SCHOOL OF HEALTH PROFESSIONS

Student Handbook

January 2018

Applies to the Class of 2019 and following cohorts

Section A :: School of Health Professions Policies & Procedures

Section B :: Physician Assistant Program Student Handbook
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American Academy of Physician Assistants (AAPA)

Student Academy of the American Academy of Physician Assistants (SAAAPA)

Virginia Academy of Physician Assistants (VAPA)

ACKNOWLEDGEMENT FORM

Student’s Acknowledgement

The information contained in this section of the handbook is an overview of current policies and procedures of the EVMS Physician Assistant Program. The implementation of any health professions curriculum remains dynamic, and is therefore subject to continuous review and improvement. Provisions listed herein, are directive in nature and subject to change. Changes will be communicated to students as soon as possible.

Please Note: this manual is meant to provide guidance for students and faculty on the usual procedures for day to day conduct in the PA Program. It does not represent an exhaustive list of all possibilities that might arise for students and faculty in the training and administration of the program. Unique situations will arise. They will be handled in a manner that ensures fairness and mutual respect in all cases.
SECTION A

SCHOOL OF HEALTH PROFESSIONS
POLICIES AND PROCEDURES

2017 - 2018

Last updated December 20, 2017
Welcome FROM THE DEAN

Welcome to the EVMS School of Health Professions! The health professions programs offered by EVMS provide training at a progressive, nationally recognized graduate institution and in clinical and community facilities throughout the Hampton Roads area. We are proud to offer a diverse mix of programs that use state-of-the-art classrooms and laboratories essential to the educational process. All programs in the School of Health Professions that are eligible have been individually accredited, and all adhere to the highest professional and ethical standards. EVMS has affiliations with many community partners, including rural and urban clinics, modern hospitals, and other health-care settings. Our faculty have advanced degrees in their area of expertise, supplemented by many years of professional experience in their respective disciplines. Our students are of the highest caliber, and consistently achieve highly competitive scores on licensing and related examinations.

I wish you the best of luck in achieving your professional and educational goals.

Sincerely,

C. Donald Combs, PhD
Vice President and Dean of the School of Health Professions
Professor of Health Professions
BACKGROUND

The EVMS School of Health Professions (SHP) provides an administrative structure for the following academic programs:

- Art Therapy and Counseling (MS)
- Biomedical Sciences (PhD)
- Biomedical Sciences (Medical Master’s) (MS), 1-year and 2-year
- Biomedical Sciences Research (MS)
- Biotechnology (MS)
- Certificate in Anatomy
- Contemporary Human Anatomy (MS)
- Doctor of Health Sciences (DHSc)
- Master of Healthcare Analytics
- Public Health (MPH) and public health certificates
- Laboratory Animal Science (MS)
- Master of Healthcare Delivery Science (MHDS)
- Medical and Health Professions Education (MS)
- Physician Assistant (MPA)
- Physician Assistant Fellowship in Emergency Medicine
- Physician Assistant Fellowship in Pediatric Urgent Care
- Surgical Assisting (MSA)
- Pathologists’ Assistant (MS)
- Reproductive Clinical Sciences, (PhD and MS)
- Virginia Consortium Program in Clinical Psychology (PhD)

EVMS serves as the school of record for all programs shown above except Clinical Psychology; other policies and procedures may be applicable for that program based on school of record responsibilities. In addition to the policies and procedures depicted below, each program may have additional grading or other essential requirements that are communicated to students in writing at the initiation of their first semester or at other times as deemed necessary.
GRADING POLICY

This section specifies the general grading policies and procedures used by all of the health professions programs. In addition to the policies listed here, each program may have additional requirements and communicated to students in writing at the initiation of their first semester. Grades at the end of each term are assigned according to the EVMS School of Health Professions Grading Scale.

GRADE POINT AVERAGE SCALE

All SHP programs for which EVMS serves as the school of record will use the following grading scale for those courses in which grades affect the Grade Point Average (GPA).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Points</th>
<th>Grades not affecting GPA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
<td>AU = Audit</td>
</tr>
<tr>
<td>A−</td>
<td>3.67</td>
<td>I = Incomplete</td>
</tr>
<tr>
<td>B+</td>
<td>3.33</td>
<td>P = Pass</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
<td>W = Official Withdrawal</td>
</tr>
<tr>
<td>B−</td>
<td>2.67</td>
<td>WF = Unofficial Withdrawal</td>
</tr>
<tr>
<td>C+</td>
<td>2.33</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>C−</td>
<td>1.67</td>
<td></td>
</tr>
<tr>
<td>D+</td>
<td>1.33</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>D−</td>
<td>0.67</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

A grading structure that is consistent with program or departmental guidelines will be established for each class by the instructor. These requirements, along with the goals and requirements for each course, the nature of the course content, and the methods of evaluation, are communicated to students at the initiation of each course. Programs are responsible for sending grade reports to students at the end of each term.
**Grade Point Calculation**

The grade point average is calculated by dividing the accumulated number of grade points earned by the accumulated number of credit hours attempted. Grades of “F” and repeats are included, but official withdrawals, audits, and grades on non-credit courses, non-degree credit courses, and pass/fail courses are not. If a student is required to repeat a course or receives permission from a program director to repeat a course, the grade point average will be calculated using only the repeated course grade and the corresponding point value. However, the original grade assigned for that course will remain on the transcript. Grades in courses accepted for transfer credit are not counted in the computation of grade point average.

Students must have a cumulative grade point average of 3.00 or higher for graduation. Students falling below the minimum GPA requirement may be placed on probation or suspended in accordance with procedures established below and by each program.

**Grading Scale**

Unless an exception is approved by the Dean, courses offered in the School of Health Professions will use the following grading scale.

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 - 94</td>
<td>A</td>
</tr>
<tr>
<td>93 - 90</td>
<td>A-</td>
</tr>
<tr>
<td>89 - 87</td>
<td>B+</td>
</tr>
<tr>
<td>86 - 84</td>
<td>B</td>
</tr>
<tr>
<td>83 - 80</td>
<td>B-</td>
</tr>
<tr>
<td>79 - 77</td>
<td>C+</td>
</tr>
<tr>
<td>76 - 74</td>
<td>C</td>
</tr>
<tr>
<td>73 - 70</td>
<td>C-</td>
</tr>
<tr>
<td>69 - 67</td>
<td>D+</td>
</tr>
<tr>
<td>66 - 64</td>
<td>D</td>
</tr>
<tr>
<td>63 - 60</td>
<td>D-</td>
</tr>
<tr>
<td>59 or less</td>
<td>F</td>
</tr>
</tbody>
</table>
INCOMPLETE GRADES

The grade “I” indicates assigned work yet to be completed in a given course or an approved absence from the final examination. When an instructor assigns a grade of “I,” a written agreement is prepared and signed by the instructor and student that specifies the work remaining to be completed and the time frame for doing so. The work should be completed as soon as possible, but not later than the mid-point of the following grading period/semester unless special written approval is granted by the Course Director and Program Director for extraordinary circumstances. The student must petition the Course Director and the Program Director for such an extension at least two weeks before the end of the agreed upon deadline. Unless an extension has been approved by the Course Director and the Program Director, the “I” will convert to either an “F” or the grade as specified in the written agreement after the mid-point of the semester. An “I” grade may not be changed to a “W” under any circumstances.

WITHDRAWALS

A student can withdraw from a course up until the mid-point of the grading period/semester and receive a W grade. Withdrawal after the midterm is not permitted without special approval by the Program Director. However, in the event of an illness or severe hardship beyond the student's control, the student should submit a written petition for permission to withdraw from the course to the instructor and program director no later than the last day of classes. If permission is granted by the Program Director, a grade of W is recorded. If permission is not granted, then the student cannot withdraw from the class. A student who stops attending classes without withdrawing is assigned a WF grade unless the student's performance was failing, in which case a grade of F will be assigned.

PROGRESS REVIEW

Regular assessment of students and feedback to them is essential to effective teaching and learning. All possible effort should be extended to identify students whose performance is unsatisfactory and establish remedial intervention. Course instructors and program directors will regularly review the academic progress of their designated students and evaluate the overall progress of each student at the conclusion of each grading term and academic year. Each program will establish policies and procedures for completing assessments, communicating results to students, and documenting outcomes. Procedures for addressing performance deficiencies or circumstances that may prohibit students from successfully completing a program are outlined in subsequent pages in the Performance Deficiencies and Probation Procedures. Programs may have additional remediation policies and procedures and students should contact the appropriate program office or director for this information. Program Directors shall provide periodic reports to the Dean of the School of Health Professions that summarize student progress issues for their respective programs.
**GRADE APPEALS**

Students may appeal or seek remediation of a grade based on the policies and procedures established by the applicable program. Students who desire an appeal or seek remediation of a grade should first address the issue directly with the appropriate course instructor and follow all program specific policies and procedures. If the issue is not satisfactorily resolved with the course instructor, the student may appeal the decision to the Program Director based on program procedures. If the issue is still not resolved, the student may appeal to the Dean of the School of Health Professions.

Additional information regarding policies and procedures not listed in this Handbook, including elective, pass/fail, and audit course options and procedures for evaluating, dropping a course, and reporting of grades vary for each program and will be communicated to students at the initiation of their first semester and other times as deemed necessary.

**SATISFACTORY ACADEMIC PROGRESS**

All students in the EVMS School of Health Professions are expected to attain a term Grade Point Average of at least 3.0 to be considered in good academic standing and a cumulative GPA of at least 3.0 to graduate. Students who do not meet these criteria are subject to formal warnings, probation and/or dismissal. Students who receive a warning or are placed on probation must demonstrate sufficient academic progress in the following term, as determined by the program director and faculty, to remain in the program. Students on probation who fail to demonstrate academic progress in the following term will be subject to dismissal. The Program Director should consider the extent to which a student is performing at a level necessary to attain the knowledge, skills, and competencies required to succeed in the program, including ability to meet the cumulative GPA and other graduation requirements. All programs must review the academic progress of their students on a regular basis and at such intervals deemed appropriate but not less than once at the end of each grading term.

**TRANSFER CREDITS**

Transfer of credit may be allowed for course work taken at a regionally accredited institution of higher learning, such as the Southern Association of Colleges and Schools, for courses in which a grade of B (3.0) or higher was received or a passing grade was achieved in a pass/fail course. Doctoral programs may accept a maximum of 12 transfer credits, and master’s programs may accept a maximum of 9 transfer credits. Course grades obtained from another institution will not be counted in the GPA. All applicants seeking to transfer credit(s) should contact the program for special application or credential requirements. Decisions regarding applicability of transfer courses/credits will be made by the Program Director in consultation with the faculty as deemed appropriate. EVMS assumes responsibility for the academic quality of all course work or credit recorded on the institution’s transcript. It is the
responsibility of each program to determine a student’s comprehension of the requisite material and to ensure that the transferred course work and/or learning outcomes are comparable to the courses offered by the applicable EVMS program.

**ASSIGNING CREDIT HOURS**

SHP programs use the calculus in the table below to assign course credit hours for all courses, on-site or asynchronous.

<table>
<thead>
<tr>
<th>Type of Course</th>
<th>Credit/Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture, Seminar, Independent Study</td>
<td>1 credit = 15 contact hours</td>
</tr>
<tr>
<td>Laboratory</td>
<td>1 credit = 30 contact hours</td>
</tr>
<tr>
<td>Clinical Rotations, Internship</td>
<td>1 credit = 80 contact hours</td>
</tr>
</tbody>
</table>
Student contact hour workload equivalency for asynchronous courses shall be determined using the following calculus, with hours adjusted proportionately up or down based on the credits awarded and course length:

<table>
<thead>
<tr>
<th>Semester Format</th>
<th>Credit Hours</th>
<th>Total Hour Commitment</th>
<th>Weekly Course Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-week</td>
<td>3</td>
<td>135</td>
<td>8.4 hours</td>
</tr>
<tr>
<td>15-week</td>
<td>3</td>
<td>135</td>
<td>9 hours</td>
</tr>
<tr>
<td>13-week</td>
<td>3</td>
<td>135</td>
<td>10.4 hours</td>
</tr>
<tr>
<td>12-week</td>
<td>3</td>
<td>135</td>
<td>11.3 hours</td>
</tr>
<tr>
<td>10-week</td>
<td>3</td>
<td>135</td>
<td>13.5 hours</td>
</tr>
<tr>
<td>9-week</td>
<td>3</td>
<td>135</td>
<td>15 hours</td>
</tr>
<tr>
<td>8-week</td>
<td>3</td>
<td>135</td>
<td>16.9 hours</td>
</tr>
<tr>
<td>6-week</td>
<td>3</td>
<td>135</td>
<td>22.5 hours</td>
</tr>
</tbody>
</table>

**Academic and Non-academic Deficiencies**

Procedures for addressing academic and non-academic deficiencies that may impede student progress or prohibit students from successfully completing a program are defined below, including student appeals to ensure appropriate due process. These procedures apply to programs in which EVMS is the school of record.

**Deficiencies**

Deficiencies, which may result in probation or dismissal/termination of a student, include both academic and non-academic areas. The Dean of the School of Health Professions or designee may intervene to address academic and non-academic deficiencies and may impose such remedies as are determined to be in the best interests of EVMS.

a) **Academic Deficiencies** include but are not limited to an inadequate knowledge base; a lack of information gathering ability, problem solving difficulties, poor clinical and technical skills; or errors in judgment.

b) **Non-Academic Deficiencies** include but are not limited to any action or behavior that is considered unacceptable to the training program faculty; poor professional relationships; moral and ethical values unacceptable to the profession; failure to comply with the standards of
student behavior including the Code of Student Conduct set forth herein, the rules, regulations and bylaws of EVMS and/or affiliated practicum sites or the laws which govern the healing arts in the Commonwealth of Virginia; and/or a lack of abilities and talents that are necessary for the performance of expected duties for that health profession.

Each academic program has its own criteria for determining when and how to intervene on matters of academic and non-academic deficiencies. Some may require a written or verbal notification and/or warning from an instructor, advisor, or Program Director to convey concern about student performance and/or to inform the student of the risk of probation unless performance improves. In all programs, a student placed on probation will be informed in writing and his/her performance will be monitored. The written notification must specify if termination in the educational program is a potential outcome of the probationary status. Interventions typically follow the progressive hierarchy of warning, probation, and dismissal.

Probationary status will be defined by the program's faculty, and the terms of probation must be signed by the Program Director and the student. While on probation, the student will be provided close faculty supervision and may or may not be given credit for the time period during which the probationary status is in effect. If the probationary period is not creditable toward the required time for the educational program, an extension of training time (within timeliness for the degree) may be considered at the discretion of the Program Director.

If a student’s conduct compromises acceptable standards of patient care or jeopardizes the welfare of patients under his/her care, the Program Director has the option of immediately suspending the student from clinical duties until such time as an appropriate investigation of the allegations can occur. The Dean of the School of Health Professions, the Associate Dean of the School of Health Professions, the Associate Dean for Student Affairs, and the Registrar must all be notified when a student is placed on probation.

**Identification and Remediation of Deficiencies**

Faculty and other professional staff will promptly notify the Program Director of areas of concern regarding a student’s academic progress, professional behavior and development. Upon notification of a potential problem, the Program Director or designee will investigate the report and develop a remediation plan if warranted. The Program Director or designee will meet with the student to discuss areas of concern, including development of a remediation plan with clear goals and objectives, a specific time frame for completing the plan, and potential outcomes. The plan will be signed by the Program Director and the student. Follow up meetings will occur with the student, key program faculty, and the Program Director. Program faculty and Program Directors should use their reasonable judgment in documenting academic and non-academic student issues including remediation plans, progress reports, and supervision meetings. Written documentation is required if a student receives a warning, is placed on probation, or is dismissed from the program.
ACADEMIC AND NON-ACADEMIC GRIEVANCE AND APPEAL PROCEDURES

Students in the School of Health Professions have the right to due process involving grievances and appeals:

The student should discuss the grievance with his or her Program Director. If the grievance is not resolved, a student may file a written appeal to the Dean of the School of Health Professions within seven days of the student’s notification of the Program Director’s decision. Upon receipt of the appeal, the Dean will notify the Registrar accordingly. The Dean or a designee will review all pertinent material and meet with the student. The Dean may convene a Grievance/Appeals Committee composed of Program Directors, faculty, students, and/or chairs of departments not directly involved in the grievance. All testimony, evidence, and witnesses relevant to the appeal shall be made available to this committee. The student has the right to appear before the committee, present testimony and such witnesses or evidence as is deemed relevant by the committee. The student shall not have the right to be represented by counsel at these committee meetings. The Committee will submit its recommendations to the Dean after the review is completed.

The Dean will notify the student within ten days of his/her decision. The decision may include reinstatement, retention, probation, termination, suspension, special academic assignments, or other interventions deemed appropriate to the situation. The judgment of the Dean concerning the grievance shall be final and binding on all parties with the exception of recommending the termination of a student’s participation in an academic program.

In the case of termination from an academic program, the student may file a written appeal to the EVMS President/Provost within five days of the student’s notification from the Dean of the School of Health Professions. The President/Provost will review all pertinent material and notify the student within ten days of receipt of the appeal of his/her decision. The decision of the President/Provost is final.

TUITION CHARGES IF GRADUATION REQUIREMENTS ARE NOT COMPLETED ON TIME

Students who do not complete graduation requirements on time may be charged prevailing tuition rates if they retake a course or if a new course is necessary to finish their program of study. In general, students will not incur additional tuition charges if they complete courses or clinical rotations within approximately 90 days of the original anticipated graduation date.
STUDENT DISABILITY SERVICES STATEMENT

EVMS is dedicated to providing reasonable accommodations to qualified students with a documented disability. The student must self-identify with the Office of Student Disability Services as having a disability to begin the accommodation process. It is in the best interest of the student to begin the accommodation process as soon as you are aware that you may need them, as accommodations are not retroactive. All students must be able to fulfill the academic and technical standards of their academic program with or without reasonable accommodations; however accommodations are made available to aid in fulfilling those standards, not to waive them. If you have, or believe you have, a disability for which you wish to request accommodations under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act, you must contact the EVMS Disability Officer (Morgan Russell, Lewis Hall, 1180, 446-7261, russelml@evms.edu). For more information about students and disability accommodations, please see the Student Disability Guide at http://www.evms.edu/education/additional_resources/disability_guide_for_students/.
INTRODUCTION

This PA Program Student Handbook is designed to provide the matriculated student with information about the educational program culminating in the Master of Physician Assistant degree offered at EVMS. It also specifies the standards and expectations of a student to remain in good standing and be successful in the program. This handbook should be seen as an adjunct to the EVMS Student Affairs Student Handbook located on the MyEVMS portal which contains specific information regarding the school and related policies.

The information herein is subject to periodic review and revision. Any substantive changes will be communicated to students in a timely manner. It is ultimately the student’s responsibility to be aware of all requirements and work closely with their advisor and the program to ensure these requirements are fulfilled.

This current handbook will apply to the Class of 2019 and any subsequent cohorts until an updated version is announced and posted.

Please read this document and sign the acknowledgement form at the end indicating your agreement to follow these policies and procedures while enrolled as a student in the EVMS PA Program. The form is to be signed, dated and returned to the program during Orientation.
WELCOME!

Welcome to the Physician Assistant Program at Eastern Virginia Medical School (EVMS). You are about to begin a demanding program leading you to a wonderful new career. You will learn and grow in a supportive, but challenging environment. The faculty and staff will help you to take full advantage of the wonderful resources and rich experiences available to you here at EVMS.

The PA Faculty is committed to providing you with an excellent education in an atmosphere of mutual respect and support. Experienced and motivated faculty and staff will guide your educational experiences and assist you as you progress through the program.

This Student Handbook has been developed to provide students with information about institutional and program policies. Please read this handbook carefully and completely.

On behalf of the PA Program faculty and staff, I extend our best wishes for a successful and rewarding educational experience.

Sincerely,

Kimberly K. Dempsey

Kimberly K. Dempsey, MPA, EdD(c), PA-C
Associate Professor and Program Director
Physician Assistant Program
Eastern Virginia Medical School
dempsekk@evms.edu
757-446-7158
**BRIEF PROGRAM HISTORY**

EVMS initiated a plan to develop a Physician Assistant (PA) Program in 1995 at a time when no programs existed in Virginia. Against the backdrop of rising enrollments in PA programs across the nation and a federally recognized universal shortage of Physician Assistants, EVMS applied to the State Council of Higher Education for Virginia (SCHEV) to develop a Physician Assistant program.

In June 1998, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) visited the Physician Assistant Program at EVMS. In August 1998, SCHEV reviewed the revised application for a master’s degree education program. CAAHEP awarded the PA program provisional accreditation on October 16, 1998, for the period of 1998-2001. At that time, the PA Program at EVMS became the 109th accredited Physician Assistant Program in the United States and one of only 15 PA programs operating within a medical school.

The EVMS PA Program was the first master’s degree PA program in Virginia, and enrolled its charter class in January 1999. Initially, classes were held in Andrews Hall, but in September 2000, the PA Program was relocated to the first floor of Lewis Hall, where classes were conducted until 2010. In July 2011, the PA Program moved to new, state-of-the-art facilities on the third floor of Lester Hall.

Student enrollment in the PA Program began with 27 students in the inaugural class in January of 1999. As demand for PAs increased and the number of qualified candidates expanded over the years, class sizes have increased. In 2002, the first class of 36 students was enrolled. The class size increased to 50 in January 2005. Class size was gradually increased to 65 students in 2012 and to 80 students per class in January 2013.
PART 1: PROGRAM INFORMATION

1.A. MISSION STATEMENT

The mission of the EVMS Physician Assistant Program is to prepare students to provide health care in a broad range of medical settings by training them in the medical arts and sciences in an inclusive, multicultural environment dedicated to the delivery of patient centered care, while fostering a strong commitment to clinical and community partnerships.

1.B. VALUES

Three core values drive our daily efforts:

- **Excellence**: We determine with our stakeholders what is valuable and hold ourselves to high performance standards that fulfill our promises.
- **Collegiality**: We serve our community and one another, building strong and mutually supportive relationships. We work as a cooperative, united team to further our purposes of education, research and patient care.
- **Integrity**: We strive to maintain the highest ethical standards and accept accountability for all we do and say.

1.C. GOALS

- To provide quality health care to diverse patient populations in a variety of settings, spanning a range of acute and chronic medical and surgical conditions
- To serve as capable leaders in clinical, research, and community service environments

Accomplishment of our goals will serve the:

- **Student**, by fostering personal and professional discovery and development with the skills to become life-long learners.
- **Patient**, through student preparation to provide competent patient-centered primary and specialty care.
- **Institution**, by contributing to a seamless learning environment which fosters the development of competent and compassionate healthcare professionals.
- **Community**, by graduating professionals who understand the importance of community service, forging community alliances, and having an understanding of culturally appropriate care.
1.D. ACCREDITATION

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted Accreditation-Continued status to the Eastern Virginia Medical School Physician Assistant Program sponsored by Eastern Virginia Medical School. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.

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 approximate date for the next validation review of the program by the ARC-PA will be March 2026. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

1.E. KEY PROGRAM CONTACTS

Program Director
Kimberly Dempsey, MPA, EdD(c), PA-C, Associate Professor

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Medical Director
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Associate Program Director and Admission Director
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Academic Director
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Clinical Director
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1.F. PA PROGRAM ORGANIZATION CHART

Richard Homan, MD
EVMS President and Provost, and Dean of the Medical School

C. Donald Combs, PhD
Vice President, and Dean of the School of Health Professions

Jeffrey Johnson, DHSc
Associate Dean of the School of Health Professions

Kimberly Dempsey, MPA, PA-C
PA Program Director

Richard Conran, PhD, MD, JD
Medical Director

Core PA Faculty

Administrative Staff

Associate Program Director and Admissions Director
Jason Grahame

Academic Director
Angela Jean Cerezo

Clinical Director
Angela Conrad

Clinical Educator
Shannon Morris

Faculty
Courtney Anderson, Brad Boyette, Charles Frost, W. Travis Kirby, Tom Parish, Jayne Penne, Dan Thibodeau, & Jennifer Wohl

Program Administrator
Nancy Stromann

Office & Didactic Support Coordinator
Laura Thomas

Clinical Support Coordinators
Tiffany Smith
Elise DeWitt
1.G. PA PROGRAM TECHNICAL STANDARDS

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires all Physician Assistant (PA) programs to publish technical standards for admission, defined as “physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.”

The technical standards for admission establish the expectations and abilities considered essential for students admitted to the EVMS PA Program in order to achieve the level of competency required for graduation and the practice of medicine. Applicants to the program must possess independent ability, aptitude, and skills in the following areas – observation, communication, critical reasoning, motor & sensory functions, and behavioral & social attributes – as outlined below. It is expected in this technology age that students also have sufficient computer skills and are comfortable with electronic communication and media to successfully and professionally function as a student physician assistant.

1.G.1 OBSERVATION SKILLS TECHNICAL STANDARD

Demonstrate sufficient attention and accuracy in observation skills (visual, auditory, and tactile) in the lecture hall, laboratory, patient’s bedside, and outpatient settings.

Indicators include but are not limited to the following examples:

- Accurate observation and participation in the lecture hall, laboratory, and clinic with patients at a distance and close at hand including non-verbal and verbal signals.
- Accurate identification of changes in color of fluids, skin, and diagnostic media examinations.
- Accurate visualization and discrimination of text, numbers, patterns, graphic illustrations, and findings on X-ray and other imaging tests.

1.G.2 COMMUNICATION SKILLS TECHNICAL STANDARD

Demonstrate effective verbal & non-verbal communication skills with other students, faculty, patients, and healthcare providers from different social & cultural backgrounds, varying degrees and types of infirmities, and varying cultures, and personalities.

Indicators include but are not limited to the following examples:

- Clear, efficient, and intelligible articulation of English language.
- Legible, efficient and intelligible written English language.
- Ability to prepare and communicate concise oral and written summaries of patient encounters.
- Ability to provide appropriate patient counseling and instruction to patients.
• Record examination and diagnostic results clearly, accurately, and efficiently.

**1.G.3 Critical Reasoning Skills Technical Standard**

Demonstrate critical reasoning skills required to undertake the full curriculum, achieve the level of competency required by the faculty, and meet the demands of total patient care. These skills include, but are not limited to, intellectual, conceptual, integrative, and quantitative abilities.

Indicators include, but are not limited to, these examples:

• Accurate and efficient reading skills (English language).

• Demonstrate ability to measure, calculate, reason, analyze, integrate and synthesize information.

• Comprehend the spatial relationships of structures (e.g. three-dimensional relationships)

• Demonstrate ability to acquire, retain, assimilate and apply large amounts of complex, technical and detailed information.

• Demonstrate ability to synthesize and apply concepts and information from various disciplines in order to formulate diagnostic and therapeutic plans.

• Demonstrate appropriate judgment in patient assessment, diagnosis, monitoring, evaluation and intervention, including planning, time management and use of resources.

**1.G.4 Motor and Sensory Function Technical Standard**

Demonstrate sufficient motor and sensory function to perform typical functions of physician assistants, including, but not limited to, physical examinations, treatment interventions, and general care of patients.

Indicators include but are not limited to the following examples:

• Functional and sufficient sensory capacity (visual, auditory, and tactile) to adequately perform a complete physical examination and elicit information gained from proper use of examination tools and maneuvers (inspection, palpation, percussion, and auscultation).

• Execute fine and gross motor movements with sufficient coordination, postural control, equilibrium, and hand-eye coordination to safely participate in laboratory sessions, use standard medical/surgical instruments, assess patients, provide patient care, and participate in basic diagnostic and therapeutic maneuvers and procedures.

• Execute motor movements that demonstrate safety and efficiency in the various learning settings (i.e., classroom, laboratories, and clinical settings, including appropriate negotiation of self and patients in various patient care environments).
- Accurately discern and evaluate various components of the spoken voice (pitch, intensity, and timbre), percussive notes, and auscultatory findings.

- Physical stamina sufficient to complete the rigorous course of didactic and clinical study, which may include prolonged periods of sitting, standing, and/or rapid ambulation.

- Coordination of motor skills necessary to respond to emergency situations quickly and appropriately.

1.G.5 Behavioral and Social Attributes Technical Standard

Demonstrate the behavioral and social attributes vital to participation in a professional program and service as a practicing professional physician assistant.

Indicators include but are not limited to the following examples:

- Possess personal qualities that facilitate effective therapeutic interactions (e.g., compassion, empathy, integrity, honesty, benevolence, confidentiality).

- Possess the emotional health required for full utilization of mental faculties (including judgment, orientation, affect and cognition).

- Ability to establish rapport and develop mature and effective professional relationships with faculty, patients, the public, and other members of the health care team.

- Demonstrate impartial motives, attitudes and values in roles, functions, and relationships. Communicate and care for, in a non-judgmental way, persons who differ from oneself and one’s beliefs in a variety of ways, including but not limited to gender, age, race, ethnicity, socio-economic status, culture, creed, military status, sexual orientation and identity, and religious or spiritual beliefs.

- Ability to monitor and react appropriately to one’s own emotional needs and responses.

- Display appropriate flexibility, adaptability, composure, and emotional stability during periods of high stress or uncertainty associated with didactic and clinical encounters and environments.

- Ability to accurately follow oral and written directions with prompt completion of all responsibilities in the classroom and clinical setting.

- Compliance with standards, policies and practices set forth in the program Handbook.

EVMS must maintain the integrity of the curriculum and preserve those elements deemed essential to the education of a physician assistant and cannot compromise the health and safety of other students or patients. Physician Assistant applicants must be prepared to meet the technical standards, with or without reasonable accommodation, in order to complete the program and indicate possession of such
ability prior to their matriculation into the program. These standards will serve as pre-requisites for entrance, continuation, promotion, and graduation from the PA program and students must be prepared to indicate their ability to meet these standards as a condition of acceptance and during registration for each semester. Note that the use of an intermediary (a person trained to perform essential skills on behalf of the student) is not permitted.

Inquiry by the program faculty and staff regarding disability is strictly prohibited. The PA program, in accordance with EVMS policy and as delineated by federal and Virginia law, does not discriminate in admissions, educational programs or employment against any individual on the basis of that individual’s disability, and will make good faith efforts at providing reasonable accommodation as required. However, the program reserves the right not to admit or register students who cannot meet the technical standards or who would constitute a direct threat to the health and safety or others.

1.H. **DISABILITY AND ACCOMMODATION**

1.H.1 **REQUESTING AN ACCOMMODATION**

If you need course or evaluation accommodations due to a documented disability, please consult the EVMS Disability Officer and complete the application found in the link below. The application must be accompanied by the requested documentation. The Disability Officer will define the appropriate accommodations, and facilitate confidential instructions to course and/or program directors regarding the expectations.

[http://www.evms.edu/education/additional_resources/disability_guide_for_students/](http://www.evms.edu/education/additional_resources/disability_guide_for_students/)

Revealing a disability is voluntary; however, such disclosure to the disability officer and disability committee is necessary before any accommodations are made in the learning environment or in the program’s procedures. Information regarding disabilities is handled in a confidential manner.

The disability officer will not reveal a specific disability to the program. They merely identify the needed accommodation(s).

1.H.2 **ACCOMMODATIONS FOR TESTING**

EVMS students with an approved accommodation for testing from the EVMS Disability Officer will take all computer-based and written exams in the Accommodation Testing Center. These exams will be proctored. Appropriate examination procedures will be distributed to the student by the testing center once the accommodation notice is received by the PA Program. Accommodations are only granted for written examinations and not skill practicals, lab exams or simulations of clinical encounters.
1.I. **TIME TO COMPLETE DEGREE**

The PA Program is a 28-month program leading to a Master of Physician Assistant (MPA) degree. All courses must be completed in sequence. No advanced standing, substitutions or waivers will be granted based on previous experience, training or testing.

1.J. **GRADUATION REQUIREMENTS**

In order to meet eligibility to graduate from the PA Program, and earn the Master of Physician Assistant (MPA) degree, candidates must:

- Achieve a grade of C- or better for all didactic courses (first 4 semesters of the program), and a grade of Pass (P) or better for all seminar courses, practicum courses, or clinical rotations
- Achieve a minimum overall GPA at the end of the didactic curriculum (end of semester 4) of 3.00 or better
- Complete two Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) examinations (see Section 6.K. PACKRAT)
- Complete the PA Program Summative Evaluation (see Section 6.L. Summative Evaluation)
- Complete a professionalism self-assessment evaluation
- Attend all Return to Campus sessions
- Be recommended for graduation by the EVMS PA Program Director and Faculty
- Have satisfied all debts to the school
PART 2 - BASIC STUDENT INFORMATION

2.A. INSTITUTION & PROGRAM ORIENTATION

The PA program sponsors a mandatory professional orientation for matriculating students before the first day of class in Semester 1 (January). Orientation activities will include, but not be limited to:

- Introduction to school officials and policies
- Introduction to the use of technology at EVMS
- Reviewing the content of the PA Student Handbook
- Meeting the faculty, staff, and fellow students
- Reviewing the requirements and expectations for participating in the program

2.B. STUDENT IDENTIFICATION

All students are REQUIRED to wear an ID badge provided by the school. For security reasons, I.D. is required to be worn and visible while on campus at all times. Clinical affiliation sites may require additional identification and name-tags to be worn. ID badges will be provided at the Institutional Orientation during the first week of school.

Students will wear identification pins and/or badges bearing their name, EVMS, and “Physician Assistant Student” spelled out on their short white lab coat. The name tag should be worn over the breast pocket. Example:

    Eastern Virginia Medical School
    Last Name, First Name
    Physician Assistant Student

Students must introduce/identify themselves to other providers and patients as a PA student with sufficient clarity to ensure that the other person understands. Students are not permitted to identify themselves as PA students while employed or volunteering in situations not associated with the program or institution.


2.C. **STUDENT ATTIRE**

**CLASSROOM:** Students may be dressed comfortably in the classroom according to seasonal norms. Please refrain from wearing scrubs, cutoffs, torn clothing, revealing clothing, or clothing with images, drawings, or sayings of a controversial or suggestive nature.

The Program Director may request clinical attire for special occasions as deemed appropriate.

**CLINICAL SIMULATIONS:** Students will wear clean short white jackets for all clinical experiences. This will include simulated clinical experiences during the didactic phase, e.g., practice and testing sessions at SCSIL, and all lab, clinic, or surgery experiences. Course directors will specify appropriate occasions for clinical attire in the didactic phase.

**LABORATORY:** Students may choose to purchase a white jacket to be worn only during their anatomy laboratory or clinical skills laboratory experiences. No open-toed shoes are acceptable in the lab. Rules will be established by the Course Director for appropriate attire and personal protective equipment in the lab.

**CLINICAL ROTATIONS:** Students will comply with established dress code policies for Supervise Clinical Practices (SCPs) and host institution. Professional attire for men and women include: collared shirts, blouses, sweaters, slacks, appropriate length skirts or dresses. Students should exhibit discretion when choosing professional wardrobe and avoid cropped tank tops, low neck lines and form fitting apparel. Closed toe shoes are required. Neat grooming is expected and lab coats must be clean and in good repair. Blue jeans, tee shirts, flip flops, canvas or nylon shoes are not allowed. Scrubs are allowed only in some emergency departments, select inpatient, and surgical settings and **only after** inquiring regarding the expectations of the rotation.

Short white lab coats are mandatory for clinical education sites unless otherwise specified by the preceptor. Proper identification is required to be worn at all sites.

Course directors, core faculty, and preceptors reserve the right to question attire choices that may seem inappropriate. A student may be refused participation in any clinical or didactic setting when attire is clearly inappropriate.

2.D. **STUDENT TRANSPORTATION**

In order to provide students with adequate exposure to various facets of medicine and required clinical experiences, travel beyond the immediate campus and Hampton roads area is required. Students are not guaranteed local clinical rotations and are thus required to have access to a private, reliable means of transportation throughout the program, specifically during the clinical phase. Students are responsible for transportation to and from all clinical sites regardless of location. In addition, each
student is responsible for any transportation expenses incurred while rotating at a clinical site (including but not limited to parking, gas, tolls, food, and other incidentals).

2.E. STUDENT EMPLOYMENT

Due to the academic and clinical demands of the PA curriculum, the PA Program STRONGLY RECOMMENDS that students are not employed during their time in the PA Program.

The following guidelines are meant to help the student in making decisions about work during participation in the PA Program.

- Students should keep in mind that while they may be able to work during the didactic curriculum, variable schedules and travel associated with clinical placements during the clinical curriculum may make this difficult.
- Students who choose to work are encouraged to make this known to their academic advisor.
- Clinical rotation hours or schedules will not be altered to conform to your personal job schedule or requirements. Your clinical education must remain your primary responsibility when balancing work and school.

2.F. TECHNOLOGY REQUIREMENTS

2.F.1 EVMS LAPTOP COMPUTER REQUIREMENTS

Requirements for a Wi-Fi capable laptop are updated annually and can be accessed here:

http://www.evms.edu/education/masters_programs/physician_assistant_program/additional_information/computer_standards/

2.F.2 COMPUTER REQUIREMENT – PA PROGRAM

EVMS is committed to utilizing new and emerging learning technologies that enhance and facilitate learning opportunities and outcomes and continually monitors, evaluates, and improves the curriculum to provide the best possible educational program.

For incoming students to take advantage of the ever-changing technology, requirements will be revised, as appropriate, each year. The current technology requirements are posted on the PA Program web site, provided at admissions interviews, and again when admission offers are made.

Each incoming student will need to have a personal laptop computer capable of running the necessary software and applications used in our curriculum. The standards are the minimum necessary for a student to successfully participate in the curriculum during the 28-month program. Students are also required to have access to their computer while in class.
Because of the variability in computer manufacturers, hardware, software, etc., the EVMS Network Center will only provide support for installing the necessary software to ensure compliance with and access to the EVMS wireless network. The Network Center will not provide support or troubleshooting for hardware or software/application support. All support, troubleshooting, and updates will be the student’s responsibility; therefore, purchase of a service plan for your computer is required.

We understand that choices in computer manufacturer and operating system are personal choices and every effort has been made to provide for such flexibility, however, the computer MUST meet the minimum specifications. As such, “netbooks”, iPads, and other tablets will not meet these requirements and cannot be relied on as sufficient to fulfill this requirement for incoming students.

2.G. STUDENT E-MAIL ACCOUNTS

All students will be assigned an EVMS e-mail account prior to matriculation in the PA Program. These e-mail accounts are used by all school departments for timely communication with students (not just the program). These accounts are essential to facilitate this communication. EVMS policy forbids program communication through student’s personal email accounts. The program will not respond to any emails sent through a student’s personal email account.

Students are required to check their EVMS e-mail accounts at least daily and are responsible for knowledge of all school or program information contained in the e-mails.

2.H. SOCIAL MEDIA

With an ever-changing world of communication and instant access, professionalism dictates a certain level of decorum and restraint. Students who communicate with others through social networks, blogs, or online postings of any digital content (photo, video, or otherwise) should refer to the EVMS Social Media Policy (located on the MyEVMS Portal) for guidance regarding expected appropriate behavior related to social media use. As students at EVMS, you represent the school both directly and indirectly and there is certain inherent risk in the use of social media that may impact your future career, the reputation of EVMS, the PA Program and its faculty, staff and students.

2.I. ACADEMIC ADVISING

Each student will have a faculty member assigned as their academic advisor early in Semester 1 of the program.

An initial Advisor/Student Meeting will be scheduled during the first two weeks of Semester 1 so that both the student and faculty member can become acquainted. This meeting will also allow the student and faculty member to assess need for referral to academic support services when needed.
In all didactic semesters (1 through 4), students MUST schedule an appointment with their assigned academic advisor during week 7 of each semester. This appointment should be made directly with the faculty academic advisor. Three forms will guide the discussion during the meeting:

- **Advising Form:** this form prompts the student regarding their successes, difficulties, and challenges related to the current semester course load and any outside influencing factors.

- **Semester Grade Sheet:** a summary of the course grade elements will be made available to the student for them to complete and track their course grades and semester GPA. Students should be prepared to discuss their grades up to that point in the semester.

- **Professionalism Evaluation:** the student should complete the professionalism evaluation form as a self-assessment prior to each mid-term meeting. It will be compared to an identical instrument completed by the faculty advisor with input from the entire faculty.

Students who are experiencing difficulties in their courses or who are experiencing life events that impact their progress or performance in the program may schedule an appointment with their advisor, the Associate Program Director, Academic Director, or the Program Director whenever the need arises.

Students must be aware of the importance of self-monitoring their GPA to ensure they will meet academic progress and/or graduation requirements.

Other meetings outside those required may be initiated by the student or faculty member as the need arises.
PART 3: PROFESSIONALISM AND HONOR CODE

3.A. PROFESSIONAL BEHAVIOR EXPECTATIONS

The role of a semi-autonomous (or dependent) healthcare professional can be difficult to negotiate. One of our goals while you are in the program is to assist you in learning how to function in a professional manner. In addition, it is essential to remain composed and professional in the face of emergent or emotionally charged circumstances, as these will undoubtedly occur during your career. How you respond to the stresses associated with PA school can sometimes mirror how you would respond to the stresses associated with being a healthcare provider.

- Students will be required to demonstrate full compliance with the technical standards to the degree students attested to on their admission statements and as re-attested during registration each semester.
- Students will engage in their didactic training and supervised clinical practice (SCP) in a professional manner with behavior that is patient-centered and reflective of the Code of Ethics of the PA profession and in keeping with standards for professional conduct set by the state licensing board.
- Students are required to treat their classmates and all EVMS faculty, students and staff with respect.
- Students with concerns regarding classroom activities should first endeavor to resolve the issue with the instructor and/or advisor.
- Students with concerns regarding clinical rotations should first endeavor to resolve the issue with their preceptor/site.
- If concerns are not addressed or resolved by the instructor, the student should then address the issue with the Clinical Director, Academic Director, Associate Program Director or Program Director as appropriate.

3.B. CLASSROOM BEHAVIOR

3.B.1 CELL PHONES

Cell phones must be off or on vibrate mode in class. If a cell phone rings during class, the student should gather their belongings and leave the classroom. The student may return at the next scheduled class for the day. **No exceptions to this rule.**
3.B.2 FOOD IN THE CLASSROOM
Eating a full meal in the context of an ongoing class is unprofessional and strongly discouraged. The only times that food is allowed in the classroom is when the program provides food for a function or celebration. Otherwise, you may not eat in the classroom during class sessions. You may bring small snacks to consume at the breaks or discreetly during an extended class period. Liquids (coffee, tea, soda, or water) are allowed provided they are in a spill proof/resistant container. When the classroom is available before or after scheduled classes, you may utilize the classroom to eat. But, please be courteous and clean up after yourself.

3.B.3 RECORDING CAPABLE DEVICES
Recorders and recording capable devices (cellphones, etc.) may only be used in a very transparent manner, i.e. visible to those being recorded.

Students MAY NOT record meetings with faculty, staff, or other students, without their expressed permission.

Any recording of conversations without the permission of all parties will be considered a breach of professionalism, and may be a breach of the EVMS Code of Conduct.

Recordings of scheduled lectures are provided by EVMS to be used by students in their education and learning. Guest lectures have the right to request their lectures not be recorded.

3.B.4 INTERACTIONS WITH GUEST LECTURERS
Guest lecturers provide their time and expertise to enhance your education. It is an unfair and unprofessional abuse of their kindness to approach them with personal or family related medical questions. Giving advice based on such a discussion without a patient-provider relationship is risky and inappropriate for the provider. Frequently being approached by students may deter lecturers from returning.

If this behavior occurs and is observed by a faculty member, they are advised to do the following:

- Offer a verbal warning on the first occurrence.
- Provide a written warning on the second occurrence.
- On the third occasion, the student will meet with the Program Director for disciplinary action, regarding the unprofessional behavior.

3.B.5 COPYRIGHT, FAIR USE, & EDUCATIONAL MATERIALS
Printed matter, videos, and other electronic materials to include all PowerPoint presentations viewed on Blackboard or in the classroom are copyrighted materials owned by the author(s) and/or Eastern
Virginia Medical School. These materials are never to be copied or transferred electronically outside of the program or the school for any reason without the written permission of the author of the presentation(s). Doing so risks violation of US copyright laws with resulting legal action or other reasonable sanctions from the program or school.

3.B.6 ASSESSMENTS, HOMEWORK, ORAL PRESENTATIONS, AND ANY WRITTEN ASSIGNMENTS

In the case of any assessment situation, homework assignments, oral presentations, or write-ups that will be graded the following constitutes an honor code violation:

- A student obtaining unauthorized information about scenarios or assessment content in advance of their own test.
- Any student sharing information about scenarios or assessment content prior to another student’s examination or turning in their assignments.
- Work that you turn in is meant to be your own. Collaboration, without the expressed direction to do so by the Course Director.

3.B.7 PLAGIARISM

Students are expected to do their own work. Turning in a written assignment that is believed to be another person’s work will be considered cheating or plagiarism. The student will be referred to the EVMS Honor Council. Faculty members may utilize online resources, like Turnitin, to evaluate writing assignments for evidence of improper use of another’s words or ideas.

3.C. HONOR CODE VIOLATIONS

The school’s process for Honor Council reporting shall be followed. If you are aware of an Honor Council infraction, it is your professional and ethical duty to report it directly to your class Honor Council Representative or to the Honor Council Chair for the school. It is not necessary to involve faculty in the reporting process. Direct reporting by students is preferred.

A conviction by the Honor Council will be handled in accordance with existing rules for any academic or non-academic result of the conviction. In the case of a course failure related to an Honor Council conviction, the student may receive a suspension or be dismissed from the program, depending on the nature of the honor council findings and penalties.
PART 4: ACADEMIC POLICIES

4.A. TRANSFER OR ADVANCED STANDING

Due to the integrated and progressive nature of the program curriculum, it may be difficult to find direct correlations between classes from other PA programs or schools. Requests to transfer credits from another PA program are considered on a case-by-case basis. Such requests may be made after acceptance into the program and must be directed to the Program Director and include course number, title, description and the final grade (as listed on an official transcript). Additional supporting material may also be required.

As a cohort-based educational curriculum, there is no opportunity to change the order of pre-clinical course work. All students MUST complete the components of the program, in sequence, as full-time students.

There is no mechanism for entering the program with advanced standing based on prior clinical experience, or testing.

Elective courses are limited to the clinical phase.

4.B. DROP/ADD COURSE POLICY AND PROCEDURE

DROPPING a course or courses would effectively lead to withdrawal from the program, with the student progress committee and program director determining the possibility of return to the program.

ADDING a course or courses can only be done with the written permission of the PA program director. Permission to add courses from another program is likely to be rare as the course of study in the PA Program is quite rigorous.

4.C. ATTENDANCE POLICIES

4.C.1 DIDACTIC PHASE

CLASS & LAB ATTENDANCE

To facilitate and maximize learning opportunities, attendance at all scheduled didactic sessions in the PA Program is expected. Students have a responsibility to take advantage of the learning opportunities available to them. Attendance and timeliness in the classroom may be viewed as an indicator of the student’s future attendance and timeliness as a clinician.
The Program will monitor attendance utilizing the badge scanners that are located outside each classroom and laboratory. Students are expected to bring their EVMS identification card daily and scan their card prior to each class and lab. A 30-minute timeframe before and after the start time of the class or lab will be utilized in running attendance reports. Late arrivals may be considered absences and should be discussed with the Course Director(s).

Attendance will be reported daily on each course’s Blackboard site. It is the student’s responsibility to monitor their attendance on Blackboard. Potential errors must be reported immediately to the Course Director(s) to verify your attendance.

If a student forgets their identification card, they must notify the Academic Director or Clinical Director immediately. If the student attends all subsequent required sessions, this initial occurrence will not count against their absences for the course(s). In the event that a student has more than one occurrence of forgetting their identification, absences will be accrued.

Students with a pattern of repeated or excessive tardiness may be counseled on their professionalism. If there is no improvement in timeliness, the student may be asked to attend a meeting with faculty to discuss their inability to comply with this program requirement.

**Unanticipated absences** should be discussed with faculty or staff as soon as possible to make certain that the student is safe, and to ensure that any missed class materials were obtained from classmates.

**Anticipated absences** should be discussed with the faculty as early as possible.

Absences will be categorized as either *excused* or *unexcused*. The general concept applied will be that absences for illness, accidents, or unanticipatable personal emergencies, will be considered excused. Proof of illness may be requested. Documentation for excused absences must be provided to the Academic Director within 24 hours of the student’s return to campus.

Attendance will be monitored by the program and penalties assessed in accordance with the rules specified in the table below.
GUIDELINE FOR UNEXCUSED ABSENCES (NOTE: NO penalty for EXCUSED absences)

<table>
<thead>
<tr>
<th>CLASS FREQUENCY</th>
<th>1 day per week</th>
<th>2 days per week</th>
<th>3 days per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15 classes per semester</td>
<td>30 classes per semester</td>
<td>45 classes per semester</td>
</tr>
<tr>
<td>No penalty for this many unexcused absences per semester or fewer:</td>
<td>1 class</td>
<td>2 classes</td>
<td>3 classes</td>
</tr>
<tr>
<td>Beyond threshold above: ALL unexcused absences count</td>
<td>1.0%</td>
<td>0.8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Full 5% of final course grade is lost beyond this many unexcused absences</td>
<td>4 or more</td>
<td>6 or more</td>
<td>9 or more</td>
</tr>
<tr>
<td>Examples:</td>
<td>1 absence = 0%</td>
<td>2 absences = 0%</td>
<td>3 absences = 0%</td>
</tr>
<tr>
<td></td>
<td>2 absences = 2%</td>
<td>3 absences = 2.4%</td>
<td>4 absences = 2%</td>
</tr>
<tr>
<td></td>
<td>3 absences = 3%</td>
<td>5 absences = 4%</td>
<td>8 absences = 4%</td>
</tr>
<tr>
<td></td>
<td>4 or more = 5%</td>
<td>6 or more = 5%</td>
<td>9 or more = 5%</td>
</tr>
</tbody>
</table>

LEAVE OF ABSENCE

The Program reserves the right to assess attendance records of students who have a serious or prolonged illness and to determine the student’s ability to progress through the curriculum. Prolonged or repeated absence may make it difficult or impossible to satisfactorily continue in the program. A student with prolonged absence may be asked to request a formal leave of absence from the program. A student may also initiate a request for leave of absence by consulting with the Academic Director and/or Program Director.

A medical leave of absence requires written documentation from the health care provider stating the anticipated time and duration of the absence. Prior to returning from a medical leave of absence, written documentation from the health care provider must document that the student is fit for return to the Program and meets the Technical Standards.

An opportunity to return the following year may be extended to the student when that is deemed appropriate and recommended by the Academic Director. Any leave of absence from EVMS requires a documented Change of Status form with approval from the Program Director and the Dean.

INCLEMENT WEATHER

Please refer to the Student Affairs Student Handbook for specifics. In general, EVMS will alert students to the impact of weather on the academic schedule through local television and radio stations and postings on the EVMS web site. No student should endanger themselves trying to get to class if the
conditions in their area prove unsafe. In such instances, the student is expected to alert the program of their absence as soon as possible.

4.C.2 Clinical Phase

Clinical Attendance
Students should attempt to integrate themselves into the team or practice to which they are assigned. Students are expected to be present 40 hours per week (total of 200 hours/SCP) at each assigned site unless otherwise stipulated by the preceptor, Clinical Director or Clinical Educator. Certain sites will require extended hours due to the nature of the practice. Students will be present during day, night and/or weekend hours when required by the preceptor. Additionally, students will attend all learning activities (grand rounds, lectures and other assignments) assigned by the preceptor in correlation with targeted PA learning and behavior objectives. Failure to do so may result in overall grade deductions.

Alternate Clinic Schedule
Alternate schedules must be approved by the Clinical Director or Clinical Educator prior to student placement at a site and are not likely. Students are NOT to negotiate the schedule with the site. If a student is found to negotiate a schedule, the student will be required to meet with the Clinical Director and the overall rotation grade may be affected.

Holidays/Time off
Students in the clinical phase of the program will abide by the SCP calendar rather than the PA Program or EVMS academic calendars. Your clinical phase schedule does NOT follow the EVMS academic calendar. Program approved holidays include Thanksgiving, the Friday after Thanksgiving, and a Christmas holiday break (12/24-1/1). Students are expected to be present at the assigned site on any and all additional holidays, provided the site is operational. There will be no allotted time off request during the clinical phase. There are built in breaks during each semester to allow for doctor’s appointments, personal time off, and interviews.

Return to Campus Activities
Attendance at all scheduled SCP Return-to-Campus (RTC) dates is mandatory and a part of the student’s Total Composite Performance Score (see Section 4.E.2 Grading Policies-Clinical Phase). All clinical phase students, regardless of previous or subsequent clinical rotation location, are expected to be on campus for all RTC activities. It is expected that students arrive on time, be present, and remain until the conclusion of RTC. In general, students should plan to be on campus 8am-5pm Monday-Friday during RTC weeks. Attendance for all on campus activities will be monitored utilizing the badge scanners as during the didactic phase. Excused absences from RTC activities is the same as for clinical rotations. Routine medical, dental, business and personal appointments are NOT considered
acceptable absences. The student should follow the policy outlined below for program notification of absences. Students may not be able to begin their next rotation if they have not attended the RTC events in their entirety.

**PROGRAM NOTIFICATION OF ABSENCES**

Students MUST personally notify the clinical site by 8:00 a.m. and contact the PA Program Office (via email or direct communication with Program staff) by 8:00 a.m., or as soon as physically possible. Voicemail messages are NOT considered appropriate communication. Failure to notify the Program will result in Program Point deductions and potential disruption of the current rotation. Students absent from an SCP for more than three consecutive days due to illness will be required to provide written documentation from a health care provider. The documentation must clearly state the date of return and that the student is fit to return to clinical rotations and must be signed by the provider.

*Three or more missed days in a single rotation will require input from the Clinical Director regarding make-up hours and possible extension of the rotation.*

**EXCUSED ABSENCES**

Excused absences are defined as those unscheduled, unplanned events due to illness or emergency necessitating absence from the clinical education site.

**UNEXCUSED ABSENCES**

Unexcused absences are those absences not related to illness, emergency, or otherwise previously discussed with the Clinical Director/Clinical Educator. The student should be aware that unexcused absences may affect the final rotation grade. Attendance is one of the graded elements of the Preceptor Evaluation of the Student. Preceptors and sites frequently contact the Program to verify an absence when it occurs.

**ADDITIONAL ABSENCES**

The Clinical Director/Clinical Educator must be notified of any additional absences (to include preceptor schedule change, preceptor absence, etc.) during the SCP for purposes of establishing makeup time and/or assignments. The placement and timing of makeup days will be at the discretion of the Clinical Director. This may result in an extension of the SCP or repeating the rotation in its entirety. Additionally, the student’s rotation grade may be affected.

**LEAVE OF ABSENCE**

For circumstances that necessitate an extended absence (a work week or more), a leave of absence may be initiated. A leave of absence requires a meeting with the Clinical Director as well as a documented Change of Status Form with approval from the Vice Dean/Associate Dean for Academic
Affairs and Program Director. This may result in an extension of your clinical phase and a delayed graduation date.

**INTERVIEWING/SHADOWING**

All interviews should be scheduled during semester breaks to avoid disruption of SCPs.

Students will **NOT** be permitted to act as an EVMS student during the interview process or during shadowing experiences. Students are not permitted to be absent from their rotation to shadow a potential employer or for personal interest. Time spent in a shadowing experience must be volunteered during your personal time only. Students are not covered under EVMS liability insurance or authorized to participate in a clinical capacity for the above stated reasons.

**INCLEMENT WEATHER POLICY**

During inclement weather, students should follow the policy of the clinical site. Students who feel unsafe traveling to a site that is open should consider safety first. The program will support any decision to not attend a clinical day because of safety and traveling concerns. In this case, notify the site, preceptor and the PA program as soon as physically possible of any absence and also of the expected return.

*Three or more missed days in a single rotation will require input from the Clinical Director regarding make-up hours and possible extension of the rotation.*

**4.D. EXAMINATION POLICIES**

**4.D.1 TESTING PROCEDURES**

All computer based examinations will be conducted using web-based testing software (e.g. ExamSoft for didactic phase and ExamDriver for clinical phase) and will be conducted in the EVMS Testing Center. Students with approved accommodations will take their exams in the Accommodation Testing Center. Appropriate examination procedures will be distributed by the testing center in advance of each examination. Please refer to these instructions for further details.

**4.D.2 EXAMINATION RESCHEDULES**

It is understood that life happens even when you are involved in a challenging graduate level program. To help prevent this, the exam and exam review schedule is posted at the beginning of the semester. The following policies are to help determine your course of action when there is need to reschedule an examination.

A pattern of late exam taking may be challenged by the Program. Students with a pattern of arriving late will be counselled by their advisor. If this does not cause the desired improvement in timeliness,
the student may be asked to attend a faculty meeting to discuss their apparent inability to meet the requirements of the program.

This privilege must not be used to extend study times for exams.

**ANTICIPATED RE-SCHEDULE**

Any request to take an exam at a time other than the regularly scheduled date and time should be submitted in writing at least 2 weeks prior to the scheduled exam date. The student must contact the Academic Director and Course Director in writing. Clinical phase exams will not be rescheduled. Please note the following regarding rescheduling exams:

- **There are no “early” exams.**
- The student MUST be prepared to take the exam on the day they return to classes.
- This is a confidential process.

**UNANTICIPATED RESCHEDULE**

Requests to take an exam late due to an unanticipated absence on the date of the exam (e.g., acute illness, injury, or immediate family emergency) must be initiated by the student and submitted in writing to the Academic Director and Course Director or Clinical Director as soon as feasible and prior to their return to campus.

- The Academic Director and Course Director or Clinical Director will determine scheduling (time & location) of the make-up exam.
- The student MUST be prepared to take the exam on the day s/he returns to classes or clinical rotations.
- This is a confidential process.

**GRADES FOR RESCHEDULED EXAMINATIONS**

Rescheduled exams will be recorded as outlined below for written exams (or, pass/non-pass for competency assessments):

- **EXCUSED:** Students who miss an exam because of illness, injury, or family emergency must provide a reasonable form of proof to the Course Director, Academic Director, or Clinical Director to be allowed to take the exam at 100%.

- **UNEXCUSED:** Maximum recorded score for re-scheduled exams is 85% of the total points allocated for that exam.
Rescheduled exams may contain up to 20% new questions at the discretion of the Course Director in the didactic phase. In the clinical phase, nationally published exams are utilized and cannot be adjusted. Any student discussing exam topics or items will be found in violation of the Honor Code and may possibly result in dismissal from the Program.

Students, who miss an exam for reasons other than illness, injury, or family emergencies, must explain their situation to the Academic Director or Clinical Director, who may (in extraordinary circumstances) grant the ability to take the make-up exam at 100% of possible points.

4.D.3 Didactic Phase

Exam Schedule

After course syllabi are submitted, the Academic Director will produce semester exam and exam review schedule. All attempts are made to schedule exams within a week of completing the module lectures/labs but is not guaranteed. Exam reviews are scheduled within a week of the exam to allow time for the Course Director(s) to review the exam statistics and item analyses. Once published, the exam scheduled is final; however unforeseen circumstances may necessitate changes. Student will be notified of any such change as soon as possible.

Examination Review Policy

Review sessions for formative examinations will be scheduled by the Academic Director within one week of the examination date, allowing the Course Director to evaluate exam results and performance of individual test items prior to conducting the review. Only in extenuating circumstances, as deemed by the Course Director(s), will an examination review be given outside of the scheduled examination review time. Review sessions will not occur for summative (final) exams.

The goal of the review session is for each student to have the opportunity to reflect on the questions and determine how their thought process may have led to a correct or incorrect answer choice. Faculty may also use the exam review as a time to revisit key concepts. Additional concept discussion by a faculty member, to aid the understanding of a particular subject, may occur. New material will not be introduced during exam review sessions.

Review sessions will be conducted as follows:

- All books, food, writing implements, paper, backpacks, phones and any recording capable devices will be left in the hallway. No recording capable devices may enter the classroom.

- For a scheduled review at any point during the academic day, each individual student will be responsible for moving all personal belongings out of the room, even if you will not personally be attending the review. Drinks may be allowed at the discretion of the Course Director.
Each student will check into the exam review by obtaining their personal answer sheet from a faculty member and will not be allowed to leave the exam review at any point prior to the completion of the review. Check out will be by returning the personal answer sheet to a faculty member. All answer sheets should be accounted for at the end of the review.

The only access to paper you will have is your individual test answer sheet and no marks may be made on the sheet.

Inquiry regarding a test item or a request for additional discussion must follow the following algorithm:

- **Step 1.** Consult your notes.
- **Step 2.** Consult your book and/or assigned readings.
- **Step 3.** If a lack of clarity or questions remains, wait a minimum of 24 hours from the conclusion of the exam review, then email the Course Director(s) to schedule an in-person discussion regarding questions or concerns about the material. Emails must be sent no later than 5 business days following the 24-hour period after the exam review. Except in rare circumstances, this process should occur in the timeframe of 1-7 days following the review session.

- The outcome of any inquiry and discussion will be at the discretion of the Course Director.

Professional behavior is expected at all times during the review session, email communication, and during any post review discussions. Any deviation from this standard may result in dismissal of the student from the review/meeting and a written letter of counseling in the student record.

Attendance at the scheduled review session is highly recommended for students attaining a score less than or equal to 80%.

Those scoring less than 70% MUST attend the examination review sessions AND participate in the Learning Improvement Process (LIP) described in Section 4.F.1. Failure to attend the expected review sessions will be viewed as insufficient student engagement in the educational process and may result in a professionalism discussion and may be considered in deliberations by the academic progress committee, should this be necessary.

### 4.D.4 Clinical Phase

**Exam Schedule**

End of Rotation (EOR) exams are scheduled the last Friday of each SCP. However, rotations followed by a return to campus (RTC) week will have exams administered on the Monday of RTC at 9:00 AM (EST).

EOR exams are scheduled based on availability of the EVMS Testing Center, with the goal of having a start time of 9:00 AM (EST). All students are required to start at the same time, regardless of location.
(no adjustment will be made for students in other time zones). To maintain security of the exams, adjusted starting times are not permitted. If you have concerns regarding site location and time required for travel, please notify the clinical year team at least 2 weeks prior to the scheduled exam date. Otherwise, program points will be deducted for those who do not log in to take their exam by 9:00 AM (EST).

Students rotating at local sites will take their exam in the EVMS Testing Center. Students rotating at out of area sites will have the option of returning to the EVMS campus to take the EOR or use a web-based proctoring service called ProctorU. Refer to your ProctorU student handout for additional instructions (provided on Blackboard in the MPA 5465 course). Students planning to use ProctorU must notify the program six weeks prior to the scheduled exam date.

4.D.5 ASSIGNMENTS POLICY

Individual courses may have specific assignments included in the course grading and assessment. The individual Course Director(s) have the freedom to establish the due dates and reasonable acceptance of late assignments and the impact on the overall grading for that assignment. Please refer to your syllabus for policies related to assignments.

A pattern of turning in late assignments may be challenged by the Course Director, Academic Director, or Clinical Director.

4.E. GRADING POLICIES

4.E.1 DIDACTIC PHASE

SATISFACTORY ACADEMIC PROGRESS

Standards of acceptable performance (cognitive and psychomotor) for courses are communicated to students in writing via the syllabus and orally reviewed at the introduction of the course.

A student must achieve and maintain the required 3.00 semester Grade Point Average (GPA) to remain in good academic standing and graduate from the PA Program. As always, GPAs will be rounded to 2 decimal places.

The policy of 3.00 or better in a graduate professional program has been adopted to better ensure student’s preparation for future sequential course work.

Additionally, any course grade of D, F, or NP will result in dismissal from the program.
## Grading Scales

### PA Program | Basic Science Course Performance

**MPA 5001 and MPA 5061 Only**

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
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<th>LETTER GRADE</th>
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<td>B+</td>
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<td>82 – 79</td>
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<td>B-</td>
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<td>75 – 73</td>
<td>2.33</td>
<td>C+</td>
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<tr>
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<td>C</td>
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<tr>
<td>68 – 66</td>
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<td>D-</td>
</tr>
<tr>
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</table>

An Exam Score of less than 70, requires Learning Improvement Process (LIP) with Course Director.

### PA Program | Didactic Phase Performance

<table>
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<tr>
<td>Less than 60</td>
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An Exam Score of less than 70, requires Learning Improvement Process (LIP) with Course Director.
Performance in didactic courses is commonly assessed by written exams, oral presentations and/or research papers, as well as final written (cognitive) exams. In designated courses, psychomotor performance is assessed by targeted skill competency exams and small group exercises.

To remain in good academic standing, all PA Students must maintain a minimum semester GPA of 3.00 and receive a “C-” or better in all letter-grade rated courses and a “P” (Pass) or better in all performance-grade related courses.

- A grade of “D, F, or NP” in any course will result in dismissal from the program.
- Additionally, a student may not progress to the clinical year of the program with a cumulative GPA of less than 3.00 at the end of the 4th semester of the program.

**GRADING EXCEPTION:** Percentage scores for two courses in the didactic portion of the program will be graded on a modified letter grade scale that approximates the percent grades used for basic science courses in the MD program. This grading scheme will be used for MPA5001-Pathophysiology for Health Professions and MPA5061-Anatomy for Health Professions, as described in the course descriptions and course syllabus.

**REPEATING A DIDACTIC PHASE COURSE**

Because the Didactic Phase of the program is provided in sequence, with courses each semester being prerequisite to the following semester’s coursework, each course is only taught once per year. If a student is granted the opportunity to repeat a course, it will be with the next class of students. This would require the student to become a member of the class following their original graduating class and repeat the sequence of courses with that new cohort.

**4.E.2 CLINICAL PHASE**

**SATISFACTORY ACADEMIC PROGRESS**

All students in the EVMS School of Health Professions are expected to attain a term Grade Point Average of at least 3.00 to be considered in good academic standing and a cumulative GPA of at least 3.00 to graduate. Students who do not meet these criteria are subject to formal warnings, probation and/or dismissal. Students who receive a warning or are placed on probation must follow the guidelines outlined in Section 4.I.3 Probation in the Clinical Phase. During the clinical phase, students who receive a non-pass on two end of rotation exams are considered at risk. Any student at risk may be subject to formal warnings, probation and/or dismissal.
GRADING SCALE

PA PROGRAM | CLINICAL PHASE PERFORMANCE

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<tbody>
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<tr>
<td>92-87</td>
<td>HIGH PASS (HP)</td>
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<tr>
<td>80-86</td>
<td>PASS (P)</td>
</tr>
<tr>
<td>79 or less</td>
<td>NON-PASS (NP)</td>
</tr>
</tbody>
</table>

Performance in the clinical phase of the program is assessed using a combination of targeted behavioral, psychomotor and clinical competencies relative to the supervised clinical practice objectives and opportunities and, when indicated, by the syllabus for the SCP and end or rotation (EOR) exams.

Clinical performance is evaluated using the following components. To reflect the focus on clinical performance, the largest percentage of the SCP score is achieved through the Preceptor Evaluation of Student form. Students are expected to continually improve throughout the clinical phase. The student must achieve a total of 80% on the preceptor evaluation and a Pass on the exam/assignments to pass any SCP.

The final grade for each SCP is derived from the Total Composite Performance Score, which is made up of the Preceptor Evaluation of the Student (60%), End of Rotation (EOR) exam grade (30%), and Program Points (10%) with a maximum total of 100 points. (See Section 6.J.1 Non-Pass SCP Components)

PRECEPTOR EVALUATION OF STUDENT | 60% OF TOTAL COMPOSITE PERFORMANCE SCORE

This evaluation is completed by the preceptor and reflects the student’s performance in basic medical knowledge, procedural skills, critical thinking and professionalism while on their SCP rotations. Evaluations are completed by the primary preceptor in conjunction with feedback from other health care professionals at that site. The final score must be >80%. (See Section 6.J.1 Non-Pass of SCP Components)

END OF ROTATION (EOR) EXAM SCORE | 30% OF TOTAL COMPOSITE PERFORMANCE SCORE

EOR exams are administered through the Physician Assistant Education Association (PAEA) national test bank. Each exam consists of 120 questions. The 120 questions are divided into two sections of 60
questions with an optional break. The passing score for each exam will be one standard deviation below the national average. The exact score is subject to change per class based on national data provided by the Physician Assistant Education Association (PAEA). The PAEA EOR exam blueprints and topic lists are available using the following link, which should be used as a guide for studying: http://www.endofrotation.org/exams/sample-exam/. A passing score must be achieved in order to pass the SCP.

Note: There is no EOR exam during the elective rotations. However, there will be an additional assignment that will compose 30% of the grade. See Elective course syllabus for specific details.

PROGRAM POINTS | 10% OF TOTAL COMPOSITE PERFORMANCE SCORE

Program Points are professionalism points for academic and professional behaviors in the clinical year. The following are examples of possible program points: attendance, program requirements, assignments, professional behavior, clinical year policies and improved continued clinical year progress. Any deficiency or lack of professional behavior in the above areas and any additional areas deemed appropriate by the Clinical Director can result in deduction of program points. Points are deducted from the total composite performance score for a maximum of ten (10) points per rotation.

REPEATING A CLINICAL PHASE COURSE

Due to flexibility in the clinical phase of the program, there is opportunity for the student to repeat a clinical course, if necessary. If a student is granted the opportunity to repeat a clinical year course, the graduation date will be extended. The Clinical Director can provide guidance on these options in consultation with the Program Director.

4.E.3 CHALLENGING A GRADE

Erroneous Grade Recorded: If a student receives an incorrect final course grade, he/she should immediately contact the Academic Director or Clinical Director to verify the error. Errors will be changed by a Change of Grade form completed by the course instructor and the Program Director. A Change of Grade form will be submitted to the Registrar for proper notification and correction of the grade on the student’s record.

Inappropriate Grade Reported: If a student feels that they have been unfairly graded in any course in the didactic or clinical phases of the program, they must initially report their concerns to the Course Director(s) in writing. In the case of the clinical phase, that would be the Clinical Director. If this does not resolve the issue for the student, the grade result may be appealed to the Program Director in writing within 7 days of receiving the initial grade report. The Program Director will investigate the grade report and any concerns expressed by the student and make a decision about whether the grade should be changed. If desired, the student may appeal the Program Director’s decision about a grade
to the Dean of the School of Health Professions, also in writing and within 7 days of the report of a decision by the Program Director. The Dean’s decision will be final.

4.F. REMEDIATION POLICIES

4.F.1 DIDACTIC PHASE REMEDIATION

LEARNING IMPROVEMENT PROCESS (LIP)

When a student earns a score of less than 70% on a test or assignment, the student will be required to complete the Learning Improvement Process (LIP). The purpose of the LIP is to attempt to ensure that students who perform poorly on an exam do not have a persistent deficit prior to the next examination. It is not a process that changes a score on the completed exam. LIP will encompass specific concepts related to course content, lecture materials and objectives in which the student’s knowledge was deficient. The method or procedure for mastering the material will be left to the discretion of the Course Director/instructor. Once the student receives their exam grade, it is the student’s responsibility to seek out the Course Director to initiate the LIP. If the student does not engage in the LIP, this is considered a professionalism infraction and will be placed in the student’s file.

This process may take one of several forms:

- The instructor and student may review exam questions to determine areas of misunderstanding and/or how to approach test questions,

- A group or individual oral presentation that demonstrates competence in the areas tested, OR

- some combination of the above

- The method(s) employed in the LIP will be selected based on the needs of the student and are at the discretion of the Course Director(s)

TIMING: Except in unusual circumstances, this process must be started and completed within five (5) school days after the grades of the test or assignment have been posted.

FINAL EXAMS: Exams scheduled during finals week are not subject to this policy as the material would have been covered in individual modules during the semester. However, a student who performs poorly on a cumulative final exam may request a meeting with the Course Director to review content, but not the exam itself.

END OF FOURTH SEMESTER: In the event a student has to participate in the LIP process at the end of the fourth semester in the didactic phase, he/she may not start their clinical rotations until the Course Director determines that the student has sufficient grasp of the tested material.
APPEALS: Any student who does not agree with the assessment of the Course Director during the LIP process may appeal directly to the Academic Director.

COMPLIANCE: Failure to comply with the LIP requirement may be grounds for disciplinary action, up to and including, dismissal from the program. Non-compliance with the LIP process will be documented by the Course Director and sent to the student’s academic record for consideration by the PA Student Progress Committee.

4.F.2 CLINICAL PHASE REMEDIATION

LEARNING IMPROVEMENT PROCESS (LIP)

When a student demonstrates below average performance in areas of the Preceptor Evaluation of Student or a NP score on an EOR exam, the student will be required to complete the Learning Improvement Process (LIP). The purpose of the LIP is to attempt to ensure that students who perform poorly do not have a persistent deficit prior to the next examination/SCP. It is not a process that changes the score of the evaluation, EOR exam, or Total SCP Composite Score. LIP will encompass specific concepts related to SCP content and skills and objectives in which the student’s knowledge was deficient. Once the program receives the evaluation and/or EOR exam grade, the Clinical Director/Clinical Educator will initiate the LIP. If the student does not engage in the LIP, this is considered a professionalism infraction and will be placed in the student’s file.

This process may take one of several forms:

- The student may be required to complete a written assignment to review exam questions and determine areas of deficiency and/or how to approach test questions,
- Individual assignment tailored to the student’s area of weakness per the Preceptor Evaluation of Student, OR
- some combination of the above
- The method(s) employed in the LIP will be selected based on the needs of the student and are at the discretion of the Clinical Director/Clinical Educator

TIMING: Except in unusual circumstances, this process must be started and completed within five (5) school days after the grades of the SCP or EOR exam have been posted.

APPEALS: Any student who does not agree with the assessment of the Clinical Director during the LIP process may appeal directly to the Program Director.

COMPLIANCE: Failure to comply with the LIP requirement may be grounds for disciplinary action, up to and including, dismissal from the program. Non-compliance with the LIP process will be documented
by the Clinical Director and sent to the student’s academic record for consideration by the PA Student Progress Committee.

4.G. PA STUDENT PROGRESS COMMITTEE

The PA Student Progress Committee is comprised of both voting and non-voting members. Voting members include the PA Program’s full-time faculty and Medical Director. Non-voting members may include a representative of Student Support Services, Basic Science faculty, and when appropriate, select part-time faculty. Outcome of the Progress Committee will result in a recommendation to the Program Director.

The committee will convene when a student is referred by the Academic Director or the Clinical Director due to continued academic deficiencies in the didactic or clinical year. The committee may also convene to determine outcomes of non-academic (behavioral) issues. Outcomes of the PA Student Progress Committee can consist of everything up to and including dismissal.

- Student progress is discussed at each faculty meeting to alert faculty and advisors to student academic or non-academic (behavioral) issues.
- At the end of each semester, if necessary, the PA Student Progress Committee will meet to discuss academic progress issues for students in the didactic phase of the program.
- When necessary, the PA Student Progress Committee will be convened to discuss academic progress for students in the clinical phase of the program.
- The Program Director, or designee, will present relevant information contained in the student’s academic and advisor records for the committee to consider.

When dismissal is being considered, a secret ballot will be employed for committee members to indicate their vote for the options being considered.

4.H. ACADEMIC AND NON-ACADEMIC PROBATION

Any student who fails to achieve the required 3.00 semester GPA will automatically be placed on academic probation. Once a student is placed on academic probation, they must achieve a 3.00 or better GPA in the following didactic semester or be dismissed from the program. Two consecutive semesters with a semester GPA of less than 3.00 may result in academic dismissal from the program. Any course grade of D, F, or NP will result in academic dismissal from the program.

The Academic Progress Committee will review each student’s circumstances and make a recommendation to the Program Director as outlined in 4.G.
After the 4th semester, no courses have a substantial effect on a student’s GPA. Therefore, any student who has an overall GPA of less than 3.00 at the end of semester 4 will not be permitted to advance to the clinical phase and will be dismissed from the program. The standard for successful completion of this graduate program is a GPA of 3.00 or better.

Students on probation or at risk for probation must meet frequently with their academic advisor to discuss academic progress, study habits, and test-taking skills.

Students who have been found to be in violation of the Academic Integrity Standards or Honor Code may be dismissed from the program, depending on the results of the Honor Council process and any imposed penalties.

Non-Academic probation may be imposed by the PA Student Progress Committee or the Dean of the School of Health Professions after review of relevant non-academic issues relating to a student. A student placed on Non-Academic Probation during the course of the program, will remain on probation for the remainder of the program.

4.I. STUDENT PROGRESS AT THE END OF DIDACTIC PHASE

4.I.1 REMEDIATED PROGRESSION TO THE CLINICAL PHASE

Semester 4 represents the final semester of didactic instruction for the program. All coursework during the clinical phase of the program is graded on a “pass – fail” system that awards Honors (H), High Pass (HP), Pass (P), or Non-Pass (NP) for each course. As such, the grade point average for the entire program is established at the end of semester 4 of the program.

The Program requires a cumulative grade point average (GPA) of 3.00 to graduate from the program (as is customary at most graduate training programs). Therefore, to progress to the clinical phase of the program, the cumulative GPA must be 3.00 or higher at the conclusion of the 4th semester.

The PA Program Student Progress Committee may exercise limited discretion in this regard when they believe that extenuating circumstances affected a student’s ability to achieve the required cumulative GPA at the end of the 4th semester. Consideration for a remediated progression to the clinical phase would require all of the following conditions to be met:

1. A cumulative GPA between 2.90 and 2.99 at the end of semester 4 of the program
2. Extenuating circumstances affecting the student’s achievement
3. A consensus of the PA Student Progress Committee that the student has the requisite skills and knowledge to progress despite their grades, after a period of remediation.
4. The student has taken advantage of recommended student support services.
Note: A student who has already been decelerated or who was on probation two or more times in 4 semesters, would not be eligible for this consideration.

The Student Progress Committee would meet at the end of the 4th semester to determine if the Academic Director and appropriate other faculty should develop an individualized plan of remediation for a student or students.

DECISION FOR REMEDIATION OR DISMISSAL FROM THE PROGRAM

(Note: As always, GPAs will be rounded to 2 decimal places):

- Students whose cumulative GPA rounds to 2.89 or less will be dismissed from the program
- Students whose cumulative GPA rounds to 2.90 to 2.99, would be considered for a remediated progression if the Progress Committee agrees that:
  - Extenuating circumstances exist(ed) for the student
  - The progress committee agrees that the student has (or will have) the requisite skills and knowledge to progress in spite of their grades, after a period of remediation.
  - The student has taken advantage of opportunities for recommended student support services
    - Student academic records will be reviewed for efforts by faculty advisors to support the student during all four didactic semesters.
    - Students who have documented referrals for tutoring, study and testing evaluations, or other student support services will be evaluated by the progress committee in terms of whether they took advantage of available student support services.
    - Failure to follow through on recommendations may be viewed unfavorably by the committee when determining eligibility for remediation.

MPA 5000 – DIRECTED MEDICAL STUDIES – VARIABLE CREDITS

- A remediating student will not progress to clinical rotations with their classmates. The first five to ten weeks of the clinical phase will be devoted to their remediation efforts. Thus, the graduation date for the student will be affected.
- The remediating student will be enrolled in MPA 5000 - Directed Medical Studies. The general syllabus for this course will be the same for all students, but an individualized schedule of directed remediation and a schedule for activities and assessments will be provided.
• Within the Directed Studies course, an individual remediation plan will be tailored to the needs of the student, based on didactic performance throughout the first 4 semesters of the program.

• The individual remediation plan will outline the following in detail:
  - Subjects and skills to be remediated
  - An instruction and study plan
  - How each component will be assessed
  - A schedule for each activity
  - A schedule for each assessment
  - Grade criteria for each form of assessment, and
  - What the result of unsatisfactory remediation would be (i.e. dismissal)

• Students who successfully progress to the clinical phase by remediation will also enter the clinical phase on probation. This probationary status will be in place for the entire clinical phase of the program (see Section 4.I.2 Entering Clinical Phase on Probation).

Remediated Progression to the Clinical Phase of the Program is meant to be a rare occurrence based on the judgments of the PA Program Academic Progress Committee’s best efforts to evaluate and acknowledge the strengths and weaknesses of individual students. It would not be offered to students who have struggled throughout their training, had two or more semesters on probation, or who had already been decelerated.

The GPA parameters outlined above would trigger a review of a student’s record and consideration for remediation. The standard of performance for students in this program is to maintain a 3.00 GPA or better. Students will not be automatically offered an opportunity to remediate. The outlined criteria must be met.

The effect of the grade from this VARIABLE credit course will be factored into the cumulative GPA.

It is essential that the resulting cumulative GPA is 3.00 or higher in order to successfully progress to the clinical phase of the program.

DISCLAIMER: This process does not change the student’s ability to appeal academic decisions by the PA Student Progress Committee. A student may still appeal academic decisions to the Dean of Health Professions as indicated elsewhere in this Student Handbook.

4.I.2 Entering the Clinical Phase on Probation
A student may enter the clinical phase on probation if they earned a 4th semester GPA of less than 3.00 but continued to maintain a cumulative GPA of 3.00 or greater or, if they advanced to the clinical phase after a period of remediation (MPA5000).

A student entering the clinical phase on probation for any reason is subject to the following:

- They will remain on probation for the entire clinical phase.
- Despite prior arrangements to the contrary, students entering the clinical phase on probation will be limited to a maximum of four (4) student initiated, out of area rotations.
- Clinical rotations at out of area sites may be withdrawn at any time if clinical preceptors report that students are unprepared or unprofessional, even if grading and comments do not result in failure of a rotation.
- They will be subject to dismissal as the result of a single failure (Non-Pass) grade on a clinical rotation after review of the circumstances and review by the PA Student Progress Committee.

Probationary status will be considered in all cases of academic or non-academic failures and subsequent review by the PA Student Progress Committee.

**4.1.3 Probation in the Clinical Phase**

If a student receives a non-pass (NP) grade for a clinical rotation in the clinical phase, the following will occur:

- The reason for the NP grade will be thoroughly investigated by the Clinical Director.
- The student will receive a NP grade for the course, and the SCP will be repeated (location and timing to be determined the Clinical Director).
- The student will immediately be placed on academic probation as a result of the NP for the rotation (SCP). Probationary status will continue for the remainder of the clinical phase.
- All remaining SCPs will be completed in the local area at the discretion of the Clinical Director.
- Any subsequent NP grade on any remaining clinical rotation will result in dismissal from the program. The student’s situation will be reviewed by the PA Student Progress Committee and a recommendation to the Program Director will be made.

If the student chooses to challenge the grade received, the procedure is outlined in Section 4.E.3 Challenging a Grade.

A non-pass grade in the repeated rotation or any subsequent rotation is grounds for dismissal from the program.
4.J. DISMISSAL FROM THE PROGRAM

4.J.1 ACADEMIC DISMISSAL
In each of the cases where a student is at risk for dismissal, the PA Program Student Progress Committee will meet to discuss and deliberate the student’s situation. They will then make a recommendation to the PA Program Director.

**DIDACTIC PHASE OF THE PROGRAM**

Academic Dismissal will be considered by the PA Program Student Progress Committee in the following circumstances:

- A grade of D, F, or NP in any course in the didactic (pre-clinical) phase of the program.
- A semester GPA less than 3.00 while already on academic probation
- A cumulative GPA of less than 3.00 at the end of the 4th semester
- An Honor Council conviction resulting in a penalty of failure of a course or dismissal from the school.

**CLINICAL PHASE OF THE PROGRAM**

Academic Dismissal will be considered by the PA Program Student Progress Committee in the following circumstances:

- NP grade on a second or subsequent repeat of an SCP in the clinical phase of the program.
- NP grade on three EOR exams (see additional information in Section 6.J.1)
- An Honor Council conviction resulting in a penalty of failure of a course or dismissal from the school.

4.J.2 NON-ACADEMIC PENALTIES OR DISMISSAL

Students are expected to comply with all EVMS policies at all times, including but not limited to the EVMS Code of Conduct, Code of Student Conduct, Standards of Conduct for the Teacher-Learner Relationship, Honor Code, and program technical standards. Disciplinary action related to nonacademic matters may include warning, counseling, corrective action plan, probation, or dismissal based on the circumstances and judgment of the Program Director.

4.J.3 APPEALING DISMISSAL

Students should be thoroughly familiar with School of Health Professions’ grievance and appeals policies and procedures. Students may appeal academic and non-academic program decisions to the Dean of the School of Health Professions.
4.J.4 Readmission Policy

A student may be readmitted to the program for one of the following reasons:

- Program Director permission with recommendation by PA Student Progress Committee (typically this return would be in a probationary status)
- Student who has left the program for any reason who has been granted permission to return
- Other life events that require an extended absence from the program
- A successful appeal process through the Dean’s Office.

In all cases above, the student must have permission to return to the program, in writing, from the PA Program Director before they leave the program.

4.K. Student Participation in the Evaluation of the Program

The PA Program is committed to delivering a curriculum that will prepare the student to deliver optimal health care in an ever-changing environment. In our commitment to the process of continuous quality improvement, students are involved in course evaluations, supervised clinical practice evaluations, and faculty evaluations at the closure of each course, or semester. As a future health care provider, the evaluation process will be a part of every continuing medical education course in which the practitioner participates to maintain their Physician Assistant license. As such, completion of evaluations is a professionalism issue.

Students are required to complete these evaluations for didactic courses and Supervised Clinical Practice experiences.

Students in the didactic phase of the program must complete all evaluations prior to attending classes in the following semester.

Students in the clinical phase of the program must complete all evaluations for each SCP by midnight the Sunday following completion of the rotation.
PART 5: DIDACTIC PHASE INFORMATION

5.A. OBJECTIVES

Upon completion of the didactic phase, physician assistant students will be able to perform the following tasks and functions at the level of a graduate physician assistant:

- Demonstrate knowledge of human anatomy, physiology, and pathology of disease.
- Demonstrate proficiency in performing a complete history and physical examination as well as problem focused histories and examinations.
- Demonstrate knowledge of the evaluation and management of common diseases and disorders encountered in general medicine, pediatrics, obstetrics and gynecology, surgery, and psychiatry.
- Demonstrate knowledge of the evaluation and management of common surgical diseases and disorders encountered in primary care medicine and surgery.
- Demonstrate a proficiency in the basic skills necessary to function as physician assistants, including knot tying, suturing, minor invasive procedures, IV catheterization, urinary catheterization, nasogastric intubation, phlebotomy, injections, splinting, and wound care. Additionally, students will understand the rationale for use of these procedures as well as the care associated with their use.
- Demonstrate knowledge of medical literature databases, literature searches, clinical research designs, basic medical statistics, and interpretation of medical literature.
- Demonstrate an ability to order and interpret laboratory tests, x-rays, electrocardiograms, and other diagnostic studies in primary care medicine and surgery.
- Demonstrate proficiency in CPR and ACLS management of acutely ill patients.
- Demonstrate knowledge of infection control, universal precautions, quality assurance, and safety issues utilized in hospital settings.
- Demonstrate knowledge of the history of the PA profession, medical malpractice, enabling legislation, medical practice guidelines, medical ethics, and professional behavior.
- Demonstrate knowledge of professional behavior, and an appropriate level of sensitivity to socioeconomic and human rights issues, including appropriate management of patients irrespective of religion, race, gender, disability, socioeconomic level, and sexual orientation.
- Demonstrate knowledge of the physician – PA team and professional responsibilities.
- Demonstrate an understanding of pharmacologic principals and common prescribing practices.
- Demonstrate a commitment to life-long professional growth and medical education.

**5.B. DIDACTIC PHASE CURRICULUM**

**Semester One (January -April)**

**Didactic | 16 Credits**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5001</td>
<td>Pathophysiology for Health Professions</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5061</td>
<td>Clinical Anatomy for Health Professions</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5081</td>
<td>Introduction to the PA Profession and The Business of Medicine</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5142</td>
<td>Psychosocial Elements of Wellness</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5341</td>
<td>Legal and Ethical Issues in Medicine</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5800</td>
<td>Foundations of Interprofessional Practice</td>
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</tr>
</tbody>
</table>

**Semester 1 Total: 16 Credits**
### Semester Two (May-August)

**Didactic | 17.5 Credits**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>MPA 5091</td>
<td>Clinical Assessment I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Introduces the beginning practitioner to the skills of listening, communicating, data collecting and documenting patient encounters.</td>
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</tr>
<tr>
<td>MPA 5112</td>
<td>Clinical Pharmacology I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Preparation for appropriate administration/prescription of medicines is accomplished through a study of drug classifications, pharmacodynamic actions, and rationale for therapeutic use of prescription and non-prescription medications.</td>
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<tr>
<td>MPA 5132</td>
<td>Clinical Skills and Therapeutics I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Introduces and assesses clinical competency of specified skills, diagnostic modalities, and therapeutic interventions related to professional responsibilities and practices in patient care.</td>
<td></td>
</tr>
<tr>
<td>MPA 5162</td>
<td>Introduction to Clinical Medicine I</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Designed to lay the foundation for patient care through a comprehensive understanding of illness, this 3-course series in the medical sciences and related technologies addresses care of the adult, adolescent and pediatric patient beginning with common acute self-limited illnesses and progressing to more complex, well-defined chronic disorders.</td>
<td></td>
</tr>
<tr>
<td>MPA 5314</td>
<td>Patient Counseling and Education</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>This course builds on knowledge gained in clinical science courses by providing the student with the skills necessary to educate patients about their disease processes, help patients become a partner in their own health care, and guide the patient toward health promoting behavior.</td>
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<tr>
<td>MPA 5800</td>
<td>Foundations of Interprofessional Practice</td>
<td>0.5</td>
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<tr>
<td></td>
<td>See description from Semester 1</td>
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</tbody>
</table>

**Semester 2 Total: 17.5 Credits**
# Semester Three (September-December)

**Didactic | 17 Credits**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>MPA 5192</td>
<td><em>Clinical Assessment II</em></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Introduces the use of examination techniques and equipment used during a physical examination and emphasizes the relationship of the exam to the history to aid in developing competency and clinical judgment in clinical assessment. A systematic approach is utilized in studying the comprehensive and problem-oriented clinical assessment of the adult, newborn, pediatric, obstetric and geriatric patient.</td>
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<tr>
<td>MPA 5213</td>
<td><em>Clinical Pharmacology II</em></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Preparation for appropriate administration/prescription of medicines is accomplished through a study of drug classifications, pharmacodynamic actions, and rational for therapeutic use of prescription and non-prescription medications.</td>
<td></td>
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<tr>
<td>MPA 5234</td>
<td><em>Clinical Skills and Therapeutics II</em></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Introduces and assesses clinical competency of specified skills, diagnostic modalities, and therapeutic interventions related to professional responsibilities and practices in patient care.</td>
<td></td>
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<tr>
<td>MPA 5253</td>
<td><em>Introduction to Epidemiology and Evidence Based Medicine</em></td>
<td>2</td>
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<tr>
<td></td>
<td>Introduces population epidemiology and decision-making theory, followed by an introduction to and application of the principles of evidence-based medicine to patient care.</td>
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<tr>
<td>MPA 5263</td>
<td><em>Introduction to Clinical Medicine II</em></td>
<td>5</td>
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<tr>
<td></td>
<td>Designed to lay the foundation for patient care through a comprehensive understanding of illness, this 3-course series in the medical sciences and related technologies addresses care of the adult, adolescent and pediatric patient beginning with common acute self-limited illnesses and progressing to more complex, well-defined chronic disorders.</td>
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<tr>
<td>MPA 5801</td>
<td><em>Practicum for Interprofessional Practice</em></td>
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<tr>
<td></td>
<td>Introduces interprofessional roles in health care in order to enable effective collaboration for a safe, effective, and value-driven healthcare delivery system by emphasizing teams of professionals working together in order to benefit patients and improving health outcomes</td>
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</table>

**Semester 3 Total: 17 Credits**
## Semester Four (January-April)

### Didactic | 17.5 Credits

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5284</td>
<td><strong>Journal Review Seminar</strong></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Explores the process of reviewing journal articles for practical application of new medical knowledge and clinical review articles appropriate for PAs. Has practical application for the student to learn to evaluate a broad range of case reports and journal articles for quality and applicability to clinical practice.</td>
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<tr>
<td>MPA 5294</td>
<td><strong>Clinical Assessment III</strong></td>
<td>3</td>
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<tr>
<td></td>
<td>Integrates the history taking and physical examination skills presented in semesters 1 and 2. The course begins with the complete history and physical exam and then introduces the problem focused history and physical exam. Introductory formulation of differential examination skills as well as communicating findings with preceptors rounds out the experience.</td>
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<tr>
<td>MPA 5304</td>
<td><strong>Problem Based Clinical Reasoning</strong></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>This course promotes a working knowledge base for integrating information into decision-making, diagnosis hypothesis, clinical reasoning, and data resolution skills through cooperative learning strategies and selected clinical topics.</td>
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<tr>
<td>MPA 5333</td>
<td><strong>Fundamentals of Surgical Patient Care</strong></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Introduces concepts and practices in preoperative, perioperative, and postoperative patient care and promotes skill development and competency in selected surgical skills.</td>
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</tr>
<tr>
<td>MPA 5364</td>
<td><strong>Introduction to Clinical Medicine III</strong></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Designed to lay the foundation for patient care through a comprehensive understanding of illness, this 3-course series in the medical sciences and related technologies addresses care of the adult, adolescent and pediatric patient beginning with common acute self-limited illnesses and progressing to more complex, well-defined chronic disorders.</td>
<td></td>
</tr>
<tr>
<td>MPA 5801</td>
<td><strong>Practicum for Interprofessional Practice</strong></td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>See description from Semester 3</td>
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</tbody>
</table>

**Semester 4 Total: 17.5 Credits**

**Didactic Total: 68 Credits**
Part 6: Clinical Phase Information

6.A. PA Program Clinical Year Info

Following the successful completion of the didactic phase, students advance into the 12-month clinical education phase of the program where they will complete nine supervised clinical practice (SCP) courses. SCPs represent clinical education opportunities that enable students to actively participate in the evaluation and management of diverse patient populations with medical, surgical, and traumatic problems in ambulatory and tertiary care centers.

Prior to the beginning of each semester within the clinical phase, students must register. During the clinical phase, all students will enroll in nine SCPs as well as a one credit introduction to clinical practice (MPA 5465), a one credit service learning course (MPA 5807), and a Return to Campus course (MPA 58__). Each student will complete a minimum of 200 hours of education in each SCP, including Primary Care (Family Medicine, Pediatric Medicine, Internal Medicine, and Women’s Health), General Surgery, Emergency Medicine, Psychiatry and Behavioral Health and two electives. Electives are scheduled based on student preference and availability of preceptors.

Clinical sites are developed to provide the student with a good clinical experience. Sites are primarily located throughout Eastern Virginia and Northeastern NC area. However, assignment to clinical sites may extend outside of the Eastern Virginia area based on availability and/or by prearrangement.

Through the clinical phase, the student has the opportunity to learn to become a practicing PA. Students fine tune the life-long, self-directed learning skills that will serve them throughout their professional career. Students are encouraged to take full advantage of the preceptor’s knowledge, skills, and willingness to teach.

Student performance at the clinical site and in all components of the performance of the SCP is deemed to be suggestive of subsequent behavior and performance as a practicing PA. Students who fall below the standards set or who are found to have demonstrated a lack of academic integrity or honesty can expect to be at risk for dismissal from the PA Program.

6.B. Clinical Phase Contact Information

PA program Main Number: 757-446-7158
PA program Fax Number: 757-624-2274
Clinical Year Team E-mail: pacyt@evms.edu

Angela Conrad, MPA, PA-C
Clinical Director

Shannon Morris, MPA, PA-C
Clinical Educator
6.C. Objectives

Upon completion of the clinical phase, physician assistant students will be able to perform the following tasks and functions at the level of a graduate physician assistant:

- Demonstrate proficiency in obtaining and recording patient assessments including a complete medical history and physical exam, progress notes, pre-operative and post-operative assessments, and discharge summaries.

- Demonstrate competency in the technical skills needed to perform as a physician assistant.

- Demonstrate an appropriate level of professional behavior, including a respectful and caring attitude toward patients, and a willingness to function as a cooperative member of the health care team.

- Demonstrate the knowledge to order and interpret common diagnostic studies.

- Demonstrate the knowledge needed to establish a diagnosis or differential diagnosis for common medical and surgical disorders.

- Demonstrate the knowledge and skill to establish a treatment plan for common medical and surgical diseases and disorders.

- Demonstrate the ability to assist the physician in all delegated tasks, wound care, wound closure, hemostasis, suture tying, and other invasive procedures.

- Demonstrate proficiency in recording Progress Notes / SOAP Notes, Procedure Notes, Daily Orders, Discharge Summaries, Operative Notes, Pre-operative Orders, Post-operative Orders.

- Demonstrate an adequate level of knowledge to recognize and refer complicated medical and surgical problems that are beyond their capabilities as a graduate physician assistant.
• Demonstrate the knowledge required to counsel and educate patients about common surgical and medical diseases and disorders.

• Demonstrate a working knowledge of quality assurance and management.

• Demonstrate an appropriate level of sensitivity to socioeconomic and human rights issues, including the appropriate management of patients irrespective of religion, race, gender, disability, socioeconomic level, and sexual orientation.

• Demonstrate an ability to properly evaluate reports from medical literature to determine applicability to current medical practice.

• Demonstrate an understanding of basic pharmacology and patient characteristics that determine the selection of medications and prescribing in the medical setting.

• Develop an appropriate respect for the role of volunteerism and the value of community based health related agencies in the care of special populations and communities.

• Demonstrate a commitment to life-long professional growth and medical education.

6.D. CLINICAL PHASE CURRICULUM

Semesters Five, Six, & Seven (Clinical Phase | May-April)*

SUPERVISED CLINICAL PRACTICE (SCP)

*Each semester is approximately four months in duration. The sequence of clinical rotations is subject to change based on the number, specialty and location of preceptor sites and will vary from student to student.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5465</td>
<td>Introduction to Clinical Practice</td>
<td>1 Credit</td>
</tr>
<tr>
<td></td>
<td>This course will cover clinical phase expectations and standards as well as reinforce the extensive medical knowledge base that was developed during the didactic portion of the MPA program. The primary focus is to prepare students for the clinical phase by reinforcing clinical knowledge and emphasizing information needed to be successful in the clinical phase.</td>
<td></td>
</tr>
<tr>
<td>MPA 5705</td>
<td>Supervised Practice in Family Medicine (5 weeks)</td>
<td>3 Credits</td>
</tr>
<tr>
<td>MPA 5715</td>
<td>Supervised Practice in Pediatric Medicine (5 weeks)</td>
<td>3 Credits</td>
</tr>
<tr>
<td>MPA 5725</td>
<td>Supervised Practice in General Internal Medicine (5 weeks)</td>
<td>3 Credits</td>
</tr>
</tbody>
</table>
### Supervised Practice in Emergency Medicine (5 weeks)
- **MPA 5735**: 3 Credits

### Supervised Practice in General Surgery (5 weeks)
- **MPA 5745**: 3 Credits

### Supervised Practice in Women’s Health (5 weeks)
- **MPA 5755**: 3 Credits

### Supervised Practice in Psychiatry and Behavioral Health (5 weeks)
- **MPA 5785**: 3 Credits

### Supervised Practice in Elective I
- **MPA 5790**: 3 Credits
  - This may consist of one 5-week elective in a chosen area of medicine.

### Supervised Practice in Elective II
- **MPA 5795**: 3 Credits
  - This may consist of one 5-week elective in a chosen area of medicine.

### Service Learning Practicum
- **MPA 5807**: 1 Credit
  - This course provides an opportunity for students to spend at least 40 hours in a community, health related, agency during the clinical year of the program. The goal of the course is to reinforce the community orientation of the medical school and promote a commitment to service in our graduates. Projects are presented to peers prior to graduation.

### Return to Campus
- **MPA 58__**: Credit TBD
  - The PANCE review course is designed to prepare a student for the PANCE. All students MUST attend the course as scheduled in its entirety throughout the clinical phase. Attendance at ALL individual sessions is considered a Graduation Requirement. There will be two to three 3-hour sessions at each return to campus. These sessions will cover the disease content areas as well as the major task areas covered on the PANCE.

### Interprofessional Practice
- **MPA 5802**: 1 Credit
  - The course extends through the Clinical Phase.

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**Clinical Phase Total**: 31 Credits

**Degree Total**: 99 Credits

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**Clinical Electives**: Cardiology, Cardiothoracic Medicine, Dermatology, Endocrinology, Gastroenterology (Adult & Pediatric sites), Neonatology, Neurology (Adult & Pediatric sites), Orthopedics, Plastic Surgery, & Trauma Surgery.

**Other Electives** can be arranged with proper planning on the part of the student.
6.E. CLINICAL PHASE STRUCTURE

6.E.1 STUDENT PLANNING FOR THE CLINICAL PHASE

Students are ultimately responsible for their own housing and transportation costs, unless special arrangements are made through the program. Students will be required to have a computer with internet capability. It will be used throughout the clinical phase for required case logging, email communication, and assignments.

6.E.2 SITE ASSIGNMENTS

Students are placed at local clinical sites defined as sites located throughout the Eastern Virginia and Northeastern NC area to include: Hampton Roads, Northeastern NC, Smithfield, Franklin, Gloucester, Yorktown, and Williamsburg. We currently have two locations outside of these areas that are considered local rotations. For the following rotations, EVMS housing is provided (See Clinical Year Playbook for details):

- Richmond, VA (3 bedroom, 2 bathroom)
- Falls Church, VA (2 bedroom, 2 bathroom)

Rotations outside of the above defined locations may be initiated by the student (See Section 6.F Student Initiated Rotations).

In general, the first two SCP will be in the defined Eastern Virginia/Northeastern NC area, depending on availability. Assignment to specific SCP sites is primarily dependent on availability, student preference, and E*Value schedule optimization software. Final decisions regarding assignment to individual sites are made by the PA Program and the clinical phase team. The decision for assignment is based on many factors, including but not limited to:

- Availability of the site
- Preceptor/site requests
- Academic challenge presented by site characteristics
- Student past performance in areas critical to success at the site
- SCPs completed by student to date

6.E.3 ROTATION ASSIGNMENTS

The clinical schedule is developed with student input and the clinical year web-based program (E*Value) scheduling system. Sequencing of the clinical courses and SCP scheduled sites are both subject to change without notice. These changes occur for a variety of reasons that are beyond the
control of the program, including but not limited to changes in the capacity of preceptors to host students, changes in preceptor capacity to fulfill learning objectives, and changes in state and federal laws and regulations applicable to clinical rotations. The Program reserves the right to change a student’s rotation schedule at any time based upon a student’s individual clinical or professional performance, needs, or concerns. For this reason, students should frequently review their schedule in E*Value. Changes are kept to a minimum and avoided when possible.

The schedule is maintained in E*Value as well each site’s address. Each clinical site may have specific requirements that must be fulfilled in advance, these requirements are listed and updated through Blackboard. Students MUST refer to the clinical site information and specific requirements at least EIGHT WEEKS prior to the start of the next rotation. Site specific requirements, such as fingerprinting, drug screening, electronic medical record training, etc., may be required as early as two months in advance of a rotation start date. It is the student’s responsibility to fulfill site requirements in advance in order to officially start the rotation. Rotation start dates may be delayed if the student has not fulfilled all of the pre-rotation requirements.

6.E.4 Elective Scheduling
Elective medicine rotations are defined as any field of medicine in your interest. This can be a repeat of a core rotation or another field that you are interested in being exposed to during the clinical phase. Some examples of elective possibilities include dermatology, cardiothoracic surgery, gastroenterology, plastic surgery, ENT, medical examiner’s office, any core rotation, etc.

Electives are scheduled based on student request and site availability. Requests are accepted in advance (see deadlines in the Clinical Year Playbook, provided to students during the 3rd semester). All submitted requests are reviewed at the same time to allow each student equal opportunity. If there are multiple requests for the same site, student placement will be made by a randomized method. Requests cannot be guaranteed, but all requests will be considered. The process for elective requests is outlined in the Elective syllabus.

Students are able to schedule a meeting via email with the Clinical Director/Clinical Educator to discuss elective opportunities.

6.F Student Initiated Rotations (Out of Area)
An out of area student initiated (SI) site is defined as a site that is outside the Eastern Virginia and Northeastern NC area (defined above in Section 6.E.2 Site Assignments). Students will be allowed five out of area rotation opportunities throughout their clinical phase. Not all SI requests will result in placement. Assignment to an out of area SI SCP is a privilege. Students granted permission to participate in these rotations are expected to be in and maintain good academic standing and comply with the requirements and guidelines as outlined in this handbook. Students who receive a non-pass
on two end of rotation exams may not be permitted to complete additional out of area SI rotations and may be placed locally for the remainder of the clinical phase.

Students at out of area SI SCP sites must abide by the following:

- Check e-mail remotely at least daily.
- Have access to a computer with internet access to allow daily case logging and end-of rotation exams.
- Maintain contact with Service Learning Practicum (MPA5807) faculty advisor via e-mail or via telephone (757-446-7158) to meet all deadlines for project completion.
- Ensure housing (cost incurred by student).
- Provide any additional costs that may be required by the site/facility including but not limited to EMR training, placement fees, etc.
- If using ProctorU for EOR exams (see Section 4.D.4 Exam Policies in Clinical Phase), you must have a webcam.

Failure to follow these guidelines will result in withdrawal of the privilege extended to the student to complete the current and any future out of area SI rotations outside of the defined local area and/or may place the student at risk for dismissal from the program.

Once an out of area SI placement has been arranged, the student is obligated to the placement. If a situation arises jeopardizing the out of area SI placement, the student must meet with the Clinical Director/Clinical Educator immediately, but the placement may still occur. If the student does not complete the placement, no further SI placements may be allowed and all further placements will be at the discretion of the Clinical Director.

The steps the student must follow when pursuing an out of area SI rotation are outlined below.

- Reach out to personal and professional contacts and/or locations of interest for a SI rotation.
  
  *NOTE: If you plan to initiate a local rotation, email the site/preceptor information to the Clinical Director for clearance PRIOR to reaching out to any local preceptors (these do not require an SI Confirmation Form).

- Gather the required information to initiate an affiliation agreement and submit in Caspio using the following link: https://b6.caspio.com/dp.asp?AppKey=402c3000b31edc4154d04516a2b0

- Ensure housing is established in the area of the desired SI rotation. EVMS does not provide housing for SI rotations.

- Deadlines for completion of SI Site Confirmation Form will be listed in the Clinical Year
Playbook.

- Prepare for the unexpected and have a backup plan. If the rotation does not occur due to site issues or failure to turn in all necessary information prior to the deadline, the student will be placed in a defined local placement based on site availability. Consider this before terminating a lease or housing arrangements in the Hampton Roads area. Back up local housing must be an option at any point in the clinical phase.

- Respond to all correspondence from the Clinical Phase Team regarding requirements in a timely manner. It is imperative that you check your EVMS email daily.

6.G PROFESSIONAL STANDARDS

6.G.1 CONFIDENTIALITY

Students will respect patient confidentiality at all times. Patient information is to be discussed only in the context of professional interaction with health care providers at the clinical site. Failure to protect confidentiality may result in dismissal from the program.

Students will delete/omit identifying personal patient information during oral patient reviews and on any write-ups submitted for academic evaluation.

6.G.2 COMMUNICATION WITH PROGRAM

Students will provide the Clinical Director/Clinical Educator with a phone number or other contact number by the end of the fourth semester. The program must be updated of any change to this contact information. Students may contact the program faculty or staff by e-mail at any time, with messages returned within 48 hrs, when reasonable. The PA Program will utilize EVMS e-mail and/or E*Value as a mechanism for expedient communication with the students. Students must check their EVMS email and E*Value account no less than daily. Students must maintain EVMS email access throughout their clinical training. EVMS policy forbids program communication through student’s personal email accounts. The program will not respond to any emails sent through a student’s personal email account.

6.G.3 LIABILITY INSURANCE

EVMS provides professional liability insurance for all students while enrolled in a course involving patient contact. There is no additional fee for the student during the clinical phase.

6.G.4 USE OF PRECEPTORS AS HEALTH CARE PROVIDERS

At no time during the clinical phase should a student be utilizing their assigned preceptor as their health care provider. Students should notify the Program if they have been assigned a preceptor who provides them ongoing medical care or if they previously served as their medical provider.
6.H Behavioral Standards

Technical Standards apply for didactic and clinical phase students.

Students will engage in each SCP in a professional manner with behavior that is patient-centered and reflective of the Code of Ethics of the PA profession.

Students will confer with the preceptor regarding all clinical findings, written notes, interventions and patient management plans and participate as delegated.

Students will immediately report any potential medical liability incident regarding their activities to the preceptor and the Clinical Director/Clinical Educator.

Unless otherwise directed by the preceptor or their designee, the last health care professional to interact with the patient before they leave must be the patient’s health care provider or an employee of the preceptor, institution or organization.

Students are to discuss concerns that arise and difficulties encountered at the site ONLY with their assigned preceptor, Clinical Director/Clinical Educator, their designee or the PA Program Director.

Use of cell phones or other personal electronic devices are to be used strictly for medical reference or case logging purposes during SCP hours, but only with expressed permission by your preceptor. Personal phone calls, texting, emailing, etc. are NOT allowed.

6.H.1 Preceptor Supervision

Although the supervising preceptor may not be with the student during every shift, students may be assigned to another MD, DO, PA or NP who will serve as the preceptor for any given time interval. In the case where the supervision is not available, students may be instructed to complete an assignment or may spend time with ancillary staff (radiology, laboratory services, physical therapy, etc.). Appropriate preceptor supervision of the PA student is expected at all times during the clinical experience. This should include, providing direct supervision of technical skills with gradually decreased supervision as the student exhibits level of expertise. However, every patient must be seen and every procedure evaluated by the preceptor prior to patient being discharged.

The PA student will not be allowed to see, treat, or discharge a patient without the patient having also been evaluated by the preceptor. On each rotation, it is the student’s responsibility to ensure that the supervising physician sees all of the student’s patients.

6.H.2 Documentation

Students will confer with the preceptor regarding general policies and practices of chart entries and/or dictation procedures of the clinical site. Students must receive permission from the preceptor prior to accessing or making written entries into the patient records.
Student entries in records must include student status (e.g. Your Name, PA-S or Your Name, PA-Student). All student entries on patient records must be countersigned by the clinical preceptor and the preceptor must make a SEPARATE entry that stands alone as patient documentation. The student is responsible for notifying preceptors of this requirement, with any questions being directed to the Clinical Director/Clinical Educator immediately.

**DOCUMENTATION GUIDELINES FOR PRECEPTORS**

Preceptors are to follow the HHS CMS guidelines below related to documenting patient visits while precepting a student.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES-Centers for Medicare & Medicaid Services**

*Evaluation and Management Documentation Provided by Students*

Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements (other than the review of systems [ROS] and/or past, family, and/or social history [PFSH], which are taken as part of an E/M service and are not separately billable). Students may document services in the medical record; however, the teaching physician may only refer to the student’s documentation of an E/M service that is related to the ROS and/or PFSH. The teaching physician may not refer to a student’s documentation of physical examination findings or medical decision making in his or her personal note. If the student documents E/M services, the teaching physician must verify and re-document the history of present illness and perform and re-document the physical examination and medical decision-making activities of the service.

**The preceptor’s note must stand alone and include all components of the billable encounter.**

**The preceptor may not write “see above-seen and agreed” or anything similar.**


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**6.1 MONITORING STUDENT PROGRESS**

Monitoring of student progress and performance evaluations while on clinical rotations is accomplished in the following manner:

- Evaluations
  - Preceptor Evaluations of Student
Student Evaluation of Preceptor

Site Evaluation

- E*Value logging: Case Logs and Time Tracking
- Attendance: SCP rotation and all RTC events
- Rotation Specific Assessment: End of Rotation (EOR) exams and rotation specific assignment(s)
- Program Points

6.1.1 Guidelines for Evaluations

Preceptor and Site evaluations are REQUIRED by the program. Failure to complete either or both evaluations will affect Program Points and the overall rotation grade and will result in a meeting with the Clinical Director to determine if the student will be allowed to continue on rotations. Student evaluations of preceptor and site evaluations are to be completed through E*Value by MIDNIGHT the Sunday following the last day of the SCP. Grades will not be issued without completion of the preceptor and site evaluations.

The student should contact the program IMMEDIATELY if they experience any difficulty accessing or completing the evaluations. This will NOT be an acceptable excuse for failing to complete the evaluation forms.

6.1.2 Guidelines for Case Logs and Time Tracking

This logging allows the program and the accrediting agency to document clinical phase activities and participation in required clinical experiences to ensure adequate exposure and required time. Case logs also allow tracking of patient patterns at a site and the quality of the site. This is important for rotation planning. Students are expected to log cases on a daily basis, just as practitioners are expected to complete medical charts on the same day of service. Case logs will be assessed at various intervals by the clinical coordinators.

Logging is REQUIRED by the program. Failure to maintain up-to-date Case Logs and Time Tracking will affect Program Points and the overall rotation grade and will result in a meeting with the Clinical Director to determine if the student will be allowed to continue on rotations. All case logs and time tracking are to be completed through E*Value by MIDNIGHT the Sunday following the last day of the SCP. Grades will not be issued without completion of the Case Logs and Time Tracking.

The student should contact the program IMMEDIATELY if they experience any difficulty accessing or completing the case logs/time tracking. This will NOT be an acceptable excuse for failing to complete this requirement.
6.J **EVALUATION OUTCOMES**

The Clinical Director/Clinical Educator will review the Preceptor Evaluation of Student, EOR exam results, SCP logging (Case Logs and Time Tracking), RTC attendance, and Program Requirements to compile a Total Composite Performance Score. The Clinical Director/Clinical Educator will discuss with the student their performance outcomes from the Preceptor Evaluation of Student-Final via e-mail or in person if needed or as desired by the student or the Clinical Director/Clinical Educator. In order to pass the SCP, students **MUST** receive a passing grade on the preceptor evaluation **AND** End of Rotation Exam.

Based on Total Composite Performance Score, grades for each SCP will be recorded on the transcript per the Clinical Year Grade Scale (Section 4.E.2 Clinical Phase Grading Scale).

6.J.1 **NON-PASS SCP COMPONENTS**

Note that grading of clinical rotations remains the responsibility of the program with guidance provided by the clinical preceptor. The circumstances surrounding a failure of a supervised clinical practice (SCP) experience will be thoroughly investigated by program personnel prior to posting an official grade.

**PRECEPTOR EVALUATION OF STUDENT**

A student will receive a grade of NonPass (NP) for a SCP if they receive a **79 or less** on the Preceptor Evaluation of Student. Students who receive a grade of an NP on the basis of a non-passing score on a Preceptor Evaluation of Student will be required to repeat the SCP. The student will be placed on academic probation and will remain on probation until the end of the program (See Section 4.I.3 Probation in the Clinical phase). The student has **one opportunity to reattempt a SCP during their clinical phase**. The time and location of the repeat SCP will be designated by the Clinical Director/Clinical Educator. Decisions may be dependent on placement availability. Any student who does not achieve a Pass upon the second attempt at an SCP or on another SCP is grounds for dismissal from the Program.

**END OF ROTATION (EOR) EXAMS**

The PAEA EOR exams are nationally administered exams and vetted through a rigorous process. There is evidence that confirms the validity of the exams and their correlation to the Physician Assistant National Certification Exam (PANCE). For this reason, it is expected that students demonstrate competence by receiving a passing score on EOR exams in order to pass the SCP. Our goal in this process is to ensure success in the clinical year and as practicing clinicians. The following outlines the requirements for students receiving non-passing scores on EOR exams.

Students receiving the **first NP EOR exam** will be required to:

- Complete a remediation assignment. The assignment will consist of a written explanation of the
Keyword Feedback provided on the student’s individual PAEA EOR Exam Performance Report. The student will select 25 bullet points (if there are less than 25 bullets, the student must answer all bullets). For each bullet point, the student must expand on the topic listed, focusing on the task identified (i.e., Clinical Intervention, Clinical Therapeutics, Diagnosis, Diagnostic Studies, etc.). References must be provided for each answer. Upon completion of the remediation assignment, the student must sign a completed electronic Learning Improvement Process form via E*Value, which will become a part of the student’s academic file.

- Meet with the CD and CE.
- Re-take the exam and receive a passing score. The re-take exam will be scheduled within one week of the original exam.

Students receiving the second NP EOR exam (whether this is a re-take of a previously failed exam or failure of a second SCP EOR exam) will be required to:

- Placed on probation and remain on probation throughout the clinical phase.
- Attend sessions with Academic Support Services during each remaining SCP to review deficits and test taking skills.
- Complete the above described remediation assignment for each of the remaining SCP exams. The assignment will be due one week after the EOR exam to ensure appropriate time and attention to the currently scheduled rotation.
- May be required to complete all remaining SCPs in the local area.
- Complete a 120-question practice exam in timed mode at the midpoint of each SCP.
- Re-take the exam and receive a passing score. The re-take exam will be scheduled within one week of the original exam.

*NOTE: After a second NP EOR exam, students must receive a passing score on all elements of each SCP for the remainder of the clinical year. Any one failure of an EOR, final evaluation, and/or total composite performance SCP score will result in dismissal from the PA Program.

Students receiving the third NP EOR exam:
- will result in dismissal by PA Progress Committee.

Students receiving a non-passing score on any re-take exam(s) will:
- Receive a NP score for the total composite performance score.
- Repeat the rotation. Timing and location of the rotation will be at the discretion of the Clinical Director.
- Be required to adhere to all requirements under section Second NP EOR Exam above.
At the completion of SCP 9 a cumulative SCP exam score will be calculated. The passing score is subject to change per class based on national data provided by the Physician Assistant Education Association (PAEA). If this is a non-pass score, the student will be required to complete a remediation assignment followed by a meeting with the Clinical Director and/or the Program Director. Failure to complete this will delay the graduation date.

**Final SCP Grade-Total Composite Performance Score per SCP**

Any student receiving an NP or failing score for an SCP will be required to repeat the SCP. The student must receive a passing score for both the preceptor eval and EOR exam in order to receive a passing grade for the repeated SCP and proceed through the clinical year. The student will also be placed and remain on academic probation until the end of program (See Section 4.I.3 Probation in the Clinical Phase). The Clinical Director/Clinical Educator will determine the timing and location of the repeat SCP, in order to ensure appropriate mentoring and full opportunity for learning. Failure of the repeated rotation, or any subsequent rotation, may result in dismissal from the program. **Students will be permitted to repeat only one SCP during the clinical portion of the PA Program.**

**6.K. PACKRAT Examination**

The Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) developed by the Physician Assistant Education Association (PAEA), is utilized to evaluate students during the clinical phase of their PA education and to better prepare students for taking the Physician Assistant National Certifying Exam (PANCE). The PACKRAT exam will be administered twice during the clinical phase. This is a formative assessment and is NOT included as part of your rotation grade. This test will demonstrate strengths and weaknesses in each student’s clinical knowledge. The results will be used by the student to direct his/her studying during the clinical program. This is a formative evaluation, meant to serve as a demonstration of your current level of knowledge and understanding.

The first administration of the PACKRAT will be prior to beginning the clinical phase. The second administration of the PACKRAT test will be near the end of the program.

**6.L Summative Evaluation**

The Summative Evaluation is designed to ensure that the student has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession. This is completed within four months of graduation. This evaluation consists of the following components:

- **Cumulative Preceptor Score**: The average of all Preceptor Evaluations for SCP 1-9.
- **Cumulative End of Rotation Exam Score**: The average of all EOR exam scores.
- **OSCE/Practical Exam Score**: Completion of a multiple standardized patient encounters.
Students are required to complete a problem focused history and physical examination. Students are expected to explain essential information to the patient such as diagnostic impression, plans, treatment, counseling, and education. Students are evaluated on appropriate history and physical examination elements, communication skills, clinical decision making, and formulation of an appropriate plan and management. The OSCE is graded through a checklist completed by the SPs. This is a Pass/Fail activity and must be passed for successful completion of the requirement for graduation. The final determination of passing is determined by the Clinical Director and Clinical Educator. If a passing score is not achieved, there will be a required remediation assignment that must be completed with a passing score in order to graduate.

- Professionalism Self-Evaluation: Completion of a self-assessment evaluation in E*Value. This is non-graded component. However, completion is required for graduation. The purpose of the evaluation is for self-reflection and assessment of one’s own progress and areas to focus for improvement upon enter practice as a PA.

6.M Additional Clinical Phase Courses

MPA 5807: Service Learning Practicum

During the clinical education phase, students are responsible for completion of the MPA 5807 course as directed in the syllabus, without impact on the clinical phase requirements of the program and the schedule provided by the rotation specific preceptor. Each student must maintain contact with their faculty advisor and meet the deadlines for this course as described in the course syllabus. Successful completion of MPA5807 is a graduation requirement.

MPA 58__: Return to Campus Course

All students MUST attend the course as scheduled in its entirety throughout the clinical phase. Attendance and participation at ALL sessions at each event is considered a Graduation Requirement. This course and its content is made available as a resource to help improve your study skills and prepare for the PANCE exam upon graduation.

6.N Occupational Health Policies for Clinical Phase

6.N.1 Bloodborne Pathogen Exposures

All students will receive instruction and must document annual attendance at a training regarding the prevention and management of blood/body fluid exposures and other biological hazards. Furthermore, the procedures for care and treatment after accidental exposure to a biological hazard are available through EVMS Occupational Health at (757) 446-5870.
All patients should be assumed to be HIV positive or infectious with other bloodborne pathogens. Standard precautions must be followed in all health-care settings with other bloodborne pathogens and when personnel are exposed to blood and certain other body fluids (amniotic, pericardial, peritoneal, pleural, synovial and cerebrospinal fluid, semen and vaginal secretions) or any body fluid that could possibly be contaminated with blood. Standard precautions do not apply to saliva/urine, except in a setting where the fluids are likely to be contaminated with blood.

Bloodborne Pathogen training is due annually. This is available on-line on Blackboard. Please enroll in the Bloodborne Pathogen Training for Students course, view the PowerPoint presentation, and complete the quiz.

6.N.2 POST-EXPOSURE INSTRUCTIONS

Students who have an unprotected blood/body fluid exposure (i.e. needlestick, scalpel cut, splash to eyes, nose, mouth or to non-intact skin) should immediately wash the wound or skin with soap and water. Mucous membranes should be flushed thoroughly with water. The “Bloodborne Pathogens Instructions for Needlestick, Body Fluid & Other Exposures” is a laminated instruction card that should be attached to the student’s identification badge. This card gives specific instructions for the protocol to be followed post exposure. Replacement cards can be obtained from Occupational Health.

If an exposure to blood/body fluid(s) occurs during business hours, contact EVMS Occupational Health at (757) 446-5870, or via pager at (757) 584-0550. DO NOT LEAVE THE SITE WITHOUT DOING THIS. If chemoprophylaxis is indicated, it should be started as soon as possible. If an exposure occurs during nights, weekends, or holidays contact the on-call clinician through the EVMS Exposure Pager: (757) 669-1157 (remember to always identify yourself as an EVMS student). DO NOT LEAVE THE SITE WITHOUT SPEAKING WITH THE ON-CALL CLINICIAN. The exposure should also be reported as soon as possible to the supervising clinician on the unit where the exposure occurred to obtain testing on the source patient per hospital protocol. Write down the patient’s name, date of birth, medical record number and the name of his/her physician. Students who have an exposure at the VA Hospital should report it to the Occupational Health Department at the VA Hospital (757-722-9961 ext. 3527) or to the VA Hospital Emergency Department when the Occupational Health Department is closed. The student must also call EVMS Occupational Health to report the exposure as soon as possible. Exposures occurring at other hospital facilities will receive treatment per the hospital’s exposure protocol. Students must also call EVMS Occupational Health to report the exposure as soon as possible. Students who seek care with their personal physician risk bearing complete financial responsibility for evaluation and any subsequent treatment. Unprotected exposure to active TB should be reported immediately to EVMS Occupational Health at (757) 446-5870.

6.N.3 TB SURVEILLANCE REQUIREMENTS
TB surveillance is required annually or a completed TB symptom Surveillance Questionnaire if previously positive TB skin test. The student is responsible for obtaining the necessary documentation. Failure to comply will result in removal from clinical rotations until completed. TB surveillance is provided by the school at no charge, see the information below. Please call Occupational Health at 757-446-5870 to schedule an appointment.

6.N.4 IMMUNIZATIONS
EVMS is committed to implementing the Clinical Director recommendations regarding vaccines. All EVMS faculty, residents, students, staff and volunteers who work in clinical areas are required to receive an annual influenza vaccination in order to continue in that role. Medical and religious exemptions may be requested and will be reviewed individually. A request form is available on the Occupational Health website. Flu vaccinations will be required in the fall of your clinical phase. Occupational Health will be available to schedule an appointment and will hold flu clinics around campus throughout October. Students must schedule this on their own. Those who are completing away rotations, must have this completed off site. Occupational Health - Phone: 757-446-5870; Fax: 757-446-7188
PART 7: PROFESSIONAL PRACTICE INFO

7.A. PHYSICIAN ASSISTANT COMPETENCIES


7.A.1 MEDICAL KNOWLEDGE

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

7.A.2 INTERPERSONAL & COMMUNICATIONS SKILLS

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients’ families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
• use effective communication skills to elicit and provide information
• adapt communication style and messages to the context of the interaction
• work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
• demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
• accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

7.A.3 Patient Care
Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

• work effectively with physicians and other health care professionals to provide patient-centered care
• demonstrate compassionate and respectful behaviors when interacting with patients and their families
• obtain essential and accurate information about their patients
• make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
• develop and implement patient management plans
• counsel and educate patients and their families
• perform medical and surgical procedures essential to their area of practice
• provide health care services and education aimed at disease prevention and health maintenance
• use information technology to support patient care decisions and patient education

7.A.4 Professionalism
Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one’s own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs
practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients’ culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

7.A.5 Practice-based Learning & Improvement

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients’ health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
• recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

7.A.6 **SYSTEMS-BASED PRACTICE**

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistants are expected to:

• effectively interact with different types of medical practice and delivery systems
• understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
• practice cost-effective health care and resource allocation that does not compromise quality of care
• advocate for quality patient care and assist patients in dealing with system complexities
• partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
• accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
• apply medical information and clinical data systems to provide effective, efficient patient care
• recognize and appropriately address system biases that contribute to health care disparities
• apply the concepts of population health to patient care

*Adopted 2012 by ARC-PA, NCCPA, and PAEA*
*Adopted 2013 by AAPA*

7.B. **PHYSICIAN ASSISTANT OATH**

**Source:** PAEA | [www.paeaonline.org](http://www.paeaonline.org) & [www.pasconnect.org/what-is-the-pa-professional-oath/](http://www.pasconnect.org/what-is-the-pa-professional-oath/)

I pledge to perform the following duties with honesty, integrity, and dedication, remembering always that my primary responsibility is to the health, safety, welfare, and dignity of all human beings:

I recognize and promote the value of diversity and I will treat equally all persons who seek my care.
I will uphold the tenets of patient autonomy, beneficence, non-maleficence, justice, and the principle of informed consent.

I will hold in confidence the information shared with me in the course of practicing medicine, except where I am authorized to impart such knowledge.

I will be diligent in understanding both my personal capabilities and my limitations, striving always to improve my practice of medicine.

I will actively seek to expand my intellectual knowledge and skills, keeping abreast of advances in medical art and science.

I will work with other members of the health care team to assure compassionate and effective care of patients.

I will uphold and enhance community values and use the knowledge and experience acquired as a PA to contribute to an improved community.

I will respect my professional relationship with the physician and act always with the guidance and supervision provided by that physician, except where to do so would cause harm.

I recognize my duty to perpetuate knowledge within the profession.

These duties are pledged with sincerity and on my honor.
7.C. **CODE OF ETHICS OF THE PHYSICIAN ASSISTANT PROFESSION**

**Source:** AAPA | [www.aapa.org/submit.html](http://www.aapa.org/submit.html) (November 13, 2008)

The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the general public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.

- Physician Assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare and dignity of all humans.

- Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional duties.

- Physician Assistants shall deliver needed health care services to health consumers without regard to sex, age, race, creed, socio-economic and political status.

- Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient’s health care.

- Physician Assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safe-guarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of all patients.

- Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.

- Physician Assistants shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.

- Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

- Physician Assistants shall uphold the doctrine of confidentiality regarding privilege patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.
• Physician Assistants shall strive to maintain and increase the quality of individual health care service through individual study and continuing education.

• Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

• Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

• Physician Assistants shall place service before material gain and must carefully guard against conflicts of professional interest.

• Physician Assistants shall strive to maintain a spirit of cooperation with their professional organizations and the general public.

7.D. PROFESSIONAL SOCIETIES

AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (AAPA)
The American Academy of Physician Assistants (AAPA) is the only national organization that represents Physician Assistants (PAs) in all specialties and all employment settings. Its membership also includes Physician Assistant students and supporters of the profession. (AAPA website | www.aapa.org)

STUDENT ACADEMY OF THE AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (SAAAPA)
Student Academy of the American Academy of Physician Assistants (SAAAPA) is the national organization for students enrolled in Physician Assistant programs. The SAAAPA has an elected board and participates in many capacities including subcommittees within the AAPA. The SAAAPA can provide information on many topics including: financial aid, survival tips, clinical pearls, hot topics, etc. (SAAPA website | www.saaapa.aapa.org).

VIRGINIA ACADEMY OF PHYSICIAN ASSISTANTS (VAPA)
Physician Assistants in the Commonwealth of Virginia are represented by the Virginia Academy of Physician Assistants (VAPA). VAPA represents the concerns of Virginia PA's locally, statewide and nationally. Student participation is encouraged and welcomed. (VAPA website | www.vapa.org).
ACKNOWLEDGEMENT FORM

STUDENT’S ACKNOWLEDGEMENT

I understand that the contents of this Student Policies and Procedures Handbook are provided for my information as a student in the EVMS Physician Assistant Program.

By signing this statement, I acknowledge receipt of this Handbook and understand my responsibility to access the EVMS Student Affairs Student Handbook and the School of Health Professions Student Handbook.

I accept my responsibility to follow the regulations outlined in this Handbook.

________________________________________
Student’s Name (PRINT)

________________________________________
Student’s Signature

________________________________________
Date

To be retained in your program administrative file.