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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.

VERSION CHANGE LOG

January 2020: Initial Publication
May 2020: Clinical Year Documentation, Addendum – Online Learning
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 (MPA) 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 all students matriculated in the PA Program until an updated version is announced and posted.

Please read this document and sign the acknowledgement form at the end indicating 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, PA-C
Associate Professor and Program Director
Physician Assistant Program
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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 Physicians, 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 PA Program is to prepare students to provide comprehensive health care across the lifespan by training them in the medical arts and sciences in an inclusive, diverse environment dedicated to the delivery of patient-centered and culturally humble care, while fostering a strong commitment to our community and lifelong personal and professional development.

**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 complies 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 TIME TO COMPLETE DEGREE
The PA Program is a seven-semester 28-month Program taken on a full-time basis. All courses must be completed in sequence. No advanced standing, substitutions or waivers will be granted based on previous experience, training or testing. Students must satisfactorily complete 99.5 credit hours of course work and meet the following graduation requirements. Graduates earn an MPA degree.

1.F DIDACTIC PHASE
The 16-month didactic phase of the Program spans four consecutive semesters before the clinical phase. It is designed to introduce and provide a foundation for basic and clinical sciences, culturally appropriate interpersonal and communication skills, evidence-based medicine, diagnostic and therapeutic management, clinical reasoning, and aspects of physician assistant professional practice. This phase incorporates traditional and active learning classroom interaction with practical clinical skills development and simulated patient interaction. Each semester’s coursework is a prerequisite for the subsequent semester and must be completed in the specified order. Students may advance to the clinical phase with successful completion of the didactic phase, which requires a cumulative grade point average of 3.00 or higher at the conclusion of 4th semester.

1.G CLINICAL PHASE
Following the successful completion of the didactic phase, students advance into the 12-month clinical 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 emergent problems in ambulatory and tertiary care centers.

During the clinical phase, all students will also enroll in a one credit Introduction to Clinical Practice course (MPA 5465) and a five credit Senior Seminar course (MPA 5900). A longitudinal interprofessional practice course (MPA 5802) also extends throughout the clinical phase. Each student will complete a minimum of 200 hours of education in each SCP, including Family Medicine, Pediatric Medicine, Internal Medicine, Women’s Health, General Surgery, Emergency Medicine, Psychiatry and Behavioral Health and two electives.

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.

Clinical sites are developed to provide the student with opportunities to gain valuable clinical experience by applying knowledge and skills from the didactic phase. Sites are primarily located throughout Eastern Virginia and Northeastern NC area. However, assignment to clinical sites may extend outside this area based on availability and/or by prearrangement.

Please refer to Appendix A for the curriculum associated with each matriculated cohort

### 1. H Key Program Contacts

<table>
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1.1 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 (SHP)

Kimberly Dempsey, EdD, PA-C  
PA Program Director

Richard Conran, PhD, MD, JD  
Medical Director

Cynthia Cadieux, PhD, RDN  
SHP Associate Dean of the Educational Assessment & Evaluation

Core PA Faculty
Angela Jean Cerezo  
Associate Program Director and Academic Director

Angela Conrad  
Clinical Director

Courtney Anderson, Brad Boyette, Amy Fantaskey, W. Travis Kirby, Shannon Morris, Lori Shelton, & Jennifer Wohl  
PA Faculty

Administrative Staff
Nancy Stromann  
Program Administrator

Erin Suit  
Office & Didactic Support Coordinator

Tiffany Smith, Elise DeWitt  
Clinical Support Coordinators
PART 2: PROFESSIONAL STANDARDS

Students are expected to adhere to the professional standards described below in Part 2. Any breach of the professional standards described in this section will result in a tiered approach of reconciliation described in Section 2.H.

2.A 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 and 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 PA student.

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.

2.A.1 OBSERVATION SKILLS

Demonstrate sufficient attention and accuracy in observation skills (visual, auditory, and tactile) in the classroom, 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.

2.A.2 COMMUNICATION SKILLS

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.

2.A.3 CRITICAL REASONING SKILLS

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 of the 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.

2.A.4 MOTOR AND SENSORY FUNCTION

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 emergencies quickly and appropriately.

2.A.5 Behavioral and Social Attributes
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 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: 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 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 based on 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.

2.B DISABILITY AND ACCOMMODATION

EVMS provides 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 (StudentDisability@evms.edu). For more information about the disability accommodations process, please visit: Disability Guide for Students

2.B.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. 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 necessary accommodation(s).

2.B.2 ACCOMMODATIONS FOR EXAMINATIONS
Students with an approved accommodation for exams from the EVMS Disability Officer will follow the guidelines outlined in the accommodation as guided by the [EVMS Institutional Handbook](#). These exams will be proctored. Appropriate examination procedures will be distributed to the student by the testing center once the Program receives the accommodation notice. In the event capacity at the testing center is exceeded, the exam times may be adjusted. This may result in exam start times as early as 6 am on exam date and/or an exam ending in the evening. Students are expected to remain flexible and plan accordingly for any adjustments in the exam start and end times.

2.C COMPETENCIES
PA education and the profession face increasing demands for greater accountability. It is therefore imperative that PA education and practice are closely aligned, so that new graduates are prepared to deliver quality, patient-centered care from “day one.” Based on the Core Competencies for the New PA Graduates, the following competencies are expected of each PA graduate as they enter the PA profession.

2.C.1 PATIENT-CENTERED PRACTICE KNOWLEDGE
Recognize healthy versus ill patients in the context of the patients’ lives and determine the stage of illness (acute, emerging, or chronic). Utilize up-to-date scientific evidence to inform clinical reasoning and judgement.

2.C.2 SOCIETY AND POPULATION HEALTH
Recognize and understand the influences that community may have on the health of patients and integrate knowledge of social determinants of health into care decisions.

2.C.3 HEALTH LITERACY AND COMMUNICATION
Communicate with patients and members of the healthcare team in a way that is understandable and engage in shared decision-making to provide care that is equitable, effective and respectful.

2.C.4 INTERPROFESSIONAL COLLABORATIVE PRACTICE AND LEADERSHIP
Recognize the patient as the center of all health care goals and to collaborate with the patient and other members of the health care team to define health care plans and treatments.
2.C.5 Professional and Legal Aspects of Health Care
Practice medicine with beneficence, recognizing and adhering to standards of care and respect for patients.

2.C.6 Health Care Finance and Systems
Recognize essential aspects of health care and apply this understanding to the delivery of quality health care.

2.C.7 Cultural Humility
Awareness of one's personal and professional beliefs, biases, attitudes, and actions that affect patient care and a commitment to ongoing professional development.

2.C.8 Self-Assessment and Ongoing Professional Development
Develop systems and strategies for determining one's level of understanding.

2.D Professional Principles
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 actions related to professionalism matters are described in Section 2.H.

As members of the healthcare team, students are expected to behave in a manner consistent with the principles inherent in professional practice. PAs must know their professional and personal limitations as such students are expected the same. They must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Students must conduct themselves in a highly professional manner consistent with the patient care responsibilities with which they will be entrusted during their training in the Program. Professionalism comprises those attributes and behaviors that serve to maintain patient interests above clinician self-interest. It involves relationship and interactions with patients and families as well as all those involved in medical education and the delivery of patient care including PAs, physicians, other health professionals, students, and administrators. Students are expected to adhere to a high standard of behavior. They are expected to adhere to the following behaviors or characteristics in all didactic and clinical settings. Failure to do so will result in disciplinary action described in Section 2.H.

The role of a PA can be difficult to negotiate. Our goal in the Program is to assist students in learning how to function in a professional manner. It is essential to remain composed and professional in the face of emergent or emotionally charged circumstances, as these will undoubtedly occur during the Program and future practice as a PA. Student’s responses to the stresses associated with the Program
can mirror how practicing PAs would respond to the stresses associated with being a healthcare provider.

2.D.1 Altruism
Altruism is the unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interest of other parties should not interfere with the care of one’s patients and their families.

2.D.2 Respect
Students are expected to treat all patients, faculty, Program staff, clinical preceptors, and fellow students with dignity and respect. Conflicts should be resolved in a diplomatic and reasonable manner. Students should be sensitive and tolerant regarding diversity in the student and patient population.

2.D.3 Honesty and Integrity
Honesty and integrity are the consistent regard for the highest standards of behavior and the refusal to violate one’s personal and professional codes. They imply fairness, truthfulness, adherence to commitments, and being forthright when interacting with others through communication (written or oral), presentations, or other interactions.

2.D.4 Flexibility
The Program involves instruction from practicing clinicians with unpredictable schedules. At times lectures or clinical rotations may need to be adjusted with short notice. We believe the advantages of utilizing providers and alumni outweighs this inconvenience and ask students to be flexible and tolerant of change.

2.D.5 Responsibility
Students are expected to behave in a responsible, reliable and dependable manner. Students must project a professional image in manner, dress, grooming, speech and interpersonal relationships that are consistent with being a medical professional. The student should recognize his/her personal limitations and biases and strive to correct them. Success in the Program requires certain behavioral attributes including empathy, discipline, the ability to work effectively with others on the health care team, and the ability to address a crisis or emergency in a composed manner.

2.D.6 Excellence
Excellence is described by a conscientious effort to exceed ordinary expectations and to make a commitment to lifelong learning. Commitment to excellence is an acknowledged goal for all PAs. A key to excellence is the pursuit of and commitment to providing the highest quality of health care through lifelong learning. Students must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of critiques from others (fellow classmates, faculty, preceptors, etc).
2. E ACADEMIC INTEGRITY

2.E.1 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 EVMS. These materials are never to be copied or transferred electronically outside of the Program or EVMS 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 EVMS.

2.E.2 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 an Honor Code violation. 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.

2.E.3 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.

2.F HONOR CODE VIOLATIONS
The Honor Council process for reporting shall be followed. If a student is aware of an Honor Code violation, it is their professional and ethical duty to report it directly to the class Honor Council Representative or to the Honor Council Chair for EVMS. 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.

2.G STANDARDS OF CONDUCT

2.G.1 COMMUNICATION WITH PROGRAM
The Program will utilize EVMS e-mail and/or Exxat as a mechanism for expedient communication with the students. Therefore, students must check their EVMS email and Exxat accounts no less than daily.
EVMS policy forbids Program communication through student’s personal email accounts. Therefore, the Program will not respond to any emails sent through a personal account. Students must maintain EVMS email access and also provide a current phone number in Exxat for communication during the clinical phase. The Program must be updated of any change to this contact information as soon as possible.

2.G.2 Recording 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.

Recordings of scheduled lectures are provided by EVMS to be used by students in their education and learning. Guest speakers have the right to request their lectures not be recorded. If so requested, students may not record the lecture in any format (audio, video, photograph or otherwise).

2.G.3 Interactions with Guest Speakers
Guest speakers provide their time and expertise to enhance the education we offer. 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 speakers from returning. If this behavior occurs and is observed by a faculty member, the actions for disciplinary actions will follow the tiered approach described in Section 2.H.

2.G.4 Professionalism in Completing Evaluations
Students are expected to complete all evaluations assigned throughout the Program and must be completed in order to progress through the Program. Failure to complete required evaluations may result in a meeting with the advisor or Associate Director. Repeated failure to complete evaluations may result in referral to the Student Progress Committee (PA SPC). Required evaluations include:

- Evaluation of all courses
- Evaluation of all faculty
- Student Evaluations of Clinical Sites and Preceptors

Comments provided in evaluations should be constructive and respectful. Evaluations are made anonymous to faculty. However, if written comments violate the EVMS Code of Conduct the evaluation may be subject to investigation.

2.G.5 Assessments and 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 students turn in is meant to be their own. Collaboration, without the expressed direction to do so by the Course Director, is prohibited.

2.G.6 Attendance Policies

Attendance Rationale
To facilitate and maximize learning opportunities, attendance at all scheduled didactic and clinical sessions in the Program is expected. Students have a personal responsibility to take advantage of the learning opportunities available to them and a professional responsibility to be present and actively involved in all academic and clinical activities. Attendance and timeliness while enrolled in the Program may be viewed as an indicator of the student’s future attendance and timeliness as a clinician.

Throughout the clinical phase of the Program, students are expected to be present a minimum of 40 hours per week at each assigned site unless otherwise stipulated by the preceptor or Clinical Director. Students should attempt to integrate themselves into the team or practice to which they are assigned. Certain sites will require extended hours due to the nature of the practice. Students are expected to be present day, night, and/or weekend hours as required by the preceptor.

Attendance is monitored by badge swipe for on-campus events. During off-campus events, such as clinical rotations, attendance is monitored by preceptors and timesheets in Exxat.

• Students are expected to have their badge on their person at all times.
• For on-campus classes and events, students are required to badge in no more than 15 minutes prior to the scheduled start of the class or event.
• Students are responsible for monitoring their own attendance. Didactic students are able to monitor this through Blackboard. Clinical students will report attendance through Exxat.
• In the event of an anticipated absence or tardiness, students must fill out the attendance form found on Blackboard at least 2 weeks in advance or as soon as the student is aware. The attendance form link will be found in the PA Student Resources Blackboard Organization. A new link will be created each semester. This policy applies to classroom activities and/or exams. The Academic Director will determine the scheduling (time and location) of the make-up exam. Exams will not be rescheduled to start prior to the originally scheduled exam. This privilege must not be used to extend study times for exams and is a confidential process.
*Note: Clinical phase exams will not be rescheduled. The student must be prepared to take the exam on the day they return before attending classes.
In the event of an unanticipated absence or tardiness, students must fill out the attendance form as soon as possible the day of the absence/tardiness. This policy applies to classroom activities and/or exams. The Academic Director and Course Director or Clinical Director will determine scheduling (time and location) of the make-up exam. The student must be prepared to take the exam before returning to campus or clinical rotations.

**Forgot Badge/ Forgot to Badge In**
Students who forget their badge or forget to badge in for a class/events on campus must submit an attendance form stating the reason for the attendance discrepancy as soon as possible the day of the missed badging.

**Late Arrival**
Students who arrive late to any class, event, or exam must badge in when they arrive. In the event of an unanticipated late arrival, the student must submit the attendance form as soon as possible the day of the late arrival.

**Absences**
An absence is defined as nonattendance for a portion of a clinic day, failing to badge into class or failing to badge into an exam. Therefore, if a student does not attend a morning class and an afternoon class on the same day that is considered two absences. If a student does not attend the morning class only, and attends the afternoon class that is considered one absence. The same policy will apply to the clinical phase. If a student does not attend a full clinic day, that is considered two absences. If a student attends a partial clinic day, that is considered one absence.

- For MPA 5061 Clinical Anatomy for Health Professions – Students must badge in for BOTH lecture and lab in order to avoid an absence being recorded for attendance. Nonattendance and failure to badge in for either lecture, lab or both will be recorded as one (1) absence.
- Students are permitted six absences that do not affect a lab (see lab policy below for details) per semester, provided all appropriate forms as stated above are completed in the timeframe required.
- If there is graded classwork on the day of an absence, students are not able to make up the work unless there are significant extenuating circumstances. These circumstances must be documented on the submitted attendance form for consideration by the Associate or Clinical Director.
- If there is an exam on the day of an absence, students may reschedule the exam (see section above for procedures regarding unanticipated absence).
- Students absent three or more consecutive days will be required to provide and submit documentation to the Program. Clinical phase students must discuss the missed days with their
preceptor and may be required to make up the time. This will be at the discretion of the preceptor and/or Clinical Director.

- If a student exceeds the allowed six absences in a semester, the case will be presented to the PA SPC. The Committee will review all submitted attendance forms. Refer to Section 4.D. for possible outcomes.

**Fraudulent Badging**

Students are expected to attend class in its entirety once they have badged into class. The following outlines situations that are considered fraudulent badging. Any fraudulent badging is considered a breach of professionalism and will be treated as such. The following scenarios will result in a professionalism infraction. The student will be required to meet with the Associate or Clinical Director. The meeting will be documented with a Professionalism Infraction form. Subsequent infractions will be referred to the PA SPC (see Section 4.E).

- A student scans their badge during the specified timeframe yet does not enter the classroom until after the class start time.
- A student scans their badge during the specified timeframe yet leaves early without submitting an attendance form.

The following scenarios are considered Honor Code violations and will be turned over to the Honor Council.

- A student scans their badge during the specified timeframe and does not attend class.
- A student documents attendance via timesheets in the clinical phase yet does not attend clinic.
- A student possesses another student’s ID badge and badges in for that student.

**Leave of Absence**

Prolonged or repeated absences may make it difficult to satisfactorily continue in the Program. A student with prolonged absences 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, Clinical Director and/or Program Director. Any leave of absence from EVMS requires a documented Leave of Absence form with approval from the Program Director and Academic Affairs. For clinical phase students who take a leave of absence, this may result in an extension of the clinical phase and a delayed graduation date.

**Holidays/Time off**

Students in the clinical phase of the Program will abide by the SCP calendar rather than the School of Health Professions (SHP) academic calendars. The clinical phase schedule does not follow the EVMS academic calendar. Students are expected to be present at the assigned site on all additional holidays,
provided the site is operational. There are built in breaks to allow for medical appointments, personal time off, and interviews.

**ADDITIONAL ABSENCES**

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

**INTERVIEWING/SHADOWING**

All interviews and shadowing 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. Time spent in a shadowing experience must be volunteered during a student’s personal time only. Students are not covered under EVMS liability insurance or authorized to participate in a clinical capacity during interviews or shadowing.

**INCLEMENT WEATHER**

Refer to the EVMS Institutional Handbook for specifics. In general, EVMS will alert students to the impact of weather on the academic schedule through local television and radio stations, the RAVE alert system, and postings on the EVMS web site.

Clinical phase students should follow the policy of the clinical site. However, 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. No student should endanger themself trying to get to class if the conditions in their area prove unsafe. In this case, notify the site, preceptor as soon as possible and follow the procedures listed in **Section 2.G.6**.

**2.G.7 CONDUCT DURING LAB-BASED COURSES**

The following policies apply to all lab-based courses in the Program excluding MPA 5061 Clinical Anatomy for Health Professions.

Due to the logistics involved in lab courses and the impact of late arrivals and/or absences on other learners, attendance and timeliness is imperative. Infractions of professionalism related to lab courses will result in deductions of up to 5% of the final course grade. An email will be sent to the student documenting any infractions and deductions received. Requirements that may result in deductions include:
**Punctuality & Attendance**

**Late Arrival**
Late arrival is defined as any time after the event start time
- 1st late occurrence: student will receive a written warning
- 2nd late occurrence and each subsequent occurrence: 0.5% deduction for each occurrence and referral to Associate Director

**Absence**
Unless previously approved by the Associate Director, all absences from labs and/or Sentara Center for Simulation and Immersive Learning (SCSIL) events will result in a 1% deduction for each occurrence. If a lab course includes designated participation points, an absence will result in a score of zero.

**Forgotten Badge**
Students must follow the policy described in [Section 2.G.6](#).

**Attire**
Please refer to the individual course syllabus for expectations regarding proper attire for labs. Improper attire will result in a 0.5% deduction for each occurrence.

**Preparedness/Participation**
Failure to participate in a partner or small group session can negatively affect other students’ learning experience. Poor participation, inappropriate behavior, and lack of appropriate preparation will be determined by the assigned partner/group members for each partner/group session using a Professionalism Form located in Blackboard. If partner/group members are adequately prepared, the form does not need to be completed and no deductions will be made. However, if a group member perceives poor participation, disrespect, or lack of preparedness by another group member, s/he is encouraged to first address the issue with the group member and submit a Professionalism Form with supporting comments on the same day as the lab session. Late submissions will not be accepted. Deductions may also occur at the discretion of the course directors and/or SCSIL staff. Both student-reported and faculty observed instances of poor conduct will result in a 1% deduction for each occurrence.

**Recordings/Duplication of Case Information**
Failure to abide by the following standards will result in 5% deduction from the final total points received for the course at the end of the semester as well as referral to the Honor Council.
- In case-based learning environments, there will be no personal recording of cases, class sessions or the material presented therein. EVMS-recorded lectures and workshops will be available via My Portal. Under no circumstances are training sessions, cases, debriefs, or any components thereof to be recorded, replicated, or otherwise reproduced.
- No resources of any kind are allowed during competency-based testing sessions. This includes but is not limited to notes, instructional materials, or checklists created prior to the beginning of the testing session.
2.G.8 **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.

2.G.9 **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 whom 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 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 the student’s patients.

2.G.10 **Documentation**
Students will confer with the preceptor regarding general practice 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 status (e.g. Your Name, PA-S or Your Name, PA-Student) and must be countersigned by the preceptor. The student is responsible for notifying preceptors of the requirement described here with any questions being directed to the Program immediately.

Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that the PA student should develop. The introduction of electronic medical records (EMRs) presents obstacles for students if they lack a password or are not fully trained in the use of one institution’s EMR system. In these cases, students are encouraged to hand-write notes for review by the preceptor whenever possible for feedback.
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. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed but may verify any student documentation of them in the medical record, rather than re-documenting this work.


Students may transmit prescribing information for the preceptor, but the preceptor must sign all prescriptions. More specifically, the student’s name should not appear on the prescription. For sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

2.G.11 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. Use of cell phones or other personal electronic devices are to be used strictly for medical references or patient logging during SCPs, but only with the expressed permission by the preceptor. Personal phone calls, texting, emailing, etc. are not allowed.

2.G.12 Food

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. However, please be courteous and clean up after yourself.
2.H PROFESSIONAL DEFICIENCIES

Students are expected to adhere to the professional standards described above in Part 2. Any breach of the professional standards will result in a tiered approach of reconciliation except where explicitly stated in the policies above.

- 1<sup>st</sup> occurrence – documented warning
- 2<sup>nd</sup> occurrence – professionalism write-up
- 3<sup>rd</sup> occurrence – referral to the Student Progress Committee

*Note: For extreme cases of professional deficiencies of the professional standards, this process may be escalated.

Outcomes of PA Student Progress Committee (PA SPC) are described in Section 4.E. Students are offered the opportunity to provide a written explanation to the Committee but are not invited to attend the meeting.

PART 3: ACADEMIC STANDARDS

3.A GRADING POLICIES

3.A.1 Didactic Phase Grading Scale

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
<th>GPA</th>
<th>LETTER GRADE</th>
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</thead>
<tbody>
<tr>
<td>94 – 100</td>
<td>4.00</td>
<td>A</td>
</tr>
<tr>
<td>90 – 93</td>
<td>3.67</td>
<td>A-</td>
</tr>
<tr>
<td>87 – 89</td>
<td>3.33</td>
<td>B+</td>
</tr>
<tr>
<td>84 – 86</td>
<td>3.00</td>
<td>B</td>
</tr>
<tr>
<td>80 – 83</td>
<td>2.67</td>
<td>B-</td>
</tr>
<tr>
<td>77 – 79</td>
<td>2.33</td>
<td>C+</td>
</tr>
<tr>
<td>74 – 76</td>
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<tr>
<td>70 – 73</td>
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<td>D-</td>
</tr>
<tr>
<td>Less than 60</td>
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<td>F</td>
</tr>
</tbody>
</table>

**An Exam Score of less than 70, requires Learning Improvement Process (LIP) with Course Director**
3.A.2 Clinical Phase Grading Scale

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>94 – 100</td>
<td>HONORS (H)</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>

3.A.3 Repeating a 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 entire sequence of courses beginning in the first semester with that new cohort. For the clinical phase, the schedule is more flexible, and students may be able to repeat a course, but this will result in a delay of graduation.

3.A.4 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 Director 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. 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 decide 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 seven (7) days of the report of a decision by the Program Director. The Dean’s decision will be final.

3.B Examination Policies

3.B.1 Examination 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.
when scheduled on campus. Students with approved accommodations will take their exams in the Accommodation Testing Center. Appropriate examination procedures will be distributed by the Program office in advance of each examination. Please refer to these instructions for further details.

3.B.2 Examination Schedule

**Didactic Phase**

After course syllabi are submitted, the Academic Director will produce semester exam and exam review schedules. 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 schedule is final; however, unforeseen circumstances may necessitate changes. Students will be notified of any such change as soon as possible. Due to testing center space limitations for accommodation students, the exam times may be adjusted. This may result in exam times as early as 6 am on exam date and/or ending in the evening. Students are expected to remain flexible and plan accordingly for any adjustments in the exam start and end times.

**Clinical Phase**

End of Rotation (EOR) exams are scheduled the last Friday of each SCP. However, rotations followed by a Senior Seminar week will have exams administered on the Monday of Senior Seminar.

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, you must notify the Clinical Director at least 2 weeks prior to the scheduled exam date.

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 exam or use a web-based proctoring service, ProctorU, at their own expense. Refer to the ProctorU student handbook for additional instructions (available on Blackboard). Students planning to use ProctorU must notify the Program by the deadlines provided by the clinical coordinators.

3.B.3 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 distributed during the previous semester. The policies for late arrivals to exam and anticipated or unanticipated absence during an exam day are listed above in Section 2.G.6.
**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. Grades between 85% and 100% will receive a final grade of 85%. Grades below 85% will receive the grade earned.

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 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.

**3.B.4 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. Exam reviews will not occur for cumulative 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 through additional discussion to aid in the understanding of a particular subject. New material will not be introduced during exam review sessions. Reviews 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 will be the student’s 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:

- Consult personal notes.
- Consult the required textbook and/or assigned readings.
- 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 calendar 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 regarding professionalism.

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 5.B.1. Failure to attend the expected review sessions will be viewed as insufficient student engagement in the educational process, may result in a professionalism discussion, and may be considered in deliberations by the PA SPC, should this be necessary.

3.C ASSIGNMENT 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 the course syllabus for policies related to assignments.

The Course Director, Academic Director, or Clinical Director may challenge a pattern of turning in late assignments.
PART 4: SATISFACTORY PERFORMANCE & PROGRESS

4.A ACADEMIC ADVISING

Students will have a faculty member assigned as their academic advisor early in Semester 1 of the Program. The role of the academic advisor is to monitor progress and serve as a mentor, guide and advocate. To become acquainted with your advisor, an initial Advisor/Student Meeting will be scheduled during the first two weeks of Semester 1. This meeting will also allow the student and faculty member to assess need for referral to academic support services.

In all didactic semesters, students must schedule an appointment with their academic advisor during each semester. This appointment should be made directly with the faculty academic advisor. Two 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. 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.

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

The students must complete and submit these forms electronically in advance of the advisor meeting. Students who are experiencing difficulties in courses or who are experiencing life events that affect progress or performance in the Program may schedule an appointment with their advisor, the Associate Program Director, Clinical Director or the Program Director whenever the need arises.

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

The student or faculty may initiate other meetings outside those required.

4.B DIDACTIC SATISFACTORY ACADEMIC PROGRESS

Grades, professionalism, and ability to meet technical standards are factors that determine satisfactory progress. Standards of acceptable performance 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) and receive a “C-” or higher in all letter-graded courses and a “P” (Pass) in all performance-graded courses to remain in good academic standing and graduate from the Program. GPAs will be rounded to 2 decimal places (round up begins at .55).
The policy of 3.00 or higher in a graduate professional Program has been adopted to better ensure student’s preparation for future sequential course work.

Any course grade of D, F, or NP* will result in dismissal from the Program.

Remediation to the clinical phase of the Program may be considered for a student with a cumulative GPA of less than 3.00 at the end of the 4th semester of the Program (Section 4.C.1).

*NOTE: The Interprofessional Education course series spans the entire curriculum and is assessed per the clinical phase grading scale (see Section 3.A.2)

4.C STUDENT PROGRESS AT THE END OF DIDACTIC 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. Students whose cumulative GPA rounds to 2.89 or less will be dismissed from the Program.

4.C.1 REMEDIATED PROGRESSION TO THE CLINICAL PHASE

The PA SPC 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 the following conditions to be met:

- A cumulative GPA between 2.90 and 2.99 at the end of semester 4 of the Program
- Extenuating circumstances affecting the student’s achievement
- A consensus of the PA SPC that the student has the requisite skills and knowledge to progress despite their grades, after a period of remediation.
- The student has taken advantage of 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.
*Note: Students whose cumulative GPA rounds to 2.89 or less will not be eligible for consideration. In addition, a student who has already been decelerated or who was on probation two or more times in the didactic semesters would not be eligible for this consideration. The PA SPC 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.

4.C.2 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 Medical 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 5.D).

Remediated Progression to the Clinical Phase of the Program is meant to be a rare occurrence based on the judgments of the PA SPC’s best efforts to evaluate and acknowledge the strengths and weaknesses of individual students. It is not 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. 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. 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.

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

4.D CLINICAL SATISFACTORY ACADEMIC PROGRESS

All students in the clinical phase are expected to attain passing scores on Preceptor Evaluations of
Student, EOR exams, and Final SCP scores to be considered in good academic standing (see individual
SCP course syllabi for details on grading components). Students who do not meet these criteria will be
subject to stipulations outlined in Section 5.A. Students who are placed on probation will be subject to
the stipulations outlined in Section 5.D. Student performance at the clinical site and in all components
of the SCPs 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 Program.

4.E STUDENT PROGRESS COMMITTEE (PA SPC)

The PA SPC is established to manage processes related to student progress, academic performance,
and professionalism. The committee is comprised of both voting and non-voting members as
appointed by 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 phase. The committee may
also convene to determine recommendations of professionalism issues.

- Student progress is discussed at each faculty meeting to alert faculty and advisors to student
  academic or professionalism concerns.
- At the end of each didactic semester, if necessary, the PA SPC will meet to discuss academic
  progress issues for students in the didactic phase of the Program.
- When necessary, the PA SPC 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. Students are able to provide a
  written statement to the PA SPC, but they are not permitted to attend the PA SPC meetings.

The PA SPC will make a recommendation to the Program Director. Recommended actions may include,
but are not limited to, remediation, probation, deceleration or dismissal. The Program Director will
review the recommended action(s) and may seek additional information prior to making the final
decision, which will be conveyed to the student in writing. A student may appeal the final decision of
the Program Director in writing to the Dean of the School of Health Professions within seven days of the Program decision.

4.F **GRADUATION REQUIREMENTS**

In order to meet eligibility to graduate from the Program, and earn the 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, and clinical rotations
- Achieve a minimum overall GPA at the end of the didactic curriculum (end of semester 4) of 3.00 or better
- Complete all Program courses and requirements
- Complete the Summative Evaluation (see Section 4.G)
- Completed and recorded 40 hours of community service during the course of the program (beginning with the Class of 2022)
- Be recommended for graduation by the Program Director
- Have satisfied all debts to the school

4.G **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:

- Successful completion of all SCPs and clinical phase courses
- Objective Structured Clinical Exam (OSCE) Score: Completion of multiple standardized patient (SP) encounters. Students are required to complete a problem focused history and physical examination and expected to explain essential information to the patient such as diagnostic impression, plans, treatment, counseling, and education. OSCEs are used to evaluate appropriate history and physical examination elements, communication skills, clinical decision making, formulation of an appropriate plan and management, and professionalism. The OSCE is graded through a checklist completed by the standardized patients. This is a Pass/Fail activity and must be passed for successful completion of the requirement. The Clinical Director and Clinical Educator determines the final passing threshold based on class performance. 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 fulfill this requirement.
• End of Curriculum Exam: Completion of this exam that is an objective, standardized evaluation of student’s knowledge as a component of readiness for graduation developed by Physician Assistant Education Association (PAEA). This is a 300-question summative assessment. The Clinical Director and Clinical Educator determines the final passing score based on exam statistics. 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 fulfill this requirement.

**PART 5: UNSATISFACTORY PERFORMANCE & PROGRESS**

**5.A ACADEMIC DEFICIENCIES**

The standard of performance for students in the didactic phase is to pass each course with a C- or higher and maintain a 3.00 GPA or higher each semester as well as the cumulative GPA. The standards of performance for students in the clinical phase is described in detail below. Grading of clinical rotations remains the responsibility of the Program with guidance provided by the clinical preceptor.

**5.A.1 PRECEPTOR EVALUATION OF STUDENT**

A student will receive a grade of NP for an 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 probation and will remain on probation until the end of the Program.

**5.A.2 END OF ROTATION (EOR) EXAMS**

The PAEA EOR exams are nationally administered exams and vetted through a rigorous process. 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 phase and as practicing clinicians. The following outlines the requirements for students receiving non-passing scores on EOR exams.

**FIRST NP EOR EXAM SCORE**

Students receiving the first NP on an 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. The assignment will be due one week after the EOR exam to ensure appropriate time and attention to the currently scheduled rotation. Upon completion of the remediation assignment, an electronic Learning Improvement
Process form will be completed, which will become a part of the student’s academic file.

- Meet with the Clinical Director and/or Clinical Educator.
- Re-take the exam and receive a passing score. The re-take exam will be scheduled within one week of the original exam, unless there are barriers to scheduling with the testing center or if the re-take falls on a holiday/break.

**SECOND NP EOR EXAM SCORE**

Students receiving the second NP on an 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 a session with Academic Support Services to review deficits and test taking skills and additional meetings as needed.
- Complete the remediation assignment for each of the remaining SCP exams. The assignment will consist of a written explanation of the Keyword Feedback provided on the student’s individual PAEA EOR Exam Performance Report. For each bullet point on the performance report, 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. The assignment will be due one week after each 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 RoshReview 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 phase. Any one failure of an EOR, Preceptor Evaluation of Student, and/or Final SCP score will result in referral to the PA SPC.

**THIRD NP EOR EXAM SCORE**

Students receiving the third NP on an EOR exam will:

- Result in referral to the PA SPC.

**NP EOR EXAM SCORE OF RE-TAKE**

Students receiving an NP score on any re-take exam(s) will:

- Receive an NP score for Final SCP score.
- Repeat the rotation. The timing and location of the repeated rotation will be at the discretion of the Clinical Director.
- Be required to adhere to all requirements under section Second NP on an EOR Exam above.

5.A.3 Final SCP Score
The student must receive a passing score for both the Preceptor Evaluation of Student and EOR exam in order to receive a passing score for the repeated SCP and proceed through the clinical phase. Any student receiving an NP Final SCP score 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 5.D).

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 SCP, or any subsequent SCP, will result in referral to the PA SPC and may result in dismissal from the Program.

The circumstances surrounding a failure of an SCP will be thoroughly investigated by Program personnel prior to posting an official grade. The student has one opportunity to repeat an SCP during the clinical phase. The Clinical Director/Clinical Educator will designate the time and location of the repeat SCP. Decisions may be dependent on placement availability. Any student who does not achieve a Pass upon the second attempt at an SCP or on subsequent SCP will be referred to the PA SPC.

5.B Remediation
Remediation is a process to help identify a student’s deficiencies in knowledge, skills, and behavior. The process involves strategies to assist the student in achieving academic competence and professional development. Remediation may be provided in the form of a Learning Improvement Process, guided assignments, or use of other resources to help the student succeed.

5.B.1 Learning Improvement Process (LIP)
When a student earns a score of less than 70% on an exam, assignment or NP score in the clinical phase, the student will be required to complete the 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. It is not a process that changes a score. The LIP will encompass specific concepts related to course content, skills, 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.

In the didactic phase, once the student receives their exam grade, it is the student’s responsibility to seek out the Course Director to initiate the LIP. In the clinical phase, once the Program receives the evaluation or EOR exam grade, the Clinical Director will initiate the process. If the student does not
engage in the LIP, this is considered a professionalism infraction and will be written up in the student’s file.

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 within five (5) school days after the grades have been posted.

**COMPLIANCE**
Failure to comply with the LIP requirement will be documented and included in the student’s academic record which may be referred to the PA SPC for disciplinary action.

**DIDACTIC PHASE 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.

**APPEALS**
Any student who does not agree with the assessment of the Course Director or Clinical Director during the LIP process may appeal directly to the Academic or Associate Director.

**5.C AT RISK STUDENTS**
Students at academic risk of not meeting the minimum course grade and semester GPA requirement during the didactic phase may be required to meet with a Course Director, faculty advisor and/or the Academic Director to discuss their academic progress.

**5.D PROBATION**
Students shall be placed on Probation for the following reasons, including, but not limited to:

- Failing to achieve/maintain the required 3.00 semester GPA, refer to Section 5.D.4 if GPA is less than 3.00 in the 4th semester.
- Completing a remediation course prior to entering the clinical phase.
- Receiving an NP grade for an SCP.
- Repeated or egregious violations of the EVMS Code of Conduct, Code of Student Conduct, Standards of Conduct for the Teacher-Learner Relationship, Technical Standards or Honor Code.
- HIPAA or other confidentiality violations.
- Repeating one or more semesters.
- Recommendation by the PA SPC.
The following will apply to students who are placed on probation in the clinical phase of the Program:

- Shall remain on Probation through the end of the clinical phase.
- All remaining SCPs will be completed in the local area at the discretion of the Clinical Director, in order to ensure appropriate mentoring and full opportunity for learning.
- A student receiving any subsequent NP grade is subject to dismissal from the Program. The PA SPC will review the student’s situation and a recommendation will be made to the Program Director.

*Note: Probation is grievable see Section 7.A.

5.D.1 Probation Duration
Students placed on Probation for failure to achieve the requisite semester or average GPA will remain on probation until they achieve the required 3.00 GPA with the following exceptions:

- Students placed on probation where behavioral, professionalism, or other conduct issues were also a factor, shall remain on Probation for the remainder of the Program.
- Students who enter the clinical phase on probation remain on probation for the remainder of the Program.

5.D.2 Academic Plan
All students placed on Probation shall have an Academic Plan. The Academic Plan will outline corrective actions the student must take while on Probation. Students placed on Probation must also meet frequently with their advisor or Clinical Director to discuss their academic progress and compliance with the Academic Plan. The Academic Plan may be amended at the discretion of the Program Director to address any additional issues that are discovered or not previously addressed.

Students who fail to successfully abide by the Academic Plan, or who have future academic and/or professionalism issues shall be subject to dismissal by the PA SPC.

5.D.3 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 (see Section 4.C.1).

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
- Students entering the clinical phase on probation may be required to complete all SCPs in the local area.
Based on performance of the first three SCPs, the Clinical Director and Clinical Educator will meet with the student to develop a plan based on student’s learning needs.

- The student may be subject to dismissal as the result of a single failure NP grade on a clinical rotation after review of the circumstances and a determination by the PA SPC.

### 5.E. Dismissal From the Program

In any case, where a student is at risk for dismissal, the PA SPC will meet to discuss and deliberate the student’s situation. A recommendation will be made to the Program Director. Students may be dismissed for the following reasons, including, but not limited to:

- A grade of D, F, or NP in any course in the didactic phase of the Program.
- A semester GPA less than 3.00 while already on probation.
- A cumulative GPA of less than 3.00 at the end of the 4th semester.
- An NP grade on any SCP while already on probation.
- An NP grade on three EOR exams.
- An NP grade on a second or subsequent repeat of an SCP in the clinical phase of the Program.
- An Honor Council violation resulting in a penalty of failure of a course or dismissal from the school.
- Repeated or egregious violations of the EVMS Code of Conduct, Code of Student Conduct, Standards of Conduct for the Teacher-Learner Relationship, Technical Standards or Honor Code.
- HIPAA or other confidentiality violations.
- Failure to comply with probationary Academic Plan.

### 5.E.1 Deceleration Policy

A student may be offered to decelerate (join the following class) for one of the following reasons:

- Permission from the Program Director permission with recommendation by PA SPC (student will return on 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

In all cases above, the student must have permission to return to the Program, in writing, from the Program Director before they leave the Program. A student may also be decelerated upon successful appeal of Program dismissal to the Dean of the School of Health Professions.

### Part 6: Evaluations

Throughout the Program, formative and summative evaluations are performed to measure student’s competence and identify areas of weakness. All faculty are involved in continually evaluating student professionalism. Generally, a student’s academic success in the Program courses is determined by
participation, computer-based examinations, written assignments, oral presentations, hands-on skills, and standardized patient encounters.

During the clinical phase, students are evaluated on their knowledge, clinical skills and overall competence to practice as a PA using preceptor evaluations, EOR exams, and other assignments. See clinical phase syllabi for details on grading elements.

Additionally, professionalism evaluations are completed each semester throughout didactic, through preceptor evaluation, and as needed. Each student is monitored by the faculty on a continual basis throughout the Program. Any action, behavior, or incident that results in a rating of “unsatisfactory” in one or more categories will require the student to meet with the PA SPC to determine the disciplinary action (Section 4.E).

6. A STUDENT PARTICIPATION IN THE EVALUATION OF THE PROGRAM
The 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 all courses throughout the Program.

Students in the didactic phase of the Program must complete all evaluations prior to attending classes in the following semester. Failure to do so will result in documentation of a professionalism incident.

Students in the clinical phase of the Program must complete all evaluations for each SCP no later than midnight the Sunday following completion of the rotation. Students must complete these evaluations BEFORE starting the next SCP.

At the conclusion of the Program and graduation, students are asked to evaluate the curriculum through an anonymous survey. Alumni of the Program are also surveyed to determine readiness for practice and preparedness for employment.

PART 7: STUDENT RIGHTS
7.A STUDENT COMPLAINT PROCESS
If a student has a concern with a fellow student or faculty member, it is expected that students will first meet and address their concerns directly with the individual if they feel comfortable doing so. If the concern is not resolved, the student may make a complaint to the Course Director, Academic
Director/Clinical Director, or the Program Director. If concerns are still not met or addressed, students should follow additional paths as per the EVMS Institutional Handbook.

If a student in the clinical phase has a concern regarding a site or preceptor, the concern should be first brought to the attention of the preceptor. If the concern is not resolved, the student should discuss the concerns with the Clinical Director. Students should refrain from discussing specific site or preceptor issues or concerns with fellow students.

**7.B Grade Appeal**

Students may appeal a course grade by submitting a written request to the Course Director within seven days of the grade being issued. The appeal must include the reasons for the appeal and actions the student requests. The Course Director must then respond to the student in writing within seven days with a decision. If the issue is not satisfactorily resolved the student may appeal the decision in writing to the Program Director within seven days stating the reason for the appeal and actions the student requests. If there is no appeal within seven days, the grievance is considered resolved. For further details on the grade appeal process see the EVMS School of Health Professions Policies and Procedures.

**7.C Grievance**

Students have the right to due process involving grievances for probation or any such determination of action by the PA SPC.

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. Additional details of this policy can be found in the EVMS School of Health Professions Policies and Procedures.

**Part 8: General Guidelines**

**8.A Institution & Program Orientation**

The 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
8.B IDENTIFICATION

All students are REQUIRED to wear an ID badge provided by the school. For security reasons, ID badge is required to be worn and visible while on campus at all times. Clinical affiliation sites may require additional identification and nametags 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 nametag 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.

Students who lose or misplace their ID are required to obtain a new one through Human Resources as soon as possible and notify the Program as outlined in Section 2.G.6. Students without an ID must check in with the security desk to access campus buildings.

8.C ATTIRE

8.C.1 CLASSROOM

Students may be dressed comfortably in the classroom according to seasonal norms. Refrain from cutoffs, torn clothing, workout clothing, revealing clothing, or clothing with images, drawings, or sayings of a controversial or suggestive nature. Clean scrubs may only be worn on days of scheduled anatomy lab. The Program Director may request clinical attire for special occasions as deemed appropriate.

8.C.2 CLINICAL ROTATIONS

Students will wear clean short white jackets for all clinical experiences, including simulated clinical experiences during the didactic phase (e.g., practice and testing sessions at SCSIL). Course directors will specify appropriate occasions for clinical attire in the didactic phase.

During the clinical phase, students will comply with established dress code policies for Supervised Clinical Practices (SCPs) and host institution. Professional attire for men and women includes collared shirts, blouses, sweaters, slacks, appropriate length skirts or dresses. Students should exhibit discretion
when choosing professional wardrobe, 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.

8.C.3 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.

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.

8.D DROP/ADD COURSE POLICY AND PROCEDURE
Dropping a course or courses would effectively lead to withdrawal from the Program, the PA SPC and Program Director will determine the possibility of return to the Program.

Adding a course or courses can only be done with the written permission of the Program Director. Permission to add courses from another Program is unlikely as the course of study in the Program is quite rigorous.

8.E 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).

8.F EMPLOYMENT
Due to the academic and clinical demands of the PA curriculum, the Program strongly recommends that students are not employed during their time in the Program.
The following guidelines are meant to help the student in making decisions about work during participation in the 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 personal job schedule or requirements. The clinical education must remain the student’s primary responsibility when balancing work and school.

**8.G TECHNOLOGY POLICIES**

**8.G.1 COMPUTER REQUIREMENTS**

Requirements for a Wi-Fi capable laptop are updated annually and can be accessed here:
[Computer Standards for Students](#)

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 Program website, 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 the computer is recommended and highly encouraged.

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.
8.G.2 E-MAIL ACCOUNTS
All students will be assigned an EVMS e-mail account prior to matriculation in the 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.

Professional communication in any medium, including e-mail, is expected at all times.

8.G.3 SOCIAL MEDIA POLICY
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. EVMS students represent the school both directly and indirectly and there is certain inherent risk in the use of social media that may impact their future career, the reputation of EVMS, the Program and its faculty, staff, and students.

8.H 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. Students are required to notify the Program immediately of any potential liability issues that arise during the course of clinical rotations.

8.I OCCUPATIONAL HEALTH POLICIES

8.I.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 required 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.

8.1.2 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 EVMS 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.

8.1.3 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. Call EVMS Occupational Health at 757-446-5870 to schedule an appointment.
8.1.4 IMMUNIZATIONS
EVMS is committed to implementing the Clinical Director recommendations regarding vaccines. All EVMS faculty, residents, students, staff and volunteers 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 EVMS Occupational Health website. Flu vaccinations will be required each fall while enrolled as a student. EVMS 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. EVMS Occupational Health Phone: 757-446-5870

PART 9: PROFESSIONAL PRACTICE INFORMATION

9.A CORE COMPETENCIES FOR NEW PA GRADUATES
Source: PAEA

Competencies for New Physician Assistant Graduates

PATIENT-CENTERED PRACTICE KNOWLEDGE
Competent graduates will continually refine and revise their knowledge base to ensure they remain abreast of current scientific evidence and best practices in patient care. Demonstrating the ability to continually assess one’s level of medical knowledge and constantly strive to augment it is essential for lifelong learning and delivering quality, patient-centered care. Graduates must demonstrate the ability to listen to and understand patients’ beliefs and attitudes toward health and health care. Competent graduates understand that their relationship with patients can be affected by differences in power, privilege, and the inequities embedded therein, and they work to ensure that patients are viewed as partners in health. Competent practitioners must be able to develop the professional relationships with their patients that will ensure patient-focused decision-making. The competent graduate will be able to access and integrate pertinent information from both the best scientific evidence and their clinical expertise and apply it to the care of the patient in a way that respects the individual needs, desires, care preferences, and values of the patient. In this way, PAs use an evidence-based approach to shared medical decision-making. Developing not only critical thinking and clinical reasoning skills but also critical consciousness is essential for graduates.

SOCIETY AND POPULATION HEALTH
Competent graduates will understand how the communities in which they live and work affect individual patients. They will also be able to demonstrate an understanding of how their patients contribute to the health of the community and society. By understanding the community, environmental, genetic, and other influences on the health of a community, graduates will be able to accept the responsibility for the betterment of the patient populations they serve. Competent
graduates must be aware of their own biases and work intentionally to recognize that their ego and ethnocentric beliefs and norms can influence patient care. They will understand how civic responsibility, patient advocacy, service to the community, diversity of the workforce, and improving the health of underserved populations factor into patient care.

**Health Literacy and Communication**
Competent PA graduates will also use a variety of techniques to determine patients’ capacities for understanding their health and the systems that serve them. For example, new graduates must be able to incorporate an understanding of genetics and pathophysiology as well as the importance of environmental and societal influences on health. PA graduates must be emotionally intelligent and able to guide how best to communicate with patients, then adjust the content and style of their verbal communication for maximum clarity. Developing strategies to communicate effectively with patients will become increasingly important as demographics shift and reliance on technology continues to increase. Competent PA graduates will need to be able to establish rapport and communicate in meaningful ways with patients, regardless of the modality. In addition, competent PA graduates will need to be able to recognize and overcome linguistic and cultural barriers to effective communication, as well as understand different perspectives and expectations about health and how health care can impact health disparity.

**Interprofessional Collaborative Practice and Leadership**
Competent PA graduates will have a firm grasp of the roles of PAs and other team members and will demonstrate the ability to work effectively in teams, but not for this end unto itself. Rather, effective teamwork begins by ensuring that the goals of the patient remain the focus of the health care team. As patient advocates, PAs will have to assume a leadership role on a health care team, and they will also need to understand how to contribute to quality patient care by working with other health care professionals. PAs who possess knowledge and skills in this domain will have the self- and team awareness to recognize limitations and rely on other members of the team to provide the highest level of patient care. Leadership in this context is demonstrated regardless of title or status and is determined by the needs of the patient above all else. Knowing when to lead and when to follow is essential and demonstrates one’s ability to value the needs of the patient over self. The ability to determine how to demonstrate leadership requires PAs to be competent in self-awareness, communication, and interpersonal skills.

**Professional and Legal Aspects of Health Care**
Competent PA graduates will be able to articulate and adhere to standards of care and will possess knowledge of the laws and regulations that govern the delivery of health care in the United States. They will be able to demonstrate professional maturity by attending to the needs of the patient over self-interest. Competency in this domain requires graduates to use self-assessment and metacognitive
skills, as well as exercise humility and compassion to provide patient-centered care regardless of the situation. This requires a level of maturity and professional identity that is demonstrated consistently, even in high-stress, ambiguous, and uncomfortable situations.

**HEALTH CARE FINANCE AND SYSTEMS**
Competent graduates will understand how the micro and macro systems of health care influences patient outcomes, and they will be able to increase their capacity to improve access to care and quality of care. This requires graduates to not only identify the barriers but to see the avenues to quality care. Competency in this domain requires an understanding of the economic factors that affect access to care, including how to deliver high quality care in a value-based system. Graduates must also demonstrate an understanding of their role and productivity limits and potential and how it influences the finances of their organizations.

**CULTURAL HUMILITY**
This requires an awareness of one’s personal and professional beliefs, biases, attitudes, and actions that affect patient care and a commitment to ongoing professional development. Cultural humility requires listening to those from different backgrounds while also being aware of one’s own thoughts and feelings about the culture of others. Cultural humility goes hand-in-hand with ongoing professional development because developing it is a lifelong project.

**SELF-ASSESSMENT AND ONGOING PROFESSIONAL DEVELOPMENT**
Competent graduates must demonstrate an awareness of their personal and professional limitations and develop plans and interventions for addressing gaps. This requires self-reflection, metacognition, continuous quality improvement, and recognition of the PA’s potential impact for improving the health of individual patients, populations, and society. Competent graduates develop systems and strategies for determining their level of understanding and confidence in addressing patients’ health needs. This ongoing, continual process requires discipline and self-control. Graduates must possess the ability to self-evaluate and make a commitment to refining their knowledge throughout their career as practitioners.

**9.B. PHYSICIAN ASSISTANT OATH**

Source: PAEA | [PAEA Website](https://www.paea.org)

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.

9.C. CODE OF ETHICS OF THE PHYSICIAN ASSISTANT PROFESSION
Source: AAPA | AAPA Ethical Conduct

9.D. PROFESSIONAL SOCIETIES

9.D.1 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)

9.D.2 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.aapa.org/about/aapa-governance-leadership/student-academy/).
9.D.3 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).
APPENDIX A CURRICULUM

The tables below outline the curriculum for each cohort covered by this handbook.

CLASS OF 2021 CURRICULUM & SEQUENCE

**PHASE I: DIDACTIC CURRICULUM (MPA 2021)**

### SEMESTER ONE

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDITS</th>
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<tbody>
<tr>
<td>MPA 5001</td>
<td>Pathophysiology for Health Professions</td>
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<td>MPA 5061</td>
<td>Clinical Anatomy for Health Professions</td>
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<td>MPA 5341</td>
<td>Legal and Ethical Issues in Medicine</td>
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<tr>
<td>MPA 5081</td>
<td>Introduction to the PA Profession and The Business of Medicine</td>
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<td>MPA 5142</td>
<td>Psychosocial Elements of Wellness</td>
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<tr>
<td>MPA 5800</td>
<td>Foundations of Interprofessional Practice</td>
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<tr>
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<td><strong>Total Semester Credits</strong></td>
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### SEMESTER TWO

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<tr>
<td>MPA 5112</td>
<td>Clinical Pharmacology I</td>
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<td>MPA 5132</td>
<td>Clinical Skills and Therapeutics I</td>
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<td>Patient Counseling and Education</td>
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<td>MPA 5162</td>
<td>Introduction to Clinical Medicine I</td>
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<td>MPA 5091</td>
<td>Clinical Assessment I</td>
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## Didactic Curriculum (cont.) | MPA 2021

### Semester Three

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<td>Intro to Epidemiology and Evidence Based Medicine</td>
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<td>MPA 5263</td>
<td>Introduction to Clinical Medicine II</td>
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<td>MPA 5192</td>
<td>Clinical Assessment II</td>
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<td>MPA 5801</td>
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<td>MPA 5304</td>
<td>Problem Based Clinical Reasoning</td>
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<tr>
<td>MPA 5333</td>
<td>Fundamentals of Surgical Patient Care</td>
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<tr>
<td>MPA 5294</td>
<td>Clinical Assessment III</td>
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<td>MPA 5364</td>
<td>Introduction to Clinical Medicine III</td>
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<td>MPA 5284</td>
<td>Journal Review Seminar</td>
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**Total Didactic Program Credits**: 68.5
**Phase II: Clinical Curriculum (MPA 2021)**

### Semester Five

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<td>Introduction to Clinical Practice (1 week)</td>
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<td>MPA 5705</td>
<td>Supervised Practice in Family Medicine (5 weeks)</td>
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<td>MPA 5715</td>
<td>Supervised Practice in Pediatric Medicine (5 weeks)</td>
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</tr>
<tr>
<td>MPA 5725</td>
<td>Supervised Practice in General Internal Medicine (5 weeks)</td>
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### Semester Six

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<tbody>
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<td>Supervised Practice in Emergency Medicine (5 weeks)</td>
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<td>MPA 5745</td>
<td>Supervised Practice in General Surgery (5 weeks)</td>
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<td>MPA 5755</td>
<td>Supervised Practice in Women’s Health (5 weeks)</td>
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### Semester Seven

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<td>MPA 5785</td>
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<td>MPA 5790</td>
<td>Supervised Practice in Elective I (5 weeks)*</td>
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<tr>
<td>MPA 5795</td>
<td>Supervised Practice in Elective II (5 weeks)*</td>
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<tr>
<td>MPA 5807</td>
<td>Service Learning Practicum (semesters 5, 6, and 7)</td>
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<td>MPA 5837</td>
<td>Senior Seminar (throughout the clinical phase)</td>
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<tr>
<td>MPA 5802</td>
<td>Interprofessional Practice (semester 5, 6, &amp; 7)</td>
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**Total Clinical Program Credits** 35

**Total Program Credits** 103.5

*The sequencing of courses in the clinical phase varies from student to student.*
# Class of 2022 Curriculum & Sequence

## Phase I: Didactic Curriculum (MPA 2022)

### Semester One

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<tr>
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<td>MPA 5342</td>
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Total Semester Credits: 15.5

### Semester Two

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<td>Clinical Pharmacology I</td>
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<td>MPA 5005</td>
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<td>MPA 5091</td>
<td>Clinical Assessment and Reasoning I</td>
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Total Semester Credits: 16.5
### SEMESTER THREE

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<th>COURSE NAME</th>
<th>CREDITS</th>
</tr>
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<tbody>
<tr>
<td>MPA 5213</td>
<td>Clinical Pharmacology II</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5165</td>
<td>Medical Diagnostics II</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5253</td>
<td>Intro to Epidemiology and Evidence Based Medicine</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5263</td>
<td>Introduction to Clinical Medicine II</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5193</td>
<td>Clinical Assessment and Reasoning II</td>
<td>4</td>
</tr>
<tr>
<td>MPA 5801</td>
<td>Practicum in Interprofessional Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awarded 4th semester</td>
<td></td>
</tr>
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<td></td>
<td><strong>Total Semester Credits</strong></td>
<td><strong>17</strong></td>
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### SEMESTER FOUR

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>MPA 5295</td>
<td>Clinical Assessment and Reasoning III</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5235</td>
<td>Medical Diagnostics III</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5365</td>
<td>Clinical Pharmacology III</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5364</td>
<td>Introduction to Clinical Medicine III</td>
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</tr>
<tr>
<td>MPA 5142</td>
<td>Psychosocial Elements of Wellness</td>
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</tr>
<tr>
<td>MPA 5801</td>
<td>Practicum in Interprofessional Practice</td>
<td>0.5</td>
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<tr>
<td></td>
<td><strong>Total Semester Credits</strong></td>
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</tbody>
</table>

|               | **Total Didactic Program Credits**                              | **65.5**|
**Phase II: Clinical Curriculum (MPA 2022)**

**Semester Five**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>MPA 5465</td>
<td>Introduction to Clinical Practice (1 week)</td>
<td>1</td>
</tr>
<tr>
<td>MPA 5705</td>
<td>Supervised Practice in Family Medicine (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5715</td>
<td>Supervised Practice in Pediatric Medicine (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5725</td>
<td>Supervised Practice in General Internal Medicine (5 weeks)</td>
<td>3</td>
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</tbody>
</table>

**Semester Six**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5735</td>
<td>Supervised Practice in Emergency Medicine (5 weeks)</td>
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</tr>
<tr>
<td>MPA 5745</td>
<td>Supervised Practice in General Surgery (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5755</td>
<td>Supervised Practice in Women's Health (5 weeks)</td>
<td>3</td>
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</tbody>
</table>

**Semester Seven**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>MPA 5785</td>
<td>Supervised Practice in Psychiatry and Behavioral Health (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5790</td>
<td>Supervised Practice in Elective I (5 weeks) *</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5795</td>
<td>Supervised Practice in Elective II (5 weeks) *</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5837</td>
<td>Senior Seminar (throughout the clinical phase)</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5802</td>
<td>Interprofessional Practice (semester 5, 6, &amp; 7)</td>
<td>1</td>
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</tbody>
</table>

**Total Clinical Program Credits** 34

**Total Program Credits** 99.5

*The sequencing of courses in the clinical phase varies from student to student.*
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 submitted to the Program and retained in the student’s Program administrative file.
ADDENDUM – ONLINE LEARNING

Due to the COVID-19 Pandemic the PA Program has had to just to an online learning environment. As such, the following policies and procedures will be applied for the duration of the online learning. All due dates, class times, exam times, etc. are based on Eastern Standard Time (EST). Students who are in remote locations in other time zones must make necessary time adjustments. If a specific policy or procedure mentioned above, is not mentioned in this Addendum, then the original policy or procedure will stand.

A.1 ATTENDANCE POLICIES FOR ONLINE LEARNING

To facilitate and maximize learning opportunities, attendance at all scheduled didactic and clinical sessions in the Program is expected. Students have a personal responsibility to take advantage of the learning opportunities available to them and a professional responsibility to be present and actively involved in all academic and clinical activities. Attendance and timeliness while enrolled in the Program may be viewed as an indicator of the student’s future attendance and timeliness as a clinician.

Attendance is monitored during synchronous online events utilizing Blackboard Collaborate’s Attendance feature. This feature will use the student’s log-in time to the session to count towards attendance to the session, as well as any tardiness and if the student leaves the session early.

- Students are responsible for monitoring their own attendance. Didactic students are able to monitor this through Blackboard.
- In the event of an anticipated absence or tardiness, students must fill out the attendance form found on Blackboard at least 2 weeks in advance or as soon as the student is aware. The attendance form link is found in the PA Student Resources Blackboard Organization. A new link will be created each semester. This policy applies to synchronous online activities and/or exams. The Academic Director will determine the scheduling (time) of the make-up exam. Exams will not be rescheduled to start prior to the originally scheduled exam. This privilege must not be used to extend study times for exams and is a confidential process.
  *Note: Clinical phase exams will not be rescheduled. The student must be prepared to take the exam on the day they return before attending further online synchronous activities.
- In the event of an unanticipated absence or tardiness, students must fill out the attendance form as soon as possible the day of the absence/tardiness. This policy applies to synchronous online activities and/or exams. The Academic Director and Course Director or Clinical Director will determine scheduling (time) of the make-up exam. The student must be prepared to take the exam before attending further online synchronous activities.

A.1.A ABSENCES

An absence is defined as nonattendance for a portion of a synchronous activity (including tardiness or leaving early), failing to log-in to the synchronous activity or failing to download an exam on time.
Therefore, if a student does not attend a morning class and an afternoon class on the same day that is considered two absences. If a student does not attend the morning class only and attends the afternoon class that is considered one absence.

- Students are permitted six absences that do not affect a lab (see lab policy below for details) per semester, provided all appropriate forms as stated above are completed in the timeframe required.
- If there is graded classwork on the day of an absence, students are not able to make up the work unless there are significant extenuating circumstances. These circumstances must be documented on the submitted attendance form for consideration by the Associate Director.
- If there is an exam on the day of an absence, students may reschedule the exam (see section above for procedures regarding unanticipated absence).
- Students absent three or more consecutive days will be required to provide and submit documentation to the Program.
- If a student exceeds the allowed six absences in a semester, the case will be presented to the PA SPC. The Committee will review all submitted attendance forms. Refer to Section 4.D for possible outcomes.

**Leave of Absence**

Prolonged or repeated absences may make it difficult to satisfactorily continue in the Program. A student with prolonged absences 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, Clinical Director and/or Program Director. Any leave of absence from EVMS requires a documented Leave of Absence form with approval from the Program Director and Academic Affairs.

For clinical phase students who take a leave of absence, this may result in an extension of the clinical phase and a delayed graduation date.

**Holidays/Time off**

There are built in breaks to allow for medical appointments, personal time off, and interviews.

**A.1.B Late Arrival**

Students who arrive late to any class, event, or exam must log-in when they arrive. In the event of an unanticipated late arrival, the student must submit the attendance form as soon as possible the day of the late arrival.
A.2 EXAMINATION POLICIES

A.2.A REMOTE EXAMINATION PROCEDURES

All computer-based examinations will be conducted using web-based testing software (e.g., ExamSoft/Examplify for didactic phase and ExamDriver for clinical phase) and on the students’ own laptops remotely. As a reminder, the EVMS Student Code of Conduct and Honor Code is in full effect and can be reviewed on the EVMS website.

ACCOMMODATIONS

Students with approved accommodations will also take their exams remotely from their own laptops. Students with approved accommodations for exam time will automatically receive those through Examplify. Students with approved accommodations for environmental conditions are responsible for fulfilling these requirements independently.

EXAM DOWNLOAD

For exams during the didactic phase, all exams will be available for download beginning 1-hour before the exam start time. An email will be sent by Examplify with a reminder of the download time. If you are unable to download the exam within the specified 1-hour timeframe, you must contact the program office immediately by calling (757) 550-4795. Exams not downloaded within the specified timeframe or that have not begun at the scheduled start time may be subject to a professionalism incident report and/or the Exam Reschedule policy (Section 3.B.3).

EXAM PASSWORDS

Communication of all exam passwords will be sent via a Blackboard course announcement 5 to 10 minutes before the exam start time. Write down the exam password when it is available. Once a computer enters secure mode, access to Blackboard will be restricted.

EXAM UPLOAD

Prior to exiting Examplify, ensure the exam has successfully uploaded. Exam uploads can be verified by signing up for email notifications and by checking the “Download/Upload History” section of Examplify. The PA program will contact students by phone that do not have an uploaded exam. Ensure your contact information is current with the PA program office. If needed, the instructions on manually uploading an exam can be found at the Examplify website link here.

A.2.B EXAMINATION SCHEDULE

DIDACTIC PHASE

After course syllabi are submitted, the Academic Director will produce semester exam and exam review schedules. 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 schedule is final; however, unforeseen circumstances may necessitate changes. Students will be notified of any such change as soon as possible. Students are expected to remain flexible and plan accordingly for any adjustments in the exam start and end times.

**A.2.C 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 distributed during the previous semester. The policies for late arrivals to exam and anticipated or unanticipated absence during an exam day are listed above in **Section A.1.A**.

**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. Grades between 85% and 100% will receive a final grade of 85%. Grades below 85% will receive the grade earned.

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 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.

**A.2.D 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. Exam reviews will not occur for cumulative final exams.

The goal of the review session is for each student to have the opportunity to reflect on the topics and concepts during the module 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 through additional discussion to aid in the understanding of a particular subject. New material will not be introduced during exam review sessions. Reviews will be conducted as follows:

- A link to the student’s personal “Strengths and Improvements Opportunities” report will be sent through Examsoft for the student to access on the Examsoft Portal. It shows the category performance of an individual exam taker for a specified exam. The exam taker’s UID is located at the right upper corner of the report. For each category a score is given as a percentage for the number of questions in this category that were answered correctly.
- The scheduled exam review sessions will be conducted on the course’s Blackboard Collaborate tool. The faculty will utilize this time to review key concepts from the exam.

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

- Consult personal notes.
- Consult the required textbook and/or assigned readings.
- 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 calendar 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 regarding professionalism.

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 5.B.1. Failure to attend the expected review sessions will be viewed as insufficient student engagement in the educational process, may result in a professionalism discussion, and may be considered in deliberations by the PA SPC, should this be necessary.