



CONCORDIA UNIVERSITY

Ann Arbor, Michigan

**PHYSICIAN ASSISTANT PROGRAM**

**STUDENT HANDBOOK**

**CLINICAL YEAR**

**CLASS OF 2025**

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**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 in during the coming year (See Section 3.5).

In the 11 rotations, it is not even remotely possible to see a patient with every single disease process 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



## 1. CLINICAL FACULTY AND STAFF CONTACT INFORMATION

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## 2. CUAU UNIVERSITY

Concordia University Ann Arbor is one of six universities in the Concordia University System, an entity of The Lutheran Church - Missouri Synod.

### 2.1. University Mission

Concordia University 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.

### 2.2. University Vision

The faculty, leadership, staff, students, and alumni carry out Concordia's mission each and every day as they pursue a vibrant path to the future.

The vision of Concordia is to be well-known nationally and internationally as a premier Lutheran, Christian university, widely recognized for meaningful integration of faith and learning. Alumni will assume significant servant leadership responsibilities in the Church and communities across the nation and throughout the world.

### 2.3. University Values

Bound by the Biblical and Confessional teachings of The Lutheran Church—Missouri Synod, the members of the Board of Regents and the Concordia University Foundation Board, the President, and employees of the university shall act in a manner consistent with the core values listed below.

- Christ-centered: Concordians have faith in the redemptive work of Jesus Christ.
- Truth & Integrity: Concordians speak the truth and display integrity in all our relationships.
- Excellence: Concordians expect excellence in all our endeavors to support the university's mission.
- Service: Concordians serve others in caring, helpful, respectful, and knowledgeable ways.

### 2.4. University Accreditation

Concordia University is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The most recent accreditation review: 2018-2019. The next reaffirmation of accreditation: 2028-2029.

Concordia University in Ann Arbor became a branch campus of Concordia University Wisconsin and is no longer separately accredited, effective June 30, 2013. In addition, Concordia University Ann Arbor campus is accredited by the Council for the Accreditation of Educator Preparation (CAEP). Documents are on file in the Office of the Vice President of Academics and may be reviewed by appointment.

To learn more about the University accreditation, please follow the link below:

<https://www.cuaa.edu/about/accreditation-approval.html>

## 2.5. University Non-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.

Concordia University 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, Concordia University 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.

## 2.6. Title IX and Sexual Misconduct Policies

**ARC-PA Standard A1.02 The sponsoring institution is responsible for:**

***j) defining, publishing, making readily available and consistently applying to students, its policies and procedures for processing student allegations of harassment.***

**ARC-PA Standard A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:**

***f) policies and procedures for allegations of student mistreatment.***

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)*

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.

The purpose of Concordia University's (CU) Title IX Compliance Program is to foster an environment in mind, body, and spirit so that all campus stakeholders can enjoy the programs and activities offered by CU free from all forms of gender-based harassment, exploitation, or intimidation, including sexual assault. This commitment is fulfilled by complying with the requirements of Title IX of the Education Amendments of 1972 and all applicable federal, state, and local laws.

There are several options available to address gender discrimination and/or sexual harassment, including behavior such as verbal sexual harassment, sexual assault, stalking, dating or domestic violence, and retaliation for reporting a violation of the sexual misconduct policy, including:

- Contact a Title IX Coordinator who will assist you in deciding how to proceed with a report or complaint by following the link below.

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

- Contact a Campus Safety Officer by following the link below.

<https://www.cuaa.edu/academics/services/campus-safety/index.html>

- File an online report (may be filed anonymously) by following the link below.

[https://cm.maxient.com/reportingform.php?ConcordiaUnivWis&layout\\_id=5](https://cm.maxient.com/reportingform.php?ConcordiaUnivWis&layout_id=5)

- CUA A encourages all members of our community who are victims of sexual misconduct to report the incident to the local police. Any Title IX Coordinator or Campus Safety Officer will assist in filing a complaint with the police.

For more information about Title IX, follow the link below.

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

## 2.7. Family Educational Rights and Privacy Act (FERPA)

Consistent with the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by S. J. Res 40 (12-30-74), the following statement represents the position of Concordia University with respect to the confidentiality of student records.

The Act assures students “the right to inspect any and all official records, files, and data directly related...” to themselves, and assures the student an opportunity for debate or correction of inaccurate, misleading, or otherwise inappropriate data in the student's file.

The Act provides that no party may review a student's record except for the following, who do not need the written consent of the student to view a record: other school officials, officials of other schools or systems in which the student intends to enroll, authorized representatives of (1) the Comptroller General of the U.S., (2) the Secretary of H.E.W., (3) administrative head of an education agency and (4) state educational authorities. Persons working in connection with a student's application for, or receipt of, financial aid. Any other than those listed above can obtain access to a student's file only upon written release from the student. This record will be available for inspection only by the student. The following procedure has been established for Concordia students.

A written request, signed by the student, shall be presented to the Registrar or appropriate office. The Registrar or other appropriate office will arrange a time and date, within 45 days after receipt of the request, for the student to review the record.

The following types of information are considered directory information and may be included in publications or disclosed upon request without the consent of the student but only after public notice of these categories of information has been given in order to allow sufficient time for the student to inform the institution that any and all of this information should not be released without prior consent, such requests can be made in writing to the Registrar's Office:

- Student's name
- Address including e-mail
- Telephone number
- Dates of attendance
- Class standing
- Previous institution(s) attended
- Major field of study
- Awards
- Honors (including scholastic honors)
- Degree(s) conferred (including date)
- Past and present participation in official recorded sports activities
- Physical factors (height, weight of athletes)
- Date and place of birth

The Act provides the student the right to file with the U.S. Department of Education a complaint concerning alleged failures by the education institution to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office - U.S. Department of Education  
600 Independence Avenue, SW - Washington, DC 20202-4605

Student FERPA Release Form can be obtained using the link below:

[https://www.cuaa.edu/admissions/financial-aid/\\_assets/releaserecord.pdf](https://www.cuaa.edu/admissions/financial-aid/_assets/releaserecord.pdf)

## 2.8. General Academic Grievances

***ARC-PA Standard A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:***

***g) policies and procedures for student grievances and appeals.***

Concordia University is committed to providing students with an avenue to express concerns and to work with CU officials toward amicable resolutions. CU believes engaging in this process can also be an inherently valuable educational experience for students and can help prepare students to address issues in a professional and productive manner after they leave CU.

Grievances applicable under this policy:

- Arbitrary and/or capricious actions by a college employee or administrative office that caused demonstrable harm to a student;
- Policy or procedure applied unfairly and/or in a different manner than it was applied to others in like circumstances;
- Administrative error in the application of a policy or procedure.

Grievances not applicable under this policy (but which may be covered under other existing policies):

- Accessibility services (e.g., student accommodations through the ARC).
- Final grade appeals.
- Academic misconduct.
- The Code of Student Conduct and the conduct system.
- Title IX (e.g., sexual harassment).
- Residence Life.
- Parking tickets.
- Financial debt to the University.
- Financial Aid appeals.
- University-wide requirements (e.g., student fees).

The steps listed below shall be carried out by all parties with an attitude of Christian love and concern for academic, moral, and spiritual growth. All parties will be expected to act in a professional and civil manner and make good-faith attempts to resolve the grievance in the spirit of Matthew 18.

**Step 1:** Student complaints should first be communicated in writing within five (5) business days of the incident to the chair/director. This communication must take place within five (5) business days after speaking to the person(s) involved. If the chair/director is involved, the student may appeal to the Dean of the School of Health Professions. The Dean will have five (5) business days to respond in writing to the student. Dean's decision is final

**Step 2:** If the student is dissatisfied with the decision made by the chair/director and a CU employee is involved in the grievance, the student may appeal in writing within five (5) business days to the Dean. The Dean will have five (5) business days to respond in writing to the student. Dean's decision is final. If the student is dissatisfied with the decision made by the chair/director and a CU employee is not involved in the grievance, the student may appeal in writing within five (5) business days to the Interprofessional Review Board (IPRB). The IPRB will have five (5) business days to respond in writing to the student.

**Step 3:** If the student is dissatisfied with the decision made by the IPRB, the student may appeal to the Dean. The Dean will have five (5) business days to respond in writing to the student. Dean's decision is final.

There are specific deadlines for pursuing a grievance. Students are required to follow the steps and timeframes outlined within this procedure. At any step in the grievance procedure presented past the deadlines will not be considered. Students and faculty should make every effort to resolve concerns directly with those involved within no more than five (5) business days of the occurrence. If the student is dissatisfied with the results, then the following steps should be followed:

For more information regarding Student Grievances Procedure, follow the link below.

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

### 3. CUAA PA PROGRAM

***ARC-PA Standard A3.01 Program policies must apply to all students, principal faculty, and the program director, regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site.***

***ARC-PA Standard A3.02 The program must define, publish, make readily available, and consistently apply its policies and practices to all students.***

#### 3.1. CUAA PA Program 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.

#### 3.2. CUAA PA 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.

#### 3.3. CUAA PA Program ADEIB Statement

***ARC-PA Standard A1.11. The sponsoring institution must demonstrate its commitment to student, faculty and staff diversity, equity, and inclusion by:***

***a) supporting the program in defining its goal(s) for diversity, equity, and inclusion.***

ADEIB (anti-racism, diversity, equity, inclusion, and belonging):

The CUAA PA Program 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 create a safe and compassionate learning environment for all seeking to improve and influence communities through clinical service and leadership with compassion and respect.

#### 3.4. CUAA PA Program Goals

***ARC-PA Standard A3.12 The program must define, publish and make readily available to enrolled and prospective students general program information to include:***

***b) evidence of its effectiveness in meeting its goals.***

1. Matriculate and graduate students from the following areas of diversity: rural and/or medically underserved areas.
2. Expose PA students to healthcare provided by PAs in rural and/or medically underserved communities.

3. Our graduates will demonstrate competency in all aspects of entry level clinical practice in primary care.

For more information on the CUAA PA program goals and meeting our goals, please visit:

<https://www.cuaa.edu/academics/programs/physician-assistant-masters/index.html#accreditation>

### 3.5. CUAA PA Program Competencies

**ARC-PA Standard A3.12 The program must define, publish, and make readily available to enrolled and prospective students general program information to include:**

***g) program required competencies for entry level practice, consistent with the competencies as defined by the PA profession.***

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. Obtain a medical history, engaging patient-centered communication skills in an attentive and respectful manner.
3. Perform an appropriate and accurate physical examination based on the clinical presentation for patients of all ages in primary medicine.
4. Determine appropriate labs & diagnostic testing based on a differential diagnosis, and interpret testing to narrow or identify the diagnosis.
5. Perform common diagnostic and therapeutic procedures within the scope of Physician Assistants in primary medicine.
6. Apply evidence-based medical decision making to develop a diagnosis or presumptive diagnosis from a broad differential utilizing all aspects of patient evaluation findings.
7. Efficiently and effectively provide oral presentations of a clinical encounter in a coherent manner.
8. Proficiently and accurately document patient encounters in written, oral and electronic forms.
9. Conduct themselves in a professional and courteous manner with all members of the interdisciplinary healthcare team.
10. Appreciate and respect Christian values, attitudes, and behaviors in clinical practice.

### 3.6. CUAA PA Program Academic and Technical Standards

**ARC-PA Standard A3.13 The program must define, publish, consistently apply and make readily available to prospective students, policies and procedures to include:**

***d) any required academic standards for enrollment, and***

***e) any required technical standards for enrollment.***

**ARC-PA Standard A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:**

**a) any required academic standards.**

CUAA PA program has specific academic and technical standards that apply to all candidates for admission and those selected to enter the program.

Students selected must be able to complete the entire curriculum to achieve the Master of Science in Physician Assistant Studies degree.

Accommodation may be possible for some disabilities, but the Physician Assistant's role in providing healthcare requires the ability to perform all the duties independently without compromising patient care.

To perform the functions required of a physician assistant in various 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 Academic and Technical Standards. Candidates/students are prohibited from using aid from trained intermediaries.

**3.6.1. Observational Standards**

PA students must have sufficient sensory capacity to independently observe in lecture halls, laboratories, outpatient settings, and at the patient's bedside. Required sensory skills include functional vision, hearing, olfaction, and tactile sensation. These skills must be adequate to observe a patient's condition and gather information through common physical examination procedures such as inspection, auscultation, percussion, and palpation.

**3.6.2. Communication Standards**

PA students must communicate effectively and efficiently with all individuals they encounter, including patients, their families, healthcare workers, faculty, staff, and classmates. Students must be able to obtain medical histories promptly, interpret non-verbal communication, and establish professional relationships with patients. Additionally, students must accurately and clearly record information and present data in a concise and logical manner.

**3.6.3. Motor Standards**

PA students must have the endurance to tolerate physically demanding workloads and be able to transport themselves promptly from one location to another. After a reasonable training period, students must independently perform physical examinations and diagnostic maneuvers, such as palpation, auscultation, percussion, and other diagnostic techniques. Students must be able to respond promptly to clinical problems and provide direct general and emergency treatment to patients in various circumstances. Examples include, but are not limited to, cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of basic obstetrical maneuvers. These activities require physical mobility, gross and fine neuromuscular coordination, and equilibrium. Additionally, students must adhere to safety standards appropriate for clinical settings and follow universal precautions, including wearing complete sets of Personal Protective Equipment (PPE) for extended hours.

**3.6.4. Intellectual-Conceptual and Integrative and Quantitative Standards**

Students must be able to assimilate and engage with detailed and complex information presented through both the didactic and clinical curriculum. They are expected to estimate, measure, calculate,



analyze, synthesize, and outline information quickly and efficiently. Additionally, students must comprehend three-dimensional and spatial relationships of structures, interpret connections, and make accurate, fact-based conclusions based on the patient's history, clinical presentation, physical examination results, and laboratory studies. They must also adapt to various learning environments and effectively learn, participate, collaborate, and contribute as part of a team.

### **3.6.5. Behavioral, Social, and Professional Standards**

Students must exhibit sufficient maturity and emotional stability to fully utilize their intellectual abilities. This includes exercising good judgment and promptly completing all responsibilities associated with patient diagnosis and care. Understanding the legal and ethical aspects of medical practice and functioning within these standards is essential. Students must demonstrate integrity, honesty, professionalism, and compassion, and show a spirit of cooperation and teamwork at all times.

Students are expected to interact courteously, professionally, and respectfully with patients, their families, healthcare professionals, colleagues, faculty, and staff. They should demonstrate empathy and compassion for all patients while accommodating varying levels of health literacy. Additionally, students must take responsibility for their learning and implement positive changes in response to constructive feedback.

Students must also demonstrate the physical and emotional endurance necessary to handle demanding workloads. They should perform competently and professionally in high-stress, fast-paced situations, adapt to changing environments, display flexibility, and manage the inherent uncertainties of patient care and the healthcare system.

The PA program at Concordia University Ann Arbor retains the authority and responsibility for the selection and evaluation of students. Admitted candidates will be required to certify in writing that they understand and meet the academic and technical standards of the program. Accommodations for disabilities may be available and will be evaluated on a case-by-case basis. Concordia University will make every effort to develop mechanisms to accommodate otherwise qualified candidates; however, the integrity of the curriculum and the need to provide optimal patient care must be preserved to ensure that all aspects of PA education are effectively delivered to all students.

## **4. CUAA PA PROGRAM RESPONSIBILITIES TO THE STUDENT**

All CUAA PA students have equal access to Concordia University Ann Arbor's facilities and services as students from any other program.

### **4.1. CUAA PA Program Accreditation**

***ARC-PA Standard A3.12 The program must define, publish and make readily available to enrolled and prospective students general program information to include:***

***a) the program's ARC-PA accreditation status as provided to the program by the ARC-PA.***

The ARC-PA has granted Accreditation-Provisional status to the Concordia University Ann Arbor Physician Assistant Program sponsored by Concordia University Ann Arbor. Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to

demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students. Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

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

The program's accreditation history can be viewed on the ARC-PA website at:

<http://www.arc-pa.org/accreditation-history-concordia-university-ann-arbor/>

Accreditation Review commission on Education for the Physician Assistant, Inc.,

3325 Findley Road, Suite 150, Johns Creek, GA 30097, (770) 476-1224.

#### 4.2. CUA PA Program Credential Awarded

***ARC-PA Standard A1.02 The sponsoring institution is responsible for:***

***e) conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program.***

Upon successful completion of the CUA PA program, students will be awarded a Master of Science in Physician Assistant Studies (MSPAS). The received MSPAS degree provides eligibility for the Physician Assistant National Certifying Examination (PANCE). This examination is administered through the National Commission on Certification of Physician Assistants (NCCPA). Successfully passing the PANCE examination allows the graduate to pursue professional licensure in the state of preferred employment.

#### 4.3. Degree requirements

Revisions in degree requirements and academic regulations take effect on July 1st following their adoption by the faculty and the Board of Regents.

Students at Concordia University follow the degree requirements and academic regulations in effect at the time of their admission. Revised requirements by government agencies or certification associations may influence the student's degree requirements regardless of previously stated.

Students are expected to read the regulations of the University and to conform to them. The student, not the University or any faculty or staff member, is responsible for meeting the requirements for a degree. Petition forms for the substitution or waiver of a requirement are available from the Registrar and must be approved.

Registration and payment of fees imply an agreement by the student to conform to the regulations of the University. Failure to meet obligations to the University, financial or otherwise, will be cause for refusal to issue a degree, transcript, and/or diploma.

The final responsibility for meeting all graduation requirements rests with the student.

#### 4.4. Teaching Out

***ARC-PA Standard A1.02 The sponsoring institution is responsible for:***

***h) teaching out currently matriculated students in accordance with the institution's regional accreditor or federal law in the event of program closure and/or loss of accreditation.***

In accordance with the requirements set by the Higher Learning Commission (HLC), CUA commits to providing a "teach-out" plan for all students enrolled in the PA program in the event of program closure

or loss of accreditation. This ensures that all matriculated students will be able to complete their education as planned.

#### 4.5. Tuition Refund

**ARC-PA Standard A1.02 The sponsoring institution is responsible for:**

***k) defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees.***

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

During the first week of classes	80 percent
During the second week of classes	75 percent
During the third week of classes	60 percent
During the fourth week of classes	40 percent
During the fifth week of classes	25 percent
After the fifth week	No refund

For more information regarding tuition fees and refunds, follow the link below.

<https://www.cuaa.edu/admissions/graduate-admissions/tuition-fees.html>

#### 4.6. Accommodation of Disability

CUAA PA program is committed to equal education access for individuals with disabilities. It will provide reasonable accommodations to those who qualify for them in accordance with its obligations under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act of 2010.

CUAA PA program will not assume that a student has a disability. Instead, students must self-identify to CUAA's Academic Resource Center (ARC) and engage in the accommodation process. The student will provide documentation of their disability from a licensed professional to the ARC. The ARC staff will determine that the diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act of 2010. ARC staff will develop an individualized accommodation plan that will not fundamentally alter the academic or professional standards of the CUAA PA program.

Accommodations are not applied retroactively. Therefore, timely requests are essential and encouraged. Students with disabilities still must be able to meet the Technical Standards (outlined above and in Appendix A) with or without reasonable accommodation. Given the nature of the PA program, it may take some time to create and implement individualized accommodations.

Students interested in initiating the accommodation process should contact the CUAA ARC Office by following the link below.

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

The Director of the ARC & Accessibility Services will contact the student to schedule an intake appointment within 7 (seven) business days of receiving the application and documentation.

If a student, with or without reasonable accommodation, cannot satisfy the Technical Standards of the PA program or if the disability would interfere with patient or peer safety or otherwise impede the student's ability to complete the program and advance to graduation, clinical training, or licensure, then the student may be dismissed from the program.

#### 4.7. CUA PA Program Faculty Responsibilities to the Student

The CUA PA program will:

- 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.

#### 4.8. Clinical Sites

***ARC-PA Standard A3.03 The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors.***

CUAA PA Program solicits and provides clinical sites and preceptors for all PA students. 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 the appropriate process to follow should you have a site or preceptor that you may want the program to consider for your clinical rotations.

##### 4.8.1 Affiliation Agreements with 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. **Relatives (either by blood or by marriage) may not serve as a preceptor for a student.**

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.

#### 4.9. Liability Insurance

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 Director of Clinical Education or Assistant Director of Clinical Education.

## 5. STUDENT RESPONSIBILITIES TO THE PROGRAM

### 5.1. Student Demographics and Contact Information

Students are to promptly notify the Registrar's Office and the CUAA PA Program Administrative Assistant in writing of any change in name or address. It is critical that current contact information is on file for each student, as important documents (including a diploma) may be mailed to the student's name and address on file.

### 5.2. Student Communication with the Program during the Clinical Year

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.

Students must provide the Director of Clinical Education/Assistant Director of Clinical Education and the PA Program with their 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.

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 Assistant Director of Clinical Education.**

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 he/she will put you in contact with an available faculty member.*

Main PA Program number: 734-995-4826

### 5.3. Health Requirements

**ARC-PA Standard A3.07** *The program must define, publish, make readily available and consistently apply:*

*a) a policy on immunization and health screening of students. Such policy must be based on the current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.*

**ARC-PA Standard A3.19** *Student health records are confidential and must not be accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student.*

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 to Exxat 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**. Students are responsible for any financial costs related to immunization and screening requirements. The PA program requires the following immunizations:

1. Annual QuantiFERON Gold/T spot Blood test
2. Chest radiography (every three years, if the QuantiFERON Gold/T spot test is positive)
3. Hepatitis B immunity (established by reported dates of vaccination or by documented testing of antibody titer)
4. Tdap to those who have not received it before, then adult Tdap booster (every 10 years)
5. Rubella immunity (established by two reported dates of vaccination or documented antibody titer)
6. Varicella immunity (established date of vaccination or antibody titer)
7. Annual Influenza vaccination
8. Meningitis vaccination
9. The program does not mandate COVID-19 vaccination, however, the clinical rotations sites may mandate vaccination. The University does not provide vaccine exemptions.

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

1. All TB testing must be effective and current.
2. Failure to provide a current QuantiFERON Gold/T spot lab result 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 Exxat. 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 Exxat. Those who decline vaccination must acknowledge and sign the CUAA SHP VACCINATION DECLINATION FORM (see APPENDIX E and Exxat) and be 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 and share with clinical partners upon request. **(Std. A3.19)**

#### 5.4. Health Insurance Policy

***ARC-PA Standard A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director, and the medical director from participating as health care providers for students in the program, except in an emergency situation.***

All PA students must maintain health insurance during the entire program. CUAA does not offer insurance plans for students. Students must upload a copy of their health insurance card to Exxat 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 academic progress/grade.

Furthermore, the program director, medical director, and faculty will not serve as health care providers for students during the program, except in life-threatening emergencies.

#### 5.5. Pregnancy or Adoption While in the Program

The CUAA PA program recognizes the unique challenges of combining childbearing with education. Our goal is to support students who have had or adopted children during the program by providing realistic options for them to progress toward completing their degree.



Given the complex decision-making surrounding having a baby while in a PA program, no written policy can cover all contingencies and unique circumstances. Open and timely communication, cooperation, and good-faith efforts among all parties involved are essential.

Students expecting the birth or adoption of a child during the PA program should consult with the Program Director and their Academic Advisor. We also strongly recommend that students consult with their obstetrician or pediatrician regarding the prevention of potentially harmful exposures in clinical and/or academic environments.

Because the structure and demands of the CUAU PA program curriculum vary across the semesters, the approach to accommodation will differ depending on the phase of the program in which the pregnancy and birth or adoption occur. Regardless of the timing, the student must:

- Develop a detailed educational plan in close collaboration with Program Director, Academic Advisor, Title IX representative, and all appropriate course directors.
- Obtain a written approval of the plan from Program Director, Academic Advisor, Title IX representative, and all appropriate course directors at least three months before the due date or adoption date.

In 2008, the Americans with Disabilities Act Amendments Act (ADAAA) expanded the definition of "disability" to include temporary and less severe impairments. Specific impairments resulting from pregnancy are now considered disabilities and require reasonable accommodations. Pregnancy itself is not a disability covered by the ADAAA but is covered under Title IX. 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.

Students seeking accommodations or leave due to pregnancy and/or adoption should reference the Pregnant & Parenting section of the Title IX Policy.

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

Students must take into account that any time off from the program may delay graduation. Additionally, students are responsible for paying any fees associated with returning to the program as stated by University policy.

## 5.6. Criminal Background Check Policy

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 Exxat 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.

## 5.7. Drug Screening Policy



Drug use is fundamentally inconsistent with a Physician Assistant's professional standards. The integrity of patient care and the trust placed in healthcare professionals demand a commitment to sobriety and adherence to the highest ethical standards. As future healthcare providers, students must embody the principles of responsible and ethical behavior, which includes maintaining a drug-free lifestyle.

All CUAA PA students are required to adhere to the "Federal Drug-Free Workplace Act" of 1988 and the "Drug-Free Schools and Communities Act Amendments" of 1989 (collectively referred to as the "Acts"). Compliance with these Acts is mandatory to ensure a safe and professional learning environment.

Students are prohibited from using any controlled substances without a valid prescription from a licensed medical provider. Even with a valid prescription, participation in certain program activities or classes may be restricted.

As a condition of enrollment, all CUAA PA students must complete a urine drug screening before matriculation and as requested by clinical sites. Screening results will be uploaded to Exxat, where the designated Exxat Medical Review Officer will review any positive outcomes. Students are responsible for all associated costs of urine drug screening.

Any violations related to drug use, whether on CUAA premises, in university-provided vehicles, at clinical sites, or during any university-sponsored activities, are strictly prohibited. For any positive urine drug screen not cleared by the Medical Review Officer, the University will enforce disciplinary action against violators in accordance with federal, state, and local laws. In addition, the student will be referred to the Student Progress Committee for consideration of warning, probation, or even dismissal.

Students concerned about their drug or alcohol use are strongly encouraged to contact Counseling and Psychological Services (CAPS) for support. Information about CAPS can be found in the "Student Resources and Services" chapter of this handbook.

### **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 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.

#### **5.7.1 CUAA Drug and Alcohol Policy**

Students are expected to comply with all University policies as well as all federal, state and local laws.

NOTE: As Christians, we view the care of our bodies as part of our total context for life. God in His Word, gives life and sustains it (Genesis 1:27). He affirms the proper and good care of our bodies as His temple (I Corinthians 6:19-20). As such, He forbids misuse, overuse, and abuse of substances that are harmful for our bodies (2 Corinthians 7:1). Further, God invites

and commands us to care for each other, assisting our neighbor in avoiding the abuse of any drug or substance that harms the body and the mind (John 13:34-35).

Therefore, Concordia University is a drug-free and dry campus.

- a. The unauthorized possession, use, manufacture, sale, or distribution of any counterfeit, illegal, dangerous, "designer," or controlled drug or other substance is prohibited. This includes prescription medications. Violating any other provision of the Code of Student Conduct while under the influence of any illegal or illegally obtained drug is also a violation of this policy. The possession of drug paraphernalia is also prohibited. A diluted, late, missed, forged, or failed university required drug screen will constitute a violation of this policy.
- b. Amnesty: In certain circumstances, students may qualify for amnesty. See the Medical Amnesty Policy in the Graduate & Professional studies Academic Catalog located on the CUA Portal.

NOTE 1: The University will also consider ALL individuals found in a location where a drug is present to be in possession of a drug. This would include locations off campus.

The University reserves the right to, as a condition of enrollment 1) require an offender to enter a University drug or alcohol program, 2) require an offender to get a drug or alcohol assessment from a licensed agency and, if deemed appropriate, complete an approved rehabilitation program, and/ or 3) ask participants of co-curricular activities to submit to drug testing, which may be at the student's own expense (failure to comply with this request will result in the participant being barred from further participation in that activity).

NOTE 2: Occasionally, local, state, and/or federal laws do not align. When that is the case, the University must establish a position that best allows its mission to be fulfilled in the University community. For example, the University does not recognize medical marijuana as an exception to its drug policy.

#### Tobacco/Smoking:

Concordia promotes a healthy, Tobacco-Free Campus Community. Use of smoking/inhalant/vaping materials within all rooms and buildings and outside within 100 feet perimeter of any building except within designated and posted areas is prohibited, including but not limited to cigarettes, electronic cigarettes, cigars, pipes, hookahs, personal aromatherapy devices and smokeless/chewing tobacco. (Level A + clean-up costs as appropriate)

### **5.8. Student Responsibility in Ongoing Program Assessment**

***ARC-PA Standard C1.02 The program must implement its ongoing self-assessment process by:***

***a) conducting data collection.***

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.

### 5.9. Basic Student Responsibilities during the Clinical Year

- PA students should always identify themselves as such, and always sign charts and orders with their 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.
- 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.
- All charts and orders must be co-signed by the preceptor immediately.
- Log each patient encounter with all the pertinent data in Exxat, and have the preceptor sign off at the end of the rotation.
- 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. All procedures the student performs must be logged within Exxat.
- 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.
- Students are aware that holding an outside job is **strongly discouraged** during the clinical year as work-related absences from rotations are **unexcused**, with associated consequences.

- 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.
- 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 must complete mid- and end-of-rotation evaluations of the site and preceptors in a timely fashion 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.
- 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 (128 hours total for 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 these objectives, 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>

## 6. CLINICAL YEAR POLICIES

***ARC-PA Standard A3.01 Program policies must apply to all students, principal faculty and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site.***

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**)

## 6.1 Employment During the Clinical Year

**ARC-PA Standard A3.04** *The program must define, publish, make readily available and consistently apply a policy that PA students must not be required to work for the program.*

**ARC-PA Standard A3.05** *The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as:*

*a) instructional faculty and*

*(b) clinical or administrative staff*

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 are prohibited from working for the CUAA PA program in any capacity.

In compliance with **Std. A3.05a** PA students must not substitute for or function as instructional faculty during the didactic or clinical phase of the program.

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

## 6.2 Professional Behavior

### 6.2.1 Electronic Media Policy

Electronic media are internet-based applications which support and promote the exchange of user-developed content. (e.g., Facebook, Twitter, Instagram, TikTok, LinkedIn, Snapchat, YouTube).

Concordia University and its faculty and staff do not monitor online communities. Further, the University does not forbid faculty, staff, and students from joining and participating in online communities as individuals, not acting as agents of the University. However, any behavior that violates the Code of Student Conduct brought to the attention of a University official or CUAA PA faculty or staff will be treated as any other violation and referred through channels outlined in the code.

The following Guideline outlines appropriate standards of conduct related to all electronic information created, transmitted, or posted internally or externally by faculty, staff, and students affiliated with the CUAA PA Program.

- Social networking (or 'friending') or texting CUAA PA Program faculty and staff, guest lecturers, clinical preceptors, or current/former patients is strictly prohibited. Students must contact faculty and/or clinical preceptors via email or office phone.
- The student is responsible for the material transmitted by email or posted on personal blogs and other electronic media. Students must be courteous, respectful, and thoughtful about how others may perceive or be affected by their postings. Incomplete, inaccurate, inappropriate, or threatening posts, harassment, or bullying or use of profanity on student postings are strictly prohibited and will result in professionalism citation and may lead to dismissal from the program.

- Students must ensure that emailing, messaging, blogging, electronic networking, and other external media activities do not interfere with school commitments.
- Social networking is permanently timed and tracked. Therefore, social networking during class, program activities, and clinical time are easily noted and strictly prohibited.
- 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 the material at the moment of posting or transmission. Thus, anything that student posts or transmits is highly likely to be permanently connected to the student and their reputation. Future employers and patients may come across this information and may use it to evaluate the student.
- **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 students' electronic media pages that are accessible by approved friends only.
- Students are strictly prohibited from communicating with members of the media or outside sources attempting to gather information regarding the CUAA PA Program through the social network. Refer all questions regarding program information, policies and procedures to the CUAA PA Program Director.
- Students must not share confidential or proprietary information that may compromise the CUAA PA program's practices or security. Similarly, students must not share information in violation of any laws or regulations.

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.

### ***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.

### 6.2.2 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.

### 6.2.3 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, and surfing the internet.

### 6.2.4 Attendance at Approved Clinical Sites

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.

### 6.2.5 Physician Assistant Student/Patient/Preceptor Relationships

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

### 6.2.6 Unprofessional Behavior/Professional Misconduct

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 during a clinical rotation will be considered improper behavior and will be grounds for disciplinary action by the SPC. This action may result in a delay in graduation or possible dismissal from the CUAA PA Program.

## 6.3 Attendance

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



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. This is at the sole discretion of the Director of Clinical Education, and will be decided well before the rotation starts. If the student is granted remote participation for an EOR day, they will still need to make up any OSCE's or DOPS in person during a subsequent EOR day.

If a student is going to be absent from a rotation for any unplanned reason, the student must notify the preceptor or designee at the clinical site by phone and email **and** the Director of Clinical Education by email. Contact should be made by **8:00 am** on the day of the absence and any days following, if applicable. Students who have an unplanned absence must also complete the **Time off Request** in Exxat within **48 hours**. If a student does not follow these steps, it will be considered an unexcused absence. Unexcused absences will be considered a professionalism infraction and may be subject to other disciplinary measures as determined by the Student Progress Committee.

### 6.3.2 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 by using the "**Excused Absence: Clinical Year**" form. The signed Excused Absence form should then be uploaded in Exxat under **Time Off Request**. 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

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.

### 6.3.3 Personal Days:

The clinical year is a unique learning experience and attendance is crucial in order to fulfill the learning objectives required for each rotation. Weddings, graduations, routine medical or dental appointments, or any other social events or appointments are not considered excused absences. Students are allowed one personal day per semester that may be used at their discretion. Personal days are not cumulative across the length of the clinical curriculum.

Personal days cannot be taken when assessments or required program activities are scheduled.

Students will be responsible for the material missed on their personal day and must ensure that the minimum hour requirement for the rotation of 128 hours will still be met if a personal day is taken.

Personal days require prior approval by the Director of Clinical Education and Preceptor. An **“Excused Absence Form: Clinical Year”** must be completed with the necessary signatures within seven business days of the intended absence. Once the personal day is approved, the signed excused absence form should then be uploaded in Exxat under the **Time Off Request** section.

Any absence with failure to notify the DCE and/or complete and submit the Excused Absence Form will be considered unexcused. Unexcused absences will be considered a professionalism infraction and may be subject to other disciplinary measures, as determined by the Student Progress Committee.

#### 6.3.4 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.

#### 6.3.5. 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, if applicable, must be provided by the University’s Academic Resource Center Accessibility Services Office. The ARC representative 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 Section 5.5. and 6.3.7.), 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 Academic Resource Center.

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 your confidential health information.

#### 6.3.6. Temporary Impairment

If a student with a temporary impairment (illness, injury, or otherwise) needs accommodations, the Academic Resource Center (ARC) can facilitate the accommodation process. The student will need to register with the ARC, 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).

#### 6.3.7. 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 ADA, but is covered under Title IX. However, pregnancy related impairments such as hypertension, gestational diabetes, severe nausea, sciatica, etc. are disabilities covered by the ADA 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. 34 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.

### 6.3.8. Holidays

Official CUAH 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 a religious holiday that needs to be observed, they should contact the Director of Clinical Education at least 30 days prior to the holiday.

### 6.3.9. Inclement Weather:

Should the student experience severe weather conditions during their rotation, the student should abide by the Preceptor decision at the clinic/hospital site regarding rotation attendance, including remaining at the clinic site if road conditions are hazardous. The student should notify the DCE in writing if not attending the rotation due to hazardous weather using the process outlined above in "Attendance Policies."

## 6.4 Dress Code

In keeping with the professional nature of the CUAH 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 CUAH 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).
- The student may choose between business casual attire or scrubs with a white coat, based on the clinical setting. When worn, the white coat must be clean and pressed.
- Shoes must be close-toed.
- 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 (above knee length), 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.
- No other visible body piercings are permitted.

#### Fingernails:

- Nails should be clean and trimmed to a length no longer than a ¼ of an inch. Nail polish should be fresh, not chipped, and of neutral colors.
- 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).
- Hair must be of a natural color, clean, combed, and neatly trimmed or arranged to comply with the safety requirements and should not obstruct the vision.
- Sideburns, mustaches, and beards must be neatly trimmed. A beard hood may be required during certain clinical visits.

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.

#### 6.4.1. Proper Identification and Nametags

***ARC-PA Standard A3.06 The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.***

PA students must always identify themselves as “Physician Assistant students” to faculty, patients, clinical site staff, and never present themselves as physicians, residents, medical students, or graduate physician assistants. While in the CUAA PA program, students may not use previously earned titles (i.e. RN, MD, DO, EMT, Ph.D., OT, PT, etc.) for identification purposes.

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 CUAA campus. There is a \$25 charge for a lost student photo ID.

### 6.5 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.

### 6.6 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.

### 6.7 Clinical 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.

### 6.8 Patient 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 achieve the rotation's learning objectives.

Timely and accurate patient logging contributes to the student's overall grade for each rotation. The types of patient encounters which the CUAA PA program expects each student to achieve during the eleven combined clinical rotations is outlined in the table below. The expectation is that you will **log each and every patient encounter** throughout the clinical year. Patient Logging aids the program in assessing the clinical site and its ability to provide an adequate volume and variety 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 and technical skill logging is necessary for accreditation purposes and will also 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.

Patient logging information will be documented in the program's clinical tracking software, Exxat. The patient encounter log will record the number of patients evaluated at various acuity levels, practice settings, patient age, diagnosis, and performance of technical skills during the patient encounter. Students should log these entries daily. **It is the STUDENT's responsibility to review and verify their log of patients and technical skills with their preceptor at the end of each rotation.** The preceptor will receive an electronic verification form at the end of the rotation to document this process. The Director and Assistant Director of Clinical Education will be reviewing your logging weekly while you are on rotation and will contact you and/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 per ARC-PA standards.**

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

### 6.9 The Student Evaluation of Preceptor and Clinical Site

Each student is required to complete an evaluation of the preceptor and clinical site at mid-rotation and again at the end of the rotation on or before the final day of the clinical rotation. These evaluations will be distributed electronically by Exxat.

The evaluation of the preceptor must be completed before the preceptor evaluation of the student is released to the student.

In their evaluation of the clinical site and preceptor, students are welcome to comment on the positives of the rotation as well as areas needing improvement. Student feedback is important to the program's ongoing evaluation of both the clinical site and the preceptor in providing clinical education that meets the course learning objectives. All feedback should be professional, respectful, and constructive.

Student evaluations of the site and preceptor are not routinely shared with the preceptor unless requested by the preceptor and/or a concern requires follow up by the DCE.

### 6.10 The Preceptor Evaluation of Student Performance

The preceptor will receive evaluation forms electronically to complete at mid-rotation and end-of-rotation to evaluate student performance for each clinical rotation.

The student will find the clinical rotation course syllabus posted to the Learning Management System for each rotation. Rotation learning outcomes and instructional objectives specific to that course's medical discipline are in each syllabus and delineate the types of skills 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 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 this additional information, the PA Program Director and DCE will convene and 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 academic record 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.

### **6.11 Preceptor Responsibilities to the Student and Program**

The Preceptor will:

- Provide appropriate supervision of student activities, ensuring 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 clinical tracking software.

- Inform the program if significant problems develop (of an academic, personal, or professional nature) which require faculty attention, knowledge, or consultation, or if circumstances arise that may prevent the overall rotation learning objectives 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 for portions of the rotation.
- 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 preceptor and/or outlined by the hospital’s treatment protocol (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 ensure patient safety.
- Assign outside readings to promote learning, demonstrate clinical skills, and assess oral case presentations.

### 6.12 Incident Reporting

**ARC-PA Standard A3.08** *The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies must:*

- a) address methods of prevention.*
- b) address procedures for care and treatment after exposure.*
- c) clearly define financial responsibility.*

All Physician Assistant students will receive basic education and access to training on Standard Precautions and Blood Borne Pathogens during the didactic year and again prior to the clinical year. 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. 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). The student should also notify the Director of Clinical Education and submit an **Incident Report** (located in Exxat and the learning management system for each course) within 24 hours of the event. The student is responsible for initiating medical 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 a complete list of post-exposure guidelines and Appendix E for a sample Incident Report form).

## 7. CLINICAL YEAR ORGANIZATION

### 7.1 Academic Calendar

#### CUAA PA Calendar, Class of 2025 (subject to change)

Clinical year: 12 months

Rotation #	Dates	End of Rotation Days
1	Jan 6, 2025-Jan 30, 2025	Jan 31, 2025
2	Feb 3, 2025-Feb 27, 2025	Feb 28, 2025



<b>Break</b>	<b>Off from Mar 1, 2025-Mar 9, 2025</b>	
3	Mar 10, 2025-April 4, 2025	April 4, 2025
4	April 7, 2025-May 1, 2025	May 2, 2025
<b>Break</b>	<b>Off from May 3, 2025-May 18, 2025</b>	
5	May 19, 2025-June 12, 2025	June 13, 2025
6	June 16, 2025-July 10, 2025	July 11, 2025
7	Jul 14, 2025-Aug 7, 2025	Aug 8, 2025
<b>Study</b>	<b>Study Leave Aug 9, 2025-Aug 15, 2025</b>	
<b>Break</b>	<b>Off from Aug 16, 2025-Aug 24, 2025</b>	
8	Aug 25, 2025-Sept 18, 2025	Sept 19, 2025
9	Sept 22, 2025-Oct 15, 2025***	Oct 16, 2025***
	<b>Summative Part 1 Oct 17-18, 2025</b>	
10	Oct 20, 2025-Nov 12, 2025 ***	Nov 13, 2025 ***
	<b>Summative Part 2 Nov 14-15, 2025</b>	
11	Nov 17, 2025-Dec 10, 2025 ***	Dec 11, 2025 ***
	Finalize all Portfolio submissions	Dec 11-12, 2025
	PACKRAT 2	Dec 12, 2025
	PA Program Celebration	Dec 13, 2025
	CUAA Graduation	Dec 14, 2025

\*\*\* denotes adjusted EOR dates

**Graduation: December 14, 2025**

## 7.2 Required Clinical Rotations

- 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)

## 7.3 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.

### **7.4. Clinical Rotation Scheduling**

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

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/Assistant Director of Clinical Education 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.

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.

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.

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.

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**.

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.

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.**

## 7.5 Rotation Site Visits

### 7.5.1. Clinical Site Visits

Active Clinical rotation sites are visited (in person or via tele/videoconference) by the Director of Clinical Education or by his/her designee at least once every 3 years, prior to the next student’s clinical rotation at that site. Active Clinical rotation sites are defined as those sites which precept a student every clinical year.

### 7.5.2. Student Site Visits

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 medical knowledge, clinical skills, and interpersonal communication skills. Evaluation of student performance is important so that strengths and areas of improvement can be identified. Should significant student deficiencies be identified during the clinical site visit, the Director of Clinical Education will develop an appropriate remediation plan with the student and perform a repeat student site visit prior to completion of the clinical year to ensure that the student meets expectations. Should the DCE or their representative still have significant concerns about the student’s medical knowledge, clinical skills, and/or interpersonal skills upon repeat evaluation, the DCE will refer the case to the Student Progress Committee for further evaluation.

In addition to evaluation of the student, the student site visit also provides an opportunity for frank and honest exchange of information among any of the participating parties. Students are 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 will be notified of the date and time of the visit by the Director of Clinical Education or their designee.

Components of the student site visit may include, but is not limited to:

- Direct observation of student performance of clinical skills and, when applicable, procedural skills.
- 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 designee to complete the ongoing site evaluation form.

## 7.6. 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 the 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.

## 7.7. PA Program Advising

***ARC-PA standard A2.05 Principal faculty and the program director must be responsible for, and actively participate in the processes of:***

***e) academic counseling of students.***

***ARC-PA standard A3.10 The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.***

Mentoring from your academic advisor will continue through the clinical year and may also occur periodically from 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, your assigned faculty advisor from the didactic year will also monitor progress with the portfolio project that is part of your summative assessment.

Contact the 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 for the appropriate resources should you need them.

## 8. ACADEMIC POLICIES

### 8.1 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.

### 8.2. Assessment of Student Performance

Students must demonstrate proficiency in each of CUAA PA Program Competencies by the end of the clinical year in order to graduate and sit for the PANCE exam. For a list of Program Competencies, refer to Section 3.5.

In order to meet these competencies, it is **your** responsibility as a student to ensure that you are actively participating in your clinical rotations in order to take advantage of every opportunity to improve your medical knowledge and clinical and technical skills throughout the clinical year. The DCE, as well as all principal faculty are available to assist you as necessary. Please contact your faculty advisor or the DCE if you feel that you are not progressing as you should and/or need additional support. The program will also keep careful watch on your developing competencies through your rotation evaluations, rotation assignments, EOR assessments, and at OSCE's and DOPS during the clinical year.

#### 8.2.1. Academic Assignments During The Clinical Year

The PA program has strict deadlines for the completion of assignments during the clinical year. 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 the Learning Management System.
2. Mid-rotation and End-of-rotation evaluations: The mid-rotation evaluation is due by the end of Week 2 of the rotation. The student evaluation of site and preceptor and the preceptor evaluation of the student is due on the final day of the 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 score of 79% or greater. This will help guide studying the final week before the EOR exam.
4. EOR days: Attendance is mandatory at all EORs, for the entire day. The EOR day typically falls on the final Friday of the rotation. On this day, students will take their EOR exam (or give an elective case presentation) as well as participate in instruction and/or other assessments as scheduled by the DCE. This may include lectures, practicums/simulations, OSCE's and/or DOPS.

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. This is at the sole discretion of the Director of Clinical Education, and will be decided well before the rotation starts. If the student is granted remote participation for an EOR day, they will still need to make up any OSCE's or DOPS in person during a subsequent EOR day.

5. Elective Rotation Case Presentation: 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. 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.
6. Student clinical site visit: to be performed at least once during the clinical year (See Section 7.5.2).
7. Clinical logging of patient encounters as well as technical skills: You will log all patient encounters and procedures that you performed during your rotation in the clinical software tracking system (See Section 6.8.). The preceptor will be asked to verify your logging at the end of the rotation. **It is the STUDENT's responsibility to ensure that the preceptor verifies the log of patients and technical 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 at a satisfactory level by the end of the clinical year.** The non-bolded skills will hopefully be observed, and ideally be performed by the student as there is opportunity.

#### **REQUIRED TECHNICAL SKILLS:**

**Administer IM or SC 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**

#### **RECOMMENDED TECHNICAL SKILLS:**

Administer a nebulizer treatment

Apply basic splints

Correctly place chest decompression tube

Interpret dipstick urinalysis

Interpret TB 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 (ABG)
- 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/or foley catheterization of urinary bladder
- Perform subungual hematoma drainage
- Perform suture/staple removal
- Perform testicular exam
- Perform venipuncture/phlebotomy
- Perform visual screen
- Perform wound care (including debridement and irrigation)
- Other (please specify)

### 8.2.2. Grading of 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: Clinical and Technical Skills	25%
Preceptor Evaluation of Student Performance: Professionalism portion	10%
Clinical Documentation Assignment	15%
Field Encounter Logging	5%
Other EOR day activities (OSCE, DOPS, group project, 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+
75-73% C	72-70% C-	69-67% D+	<66% F		

**Timeliness and Accuracy of Submitted Assignments:**

In the practice of medicine, timely and accurate documentation is a fundamental professional responsibility of all physician assistants. As future healthcare providers, our students are expected to adhere to these same standards in their academic work. Therefore, we require that all assignments be submitted on time, with careful attention to detail and strict adherence to provided instructions.

**Late Submissions:**

All assignments must be submitted by the specified deadline. Late submissions will receive no credit. If a student encounters an extenuating circumstance, they are required to contact the Course Director and explain the situation promptly. Consistently turning in late assignments will be considered unprofessional behavior and may result in a professionalism citation. Accumulating three professionalism citations for late submissions within a term will necessitate a meeting with the Program Director.

**Submission Errors:**

Students are permitted to submit each assessment for grading only once. It is imperative that assessments are submitted correctly and in the designated location and format. Failure to do so will result in an automatic 10% grade deduction.

**Inability to follow instructions:**

Students are expected to meticulously follow all instructions provided for assessments. Any failure to adhere to these instructions will result in an automatic 10% grade deduction.

**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 = 438-500
- B = 400-437
- C = 363-399

The percentage recorded in the Learning Management System 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 (5) 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%.

### **8.2.3. Grade Appeal Policy**

***ARC-PA Standard A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:***

***g) policies and procedures for student grievances and appeals.***

Any disputes of a grade are permitted within two calendar weeks following the grade release.

It is the student's responsibility to provide evidence that an assessment was graded incorrectly.

The evidence must be submitted to the course director with the citation of either the course syllabus, course materials, or outside sources.

If the student still feels a grade is in error, the student may meet with the Program Director for discussion. The decision of the Program Director is final.

### **8.2.4. Summative Assessment**

***ARC-PA Standard B4.03 The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including: a) clinical and technical skills, b) clinical reasoning and problem-solving abilities, c) interpersonal skills, d) medical knowledge, and e) professional behaviors***

Summative Assessment will be carried out within the final four months of the program and may be scheduled over two months. Assessment will include demonstration of proficiency in each of the PA Program Competencies required for successful completion of the PA program. The following components are included in the summative evaluation to assess these competencies:

1. Written Summative Exam: PAEA End of Curriculum Exam
2. OSCE and Physical Exam Practicum
3. Lab & Diagnostics/Medical Decision Making
4. Direct Observation of Procedures
5. Written Clinical Note and Clinical Decision-Making Exercise
6. Oral Presentation
7. Evidence Based Medicine Research Question
8. Professionalism Exam
9. Student Portfolio

### 8.3. 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 End of Rotation (EOR) or End of Curriculum (EOC) exam, that a student fails to meet the standard minimum score of 79%.

Remediation occurs for any PAEA EOR exam score of 375 or less, which is more than 1.5 SD below the national mean. Remediation occurs for any PAEA EOC exam score of 1440 or less.

#### 8.3.1. 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 or EOC 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 and field encounter logging should be completed within 1 week of the failed assignment or assessment
  - OSCEs, DOPS, practicums, 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 are not limited to:
  - Reading assignments

- Written completion of selected rotation learning outcomes with citation of references
  - 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 the Learning Management System is a 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.

### 8.3.2. Remediation Process for End of Rotation Exam

In the event that a student scores 375 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 the Learning Management System 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.

### 8.3.3. Failure of an End of Rotation Exam

EOR exam scores of 362 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 363.
6. If the student achieves a minimum score of 363 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 363 on the remediation exam will result in failure of the rotation.
8. Failure to adhere to deadlines or achieve a minimum score of 363 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.

### 8.3.4. Failure of a 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.

### 8.3.5. Remediation Process for End of Curriculum Exam

In the event that a student score 1440 or less (more than 1.5 SD below the national average) on any EOC exam, the following will occur:

1. The student must meet with the DCE the day of the EOC exam 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 EOC exam remediation plan (detailed below).
3. The student must complete the following EOC exam remediation plan:

- Using the Individual Performance Report from the PAEA EOC 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 EOC 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.

### 8.3.6. Failure of an End of Curriculum Exam

EOC exam scores of 1414 or less (more than 2SD below the national average) constitute a failure of the EOC exam. In the event a student fails the EOC exam, the following will occur:

1. The student must meet with the DCE the day of the EOC exam 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, EOC exam remediation plan, and the EOC remediation exam test date (no earlier than 60 days after their initial administration).
3. The student must complete the EOC exam remediation plan (detailed above).
4. The student must additionally study for a repeat EOC exam (remediation exam), reviewing similar content, to be taken no earlier than 60 days after their initial administration of the EOC 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 1441 for the repeat EOC exam.
6. If the student achieves a minimum score of 1441 or higher, the student has successfully completed the remediation. However, the highest grade the student can receive in the learning management system is 80%.
7. Failure to adhere to deadlines or achieve a minimum score of 1441 on the repeat EOC exam will result in failure of the Summative Assessment and referral to the SPC.
8. Copies of the Clinical Year Remediation Form will be placed in the student’s file, accessible to SPC and faculty advisor if indicated.

### 8.3.7. Remediation of other Components of the Summative Assessment:

If a student fails to meet the minimum score on any of the other individual components of the Summative Assessment other than the PAEA EOC exam, the following will occur:

1. The student must contact the Director of Clinical Education (DCE) within 24 hours of notification of the failed 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. On re-assessment, the student must achieve a minimum grade of 79% or PASS, depending on the assessment.

The summative assessment signifies a substantial milestone in a student's academic progress and, therefore, cannot be remediated multiple times. Students will be given one opportunity to remediate a failure of any components of the summative examination. Should a student fail the remediation, they will be referred to the SPC for consideration of dismissal.

## 8.4. 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 Integrity 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.

## 8.5. 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.

The SPC is composed of faculty members of the School of Health Professions.



Issues that SPC is assigned to evaluate may include, but are not limited to:

- Failure to meet academic benchmarks.
- Breaches of trust in personal actions, including cheating, plagiarism, or unauthorized use of materials in academic assessments.
- Misrepresentations, distortions, or serious omissions in data or reports in clinical care.
- Abuse, misrepresentation, or other improper conduct in relation to patients or colleagues in clinical or academic settings.
- Repeated failures to meet assigned obligations during academic or clinical training.
- Lapses in standards of professional conduct and responsibility.

The SPC regularly reviews students' grades, evaluations, and reports of academic and clinical professionalism.

At the end of each term, once final grades are posted, the SPC meets to determine the eligibility for progression to the following term of each PA student.

If a student is found in violation of the CUAA PA program policies or is referred to the SPC, the SPC will determine the appropriate level of sanctions depending on the nature and extent of the issue. The disciplinary sanctions will be shared as recommendations to the PA Program Director.

The Program Director will review the recommendations and affirm, amend, or reverse each recommendation and then notify the student of the decision in writing.

In addition, any academic or professionalism issues noted by the CUAA PA faculty prior to the end of any term may be referred to the SPC for review and may trigger SPC meetings at any time during the PA program.

Students are expected to comply with all disciplinary rules from matriculation until the conferring of the degree. A degree will not be granted to a student who is not in good standing or against whom a disciplinary charge is pending.

## **8.6. Academic Progression Policies**

***ARC-PA Standard A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:***

***b) requirements and deadlines for progression in and completion of the program.***

***c) policies and procedures for remediation and deceleration.***

***d) policies and procedures for withdrawal and dismissal.***

### **8.6.1. Academic Progression**

Progression in the PA program curriculum is contingent on demonstrating achievement of the PA Competencies, demonstrating competency for all course/rotation learning outcomes, and demonstrating professional behavior.

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

1. Obtain a final grade for an entire course/rotation of 79% or above (includes grades on all exams, written, oral, skills, and other assessments graded throughout that course)
2. Obtain a PASS in the assessments or courses that utilize the PASS/NO CREDIT grading system.
3. Obtain a GPA of 3.0 at the end of the term (averaged for all final course grades in that term)

4. Obtain a minimum cumulative GPA of 3.0 at the end of the clinical year.
5. Successfully complete any required remediations.
6. Obtain and maintain BLS & ACLS certification (provided by the PA program). Certifications must remain valid through graduation from the program.
7. Submit proof of immunization and physical exam requirements.
8. Meet all requirements for attendance.
9. Comply with professional expectations and demonstrate academic integrity throughout the didactic year.
10. Comply with all policies and procedures published by CUAU and those of the Physician Assistant Program.
11. Successful completion of the Program Summative Assessment.

**Failure to meet all of the above requirements will result in a review by the SPC.**

### 8.6.2. 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 acknowledge the receipt of the probationary status by signing the probation letter sent via email and submitting it to the Program Director within 5 business days (counted from the date the email was sent).
- Must create a probation plan for improving grades and/or professional behavior. This plan must be submitted to the student's academic advisor for approval within five (5) business 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 the probation plan is not followed, or if the student fails to obtain a 3.0 or fails to demonstrate professionalism in subsequent terms, s/he will be referred to the SPC for consideration of dismissal from the program.**

### 8.6.3. Dismissal

The CUAU 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 email to the student informing them of the dismissal decision.

#### 8.6.4. 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 five (5) business days. The Dean will render a decision and send a written response to the student and the Program Director within five (5) business days of receiving the appeal. The Dean's decision is final.

#### 8.6.5. Deceleration Policy

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

A Leave of Absence (LOA) deceleration may require that the student repeat the entire clinical year, taking or auditing all courses they had passed previously, which would require additional tuition (see Leave of Absence Policy).

The CUAA PA program will make decisions related to LOA on a case-by-case basis.

#### 8.6.6. Withdrawal Policy

A student who decides to withdraw from the CUAA PA program must notify PA Program Director and the Registrar's Office in writing of their decision. The letter must indicate the reason for withdrawal and the effective date. 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.

Under certain circumstances, the SPC (Student Progress Committee) may require a student to withdraw or may recommend that a student be dismissed or expelled. In these cases, the SPC will determine the effective date of withdrawal and notify the PA Program Director in writing. Should the Program Director approve the SPC decision, the student will be notified in writing, and the Registrar will be copied on this correspondence.

In either case, the student ID card must be turned over to Ben Oliver's Office (North Building, Room #261) and will be deactivated on the effective date of withdrawal. The amount of tuition to be charged will be based on the date of withdrawal. Students who withdraw are responsible for paying all outstanding charges on their term bill.

Withdrawals may be made without penalty within the first half of a term (please see the current Academic Catalog for dates or Tuition Refund Section).

After the beginning of the tenth week of each semester, withdrawals are reported with a grade of WF (Withdraw Fail).

Exceptions may be made for withdrawals due to extenuating circumstances such as illness or other unavoidable occurrences. Any questions about withdrawing from the University may be directed to the Registrar's Office at 734-995-7413 or email registrar@cuaa.edu.

### 8.7. 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 CUA and Physician Assistant Program policies and procedures.

### 8.8. 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.

## 9. STUDENT RESOURCES AND SERVICES

***ARC-PA Standard A1.04: The sponsoring institution must provide academic support and student services to PA students that are equivalent to those services provided to other comparable students of the institution.***

CUAA provides multiple services to its students regardless of enrollment type.

To access information about all services and resources offered at CUA, follow the link below.

<https://www.cuaa.edu/students/index.html>

### 9.1. Campus Map and Driving Directions

<https://www.cuaa.edu/visit/index.html>

### 9.2. Parking

The vehicle rules and regulations are administered and enforced by the Department of Campus Safety.

Should you have any questions contact the Director of Campus Safety at 734-995-7502 or via e-mail [security@cuaa.edu](mailto:security@cuaa.edu).

For parking maps and vehicle rules and regulations, follow the link below.

<https://www.cuaa.edu/academics/services/campus-safety/parking-vehicle-registration.html>

### 9.3. Shuttle Service to Main Campus

The shuttle service is provided for all students at scheduled times, Monday – Friday.

The shuttle schedule is determined each semester based on the North Campus class schedule and can be found at the welcome desk and campus safety offices on central and north campuses.

### 9.4. Billing and Payment

The University requires full payment for each semester prior to the first day of class.

Notification from the Financial Aid Office of grants, scholarships, or a guaranteed student loan will be accepted in lieu of payment by cash.

If using federal financial aid, tuition disbursements will be made to a student's account after the start of the course/s.

Failing to observe this schedule or to make other satisfactory arrangements with the Business Office may impact the right to begin or continue work at Concordia and may impact registration, transcripts and diplomas, and use of the student ID card.

If students must rely on others for financial resources, they are held responsible for financial sponsors observing the payment schedule.

To understand the bill, pay the bill, or to receive additional information regarding billing and payment follow the link below.

<https://www.cuaa.edu/academics/services/billing/index.html>

### 9.5. Library

***ARC-PA Standard A1.09: The sponsoring institution must provide the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice.***

The Zimmerman Library is located on the main campus and offers various scholastic prints, electronic and audio/visual resources.

It also provides additional services and accommodations, including 26 computer workstations, the Academic Resource Center (ARC), the Training and Testing Center (TTC), the Computer Science Lab, and study areas.

Visit the library website for hours of operation by following the link below.

<https://www.cuaa.edu/academics/library/index.html>

### 9.6. Food and Dining

The cafeteria is located on the main campus.

Several restaurants and food stores are less than a 5-minute drive from the North Building.

## 9.7. Campus Bookstore and CUA A Apparel

Course books may be purchased either via the University's Bookstore website or by telephone (262-243-4349).

To purchase books online, follow the link below.

<https://www.bkstr.com/concordiawiscstore/shop/textbooks-and-course-materials>

To order CUA A apparel, visit Cardinal Closet by following the link below.

[https://shop.cuaa.edu/?\\_gl=1\\*\\_1ytssra\\*\\_ga\\*MzUwODk2NjlzLjE2NDE1NzY2NzU.\\*\\_ga\\_36JTY4KTTX\\*MTY5MDIwOTEzNS4xNTguMS4xNjkwMjA5NjI3LjAuMC4w\\*\\_ga\\_D376KTNRPX\\*MTY5MDIwOTEzNS40LjEuMTY5MDIwOTYyNy4yLjAuMA..\\*\\_ga\\_0878YWMYVL\\*MTY5MDIwOTEzNS4xOS4xLjE2OTAyMDk2MjcuMi4wLjA](https://shop.cuaa.edu/?_gl=1*_1ytssra*_ga*MzUwODk2NjlzLjE2NDE1NzY2NzU.*_ga_36JTY4KTTX*MTY5MDIwOTEzNS4xNTguMS4xNjkwMjA5NjI3LjAuMC4w*_ga_D376KTNRPX*MTY5MDIwOTEzNS40LjEuMTY5MDIwOTYyNy4yLjAuMA..*_ga_0878YWMYVL*MTY5MDIwOTEzNS4xOS4xLjE2OTAyMDk2MjcuMi4wLjA)

## 9.8. IT Helpdesk and Learning Management System Support

The 2023-2024 student computer/laptop requirements needed for taking classes at Concordia University can be found through the link below.

<https://www.cuaa.edu/academics/services/technology-services/computer-requirements.html>

The IT department maintains the campus network and all computing devices.

Contact the IT department for help with any of the following:

- Network accounts (username and password).
- Wireless Access (Wi-Fi), email, and printing.
- Basic help with software and technology.
- Learning Management System (Blackboard/Canvas)

The IT department is located on the main campus at Zimmerman Library.

- Email: [information.technology@cuaa.edu](mailto:information.technology@cuaa.edu)
- Phone: 734-995-7424

To submit a ticket, follow the link below:

<https://www.cuaa.edu/academics/services/technology-services/helpdesk.html>

## 9.9. Financial Aid

Concordia University maintains the Financial Aid Office to assist students in financing their graduate programs. The primary sources of assistance available at CU are educational loans. The Stafford Student Loan Program enables students to borrow federally insured loans through CU. The interest can accrue until the borrower graduates. Students must be admitted and registered for a course before receiving an award letter. Non-degree-seeking students are not eligible for financial aid.

All educational loan programs maintain eligibility requirements based on a confidential “needs analysis.” The Free Application for Federal Student Aid (FAFSA) form is needed to determine student loan eligibility. The FAFSA Application is available online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

The financial aid office is located on the main campus.

Student Services Building

Hours: Monday – Thursday 8:00 AM - 3:30 PM

Friday 8:00 AM - 3:30 PM

\* Closed during Chapel

Phone: 734-995-7408

Fax: 734-995-4811

Email: [swfinaid@cuaa.edu](mailto:swfinaid@cuaa.edu)

### 9.10. Academic Recourse Center (ARC)

***ARC-PA Standard A3.10 The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.***

The Academic Resource Center (ARC) provides accommodations and a variety of academic support options to all CUAU students including but not limited to:

- Tutor-Me online services.
- Make-up testing.
- Study Skill coaching.
- Writing Center.

TutorMe – free, 24/7 access to online tutoring program featuring:

- Drop-in Tutoring.
- Scheduled Tutoring.
- Offline Questions.
- Writing Lab

To Access TutorMe service student should log into Blackboard and select “TutorMe- Instant Online Tutoring” option, located under the Tools tab on the left side of the page.

The Academic Resource Center (Main Campus location).

Zimmerman Library, 1st Floor.

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

Phone: 734-995-7460

Email: [ARC@cuaa.edu](mailto:ARC@cuaa.edu)

North Campus location: Room 125, North Building

Hours: Monday - Friday by appointment only.

Learn more about ARC by following the link: <https://www.cuaa.edu/arc>

### 9.11. Health Services

***ARC-PA Standard A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation.***

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

Currently there are no health services located on CUAAs campuses. However, there are multiple primary care providers and Urgent Care facilities in the area. We recommend contacting either Trinity Health IHA Urgent Care or Hope Clinic for non-emergent issues and University of Michigan Hospital or St. Joseph Mercy Ann Arbor Hospital for ER visits.

#### **Trinity Health IHA Urgent Care - Domino's Farms**

4200 Whitehall Dr #150, Ann Arbor, MI 48105

734-995-0308

#### **Hope Clinic (no health insurance required to be seen)**

518 Harriet St, Ypsilanti, MI 48197

734-484-2989

#### **University of Michigan Hospital ER**

1500 East Medical Center Drive, Ann Arbor, MI 48109

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

#### **St. Joseph Mercy Ann Arbor Hospital ER**

5301 McAuley Drive, Ypsilanti, MI 48197

### 9.12. Counseling and Psychological Services (CAPS)

***ARC-PA Standard A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation.***



**IF YOU ARE EXPERIENCING UNCONTROLLABLE SUICIDAL THOUGHTS OR URGES AND/OR ANY OTHER PHYSICAL OR PSYCHOLOGICAL EMERGENCY, PLEASE CALL ONE OF THE FOLLOWING IMMEDIATELY (ALL AVAILABLE 24/7):**

**CUAA Campus Safety**

(734) 358-1340 (cell phone)

(734) 995-7502 (office phone)

**Local: 911, or Nearest Hospital (University of Michigan)**

**Psychiatric Emergency Services, Michigan Medicine**

1500 E. Medical Center Dr.

Ann Arbor, MI 48109

(734) 996-4747 or (734) 936-5900

**National: 988 Suicide & Crisis Lifeline**

988, or 1-800-273-8255 (1-800-273-TALK)

**Crisis Text Line**

Text "HOME" to 741741

Counseling and Psychological Services (CAPS) at CUAA are dedicated to helping students reach and maintain mental, physical, and spiritual health.

CAPS is a free and confidential resource for all enrolled students to use at any point during their time at CUAA.

**CAPS Office**

Student Services Building, Room 115 (Main Campus) OR

North Building, Room 123 (North Campus)

Hours: Monday - Friday 9:30 am to 4 pm. (after hours appointments available)

Phone: 734-995-7441

Email: caps@cuaa.edu

For more information about CAPS, follow the link provided below:

<https://www.cuaa.edu/academics/services/counseling-services/index.html>

To make an appointment with CAPS, follow the link below:

<https://www.cuaa.edu/academics/services/health-wellness/counseling-services/appointments.html>

### 9.13. Student Emergency Funds

If the student faces financial hardship due to an unforeseen situation, the Dean of Students Office is ready to assist.

The Dean of Students Office may be able to assist students with short-term support when they are unable to meet immediate, essential expenses due to temporary hardship related to an unforeseen or emergency situations. The goal is to help students find resources in a timely manner to help them continue successfully in school.

The Dean of Students Office will review all crisis/emergency situations and will work with students to identify available resources and/or alternative solutions to their needs.

#### **Short-term food and clothing insecurities.**

The Cardinal Closet food and clothing pantry in the Center for Intercultural Affairs (CIA) is open to students to get free food and clothing. Stop in or call Campus Safety to let you in, or contact Shanitra Cheff ([shanitra.cheff@cuaa.edu](mailto:shanitra.cheff@cuaa.edu)) for more information.

<https://www.cuaa.edu/about/offices/multicultural-engagement/intercultural-affairs.html>

#### **Short-term housing or other non-tuition financial emergencies (gas, family, etc.):**

Students should contact Erin Laverick, Associate VP for Academic and Student Success, to set up a private appointment to discuss privately any needs.

Phone: 734-995-7391

Email: [erin.laverick@cuaa.edu](mailto:erin.laverick@cuaa.edu)

### 9.14. The Office of Multicultural Engagement

The Office of Multicultural Engagement (OME) provides support and guidance 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 are better prepared for service and leadership after graduation.

Director Shanitra Cheff: [shanitra.cheff@cuaa.edu](mailto:shanitra.cheff@cuaa.edu)

### 9.15. The Career Engagement Studio

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

## 9.16. Registrar

The Registrar's Office maintains all academic records for CUA A students. The Registrar may be contacted for the following services:

- Transcript Request.
- Course Schedules.
- Registration for Classes.
- Change of Name or Address.
- Graduation Information.
- Academic Calendar.
- Student Handbooks.

Registrar's Office

4090 Geddes Road

Ann Arbor, MI 48105

Hours: Monday - Friday, 8:00 am - 4:30 pm.

Phone: 734-995-7413

FAX: 734-995-7448

E-mail: [cuaaregistrar@cuaa.edu](mailto:cuaaregistrar@cuaa.edu)

The University cannot transmit any official transcripts electronically. The student's account with Financial Aid must be paid in full, and student loans must be in a current non-defaulted status prior to the release of any official grades or academic transcripts.

The student may obtain or have forwarded to designated parties copies of their academic transcript by submitting a written request to the Registrar's Office.

The form to obtain transcripts can be found at:

<https://www.CUAA.edu/academics/assets/requesttranscript.pdf>

## 9.17. Campus Safety

***ARC-PA Standard A1.02 The sponsoring institution is responsible for:***

***g) documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs.***

The Department of Campus Safety exists to protect the intellectual, social, spiritual, physical, and recreational aspects of all students' lives.

All members of the campus community are encouraged to immediately report any suspicious or criminal activity to Campus Safety.

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 CU 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 Student Life and other university departments, administers a number of programs designed to encourage students and staff to be responsible for their own safety.

If you would like to report a crime that has occurred or could occur, fill out an anonymous form by following the link below:

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

**Director of Campus Safety: Dieter Heren**

Office: Student Services Building, Room #114 (Main Campus)

Phone: 734 -995-7502

**Campus Safety Office**

Office: Student Services Building, Room 114 OR North Building, Room 120

Phone: 734-995-7502

On Duty Officer: (734) 358-1340

Hours: 24/7, year-round.

**Ann Arbor Police**

Phone: 911 or (734) 794-6920

Hours: 24/7, year-round.

**9.17.1. Crime prevention**

**Building security.**

Campus Safety officers check university facilities at predetermined times.

Notify Campus Safety (734-358-1340) if any unlocked or propped doors are noticed that should be secured.

**Personal safety.**

- 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. Use Campus Safety for escorts to and from any location on Concordia’s campus during the evening hours.
- Stay alert, and plan ahead for "What if...?"
- The university has maintained a program of adding exterior lighting to minimize dark areas used by pedestrians on campus. All facilities on the campus are accessible by well-lit sidewalk routes. Avoid dark places that may be the shortest distance between two buildings. Stay on lighted sidewalks and walk with another person that you know. Contact the Department of Campus Safety to report broken lights, landscaping that may need to be trimmed, or other potential hazards.

**Cardinal Buddy Program.**

Campus Safety Officers are available 24/7 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.

**Personal property safety.**

- Keep your car locked. Store items of value in the trunk out of view.
- Coats, backpacks, and purses should remain with you or be locked up.
- Mark and record your belongings.
- If you have a bicycle on campus, document all the information about the bike, and make sure it is secure before leaving it.

**9.17.2. Emergency Procedures**

To provide timely notice to the CU community, and in the event of a serious incident that may threaten our community, the Campus Safety Office will issue "timely warning" crime bulletins in a timely manner that will aid in the prevention of similar crimes.

The warnings are usually issued for the following crimes: arson, aggravated assault, criminal homicide, robbery, sex offenses, or any other crimes that are deemed necessary.

The Campus Safety Office distributes "timely warning" bulletins in various ways, such as e-mail, emergency text message system (Rave Mobile Safety), voicemail messages on the University's phone system, postings in residential halls, or a combination of the above-listed. It should be noted that an institution is not required to provide a timely warning concerning crimes reported to a pastoral or professional counselor.

### **RAVE Emergency Alert System**

CUAA uses RAVE™ to send emergency texts and email messages to all faculty, staff, and students in the event of a campus emergency.

Employees and students are encouraged to update or add family email addresses, cell phone numbers, or voice-only phone numbers on their Rave profile.

Students may opt out of receiving text messages by texting the word STOP to 226787. Individuals cannot opt out of email messages to CUAA email addresses.

A copy of CU's annual campus security report includes statistics for the previous three years concerning reported crimes that occurred on campus and public property within or immediately adjacent to and accessible from the campus. This report also includes institutional policies concerning campus security/safety, such as alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters.

For the annual safety report, follow the link below.

<https://www.cuaa.edu/academics/services/campus-safety/safety-report.html>

### **9.17.3. Inclement Weather**

For events held on campus, radio and television stations will be contacted, and every effort made to have morning or daytime cancellations due to weather announced by 6:00 a.m., along with an announcement on the my.CUAA.edu portal.

### **9.17.4. Off-Campus Safety**

For supervised clinical practice experiences (SCPE's) that are scheduled off-campus, the CUAA PA faculty will make every effort to ensure safety of the student at the site by reviewing the site and its compliance with safety requirements ahead of time. This is done at the initial site visit as part of the vetting process for that clinical rotation site and reassessed at repeat site visits or if subsequent concerns arise. Campus Safety will be asked to assist faculty in reviewing safety protocols if necessary.

If at any point during their rotation the student has concerns about their personal safety, they should call 911 for emergency situations and for non-emergent situations notify the DCE as soon as possible.

All PA Program Policies apply equally to all PA students, PA Faculty, and the Program Director, regardless of location (on-campus or off-campus). If affiliated sites or clinical rotation sites have policies that supersede the program policies, the DCE will inform the Students, Faculty, and Program Director.

## APPENDIX A

### Technical Standards

The PA student signifies that they are able to meet the following technical standards:

#### 1. Observational Standards

PA Students must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing, and tactile sensation must be sufficient to observe a patient's condition and to elicit information through procedures regularly required in a physical examination, such as inspection, auscultation, and palpation.

#### 2. Communication Standards

PA students must be able to communicate effectively and efficiently with patients, their families, healthcare personnel, colleagues, faculty, staff, and all other individuals they encounter. Students must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication or the way a disease or illness may present, and establish therapeutic relationships with patients. Students must be able to record information accurately and clearly and communicate with other healthcare professionals in various settings.

#### 3. Motor Standards

PA Students must have the endurance to tolerate physically taxing workloads. Students must be able to transport themselves from one location to another in a timely fashion. After a reasonable training period, students must be able to independently perform physical examinations and diagnostic maneuvers, e.g., palpation, auscultation, percussion, and other diagnostic maneuvers. A student must be able to respond to clinical problems promptly and provide direct general and emergency treatment to patients in a wide range of circumstances. Examples include but are not limited to cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. These activities require physical mobility, gross and fine neuromuscular coordination, and equilibrium. Students must also meet safety standards appropriate for settings and adhere to universal precautions procedures (e.g., wear complete set of Protective Personal Equipment).

#### 4. Intellectual-Conceptual and Integrative and Quantitative Standards

Students must be able to assimilate and engage with detailed and complex information presented through both the didactic curriculum and clinical coursework. Students are expected to be able to measure, calculate, reason, analyze, synthesize/interpret, and transmit information quickly and efficiently in both remote and in-person situations. In addition, students must be able to comprehend three-dimensional relationships, understand the spatial relationships of structures, and adapt to different learning environments and modalities. Students must be able to learn, participate, collaborate, and contribute as part of a team effectively. Students must be able to interpret connections and make accurate, fact-based conclusions based on the patient's history, clinical presentation, results of physical examination, and laboratory studies.

#### 5. Behavioral, Social, and Professional Standards

Students must exhibit sufficient maturity and emotional stability for full utilization of their intellectual abilities, which includes, but is not limited to, the exercise of good judgment and the prompt completion of all responsibilities associated with the diagnosis and care of patients. Students must exhibit integrity, honesty, professionalism, and compassion and are expected to display a spirit of cooperation and teamwork. Students are expected to understand the legal and ethical aspects of the practice of medicine and function within these standards of the medical profession. Students must interact with patients and their families, healthcare professionals, colleagues, faculty, and staff courteously, professionally, and respectfully. Students must demonstrate empathy and compassion for all patients and tolerate ambiguity and differences in patient abilities in health literacy. Students must accept responsibility for learning and exercising good judgment and are expected to contribute to collaborative learning environments, accept constructive feedback from others, and take personal responsibility for making appropriate positive changes. Students must possess the physical and emotional endurance to tolerate demanding workloads, function competently and professionally in high-stress, fast-paced situations, adapt to changing environments, display flexibility, and manage the uncertainties intrinsic to the care of patients and the healthcare system.



## APPENDIX B

### Blood-borne Pathogen and Infectious Disease Prevention and Exposure Follow-Up

**ARC-PA Standard A3.08** *The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies must:*

- a) address methods of prevention.*
- b) address procedures for care and treatment after exposure.*
- c) clearly define financial responsibility.*

The Program and the University observe and enforce all applicable OSHA standards for blood borne pathogens.

The Program utilizes only those clinical training sites which comply with OSHA standards for availability of protective equipment against exposure.

(Most current update: CDC <https://www.cdc.gov/niosh/healthcare/>).

Due to the nature of training environment, there is a potential for exposure for PA students to infectious or environmental hazards 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).

**Exposure to Blood-Borne Pathogen Definition** - 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 mucous membranes (e.g., cornea, mouth), or contact with non- intact skin (e.g., skin with cuts, abrasions, or excoriations).

The blood-borne pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

To protect against exposure to blood-borne pathogens and other infectious diseases, all PA students, will be familiarized and utilize universal precautions during on-campus laboratory activities, off-campus patient visits, and during clinical rotations students.

In the event of potentially infectious exposures, injury or disability the student is financially responsible for all costs related to diagnosis and treatment.

The requirements for protection from blood-borne 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.

### 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. The best way to prevent hepatitis B is to get vaccinated.

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 Hepatitis B series vaccines if nonimmune.

To learn more about Hepatitis B, follow the link below:

[https://www.cdc.gov/hepatitis-b/hcp/clinical-overview/?CDC\\_AAref\\_Val=https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm](https://www.cdc.gov/hepatitis-b/hcp/clinical-overview/?CDC_AAref_Val=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. 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.

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 learn more about hepatitis C, follow the link below:

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

### **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. 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.

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.

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.

For more information about HIV, follow the link below

<https://www.cdc.gov/hiv/>

**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 using PPE (personal protective equipment) must wash hands before wearing gloves 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 should be used if there is ANY potential for exposure to blood-borne pathogens or other infectious agents. PPE may include (but not limited to) gloves, masks, gowns, face shields, shoe covers, or hair covers. If a student is concerned about potential exposure to infectious agents they may ask the instructor for proper PPE. Student must remove PPE after it becomes contaminated and before leaving the work area. Contaminated PPE should be placed in a red bag.
- c. Food and Drinks shall be stored outside of the lab in either designated refrigerators or in personal lockers. Food, drink and cosmetics (including lip balms, chap stick etc.) are not to be used in the lab to avoid potential contamination with infectious or hazardous agents.

**2. Prevention of needle stick injury or other injuries from sharp objects:**

- a. Needles are not to be recapped or manipulated by hand after use.
- b. 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.

**3. Immediately after exposure:**

- a. 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. Do not use bleach as skin, mucus membrane, or eye disinfectant.

b. If a garment is penetrated, the garment shall be removed as soon as possible and isolated in a Red Bag.

c. If major cleanup is needed call Campus Safety at X7502.

d. Students who got exposed outside of campus should immediately notify the appropriate department at their clinical facility and receive instructions for evaluation, first aid if needed and PEP (post exposure prophylaxis).

e. Students who got exposed on campus will be excused from classes and 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. Students may proceed to ER of either University of Michigan hospital at 1500 East Medical Center Drive, Ann Arbor, or St. Joseph Mercy Ann Arbor Hospital at 5301 McAuley Drive, Ypsilanti. There are multiple urgent care clinics nearby as well. The student is financially responsible for any costs incurred secondary to infectious and/or environmental hazardous exposures.

f. Campus Safety can also be called from any campus phone at X7502 or at 734-358-1340 for assistance.

### **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 will proceed to a nearby healthcare center as soon as possible after the exposure for consultation, PEP consideration and counseling.
- b. The student should also notify the Director of Clinical Education and submit an **incident report** (located in Exxat, the learning management system for the course, and Appendix E) within 24 hours of the event.
- c. The student is responsible for initiating medical care and follow up care after any bloodborne pathogen exposure. All costs are the sole responsibility of the student.

## APPENDIX C

### Standard Precautions Policy

The term Standard Precautions is used to discuss the acceptable methods for handling, managing, and disposing of items contaminated by bodily fluid or infectious substances. The accepted nomenclature in the healthcare environment is Universal Precautions.

Procedure:

1. Students will be provided instruction within the didactic curriculum to identify and manage the situations and circumstances where Universal Precautions are required.
2. Students are required to review the CDC website educational materials related to standard precautions (<https://www.cdc.gov/niosh/topics/bbp/default.html>) prior to beginning of labs and patient visits.
3. The program will provide training in Standard Precautions and Blood Borne Pathogens prior to clinical education experiences. Successful completion of all required training to prevent and control the spread of infection is required of every student.
4. Students will be made aware of the personal protection equipment (PPE) available for use in situations and circumstances where Universal Precautions are required.
5. Once instructed in identification of situations and the appropriate use of equipment utilized exercising Universal Precautions, students will adhere to such uses as are necessary to protect themselves and others in the Physician Assistant program.
6. Students are expected to immediately report any incidents of accidental exposure to an infectious agent to the Instructional Faculty member and to complete an Incident Report in Exxat (see also Appendix E) . The copy of the report must be submitted to the Director of Clinical Education, while the original will be maintained with the student. Completed incident reports will be kept in the student's file.

## APPENDIX D

### Hazards Policies

***ARC-PA Standard A3.08 The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies must:***

- a) address methods of prevention.***
- b) address procedures for care and treatment after exposure.***
- c) clearly define financial responsibility.***

#### Health Risks Policy

Due to the nature of training of Physician Assistant Students, there is the potential for exposure to infectious or environmental contacts that may lead to disease or disability. Acquisition of an infectious or environmental disease may impact student learning during the didactic or clinical phase of training. The CUAA PA program is committed to making sure that all students are aware of these risks and receive standardized training related to these concerns.

Procedure:

1. Students will be in compliance with all health requirements of the Physician Assistant program [see Policy Title: Health Requirements], including but not limited to documentation of annual physical examinations and immunizations and titers.
2. All physician assistant students will receive basic education and access to training on Standard Precautions and Blood Borne Pathogens prior to beginning of labs and patient visits during didactic year.
3. Some clinical sites may impose additional requirements, including but not limited to current drug screen, background check, etc. The DCE will inform students prior to the assigned rotation to ensure adequate time to complete any additional requirements.
4. MSDS are available at the Administrative Desk for all chemical items used in class to clean, disinfect, or serve as a medium for diagnostic and therapeutic modalities. In the event of an accidental exposure to hazardous material not intended by the manufacturer, the MSDS will be consulted for the recommended removal method and/or treatment.
5. Should a student contract an infectious or environmental disease or disability, they may need to be cleared by their healthcare provider prior to continuing with the PA program. Based upon outcomes and degree of infectious or environmental hazard exposure, a student's continued participation in the required classroom and/or clinical activities may be delayed or prevented. This may delay or prohibit graduation from the program.
6. Should a student contract an environmental or infectious disease or disability, the student must be able to meet "Health Requirements" and "Technical Standards" as documented in this handbook to continue matriculation in the CUAA PA program.
7. The student is financially responsible for any costs incurred secondary to infectious and/or environmental hazardous exposures.

## **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.

**APPENDIX E**

**Incident Report**

In the event of an injury, the student must complete this form. The copy of the form should be submitted to either a course director (Didactic Year) or Director of Clinical Education (Clinical year). The original report stays with student for personal records.

The course director will submit the report to a program director. The incident will be discussed on a faculty meeting.

**THIS FORM IS CONFIDENTIAL**

Date of Report:    /    /

Time of Report:            AM / PM

<b>Time and Place of Incident</b>	
Date of Incident:    /    /	Time of Incident:            AM / PM
Place of Incident: _____	
Individual in charge: <input type="checkbox"/> Faculty <input type="checkbox"/> Clinical Preceptor <input type="checkbox"/> Supervisor	
Name of individual in charge: _____	
Phone: _____	
<b>Injured Person</b>	
Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____	
Name (Last, First, M.I.): _____	
DOB: _____	Sex: _____
CUAA ID#: F00 _____	
Phone # _____	
E-mail _____	
Local address: _____	
<b>Incident Description (describe what happened)</b>	



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Description of injury (describe the type, severity, and the body parts involved)
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Witnesses (provide full name, phone number, and address of each witness)
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--

Complete sections below if incident is related to potential exposure to blood-borne pathogens.
--

Was injured individual wearing PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Has injured individual been immunized against hepatitis B Virus? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

Dates of Immunization (if known): (1)    /    /    ; (2)    /    /    ; (3)    /    /    .
--

Injured individual was exposed to (check all that apply):
<input type="checkbox"/> Blood/ blood products
<input type="checkbox"/> Cerebrospinal fluid
<input type="checkbox"/> Body fluid with visible blood

- Synovial fluid
- Body fluid without visible blood
- Pleural fluid with visible blood
- Amniotic fluid Solution without visible blood
- Pericardial fluid
- Vaginal secretions
- Seminal fluid
- Peritoneal fluid

Other: \_\_\_\_\_

Mechanism of Exposure (check all that apply):

- Needlestick while giving Injection.
- Needlestick while recapping/discarding needle
- Skin injury by other sharp instrument.  
Device Type: \_\_\_\_\_
- Handling waste products.
- Handling lab specimen.
- Controlling bleeding.
- Handling IV line.
- Performing invasive procedure.
- Handling disposal box.

Cleaning blood/body fluid spill.

Human Bite with or without open wound.

Contact with mucous membranes, including inhalation.

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

Estimated time from exposure to medical evaluation: \_\_\_\_\_ minutes \_\_\_\_\_ hours.

Source of Exposure (if known):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Actions Taken after the Exposure (check all that apply):

Area washed with soap and water or other cleanser (if other, specify \_\_\_\_\_)

Course Director/Director of Clinical Education/Site Preceptor/Supervisor notified.

(Name and date) \_\_\_\_\_

Infection / Exposure Control Officer notified

(Name and date) \_\_\_\_\_

Injured individual referred for medical evaluation and treatment to:

(Name and address of the facility) \_\_\_\_\_

Follow-up scheduled for re-evaluation of lab studies and clinical condition.

(Date of the follow-up appointment) \_\_\_\_\_

Person Completing Form:

Name: \_\_\_\_\_

Title/Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPENDIX F

### Emergency Services Policy

Concordia University makes every effort to provide a safe teaching and learning environment for students. There may be occasions when, despite the best efforts of all involved in the program, emergencies arise. Inside every classroom and laboratory, Emergency Procedure directions have been placed. These placards identify the building and room location. All students should become familiar with the location and content of these Emergency Procedure Placards. During an emergency event, follow the policy below.

#### **Procedure:**

1. In the event of any emergency situation the students should remain calm and act to ensure their own safety.
2. Assess the extent of the situation (e.g. smoke, fire, trauma, injuries).
3. Dial 911.
4. After calling 911, dial Campus Security at 734-358-1340 to report the situation. Campus Security will direct emergency services and assist as necessary.
5. Follow Concordia University Emergency Procedures:
  - Medical Emergencies.
    - Dial 911.
    - Administer First Aid/CPR/AED if appropriate.
    - Do not move victim unless conditions require it.
  - Fire Emergency.
    - Evacuate.
    - Use closest available exit.
    - Use stairs, not elevator.
    - Activate nearest fire alarm if possible.
    - Assist those with special needs.
  - Active shooter.
    - Run:
      - Avoid the threat, leave belongings.
      - Deny access by locking barricading door.
      - Turn off lights, silence devices.
    - Fight:
      - Plan to overcome shooter.

- Distract, disorient, disarm.
- Use improvised weapons.
- Tornado.
  - Seek shelter.
  - Move to designated shelter area or lowest interior space of building away from windows/glass.
  - Crouch near floor or under heavy, well-supported objects. Cover back of your head/neck.
  - If outside, lie flat in nearest depression. Cover back of your head/neck.
  - Remain sheltered until the all clear notification has been given.
- Haz Mat issue.
  - Evacuate by using closest available exit.
  - Close off the room and alert others to evacuate.
  - Avoid breathing vapors from the spill.
  - Do not attempt to clean up the spill.
  - If personally contaminated, seek eye wash and or emergency shower.

Emergency building evacuation drills are conducted each semester in residence halls, academic, and administrative facilities to familiarize faculty and students with emergency egress from a building and to establish conduct of the drill to a matter of routine. Drills will include suitable procedures, such as potential room-to-room checks, to ensure that all person's subject to the drill participate. Any person who fails to participate in a drill will be subject to disciplinary action by the appropriate authority. In the conduct of drills, emphasis shall be placed on orderly evacuation rather than speed.