 40 hours per week, with a minimum of 128 hours and maximum 200 hours over the course of the rotation. Students may be required to participate in call, night shifts, and weekend shifts as designated by the preceptor. **Holidays do not apply to the clinical year.**
- You must provide the Director of Clinical Education/Clinical Coordinator and the PA Program with your contact information while on clinical rotations. This information must include an emergency contact number and cell phone number. Any changes in address must also be given to the Program.
- If a student is going to be absent from a rotation, the student must notify the preceptor or designee at the clinical site **and** the Director of Clinical Education. Contact should be made by **8:00 am** on the day of the absence. Students who have an absence must complete the **Absence Form (See CORE)** and return it to the Director of Clinical Education within **48 hours**. If a student does not follow these steps, it may be considered an unexcused absence. (See below)

Excused absences:

If a student makes a request for a day away from the rotation, he/she must discuss the requested absence with the preceptor and with the Director of Clinical Education (DCE). Absences must be approved by both the preceptor and the DCE. Possible excused absences include:

- 1) Death in the family; funeral
- 2) Illness or injury requiring student to be hospitalized or housebound
- 3) Military service: Students must notify DCE and PD as soon as deployment requirement has been received

Again, if you must be absent from the rotation for any unplanned reason, notify the rotation site as early as possible **EACH MORNING** that you will be absent, and contact the DCE as soon as possible.

Any student who misses three days or more of a rotation due to injury or illness must submit a letter of clearance from their health care provider on their official letterhead before returning. The excuse is to be submitted to the Director of Clinical Education.

In emergency situations only, students may obtain approval after they return from their absence, but must contact both the preceptor and the DCE to let them know the circumstances on the first day they are absent.

Students may be required to make up the days they are absent.

If the time cannot be made up, the student may have to repeat the rotation. The student may be able to forfeit an elective rotation, or other accommodations may be provided. This will be decided by the Director of Clinical Education.

Unexcused absences:

Weddings, graduations, routine medical or dental appointments, or any other social events or appointments are not considered excused absences. Unexcused absences must be approved by the DCE and preceptor in advance, and should be limited to no more than 3 days total for the clinical year.

Any absence with failure to notify the DCE/CC and complete and submit the absence form (CORE) will be considered unexcused. Unexcused absences may be considered a professionalism infraction and may be subject to other disciplinary measures, as determined by the Student Progress Committee.

Students are required to be present as scheduled by the clinical site and attend all EORs (End of Rotation day).

Tardiness:

Students are expected to be on time to their clinical rotations. Tardiness is not accepted at a clinical training site or when attending an EOR. Tardiness will be considered a professionalism infraction and may be subject to other disciplinary measures, as determined by the Student Progress Committee.

Accessing Faculty and Educational Resources While on Rotation

Clinical Sites have all been visited prior to your rotation. Part of that evaluation of the site is to verify that students will have internet and computer access, and therefore, access to databases, and the ability to communicate with Principal Faculty. Should you require assistance academically while on rotation, contact the DCE, a faculty member, or the Program Director. Availability to provide academic support through Zoom or Collaborate in the Blackboard learning management system is available and time with faculty may be scheduled. If you find, once at your site, that you have difficulty accessing any resources that you need, please contact the DCE as soon as possible.

Holidays

Official CUAA Holidays do not pertain to the clinical year. If you are attending a rotation over a holiday, discuss the schedule with the preceptor on the first day of the rotation, as you may be required to work on the holiday. There are significant differences in patient populations and clinical experiences when working weekends, evenings, nights and holidays; the program would encourage you to take advantage of these experiences. If the student has significant issues with this policy, they should contact the Director of Clinical Education at least 30 days prior to the holiday.

Inclement Weather

The student will need to decide for him/herself about the safety of travel during inclement weather. Should the student deem travel unsafe, he/she must contact the DCE as soon as possible and contact the preceptor to discuss the circumstances. Considerations will be given to sites that are expected to have significantly dangerous conditions based on weather reports, and distance of travel to the site.

Proper Identification and Nametags

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 CUA A PA program, students may not use previously earned titles (i.e. RN, MD, DO, EMT, Ph.D., OT, PT, etc.) for identification purposes. This is an ARC-PA standard for accreditation of the program. **In compliance with Std A3.06, all PA students must be clearly designated as PA students in the clinical setting, easily distinguished from other health profession students/providers.**

Nametags will be given to students to wear on their white coats when in a professional setting. If a student loses their nametag, they will be charged \$10 for a new one.

All students are required to have an ID Card to access the CUA A campus.

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 case presentations and H&P assignments, please use patients' initials or first name only. All protected information must be redacted from any documents during presentations.

Etiquette

Activities that distract from the clinical environment and interfere with the conduct of the clinical process are prohibited. Such activities include emailing, instant messaging, cell phone usage, headsets for music, surfing the internet.

Dress Code

In keeping with the professional nature of the CUA A PA program, all PA students are expected to dress in an appropriate manner both in the classroom and in the clinical setting. At all clinical sites, EOR days, meetings and special events on or off campus, PA students are expected to be dressed appropriately with awareness to personal hygiene, cleanliness and especially a professional demeanor. Students need to demonstrate that they have the proper judgment about what attire to wear for a given educational activity whenever they are representing CUA A and the PA profession in any on or off-campus setting.

Being neatly dressed and well-groomed exemplifies a professional appearance. Patients of every age, background, and culture should feel comfortable in your presence. Please be aware of the following:

Clothing:

- Students should wear clothing that allows adequate movement in order to complete a physical assessment, without risk of exposing any cleavage, abdomen, or backside. Clothing should not be tight, short, low-cut, or expose the abdomen with movement (you'll be sitting on a low stool, leaning over patients, so be aware of your clothing with movement).
- No ripped jeans, shorts, cut-offs, T-shirts, hats, or flip flops.
- Men are to wear collared shirts at professional events and meetings (tie 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 that they may get lost when gloving or ungloving.
- No excessive numbers of bracelets or necklaces as this is a potential hazard to you, primarily.
- Avoid wearing dangling or oversized earrings.

Revised 07/25/23

- No other visible body piercings are permitted.

Fingernails:

- Nails should be trimmed short and free of any polish.
- Nail extensions and gel nails are not permitted.

Tattoos:

- None should be visible, including through clothing.

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).

If you have questions about what constitutes appropriate attire, please discuss with the DCE.

Clinical supervisors, preceptors, or PA department faculty reserve the right to ask a student who is not appropriately dressed to leave the clinical site, lab, or classroom. This may result in the student being required to meet with the SPC, which could possibly interfere with completion of the program and/or graduation.

CUAA PA Physician Assistant Program Responsibilities

In accordance with **Std. A3.03**, it is the responsibility of the Program to solicit and provide clinical sites and preceptors, not the student's responsibility. **Prospective and enrolled students will not be asked to solicit sites 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.

In accordance with **Std. 3.04**, PA students must not work for the program, and in compliance with **Std. A3.05a** PA students MUST not substitute for or function as primary instructional faculty.

In compliance with **Std. A3.09** the Program Director, Medical Director and Principal faculty MUST not be healthcare providers for students except in an emergency situation.

The CUAA PA program will:

- Serve as a resource in developing the PA role in a specific practice setting.
- Orient preceptors and students to the structure of the preceptorship and student learning.
- Commit to serving our rural and medically underserved populations.
- Provide medical malpractice insurance throughout the entire program for all students.
- Evaluate the clinical experience through evaluations and periodic site visits and strengthen the experience as needed.
- Maintain close contact with students to answer questions and to assist with any problems should they arise.
- Provide specific student instructional objectives and learning outcomes for each rotation. The student should, on their own, review and study the items not met during the clinical experience during study time.
- Provide opportunities for preceptors to receive continuing medical education credit for medical teaching during the preceptorship period. The program will provide the documentation of the preceptorship period for the CME credit upon request.

Liability Insurance Coverage

CUAA provides each student with a \$1M/3M malpractice insurance policy. This is described clearly in the affiliation agreement between the University and the facility. Any requests from the facilities for verification of insurance need to be made to the Clinical Coordinator or Director of Clinical Education.

Preceptor Responsibilities to the Student and Program

The Preceptor will:

- Provide appropriate supervision of student activities, insuring the highest standards for patient care and safety while maintaining a sound educational experience for the student.

- Establish the student work schedule. CUAA PA Program would prefer the student experience a typical exposure to their practice. It is expected that the student will work a schedule similar to that of the Preceptor and be on call for emergencies at any time they occur.
- Take the responsibility to introduce the student, and inform appropriate personnel in the hospital and/or clinic of the student's arrival and role.
- Orient the student to the clinical setting and discuss practice policies and procedures.
- Discuss "on-call" schedules and expectations.
- Review the specific clinical rotation learning outcomes.
- Participate in evaluating the student's performance by providing mid-rotation and end-of-rotation feedback to the student and the program by way of an online evaluation through the CORE software.
- Inform the program if significant problems develop (of personality or professional nature, etc.) which require faculty attention, knowledge, or consultation, or if circumstances arise that may prevent the overall rotation goals from being accomplished.
- Have overall responsibility for the student assigned to them during the rotation. This does not preclude delegating the student to another provider.
- Comply with current laws, regulations, and standards of educational and medical practice. All student orders, chart entries, etc., must be co-signed by the Preceptor. The student should not be expected to initiate or terminate patient care which is not supervised by the physician or the hospital service algorithm (written or verbal) for the problem.
- Not discriminate against any student because of age, creed, handicap, national origin, race, gender or sexual orientation.
- Directly supervise, observe, and teach in order to develop the student's clinical skills and to insure patient safety.
- Assign outside readings to promote learning, demonstrate clinical skills, and assess oral case presentations.

Clinical Rotation Specific Policies and Procedures

Affiliation Agreements/Clinical Sites

- Affiliation Agreements must be established between all clinical sites and the University.
- This legal document addresses issues such as liability, and responsibilities of the University and facility. In addition, it helps ensure that the student will receive a quality clinical experience.
- The Physician Assistant Program maintains Affiliation Agreements with numerous preceptors and clinical sites within the region. Throughout the year, the Director of Clinical Education contacts the preceptors to determine their availability during a given period of time. Those sites that are available are then utilized for rotations.
- The Program is committed to developing new relationships with preceptors and clinical institutions. Students who know of an individual who would like to be a clinical preceptor, should provide the Director of Clinical Education with the individual's name, business address, email, and telephone/FAX numbers.
- The potential preceptor will then be contacted by the program and the site will be evaluated by the Director of Clinical Education before approval may be given. Students are not allowed to negotiate an affiliation with a clinical site. The Director of Clinical Education must evaluate the site and approve the site. If the site is approved, the Director of Clinical Education will orchestrate completion of the affiliation agreement and letter of intent.
- Students are not permitted to attend a clinical site that does not have a signed Affiliation Agreement with the University and are not permitted to attend a clinical site where they are not assigned. Should this occur, the student will go before the SPC and may be dismissed from the Program.

PA Program Advising

Routine mentoring will continue through the clinical year and will occur periodically with the DCE to discuss your progress in the program in both academics and professional behaviors. You are also welcome to contact the DCE at any time in the clinical year that you need assistance or support. As discussed below, you'll also continue with your assigned faculty advisor from the didactic year to monitor progress with the portfolio project that is part of your summative.

Contact your DCE or faculty advisor if you need someone 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 personal 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.
- Review your progress in development of your portfolio project.

Each meeting should be scheduled directly with the DCE or faculty advisor. Students who are having academic difficulty will be required to see the DCE more often as well as other instructors in the program to assist in improving their academic performance. The DCE 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 the DCE/faculty advisor act as your medical provider or as a professional counselor; however, they are able to provide you with contact information and resources should you request them.**

Basic Student Responsibilities for the Clinical Year

- PA students always identify themselves as such, and always sign charts and orders with your name, followed by the initials "PA-S" (Physician Assistant Student). Students who possess other titles (e.g. RN, RT, etc.) will at no time be allowed to use these designations.
- Patients must be informed that a PA student will participate in their care, and the patient consent must be obtained.
- All charts and orders must be co-signed by the preceptor immediately.
- Log each patient encounter with all the pertinent data in CORE, and have the preceptor sign off at the end of the rotation.
- PA students must always work under the direct supervision of the preceptor assigned by the program. Students are at no time allowed to be in charge of a patient's care. Students are not allowed to provide any services without consultation and supervision of the preceptor, or his/her designee.
- The student may perform procedures within the scope of practice as authorized by the PA program, preceptor and the clinical site. Students are not to undertake any procedures without consulting the preceptor.
- Log all procedures you participate in or perform within CORE.
- All students will keep a log of each patient encounter with all the pertinent data as required by the Director of Clinical Education. Failure to keep procedure logs and to enter data into the CORE clinical software will result in a lower grade, an Incomplete and/or possible failure for that rotation. Students may be referred to the SPC.
- Students will review medical textbooks and available online resources to expand knowledge of problems and procedures typically seen in the practice setting or those that may be required by the preceptor.
- Students must follow universal precautions while at the clinical sites. All students should understand when and what to use for given circumstances. If a student is not aware of the appropriate equipment to be utilized, they need to communicate with their preceptor. Students are responsible to always follow OSHA guidelines for universal precautions at the clinical site. At any time that a student has potential exposure to Bloodborne Pathogens or other hazards, the student must complete an incident report, inform the preceptor, contact the DCE, and follow instructions in Appendix B.
- Students are not allowed to work at any rotation site for compensation during the clinical year. On the occasion that a stipend is offered to the student, it should be discussed with the Director of Clinical Education prior to accepting the stipend.
- Students are aware that holding an outside job is **strongly discouraged** during the clinical year as work-related absences from rotations are **unexcused**, with consequences.
- Students will present to the clinical site able to fully participate in patient care.
- Students will participate in all opportunities associated with the site.
- Students will complete site evaluations, patient logs, and clinical procedure logs for each rotation.

- Students will meet with the Director of Clinical Education or designee during a site visit.
- Students will notify the DCE IMMEDIATELY of any concerns or problems that may occur at the site.
- It is the student's responsibility to contact the preceptor or his/her designated contact person, at least one week prior (two weeks if possible) to the start of a new rotation, to determine what time, place, and to whom, the student should report for the first day of that rotation.
- As this is a full-time experience, students are expected to work at least 32-40 hours per week, plus any on-call or weekends as scheduled by the preceptor.
- Students may only take the same time off as their preceptor for a given holiday, however, students should do their best to maintain a minimum of at least 32 hours a week in the rotation.
- Students are not permitted to request time off from rotations without approval from the Director of Clinical Education and the preceptor.
- The PA Competencies delineate for the student those entry-level competencies that **MUST BE DEMONSTRATED** prior to completion of the program. Student learning outcomes and instructional objectives for each rotation are provided to both the student and preceptor. Rotation specific instructional objectives are delineated in the syllabi to guide the students' learning. Clinical experiences may vary depending on patient population and site strengths/weaknesses. **It is the student's responsibility to review the topic lists and augment clinical experiences with independent study, and discussion with the preceptor as necessary to meet the learning objectives. If the student feels that they are not being provided enough clinical experiences to meet competencies, the student should discuss this with the DCE as early in the clinical rotation as possible.**
- End-of-rotation exams are based on the rotation topic lists; the link is found in each respective syllabus.

<https://paeaonline.org/assessment/end-of-rotation/content>

The CUA PA student will be required to perform:

- Full-time clinical training in medical, surgical, emergency, outpatient and inpatient settings off campus
- Various medical and surgical procedures
- Pre-, peri-, and postoperative care, as well as prenatal and gyn care
- Demonstrate knowledge, skills, and competencies to the level required by faculty
- Demonstrate professionalism, ethical demeanor, and an understanding of the medical law as it relates to physician assistants and the health care field
- Display an ability for mental and physical stamina with long hours in both the classroom and clinical settings

Clinical Rotations Required

PHAS 6000 Family Medicine Clinical Rotation I (4 credits)

PHAS 6005 Family Medicine Clinical Rotation II (4 credits)

PHAS 6010 Internal Medicine Clinical Rotation I (4 credits)

PHAS 6015 Internal Medicine Clinical Rotation II (4 credits)

PHAS 6020 Women's Health Clinical Rotation (4 credits)

PHAS 6025 Pediatric Clinical Rotation (4 credits)

PHAS 6040 Emergency Medicine Clinical Rotation (4 credits)

PHAS 6035 Surgical Medicine Clinical Rotation (4 credits)

PHAS 6030 Behavioral Medicine Clinical Rotation (4 credits)

PHAS 6045 Elective Clinical Rotation I (4 credits)

PHAS 6050 Elective Clinical Rotation II (4 credits)

PHAS 6100 Summative Assessment (2 credits)

Course Descriptions

Course descriptions for clinical rotations are listed below. Specific goals are included for each rotation.

PHAS 6000 Family Medicine Clinical Rotation 1

This Family Practice clinical rotation is the first part of a total of 8 weeks required. Some students will have two 4-week clinical experiences, and some will have an 8-week clinical experience with the same preceptor at the same clinical site. Instruction will occur with supervision by a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: The rotation will provide application of knowledge and skills from the didactic year to evaluation and management of patients with diseases and conditions that occur in the practice of family medicine, to include acute, emergent, and chronic medical disorders, and preventive medicine and patient education in health promotion and disease prevention. Medical care will be provided to patients of all ages including infants, children, adolescents, adults and the elderly.

PHAS 6005 Family Medicine Clinical Rotation 2

This Family Practice clinical rotation is the second part of a total of 8 weeks required. Some students will have two 4-week clinical experiences, and some will have an 8-week clinical experience with the same preceptor at the same clinical site. Instruction will occur with supervision by a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: The rotation will provide a continuation of Family Medicine 1 with a progressive focus on the application of knowledge and skills from the didactic year to evaluation and management of patients with diseases and conditions that occur in the practice of family medicine, to include acute, emergent, and chronic medical disorders, and preventive medicine and patient education in health promotion and disease prevention. Medical care will be provided to patients of all ages including infants, children, adolescents, adults and the elderly.

PHAS 6010 Internal Medicine Clinical Rotation 1

This Internal Practice clinical rotation is the first part of a total of 8 weeks required. Some students will have two 4-week clinical experiences, and some will have an 8-week clinical experience with the same preceptor at the same clinical site. Instruction will occur with supervision by a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: The rotation will provide application of knowledge and skills from the didactic year to evaluation and management of patients with diseases and conditions that occur in the practice of internal medicine, to include acute, emergent, and chronic medical disorders, and preventive medicine and patient education in health promotion and disease prevention. This rotation may be inpatient or outpatient, or a combination of both. Medical care will be provided to adult and geriatric patients.

PHAS 6015 Internal Medicine Clinical Rotation 2

This Internal Practice clinical rotation is the second part of a total of 8 weeks required. Some students will have two 4-week clinical experiences, and some will have an 8-week clinical experience with the same preceptor at the same clinical site. Instruction will occur with supervision by a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: The rotation will provide a continuation of Internal Medicine 1 with a progressive focus on the application of knowledge and skills from the didactic year to the evaluation and management of patients with diseases and conditions that occur in the practice of internal medicine, to include acute, emergent, and chronic medical disorders, and preventive medicine and patient education in health promotion and disease prevention. This rotation may be inpatient or outpatient, or a combination of both. Medical care will be provided to adult and geriatric patients.

PHAS 6020 Women's Health Clinical Rotation

This required 4-week rotation in Women's Health occurs with instruction from a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as

primary by the site and the program. This clinical experience is designed to familiarize you with all aspects of Women's Health.

Goals: The rotation will provide application of knowledge and skills from the didactic year to evaluation and management of patients with diseases and conditions that occur in the practice of women's health for adolescents, adults and geriatric patients. You will provide management and treatment of acute, chronic, routine, prenatal, and preventative medical issues encountered within a gynecology and obstetrics setting.

PHAS 6025 Pediatric Clinical Rotation

This required 4-week rotation for Pediatrics will take place in an outpatient pediatric clinic. Instruction will occur with supervision by a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: The rotation will provide application of knowledge and skills from the didactic year to the evaluation and management of pediatric patients with diseases and conditions that occur in the practice of pediatrics, to include acute, chronic and preventive medicine encounters with patient education in health promotion and disease prevention. Medical care will be provided to pediatric patients, including infants, children, and adolescents.

PHAS 6035 Surgical Medicine Clinical Rotation

This 4-week General Surgery clinical experience occurs with the supervision of a clinical preceptor who will either be a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: This rotation is designed to allow the student exposure to a wide variety of surgical problems. Students will participate in pre-operative, intra-operative, and post-operative care of patients, from adolescent to adult and elderly, in an office, surgical, and/or hospital setting. This rotation will provide application of knowledge and skills from the didactic year to pre-operative, intra-operative, and post-operative evaluation and management of surgical patients with acute and chronic diseases.

PHAS 6030 Behavioral Medicine Clinical Rotation

This Behavioral Medicine clinical rotation is a 4-week required rotation. Instruction will occur with supervision by a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: The rotation will provide application of knowledge and skills from the didactic year to evaluation and management of patients with mental health diseases and conditions that occur in the practice of psychiatric and behavioral medicine, to include acute, emergent, and chronic disorders, in patient populations across the life span including children, adolescents, adults, and the elderly. This rotation may be inpatient, outpatient, or a combination of both.

PHAS 6040 Emergency Medicine Clinical Rotation

This required 4-week rotation in Emergency Medicine will occur with direct supervision by Board Certified Emergency Medicine physicians. Additionally, daily instruction will occur with supervision by a clinical preceptor who will be either a PA, NP, DO or MD. You may have more than one preceptor during a rotation, but one person will be designated as primary by the site and the program.

Goals: The rotation will provide application of knowledge and skills from the didactic year to evaluation and management of patients with diseases and conditions who present to hospital-based emergency departments. You will evaluate, triage, develop differential diagnoses, and procedural and medical management for patients of all ages with urgent and emergent medical or surgical conditions.

PHAS 6045 Elective Clinical Rotation 1

This 4-week elective rotation allows students, in consultation with their academic advisors, to select either an area of medical practice interest, or an area of medical practice in which they seek reinforcement of clinical acumen. Elective rotations require a case presentation at completion. All logging requirements continue, and all experiences occur with instruction and supervision by a clinical preceptor.

PHAS 6050 Elective Clinical Rotation 2

This 4-week elective rotation allows students, in consultation with their academic advisors, to select either an area of medical practice interest, or an area of medical practice in which they seek reinforcement of clinical acumen. Elective rotations require a case presentation at completion. All logging requirements continue, and all experiences occur with instruction and supervision by a clinical preceptor.

PHAS 6100 Summative Assessment

The Summative Assessment is a culmination of all student assessments designed for the students to demonstrate entry-level competency as a Physician Assistant in all aspects of primary medical care. Assessment will include demonstration of competency in each of the PA Competencies required for successful completion of the PA program. The assessment will occur over three days, following a two-day study and review opportunity for students.

Rotation Site Visits

Active Clinical rotation sites are visited by the Director of Clinical Education or by his/her designee at a minimum, once every 3 years (in person or via tele/videoconference). Active Clinical rotation sites are defined as those sites which precept a student every clinical year. Students will be visited by the Director of Clinical Education or their designee during the clinical year at least one time. Additional formal program evaluations of the student can be scheduled at any time as deemed necessary by the Program, student, or preceptor. The primary purpose of a visit is to evaluate the student's development in their knowledge, skills, and patient interactions. Evaluation of student performance is important so that strengths and areas of improvement can be identified and measures taken if necessary to improve areas of deficiency. The site visit also provides an opportunity for frank and honest exchange of information among any of the participating parties. Students are also encouraged to relate their impressions of the rotation and preceptor to the Director of Clinical Education or his/her designee. Visits are scheduled by the clinical site and the Director of Clinical Education at a mutually convenient time. Students may be notified of the date and time of the visits by the rotation site or the Director of Clinical Education.

Utilization of the site visit includes, but will not be limited to:

- Feedback from both the preceptor and the student concerning the rotation experience and student performance.
- Feedback from the preceptor and the student to identify and correct any inadequacies in program training.
- Review of the clinical site by the DCE or faculty to complete the ongoing site evaluation form.
- Mini-CEX may be performed, time permitting, and review of documentation.
- Direct observation of student performance of clinical or procedural skills.

Housing, Transportation, and Meals

Students are responsible for housing for up to 6 remote clinical sites, as well as transportation and meals associated with all clinical rotations. On occasion, clinical sites may have housing available, and we will inform the student of this option. Efforts will continually be made to place students nearest the locations they have reported to have housing options. Due to the critical shortage of clinical sites, it is more probable than not, that each student will have to travel for several clinical rotations.

Medical Diagnostic Equipment

All students should bring their properly functioning medical diagnostic equipment with them to all clinical rotations. This includes the blood pressure cuffs, stethoscope, ophthalmoscope, otoscope, reflex hammer, and tuning forks.

Documentation

All progress notes, orders, and entries on the hospital records must be co-signed by the preceptor. The student may not take any clinic notes away from the clinical site that contain patient identifying data.

Rotation Procedures and Guidelines

Scheduling

1. The Physician Assistant Program's Director of Clinical Education & Clinical Coordinator will schedule students for each rotation.

2. The students may submit a Student Information Form, indicating their geographic and elective rotation preferences. Each student's clinical schedule will be arranged with the goal of providing the best possible educational experience. **While students will be given the opportunity for input prior to the assignment of rotations, please note that the Director of Clinical Education/Clinical Coordinator reserve the right to place a student in a specific rotation based on the student's level of skill and knowledge, as well as the needs of other students, and the needs of the Program.**
3. The Director of Clinical Education reserves the right to replace/substitute the student's elective rotation choices for the betterment of the student's education.
4. Sites that are not currently signed under an affiliation agreement with CUAA may be considered for clinical rotations. However, the site must be evaluated by the Director of Clinical Education or designee and the required paperwork must be in place prior to the start of the rotation.
5. Once the rotation schedule is completed and confirmed, **no further changes requested by the student will be allowed.** Changes may occur throughout the year due to various circumstances with regard to clinical sites, therefore requiring students to be flexible. The Director of Clinical Education will make assignments or substitutions which he/she feels is in the best interest of the student, preceptor, and Program.
6. Immediate relatives may not be preceptors for a student.
7. Students should plan their personal matters and finances so that they can concentrate on the program. Depending on the nature of the rotation, **the student may be scheduled to work during the evening, nights, weekends and/or holidays.**
8. Students may only participate at the clinical site they are assigned to at the designed time. All clinical training sites are sent an Affiliation Agreement that formalizes the relationship between the school and the preceptor/site. It is inappropriate for a student to present themselves as a PA student to non-assigned clinical setting(s). Any student who does so will appear before the SPC.
9. Students should plan for clinical sites that may involve travel outside the Ann Arbor area. Students must have reliable transportation for clinical rotations. Whenever possible, efforts will be made to assign the student to a rotation site close to student location preference. **Traveling approximately 60 miles one-way is considered "a commutable distance" for a rotation.**

Assessment of Student Performance

Students must demonstrate competency in each of CUAA PA Competencies by the end of the clinical year in order to graduate and sit for the PANCE exam.

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.

It is **your** responsibility to ensure that you are actively participating in your clinical rotations in order to take advantage of every opportunity to improve your skills throughout the clinical year. The DCE, as well as all principal faculty are available to assist you in any way necessary. Please access faculty and contact us if you feel that you are not progressing as you should. The program will also keep careful watch on your developing competencies through your rotation evaluations, EOR assessments, written assessments and evaluations in the rotation and at OSCE's occurring throughout the clinical year. If you feel you need additional support, please contact the program.

Assignments while on Clinical Rotation

The PA program has strict deadlines for the completion of assignments for each rotation. These include:

1. Clinical Skills: You will have an assignment due two weeks before the EOR day for each clinical rotation. A SOAP note will be required, which will be specific to that rotation. The syllabus details the requirements for this assignment. Completion of any additional rotation assignments will be noted in the clinical rotation syllabus and deadlines will be provided in Blackboard.
2. Mid-rotation and End-of-rotation evaluations (student evaluation of site and preceptor is due on the final day of the clinical rotation; preceptor evaluation of the student is due on the final day of clinical rotation – the student should make every effort to meet with the preceptor at the end of the rotation to receive feedback on performance)
3. Rosh Review Mock Exam is due by midnight the third Sunday of each core rotation. The student must achieve a 73% or greater. This will help guide studying the final week before EOR.
4. Attendance is mandatory at all EORs, for the entire day. The EOR day typically falls on the final Friday of the rotation. EOR days take place in person on campus at CUA. However, in certain circumstances (severe weather or consecutive rotations being at a distance greater than 400 miles away), remote EOR days may be accommodated on a case by case basis. This would require students to take the EOR exam with remote proctoring and then participate in activities via videoconference. The student will still need to make up any OSCE's or practicum competency checklists in person at the next EOR. This is at the sole discretion of the Director of Clinical Education, and will be decided well before the rotation starts.
5. EOR exam – will be taken as noted in the schedule on the morning of the EOR evaluation day
6. EOR day OSCE, practicum, simulation, mini-CEX, and/or DOPS
7. Clinical logging of patient encounters as well as procedural skills. You will log all procedures that you assisted in and performed, and have your preceptor sign to verify. The preceptor will be asked to verify logging at the end of the rotation. **It is the STUDENT's responsibility to obtain the preceptor signature to verify the log of patients/skills at the end of the rotation.** Please work with your preceptor DURING the rotation to improve any procedure skills that you are not performing satisfactorily. The program will be monitoring your developing ability at performing skills, and testing will occur at EOR days to verify competence. You will be notified ahead of time which skills will be tested. **Bolded skills are REQUIRED to be done competently.** The non-bolded skills will hopefully be observed, and ideally performed if there is opportunity. Those essential skills for an entry level PA graduate are required to be performed satisfactorily or better. Skills should be logged in the CORE software tracking system.

REQUIRED TECHNICAL SKILLS:

- Administer IM, SC or ID injections/immunizations
- Interpret EKG
- Interpret routine X-rays (CXR, Abd, Spine, extremity)
- Interpret radiologist's report for imaging studies (CT, MRI, U/S)
- Perform laceration repair including skin adhesives/staples/suture
- Perform pap smear and/or cervical cultures
- Perform pelvic exam

Perform postpartum evaluation

Perform prenatal visit to include measuring fundal height and checking fetal heart rate

Perform a surgical scrub

Perform sterile technique while surgical assisting in OR

TECHNICAL SKILLS:

Administer a nebulizer treatment

Apply basic splints

Correctly place chest decompression tube

Interpret dipstick urinalysis

Interpret tuberculin skin test

Interpret urine pregnancy test (hCG)

Perform ACLS

Perform Abscess Incision and Drainage (I&D) and packing

Perform and interpret results of lumbar puncture

Perform Arterial puncture

Perform BLS

Perform clinical breast exam

Perform cryotherapy of skin lesion

Perform digital rectal and prostate examination

Perform endotracheal intubation and bag-valve mask ventilation

Perform fingerstick with glucometer

Perform foreign body removal (ear, nose, eye, skin)

Perform fundoscopic exam

Perform G-tube placement

Perform ingrown toenail excision

Perform intraoperative knot tying

Perform IV Catheterization/cannulation

Perform joint aspiration

Perform local anesthetic administration, including digital blocks

Perform nasopharyngeal swabs and throat swabs

Perform NG tube placement

Perform ophthalmic fluorescein staining/Wood's lamp exam

Perform peak flow testing and interpretation

Perform punch biopsy

Perform rapid strep A antigen test

Perform spirometry/incentive spirometry

Perform stool testing for occult blood

Perform straight and foley catheterization of urinary bladder

Perform subungual hematoma drainage

Perform suture/staple removal

Perform testicular exam

Perform venipuncture/phlebotomy

Perform visual screen

Perform wound closure and care

Perform wound dressing (including debridement and irrigation)

Other (please specify)

Patient Profile Logging

While exposure to patient care does not demonstrate competency in and of itself, there is a necessary number of exposures that it takes to develop competency. The number of patient encounters it takes to develop a specific competency varies greatly depending on the rotation discipline, the student's prior knowledge in varied areas of medicine, the student's level of active participation, and the preceptor's ability to teach. Though we cannot measure

competency by the number of patients you have seen, you **MUST** see a reasonable number of patients to become competent in the rotation’s PA Competencies. The types of patient encounters which the CUAA PA program expects the student to achieve during the eleven combined clinical rotations for each of the specified areas is outlined in the table below. The expectation is that you will **log each and every patient encounter** throughout the clinical year. Patient Logging will aid the program in assessing the clinical site and its ability to provide an adequate volume of patients, and in monitoring your involvement in patient care as you develop competency in the 5 domains (**medical knowledge, clinical and technical skills, interpersonal skills, professional behaviors, and clinical reasoning and problem-solving**). Timely patient logging is necessary for accreditation purposes, and will contribute toward your professionalism grade, as well as broaden job opportunities for you upon graduation. These logging categories are attainable for all students, and will become robust as you progress through the eleven rotations. If a clinical site does not appear to have sufficient patient numbers for you to achieve the learning outcomes for the particular rotation, you must contact the DCE as soon as possible so that an evaluation can be performed.

This patient logging information will be documented in the CORE clinical tracking software. The patient encounter log will record the number of patients evaluated at various acuity levels, practice settings, patient age, the diagnosis, and level of participation. Students should log these entries daily. **It is the STUDENT’s responsibility to obtain the preceptor signature to verify the log of patients at the end of the rotation. The Director of Clinical Education and Clinical Coordinator will be reviewing your logging regularly while you are on rotation and will contact you or visit the clinical site if numbers are lower than anticipated.**

PATIENT LOGGING – Listed below are the categories of encounter types, practice settings, lifespan, women’s health, surgical management and behavioral and mental conditions that MUST be met during the eleven clinical rotations.

Patient Encounter Logging Categories		#s
Acuity Level	Preventative Care	
	Acute Care	
	Chronic Care	
	Emergent Care	
Lifespan	Infant (0-2)	
	Child (2-11)	
	Adolescent (12-17)	
	Adults (18-64 years old)	
	Elderly (65+ years old)	
Women’s Health	Gynecologic Care	
	Prenatal-Postpartum Care	
	+/- Labor & Delivery	
Practice Setting	Outpatient Clinic	
	Inpatient Hospital	
	Operating Room	
	Emergency Department	
Behavioral/Mental Health	+/-Inpatient	
	+/-Outpatient	
Surgical Management	Pre-operative	
	Intra-operative	
	Post-operative	

Grading for the Clinical Rotations

Students must demonstrate a cumulative passing performance of 79% by the end of the EOR for each clinical rotation.

A student's final grade for each rotation will be calculated as follows:

End-of-Rotation Exam/case presentation	40%
Preceptor Evaluation of Student Performance	30%
Field Encounter Logging	5%
SOAP note	10%
Professionalism	10%
Other (AAPA modules, mini-CEX, osce, practicum, etc)	5%

A composite score of 79% is required to pass the rotation.

Grading for the rotations will be on the following scale:

100-93% A	92-90% A	89-87% B+	86-83% B	82-79% B-	78-76% C+
77-73% C	72-70% C-	69-67% D+	<66% F		

End of Rotation Exams

The PAEA End of Rotation exam results will be reported on a scale of 300–500 as a scaled score. This metric allows for comparisons between versions of the exam over time and forms of the exam delivered to a large cohort of students nationally.

The national mean score will be used along with the national standard deviation according to the grade range scale which has been calculated to be equivalent to the letter grade seen below. This scaled score reporting is only done for EOR exams in the clinical year.

Grade Range details

- A = 433-500
- B = 397-432
- C = 361-396

The percentage recorded in Blackboard for the EOR exams will be as follows:

- A 95
- B 85
- C 75

No EOR exam will be given following the elective rotations. The case presentation grade will replace the EOR exam grade.

Case Presentation for Elective Rotations

1. The patient case submitted must be a patient on whom you completed the initial evaluation and work-up. Therefore, you will be familiar with all aspects of the case and should be able to give a complete presentation and answer most questions regarding the case. Pick a patient who has a diagnosis that would be of interest to the class or that has a diagnosis that would be a good review.
2. For each presentation, please include in your submission the patient's age, gender, race and a chief complaint. In addition, give a brief history (several sentences detailing his/her initial presentation to you), the final diagnosis, and an explanation of your role in the case (initial H&P, admitting H&P, first assist in the OR, consulted on the case, etc.). Give some background on the illness or injury you are going to present.
3. The actual case presentation is limited to 20 minutes. The history and physical exam should be limited to five (5) minutes. The next five (5) minutes should consist of the patient management (orders, plan, course, prognosis, etc.). The next five minutes should be a review of pertinent information on the topic. The last five (5) minutes should be reserved for questions from classmates and the faculty present.

4. The presentation score of 79% is required. If the presentation grade falls below the minimum grade, a second date will be scheduled for another case presentation. The highest grade awarded for a remediated case presentation will be 79%.

The Preceptor Evaluation of Student Performance

- The preceptor will receive evaluation forms from CORE to complete at mid-rotation and end-of-rotation to evaluate student performance for each clinical rotation.
- The student will find the clinical rotation specific syllabi posted to Blackboard and CORE for each rotation. Clinical rotation specific learning outcomes and instructional objectives are in each syllabus and delineate those competencies that students must demonstrate during the rotation and at EOR.
- The preceptor's evaluation is based on demonstration of the student's medical knowledge and skill in the performance of history-taking, physical examination, developing a diagnosis and treatment plan, and procedures as designated and permitted by preceptors. The evaluation also includes evaluation of interpersonal skills and professionalism, including the student's work ethic and interactions with patients, families and members of the health care team.
- At the end of the rotation the preceptor is encouraged to have an exit interview with the student. This evaluation process should allow for more direct feedback between preceptor and student regarding the student's performance. The student should also provide feedback to the preceptor concerning the rotation.
- If there are **discrepancies** and the student is dissatisfied with the evaluation, the student should first communicate with the preceptor. If the discrepancy remains unresolved, the student should contact the DCE by writing a statement that outlines specific reasons for disagreement with the preceptor's final evaluation. The statement will be reviewed by the DCE and, if necessary, the Program Director. Consultation with the student will take place if further information is required. If no further action is necessary, a written decision will be sent to the student from the Director of Clinical Education. If further action is necessary, the Director of Clinical Education will contact the preceptor for more information. Upon receiving the information, the PA Program Director and DCE will convene. A final written decision will be sent to the student from the PA Program Director.
- Preceptor evaluation forms become a part of the student's permanent record and are used to demonstrate student performance and competency in items assessed, and contribute to a portion of the overall clinical rotation grade.
- Failure to complete the evaluations by the end of the rotation will result in the student receiving an incomplete for that rotation, which could delay graduation until resolved.

The Student Evaluation of Preceptor and Clinical Site

- Each student is required to complete (in CORE) an evaluation of the rotation site at mid-rotation and **by the final day of the clinical rotation.**
- The evaluation of the preceptor must be completed before the preceptor evaluation of the student is released to the student.
- Students are to discuss the positives attributes as well as areas needing improvement regarding the clinical site and experience. Constructive comments are helpful to the program and allow for ongoing evaluation both the clinical site and efficacy of the preceptor in providing clinical education.
- Student evaluations of the site and preceptor are not routinely shared with the preceptor unless requested by the preceptor and/or a concern noted requires follow up by the DCE.

Remediation

Remediation is not punitive, but instead is designed to identify and assist the student in developing competency in a timely manner. No one student will excel in every content area, and to this end, remediation is a regular occurrence in the PA program, and requires the student to work with the faculty to identify the area of weakness, and work toward competency.

Remediation occurs for any graded assignment or assessment, other than the PAEA EOR exam, that a student fails to meet the standard minimum score of 79%.

Remediation occurs for any PAEA EOR exam score of 372 or less, which is more than 1.5 SD below the national mean.

Remediation Process for Graded Assignments or Assessments

In the event that a student scores below 79% on any graded activity, other than the PAEA EOR exam, the following will occur:

1. The student must contact the Director of Clinical Education (DCE) within 24 hours of notification of a failed assignment or assessment to arrange a meeting to create a remediation plan.
2. The meeting should occur within 72 hours of the notification of the failed assignment or assessment.
3. At the meeting the DCE and the student will complete a Clinical Year Remediation Form listing the reason for remediation, remediation plan, reassessment tool, and due date.
4. Remediation plans for failed assignments or assessments should be completed within the following timelines:
 - Documentation assignments, field encounter logging, and student site visits should be completed within 1 week of the failed assignment or assessment
 - OSCE's, practicum's, and oral case presentations should be completed at the next EOR Day
 - Preceptor evaluation and professionalism remediation completion timelines will be determined on a case by case basis during the meeting with the DCE
5. Remediation plan examples may include, but aren't limited to:
 - Reading assignments
 - Written completion of selected rotation learning outcomes with reference citations
 - Problem based learning exercises
 - Written self-reflection exercise
 - Individual faculty-led tutoring (especially skills related deficiencies)
 - Additional supervised clinical practice experience, up to and including repeating an entire clinical rotation
6. After the remediation plan has been completed, the student will be re-assessed based upon the nature of his/her deficiency.
7. On re-assessment, the student is expected to achieve a minimum grade of 79%.
8. If the student achieves a minimum grade of 79% or higher, the student has successfully completed the remediation. However, the highest grade the student can receive in BlackBoard is a C (79%).
9. Failure to adhere to deadlines and/or failure to achieve a minimum remediation grade of 79% will result in referral to the Student Progress Committee (SPC).
10. Copies of the Clinical Year Remediation Form will be placed in the student's file, accessible to SPC and faculty advisor if indicated.

Remediation Process for End of Rotation Exam

In the event that a student scores 372 or less (more than 1.5 SD below the national average) on any EOR exam, the following will occur:

1. The student must meet with the DCE during that EOR Day to create a remediation plan.
2. At the meeting the DCE and the student will complete a Clinical Year Remediation Form listing the reason for remediation and the EOR exam remediation plan (detailed below).
3. The student must complete the following EOR exam remediation plan:
 - Using the Individual Performance Report from the PAEA EOR exam, the student will write a brief summary (1-2 paragraphs) for **EACH** of the keyword feedback items listed on their report.

For example, if the feedback item included “Pulmonology: History & Physical, Pneumonia” one would need to:

outline the elements of the history (what symptoms are typical in pneumonia? What social, family, or medical history is pertinent to help establish a diagnosis or identify risk factors?) and the physical examination (what findings are likely to be present? What exam techniques are specific to this disease process?)

- For each keyword item the student will need to reference the page number along with the textbook used. **For example**: CURRENT Emergency Medicine Diagnosis and Treatment (2023), page 23-24.
 - The paragraphs must be in the student’s own words. Copy and paste will not be accepted. If the student is found to have copy and pasted the material, this will result in failure of the remediation and referral to the SPC.
 - Upon completion of the remediation assignment, the student will **upload both their response and the Individual Performance Report to Blackboard by midnight of the Sunday directly following the EOR exam being remediated**. Failure to submit the remediation by the following Sunday at midnight will result in failure of remediation and referral to the SPC.
4. Failure to adhere to deadlines will result in failure of remediation and referral to the SPC.
 5. Copies of the Clinical Year Remediation Form will be placed in the student’s file, accessible to SPC and faculty advisor if indicated.

Failure of an End of Rotation Exam

EOR exam scores of 360 or less (more than 2SD below the national average) constitutes failure of the EOR exam. In the event a student fails the EOR exam, the following will occur:

1. The student must meet with the DCE during that EOR Day to create a remediation plan.
2. At the meeting the DCE and the student will complete a Clinical Year Remediation Form listing the reason for remediation, EOR exam remediation plan, and the EOR remediation exam test date.
3. The student must complete the EOR exam remediation plan (detailed above).
4. The student must additionally study for a repeat EOR exam (remediation exam), reviewing similar content, to be taken within 1-2 weeks of failing the EOR exam. The remediation exam test date will be determined during the initial meeting with the DCE.
5. The student is expected to achieve a minimum score of 361.
6. If the student achieves a minimum score of 361 or higher, the student has successfully completed the remediation. However, the highest grade the student can receive in Blackboard is a C (75%).
7. Failure to achieve a minimum score of 361 on the remediation exam will result in failure of the rotation.
8. Failure to adhere to deadlines or achieve a minimum score of 361 on the remediation exam will result in failure of the rotation and referral to the SPC.
9. Copies of the Clinical Year Remediation Form will be placed in the student’s file, accessible to SPC and faculty advisor if indicated.

Failure of Clinical Rotation

In the event that a student fails a clinical rotation for any reason, the following will occur:

1. Failure of a rotation will require the student to repeat the rotation at the earliest time permitted by the clinical schedule, most likely during an elective.
2. The student will be referred to the SPC.
3. Failure of any 2 rotations will result in dismissal from the program.

Academic Progression

Progression in the PA program curriculum is contingent on demonstration of developing mastery of the PA Competencies, demonstrated competency for all course/rotation 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/rotation of 79% (includes 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.**

Requirements for Graduation

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

1. Successfully completes all components of the program (didactic, clinical, and summative).
2. Successfully demonstrates competency for each of the PA Competencies.
3. Maintains an overall GPA of 3.0 or higher.
4. Maintains professionalism standards.
5. Successful completion of BLS and ACLS.
6. Fulfills all financial obligations to Concordia University Ann Arbor.
7. Complies with all CUAA and Physician Assistant Program policies and procedures.

Campus Graduation

Students are able to participate in the University graduation ceremony 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.

Student Progress Committee

The purpose of the Student Progress Committee (SPC) is to ensure that every graduate of the CUAA 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 or professional behavior arise prior to the end of the term, the SPC will convene to discuss concerns. 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 Program Director will review the SPC's recommendations and affirm, amend, or overturn the recommendations, 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 or do not meet professionalism expectations each term will be placed on probation.

In the written notification, the PA Program Director will specify the reason(s) for Probation, the policy/process for removal from probation, and the deadline for completing the requirements.

Students placed on probation:

- May submit information that is pertinent to the probation decision to the PD and SPC within (five) 5 working days of probation decision.
- Must create a probation plan for improving grades and/or improving or mitigating behavior(s) for professionalism infraction. This plan must be submitted to your advisor for approval within five (5) working days from receipt of probation letter.
- Must determine a meeting schedule with advisor that is at a minimum twice monthly while on probation. It is the student's responsibility to schedule these meetings.
- May not hold any student society position while on probation.

If this process is not followed, or if the student fails to obtain a 3.0 or fails to demonstrate professionalism the subsequent term, s/he will be referred to the SPC for consideration of dismissal from the program.

Dismissal

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, s/he will communicate via certified letter and phone call to the student informing them of the dismissal decision.

Appeal Process for Dismissal

Step I: The student wishing to appeal a dismissal 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 ten (10) working days. The Dean will render a decision and send a written response to the student and the Program Director within ten (10) working days of receiving the appeal.

Step III: The student may appeal 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 and program within ten (10) working days of receiving the request.

Deceleration Policy

The CUAA PA program does not decelerate students for failing to meet the program's academic and/or professionalism requirements.

Deceleration for a personal or family medical issue which requires a Leave of Absence (LOA) may be allowed based upon the University's 'Temporary Stop Out from the University' policy. <https://catalog.cuw.edu/graduate/university/academic-policies>

Students may request a temporary stop-out in writing to the Program Director, and will be required to provide written evidence of the medical issue related to the request. Prior to the student's return to the program, the Program Director will provide the student with a specific deceleration plan. This plan will be developed on a case-by-case basis after review and with input from the student's advisor, the Student Progress Committee and the Program Director.

- A student whose LOA extends past the two semesters that are allowed by the University's temporary stop-out policy will be required to re-apply to the program.
- During the didactic year, the deceleration plan may require the student to repeat those courses where updating of medical content is necessary.
- During the clinical year, the student may be required to repeat one or more clinical courses.

- Per the Registrar, when a course is repeated, the student's transcript will reflect the higher of the grades earned.
- It is the responsibility of the student to contact the Financial Aid Office to discuss the financial requirements of deceleration and repetition of courses, which may result in additional tuition and fee expenses.
- Note that deceleration will result in delay of graduation.
- Finally, a student who has been out d/t LOA must provide a document from their provider verifying that they are released and are able to return to the program without restrictions. If restrictions are required, the Program Director must be notified in order to request from the ARC (academic resource center) for necessary accommodations.

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.

Appendix A

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.

The PA student will verify that they are able to meet the following standards; if you feel that you may not be able to meet these standards please discuss immediately with the DCE or the PD.

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.

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.

Appendix B

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

(Std.A3.08b) (most current update: 05/12/2023 CDC <https://www.cdc.gov/niosh/topics/bbp/default.html>)

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 (Std. A3.08c). 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 March 09, 2023: <http://www.cdc.gov/hepatitis/hbv/bfaq.htm>

Hepatitis B information for Health Professionals March 30, 2022: <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 August 7, 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 Dec 1, 2022: <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, drippable, 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 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.

Appendix C

Hazards Policy

Physician Assistant students, faculty and staff face a number of serious safety and health hazards, some in the didactic year, with additional concerns in the clinical year. Potential hazards include but are not limited to: bloodborne pathogens (addressed in separate Appendix) 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. (**Std. A3.08a**)

CUAA Emergency Procedures placards are posted in the North Building for your reference. You'll find directives in case of fire, an active shooter, tornado, medical emergency, or a hazmat issue. Call 911 for emergencies. For non-urgent situations call Campus safety at (734) 358-1340 or x7502.

Severe weather emergency (i.e., tornado)

- The student/faculty/staff should take action to ensure their own safety by staying inside
- Safely move out of the path of danger and seek the lowest level of the building, away from windows or doors
- 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

Medical Emergencies:

- Call 911; if on a campus phone dial 9-911
- Administer First Aid/CPR/AED if appropriate
- Don't move victim unless conditions require it

Armed Intruders: RUN HIDE FIGHT

- Call 911 from mobile phone or 9-911 from a campus phone
- 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 (ext. 7502 or 734.358.1340)
- If off campus, follow the policy and procedure of that institution.

Fire or Infrastructure Emergency includes: Water, Electrical, HVAC

- Use closest available exit
- Activate nearest fire alarm if possible
- Follow posted evacuation routes or alternatives if needed
- Assist those with special needs
- If you have identified potential issues contact campus safety (X7502)
- 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

Hazardous Materials Issue (Spill or Exposure): **EVACUATE**

- Leave the area using closest available exit.
- Close off the room and alert others to evacuate
- Avoid breathing vapors from the spill
- Don't attempt to clean up the spill
- If personally contaminated, seek eye wash or emergency shower
- If the spill/exposure requires medical care to be rendered to a student, s/he is responsible for costs incurred
- Access the proper MSDS sheet in case of environmental spill at: <https://chemmanagement.ehs.com/9/1ea1cba9-b4e2-4083-9019-1200bf690e60/ebinder>
- Contact campus safety at x7502 to make a formal report on the spill/exposure
- In case of emergency call 911 from cell or 9-911 from campus phone.
- During anatomy lab, exposure to formaldehyde/similar chemicals is anticipated; this issue is specifically addressed in the guidelines for Anatomy Lab

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.

Persons of the following groups will be considered as high risk for latex sensitivity and should be closely evaluated to determine the need for latex precautions in the delivery of care:

- Is or has been involved in the manufacturing of items containing natural rubber latex.
- Has a history of multiple allergies, especially to foods such as bananas, chestnuts, kiwis, avocados, and other tropical fruits.
- Has undergone early (i.e. childhood) or recurrent surgical or medical procedures.
- Has a chronic illness.
- Has a history of asthma.
- Has a history of a spinal cord injury.

Clinical activities undertaken by PA students will involve exposure to latex.

The student may risk worsening a pre-existing latex sensitivity, and continued exposure may cause the condition to worsen and potentially lead to life threatening symptoms. Nitrile gloves are available in almost all clinics and hospitals. If possible, always use gloves labeled Nitrile.

It is the student's responsibility to be aware of potential exposure to latex and the student's 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.

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/nose when sneezing, use and dispose of tissues, perform hand hygiene after hands have been in contact with respiratory secretions, consider using a mask to prevent 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 contract 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 handbook in order to continue matriculation in the CUAA PA 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

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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.