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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.
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 specifies the standards and expectations of a student to be successful in the Program and remain in good standing. This handbook should be seen as an adjunct to the Institutional 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 faculty mentor 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 the 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, DFAAPA
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 there were no Programs 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 PA Program.

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 PA Program at EVMS in June 1998. 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 Program in the United States and one of only 15 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. The first classes were held in Andrews Hall and were relocated to the first floor of Lewis Hall in September 2000 until 2010. The Program moved to its new, state-of-the-art facility in Lester Hall July 2011.

Student enrollment in the PA Program began with 27 students in the inaugural class 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 80 students 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
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 grade of C- or better in all individual courses and 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 in all age groups across the lifespan and with medical, surgical, and emergent problems.

During the clinical phase, all students will also enroll in a five credit Senior Seminar course and a longitudinal interprofessional practice course that extends throughout the didactic and clinical phase. Each student will complete nine 5-week supervised clinical practices (SCPs)/rotations, 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 North Carolina. 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>
<thead>
<tr>
<th>Faculty/Staff</th>
<th>Email</th>
<th>Phone</th>
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<tbody>
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<td>Assistant Professor</td>
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<td>Angela Conrad, MPA, PA-C, DFAAPA</td>
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<td>Associate Professor</td>
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<tr>
<td>Ashley Miller</td>
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</tbody>
</table>
1.I PA PROGRAM ORGANIZATION CHART

Alfred Abuhamad, MD
Interim 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)

Brian Martin, PhD
SHP Associate Dean for Administration

Kimberly Dempsey, EdD, PA-C
PA Program Director

Richard Conran, PhD, MD, JD
Medical Director

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

Angela Conrad
Clinical Director

Amy Fantaskey, Joy Hampton, W. Travis Kirby, Amanda Kubin, Shannon Morris, Lauren Paluch, Dan Thibodeau, Jennifer Wohl, Jeffrey Yates
PA Faculty

Administrative Staff
Erin Suit
Program Administrator

Office & Didactic Support Coordinator
Ashley Miller
Tiffany Smith
Clinical Support Coordinators
1.I.1 ACCESSIBLE TEXT VERSION OF ORGANIZATIONAL CHART

I. Alfred Abuhamad, MD, Interim EVMS President and Provost, and Dean of the Medical School
   a. C. Donald Combs, PhD, Vice President, and Dean of the School of Health Professions (SHP)
      i. Brian Martin, PhD, SHP Associate Dean for Administration
      ii. Kimberly Dempsey, EdD, PA-C, PA Program Director
          1. Richard Conran, PhD, MD, JD, Medical Director
          2. Core PA Faculty
             a. Angela Jean Cerezo, Associate Program Director and Academic Director
             b. Angela Conrad, Clinical Director
             c. Amy Fantaskey, PA Faculty
             d. Joy Hampton, PA Faculty
             e. W. Travis Kirby, PA Faculty
             f. Amanda Kubin, PA Faculty
             g. Shannon Morris, PA Faculty
             h. Lauren Paluch, PA Faculty
             i. Dan Thibodeau, PA Faculty
             j. Jennifer Wohl, PA Faculty
             k. Jeffrey Yates, PA Faculty
   3. Administrative Staff
      a. Erin Suit, Program Administrator
      b. Office & Didactic Support Coordinator
      c. Ashley Miller, Clinical Support Coordinator
      d. Tiffany Smith, Clinical Support Coordinator
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 2.1.

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.

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 or the Office of Student Disability Services website. (Note: you will need to sign into EVMS myPortal to view).

**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 Institutional Student Handbook. Students who receive approved accommodations from the EVMS Disability Officer must provide the faculty letter to the Program Director via email at least 3 days prior to the next exam for accommodation procedures to be implemented. Exams will be proctored at the Testing Center with the approved accommodations fulfilled as determined in the letter. Students are expected to remain flexible and plan accordingly for adjustments in exam start and end times. Exams may begin as early as 6am or end in the evening depending on Testing Center capacity and scheduling.
2.C COMPETENCIES AND STUDENT LEARNING OUTCOMES

PA education and the profession face increasing demands for greater accountability. It is therefore imperative that PA education and practice are closely aligned to ensure students are prepared to deliver quality, patient-centered care upon graduation. Based on the Core Competencies for New PA Graduates, the following competencies are expected of each PA graduate as they enter the profession. Under each domain and competency more specific student learning outcomes are listed.

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.

- 1.1 Recognize normal and abnormal health states
- 1.2 Differentiate among acute, chronic, and emerging disease states
- 1.3 Elicit and apply the context of a patient's history when determining healthy versus ill patients.

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.

- 2.1 Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served
- 2.2 Recognize the potential impacts of the community, biology, and genetics on patients and incorporate them into decisions of care
- 2.3 Engage members of the health care team in the surveillance of community resources to sustain and improve health
- 2.4 Evaluate personal and professional limitations in providing care
- 2.5 Use appropriate literature and apply the fundamental principles of epidemiology.

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.

- 3.1 Develop rapport with patients and families to explore patients’ needs and goals in order to deliver culturally competent care.
- 3.2 Communicate effectively with patients and families.
- 3.3 Organize and communicate information with patients, families, community members, and health team members in a form that is understandable.
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.

- 4.1 Develop effective communication with all members of the health care team(s).
- 4.2 Engage diverse professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific health and health care needs of patients and populations.
- 4.3 Describe how professionals in health care and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.
- 4.4 Manage care of patients.

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.

- 5.1 Receive feedback and adapt behavior.
- 5.2 Exhibit professional behavior by recognizing one’s limitations and establish healthy boundaries.
- 5.3 Demonstrate respect for patients while maintaining a professional manner.

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.

- 6.1 Understand the value of the collaborative physician/PA relationship
- 6.2 Collaborate with members of the healthcare team in delivering patient care
- 6.3 Adapt to healthcare policies and procedures of various healthcare systems.

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. Integrated through the Professionalism Standards and above competencies and student learning outcomes.

2.C.8 **SELF-ASSESSMENT AND ONGOING PROFESSIONAL DEVELOPMENT**
Develop systems and strategies for determining one’s level of understanding. Integrated through the Professionalism Standards and above competencies and student learning outcomes.

2.D **PROFESSIONAL PRINCIPLES**
Students are expected to comply with all EVMS policies at all times, including but not limited to the Institutional Code of Conduct, Code of Student Conduct, Compact between Teacher and Learners of Medicine and Health Professions Policy, Student Honor Code, and Program Technical Standards. The full list of EVMS Institutional Policies can be found [here](#). Disciplinary actions related to professionalism are described in Section 2.1.
Our goal in the Program is to mentor students in the development of their professional identity. It is essential to remain composed and professional in the face of emergent or emotionally charged circumstances, as these will undoubtedly occur during PA education and training and in future practice as a PA. Student responses to stresses associated with rigorous graduate-level coursework can mirror how practicing PAs respond to stresses associated with being a healthcare provider.

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. They are expected to adhere to the following behaviors and characteristics in all didactic and clinical settings. Failure to do so will result in disciplinary action described in Section 2.1.

2.D.1 Performance Self-Evaluation
Students are expected to continually reflect on their performance and evaluate their learning strategies to develop a process that supports success and lifelong learning. This process is referred to as Performance Self-Evaluation (PSE) and the Program will provide guidance on reflection and self-evaluation throughout the curriculum. Faculty mentors will refer to this process throughout your education. Students complete the first step in this process by completing the self-reflection assignment.

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

2.D.3 Respect
Students are expected to treat all faculty, staff, clinical preceptors, patients, and fellow students with dignity and respect as well as demonstrate sensitivity to and appreciation of diversity. Conflicts should be resolved in a diplomatic and reasonable manner.

2.D.4 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 (email, written or oral), presentations, and all other interactions.

2.D.5 Flexibility
The Program provides instruction from practicing clinicians with unpredictable schedules. At times lectures or clinical rotations may need to be adjusted with short notice. We ask students to be flexible
and tolerant of change in all circumstances. We believe this quality exemplifies an exceptional clinician as medicine and patients continually change, and it is our duty as professionals to learn to adapt and remain flexible.

2.D.6 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. Personal limitations and biases should be recognized and self-corrected. Success in the Program requires certain behavioral attributes including empathy, discipline, teamwork, self-directed learning, reflection, and the ability to address a crisis in a composed manner.

2.D.7 EXCELLENCE
Excellence is described by a conscientious effort to exceed ordinary expectations and 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 fellow classmates, faculty, preceptors, and others.

2.E ACADEMIC INTEGRITY

2.E.1 COPYRIGHT, FAIR USE, & EDUCATIONAL MATERIALS
Printed matter, videos and other electronic materials to include PowerPoint presentations viewed on Blackboard or in the classroom as well as exam and assessment content 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. 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 an 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 clinical sites. Failure to protect confidentiality may result in dismissal from the Program. Students will omit identifying personal patient information on patient logs or case presentations.
2.F PROGRAM COMPLIANCE
Completion of program compliance is a part of being an EVMS student and is vital to maintaining continuity in the program. As part of program compliance, students are expected to adhere to all mandatory program and institutional requirements including maintaining immunizations and annual trainings. Additional, ongoing compliance requirements will be completed throughout the final semesters of the program in order to comply with affiliated sites and hospitals for clinical rotation. Noncompliance is subject to disciplinary actions that follow the tiered approach in Section 2.I.

2.G 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 the EVMS Honor Council Chair. 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 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.H STANDARDS OF CONDUCT

2.H.1 COMMUNICATION WITH PROGRAM
The Program will utilize EVMS e-mail and Exxat as a mechanism for expedient communication with students. Students must check their EVMS email and Exxat accounts daily and respond to program communication within 24 business hours. EVMS policy forbids Program communication through student’s personal email accounts. Therefore, students must maintain EVMS email access and provide a current phone number in Exxat. The Program must be updated of any change to this contact information as soon as possible. Noncompliance is subject to disciplinary actions that follow the tiered approach in Section 2.I.

2.H.2 RECORDING DEVICES
Recorders and recording capable devices (cellphones, laptop, etc.) may only be used in a very transparent manner by being visible to those being recorded. Students may not record synchronous online, on-campus class sessions or meetings with faculty, staff, or other students without expressed permission. Any recordings without the permission of all parties will be considered an honor code violation and a breach of professionalism subject to disciplinary action described in Section 2.I.

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.H.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 inappropriate and unsound. Frequently being approached by students may deter speakers from returning. If this behavior occurs and is observed by a faculty member disciplinary actions will follow the tiered approach described in Section 2.I.

2.H.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 faculty mentor or Associate Director. Noncompliance is subject to disciplinary actions that follow the tiered approach in Section 2.I. Required evaluations include:

- Evaluation of courses
- Evaluation of 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.H.5 Assessments and Written Assignments

Students are expected to complete their own work except when authorized by the course director to work in pairs or groups. Sharing knowledge of assessment information will not tolerated. The following constitutes an Honor Code violation:

- A student obtaining unauthorized information about patient 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.

2.H.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 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 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 through Blackboard for didactic courses and on-campus events in the clinical courses.
- 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 must submit an attendance form on Exxat as soon as possible on the day of any absences and late arrivals. Noncompliance is subject to disciplinary actions that follow the tiered approach in Section 2.I

**UNRECORDED BADGE SCAN**

An absence is recorded for students who forget their badge, forget to badge in, or have a missed badge swipe for a class or event on campus. An attendance form must be submitted stating the reason for the attendance discrepancy as soon as possible the day of the unrecorded badge scan.

**LATE ARRIVAL**

Students who arrive late to any class, event, or exam must badge in when they arrive. An attendance form must be submitted as soon as possible on the day of the late arrival for class, exam or event.

**ABSENCES**

An absence is defined as nonattendance for a portion of a clinic day, class, exam or event. Students are permitted six absences that do not affect a lab (see lab policy below for details) per semester. The following gives examples of recorded absences. If a student does not attend a morning class and an afternoon class on the same day, this is considered two absences. If a student does not attend the morning class only or an exam, and attends the afternoon class this 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.

- In the event of an anticipated absence or late arrival, both didactic and clinical students must fill out an attendance form in Exxat at least 2 weeks in advance or as soon as the student is aware. This policy applies to all classroom activities, exams and rotation days. In the event the anticipated absence falls on an exam day the following applies:
  - For didactic students, the Academic Director will determine the 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. The student must be prepared to take the exam on the day they return before attending classes.
For clinical students, exams will not be rescheduled for anticipated absences.

- In the event of an **unexpected absence or late arrival**, both didactic and clinical students must fill out an attendance form as soon as possible the day of the absence/late arrival. This policy applies to all classroom activities, exams, and rotation days. If the unexpected absence occurs on an exam day, the Academic Director and Course Director or Clinical Director will determine time and location of the make-up exam. The student must be prepared to take the exam before returning to campus or clinical rotations.

- In the event of an **unexpected absence or late arrival due to preceptor** absence, preceptor schedule change or site adjustments, students must fill out an attendance form as soon as possible the day of the absence/late arrival. Additionally, the student must notify the clinical coordinators or Clinical Director 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 and based upon the amount of missed time. This may result in an extension of the SCP, delayed graduation, or repeating the rotation in its entirety.

*Note:* Students who have an unreported badge scan for any reason stated above will be marked as absent utilizing one of the six allowable absences per semester.

If there is an exam on the day of an absence the student must:

- Submit an attendance form in Exxat as soon as possible on the day of the absence.
- Notify the PA Program Office Coordinator, Program Administrator, Course Director and Academic Director or Clinical Director by email as soon as possible on the day of the absence.
- Closely monitor email for instructions about a make-up exam.
- Review the Examination Policies for Examination Reschedules (in **Section 3.B.3**).

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 and approval by the Associate or Clinical Director.

Students absent three or more consecutive days will be required to attach documentation to the attendance form in Exxat. Clinical phase students must discuss the missed days with the Clinical Director and may be required to make up time. This will be at the discretion of the Clinical Director.

If a student exceeds the allowed six absences in a semester, the case will be reviewed by Program leadership. The Program must ensure all students are meeting the Technical Standards and PA Competencies. Students are subject to disciplinary actions following the tiered approach in **Section 2.I**.

If referred to the PA SPC, the Committee will review all submitted attendance forms and documentation. Refer to **Section 4.E** for SPC details.

**FRAUDULENT BADGING**

Students are expected to attend class in its entirety once they have badged into class. Depending upon the context, fraudulent badging is considered a breach of professionalism or an Honor Code violation. The following are examples of breaches of professionalism related to fraudulent badging and are subject to disciplinary action following the tiered approach in **Section 2.I**. This is not an inclusive list.
• 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 possesses another student’s ID badge and badges in for that student.
• A student documents attendance via timesheets in the clinical phase yet does not attend clinic.

**Leave of Absence**

Prolonged or repeated absences may make it difficult to satisfactorily continue in the Program. More information about the EVMS Leave of Absence Policy can be found [here](#).

**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. 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.

**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**

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. Refer to the EVMS Institutional Handbook for specifics.

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 themselves trying to get to class if the conditions in their area prove unsafe. In this case, notify the site and preceptor as soon as possible and follow the procedures listed in Section 2.H.6.

**2.H.7 Attendance for 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 and reflective of professionalism.
Lab attendance, other than Sentara Center for Simulation and Immersive Learning (SCSIL) events, is monitored using the EVMS badge scanning system. Should a student anticipate arriving late or not be able to attend a lab session, the student must complete the Attendance Form located in Exxat, notify the Course Director(s), PA Program Office Coordinator and PA Program Administrator via email as soon as possible on the day of the late arrival or absence. Students are responsible for monitoring their attendance on Blackboard and must submit an attendance form in Exxat related to any discrepancies within 24 hours of the day of the recorded absence.

As a result of attendance infractions, lab courses may have deductions from the final course grade according to the course syllabus. An email will be sent to the student by the Course Director to inform of the infractions and deductions received. See the course syllabus for other deductions related to professionalism infractions.

**LATE ARRIVAL**
Late arrival is defined as any time after the event start time. Specific course policies may take precedence over this definition.
- 1st late occurrence: written warning
- 2nd late occurrence and each subsequent occurrence: deductions from the final course grade for each occurrence according to the course syllabus

**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 deductions affecting the course grade according to the course syllabus.

**FORGOTTEN BADGE**
Students must follow the policy described in Section 2.H.6.

**2.H.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.H.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 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 increased 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 examine, 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 evaluates all the student’s patients.

2.H.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 such as Student Name, PA-S (Student) and must be countersigned by the preceptor. The student is responsible for notifying preceptors of the requirement described here with questions being directed to the Program immediately.

CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can verify by signing and dating student documentation. There are no restrictions on the verification of student-provided documentation based on the profession (i.e. preceptor does not have to be a PA to verify the documentation of a PA student). See details here: https://paeaonline.org/resources/public-resources/paea-news/cms-finalizes-student-documentation-proposal

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 or her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

2.H.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.H.12 FOOD
Eating a full meal in the context of an ongoing class is unprofessional and will not be tolerated. 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 or during virtual 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 or resistant container. When the classroom is available before or after scheduled classes, you may utilize the classroom to eat. Please be courteous and clean up.

2.I PROFESSIONAL DEFICIENCIES
Students are expected to adhere to the professional standards described above in Part 2. Any breach of the professional standards is documented in the student’s file. Continued, repeated incidents as well as the severe nature of an incident results in a tiered approach of reconciliation except where
explicitly stated in the policies above. There may be some instances that require immediate escalation of the tiered approach based on details of the incident and will be determined by Program leadership.

- Verbal warning
- Written warning
- Referral to the Student Progress Committee (for details of the SPC see Section 4.E).

*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 Mathematical Rounding**

Mathematical rules for rounding to the nearest whole number based on two decimal places are applied to the grade percentage. For example, a final grade of 93.45 would round to a 94 (A), while a final grade of 93.44 would round to a 93 (A-). The GPA is not rounded to whole numbers.

**3.A.2 Didactic Phase Grading Scale**

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
<th>GPA</th>
<th>LETTER GRADE</th>
</tr>
</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>
<td>2.00</td>
<td>C</td>
</tr>
<tr>
<td>70 – 73</td>
<td>1.67</td>
<td>C-</td>
</tr>
<tr>
<td>67 – 69</td>
<td>1.33</td>
<td>D+</td>
</tr>
<tr>
<td>64 – 66</td>
<td>1.00</td>
<td>D</td>
</tr>
<tr>
<td>60 – 63</td>
<td>0.67</td>
<td>D-</td>
</tr>
<tr>
<td>Less than 60</td>
<td>0.0</td>
<td>F</td>
</tr>
</tbody>
</table>

**An Exam Score of less than 70, requires Assessment Improvement Method (AIM) with Course Director**
3.A.3 **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>
</tr>
<tr>
<td>87 – 93</td>
<td>HIGH PASS (HP)</td>
</tr>
<tr>
<td>80 – 86</td>
<td>PASS (P)</td>
</tr>
<tr>
<td>79 or less</td>
<td>NON-PASS (NP)</td>
</tr>
</tbody>
</table>

*NOTE: The Interprofessional Education course series spans the entire clinical phase and is assessed per the clinical phase grading scale.

3.A.4 **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 the new cohort. For the clinical phase, the schedule is more flexible, and students may be able to repeat a course, but this may result in a delay of graduation.

3.A.5 **Challenging a Grade**

**Erroneous Grade Recorded**

If a student receives an incorrect final course grade, he or 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. Testing Center examination procedures will be distributed by the
Program office in advance of each examination. Students must adhere to these policies and procedures.

**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 and 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 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. Adjustment will not be made for students in other time zones. To maintain security of the exams, adjusted start times are not permitted. If there are 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 the program approved web-based proctoring service, at their own expense. Students planning to use the web-based proctoring service must notify the Program by the deadlines provided by the clinical coordinators.

**3.B.3 Examination Reschedules**
The exam and exam review schedule are distributed during the previous semester so students may plan accordingly. However, it is understood that unexpected circumstances occur. The policies for late arrivals and anticipated or unanticipated absences during an exam day are listed above in Section 2.H.6.

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

Students who miss an exam due to illness, injury, family emergency, or death in the family must provide a reasonable form of proof to be uploaded with the attendance form in Exxat to receive 100% of total exam points.
Students who miss an exam for reasons other than stated above, the maximum recorded score is 85% of the total points allotted for that exam. Exam grades between 85% and 100% will receive a final grade of 85%. Grades below 85% will receive the grade earned.

Rescheduled exams contain up to 20% new questions in the didactic phase. In the clinical phase, nationally published exams are utilized and cannot be adjusted. Discussion of exam topics or items is an Honor Code violation and may be referred to the EVMS Honor Council.

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 modular 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, including links to Strengths and Improvements Opportunities (S&O) report, will not occur for cumulative final exams.

The format of the exam review will be a review of concepts; exam questions will not be shown.

Reviews will be conducted as follows:

- A link to the student’s personal “Strengths and Improvements Opportunities” (S&O) 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.
- In the event that not all students are able to take the exam prior to the scheduled Exam review date/time, the exam review will be postponed. An asynchronous review of concepts will be released on Blackboard and the S&O report is released on Examsoft once all students have completed the exam.

Inquiries or additional discussion regarding a test item will not occur during an exam review and will only be addressed after following the steps for self-regulated learning in the algorithm below:

- 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) 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 fully engage in the educational process of self-regulated learning. They must also participate in the Assessment Improvement Method (AIM) 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 MENTORING

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

In all semesters, students must schedule an appointment with their faculty mentor during each semester. This appointment should be made directly with the faculty mentor. Two forms will guide the discussion during the meeting:

- Mid-Semester Form: this form prompts the student regarding their successes, difficulties, and challenges related to the current semester course load and any outside influencing factors. It also serves as a 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 mentor 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. Students must be aware of
the importance of self-monitoring GPAs to ensure they will meet academic progress and graduation requirements.

The students must complete and submit these forms electronically in Exxat in advance of the 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 faculty mentor, the Associate Program Director, Clinical Director or the Program Director whenever the need arises. 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 calculated to 2 decimal places.

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 or F and some courses with NP will result in dismissal from the Program (Section 5.E).

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).

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 shall 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 and PD 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.
  o Student academic records will be reviewed for efforts by faculty mentors to support the student during all four didactic semesters.
  o 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.
  o Failure to follow through on recommendations may be viewed unfavorably by the committee when determining eligibility for remediation.

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.

*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.

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 all 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.

4.E STUDENT PROGRESS COMMITTEE (PA SPC)
The PA SPC is established to manage processes related to student progress, academic performance, and professional standards. 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 professional deficiencies. Student progress is discussed:

- During each faculty meeting to alert faculty and faculty mentors 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 convene to discuss academic progress for students in the clinical phase of the Program or professionalism issues for any student.

The Program Director, or designee, will present relevant information contained in the student’s academic and faculty mentor’s 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 (SCPs)
- 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)
- Complete and record 40 hours of community service during the course of the program
- 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): Completion of standardized patient (SP) encounter(s). Students are required to complete a problem focused history and physical examination and explain essential information to the patient such as diagnostic impression, plan, 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.
- End of Curriculum Exam: This exam is an objective, standardized evaluation of student’s knowledge as a component of readiness for graduation developed by Physician Assistant Education Association (PAEA). It is a 300-question summative assessment.

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 SCPs remains the responsibility of the Program with guidance provided by the clinical preceptor.

5.A.1 Preceptor Evaluation of Student
It is expected that students demonstrate competence by receiving a passing score on the Preceptor Evaluation of Student in order to pass the SCP. Specific grading details are outlined in the SCP syllabi.
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
- 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. Specific grading details are outlined in the SCP syllabi. 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.
- Complete the AIM process (see [Section 5.B.1](#)).
- Meet with the Clinical Director.
- 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 or 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:

- Be placed on probation and remain on probation throughout the clinical phase.
- Consult 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. Details of the assignment are listed above under First NP EOR Exam Score.
- Complete the AIM process (see [Section 5.B.1](#))
- 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, unless there are barriers to scheduling with the testing center or if
the re-take falls on a holiday or break.

*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:

- Be referred 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 EOR Exam Score** above.

5.A.3 **FINAL SCP SCORE**

The student must receive a passing score for both the Preceptor Evaluation of Student and EOR exam individually as well as a passing score for the calculated Final SCP Score (see Clinical Year syllabus for grade point distribution) in order to receive a passing score for the 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 circumstances surrounding a failure of an SCP will be thoroughly investigated by Program personnel prior to posting an official grade.

The Clinical Director will determine the timing and location of the repeat SCP, in order to ensure appropriate mentoring and full opportunity for learning. Decisions may be dependent on placement availability. Failure of the repeated SCP or any subsequent SCP will result in referral to the PA SPC.

5.B **REMEDICATION**

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 an Assessment Improvement Method, guided assignments, or use of other resources to help the student succeed.

5.B.1 **ASSESSMENT IMPROVEMENT METHOD**

The Assessment Improvement Method (AIM) is part of the Program’s PSE process in **Section 2.D.1**; there is an expectation that students are engaged in a continuous process of assessing their own performance. Students are encouraged to engage course faculty to review their PSE at any point during a given semester should they need additional guidance or support. However, when a student earns a score of less than 70% on an exam or on any other course element at the discretion of the
course director(s), there will be a requirement for that student to engage the course faculty as a part of the AIM process.

**DESCRIPTION**
The AIM process involves the student sharing portions of their Performance Self-Evaluation in a self-reflection assignment based on specific questions. The student should self-initiate this process upon receiving a score of less than 70% on an exam or on any other course element at the discretion of the course director(s). Course faculty will review the assignment and offer feedback based on their assessment of the student’s performance and assignment.

**TIMING**
The expectation is that the assignment must be completed and submitted in Exxat within 5 days (120 hours) of receiving the reported grade. After completion of the assignment, the student must email the Course Director(s) to set up a meeting for additional guidance. At times there are extenuating circumstances that may affect this timeline; therefore, adjustments to this timeline are at the discretion of the Course Director(s).

**COMPLIANCE**
Noncompliance is subject to disciplinary actions that follow the tiered approach in [Section 2.1](#) and is recorded in the student file.

**DIDACTIC PHASE FINAL EXAMS**
Exams scheduled during finals week are not subject to this policy.

**APPEALS**
Any student who does not agree with the assessment of the Course Director or Clinical Director during the AIM 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 mentor 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 or maintain the required 3.00 semester GPA, refer to [Section 5.D.3](#) 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
- Second NP EOR exam score
- HIPAA or other confidentiality violations
- Repeating one or more semesters
- Recommendation by the PA SPC
• 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

The following will apply to students who are placed on probation in the clinical phase of the Program:

• Shall remain on probation through the remainder of the Program.
• All remaining SCPs may 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 a subsequent NP grade will be referred to the PA SPC. The PA SPC will review the student’s academic and professional progress in the program 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 GPA must receive a 3.00 semester GPA the following semester. Failure to receive a 3.00 semester GPA the following semester will be presented to the PA SPC for possible dismissal. The following exceptions apply:

• 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.
• Students placed on probation any time throughout the clinical phase will 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 faculty mentor 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 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:

• Remain on probation for the entire clinical phase
• May be required to complete all SCPs in the local area.
• May be subject to dismissal as the result of a single NP grade, the PA SPC and PD will review the circumstances.

5.E. DISMISSAL FROM THE PROGRAM
In cases where a student is at risk for dismissal, the PA SPC will meet to discuss and deliberate the student’s situation unless the student has already decelerated, see section 5.E.1. 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 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. In all cases, students who decelerate will be on probation upon their return and are not permitted to hold a class leadership position. Deceleration is only offered one time. Students who do not maintain satisfactory academic progress during deceleration shall be dismissed.

PART 6: EVALUATIONS
Throughout the Program, modular and cumulative final 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, each student reviews a professionalism self-evaluation checklist each semester throughout the didactic phase as well as is monitored by the faculty throughout the Program. Any breach of professionalism is subject to disciplinary action following the tiered approach described in Section 2.I

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 professional standard and expectation.

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, deadlines are outlined in the clinical year syllabus. 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 LEARNING ENVIRONMENT
The program is committed to providing a professional, safe, and positive environment for learning and training. The learning environment at EVMS allows for students to pursue their education in a humane and respectful atmosphere with a sense of belonging. Students who have a concern about a fellow student, faculty, or preceptor may address their concerns directly with the individual if they feel comfortable doing so. If the concern is not resolved, the student may bring that concern following a tiered approach first to the attention of the Course Director. If resolution is not attained, the concern may escalate next to the Academic or Clinical Director and finally to the Program Director, if needed.

Additionally, unprofessional behaviors and student mistreatment by fellow students, faculty, preceptors, and staff are destructive of EVMS’ fundamental principles and will not be tolerated.

EVMS defines mistreatment as behavior that shows disrespect for learners and interferes with their respective learning process. Detailed information regarding student mistreatment is provided in the
Institutional Student Handbook which includes details on mistreatment as well as how to report concerns is outlined in the Professional Learning Environment Policy.

Students are encouraged to report incidents of mistreatment in accordance with the Student Complaint Process through the following means:

- Program course or rotation evaluation forms
- Personal contact with a member of Student Affairs
- Concerns in the Learning Environment Reporting Form, this form is sent automatically to Student Affairs. See QR code on your student ID badge or through the link here.
- EVMS Ethics and Compliance Hotline 1-800-461-9330

7.B GRADE APPEAL

Students may appeal a course grade by submitting a written request to the Course Director within seven (7) 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 (7) 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 (7) days stating the reason for the appeal and actions the student requests. If there is no appeal within seven (7) 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 the 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 the Program.

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 identify themselves to other providers and patients as a PA student with sufficient clarity to ensure understanding of others. 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.H.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 ATTIRE
Students will wear clean short white jackets for all SCSIL practice and testing simulated sessions during the didactic phase and clinical rotation experiences. For all other occasions where clinical attire is required course directors will specify.

During the clinical phase, students will comply with established dress code policies for 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.

Note: Course directors, core faculty, and preceptors reserve the right to question attire choices that may seem inappropriate. A student may be refused participation in 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 clinical rotations in close proximity to their home 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 all 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 phase, variable schedules and travel associated with clinical placements during the clinical phase may make this difficult.
- Students who choose to work are encouraged to make this known to their faculty mentor.
• 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 web site, provided at admissions interviews, and again when admission offers are made.

Each incoming student will need to have a personal laptop computer capable of running the necessary software and applications used in our curriculum. The standards are the minimum necessary for a student to successfully participate in the curriculum during the 28-month Program. Students are also required to have access to their computer while in class.

Because of the variability in computer manufacturers, hardware, software, etc., the EVMS Network Center will only provide support for installing the necessary software to ensure compliance with and access to the EVMS wireless network. The Network Center will not provide support or troubleshooting for hardware or software/application support. All support, troubleshooting, and updates will be the student’s responsibility; therefore, purchase of a service plan for 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. It is expected that students respond to and acknowledge email communication from the Program within 24 business hours of receipt of emails. 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 such as 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
Occupational Health provides services that promote a safe and healthy environment. Occupational Health in coordination with Student Health provide tuberculosis surveillance, vaccinations, and management of blood and body fluid exposures. The policies and procedures can be found here through EVMS Occupational Health at (757) 446-5870 and EVMS Student Health Line at (757) 446-5700.

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.paeaweb.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 2022 CURRICULUM & SEQUENCE

PHASE I: DIDACTIC CURRICULUM (MPA 2022)

<table>
<thead>
<tr>
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Total Semester Credits 15.5

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Total Semester Credits 16.5
## Didactic Curriculum (Cont.) | MPA 2022

### Semester Three

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**Total Semester Credits** 17

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**Total Semester Credits** 17.5

**Total Didactic Program Credits** 66.5
**Phase II: Clinical Curriculum (MPA 2022)**

**Semester Five**

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**Semester Seven**

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**Total Clinical Program Credits**: 33

**Total Program Credits**: 99.5

*The sequencing of courses in the clinical phase varies from student to student.*
# Class of 2023 Curriculum & Sequence

**Phase I: Didactic Curriculum (MPA 2023)**

## Semester One

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**Total Semester Credits**: 15.5

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**Total Semester Credits**: 17.5

**Total Didactic Program Credits**: 66.5
**Phase II: Clinical Curriculum (MPA 2023)**

**Semester Five**

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| Total Clinical Program Credits | 33 |
| Total Program Credits          | 99.5 |

*The sequencing of courses in the clinical phase varies from student to student.*
### CLASS OF 2024 CURRICULUM & SEQUENCE

#### PHASE I: DIDACTIC CURRICULUM (MPA 2024)

#### SEMESTER ONE

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| MPA 5800      | Foundations of Interprofessional Practice       | 0.5     | 2nd semester

**Total Semester Credits** 15.5

#### SEMESTER TWO

<table>
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<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDITS</th>
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<tbody>
<tr>
<td>MPA 5112</td>
<td>Clinical Pharmacology I</td>
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<tr>
<td>MPA 5005</td>
<td>Medical Diagnostics I</td>
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<tr>
<td>MPA 5134</td>
<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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<tr>
<td>MPA 5091</td>
<td>Clinical Assessment and Reasoning I</td>
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<tr>
<td>MPA 5800</td>
<td>Foundations of Interprofessional Practice</td>
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**Total Semester Credits** 16.5
### SEMESTER THREE

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<tr>
<td>MPA 5213</td>
<td>Clinical Pharmacology II</td>
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<tr>
<td>MPA 5165</td>
<td>Medical Diagnostics II</td>
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<tr>
<td>MPA 5253</td>
<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 5193</td>
<td>Clinical Assessment and Reasoning II</td>
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<tr>
<td>MPA 5801</td>
<td>Practicum in Interprofessional Practice</td>
<td>Awarded 4th semester</td>
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**Total Semester Credits** 17

### SEMESTER FOUR

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<td>MPA 5465</td>
<td>Introduction to Clinical Practice</td>
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<td>MPA 5235</td>
<td>Medical Diagnostics III</td>
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<td>MPA 5365</td>
<td>Clinical Pharmacology III</td>
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<td>MPA 5142</td>
<td>Psychosocial Elements of Wellness</td>
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<tr>
<td>MPA 5801</td>
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**Total Semester Credits** 17.5

**Total Didactic Program Credits** 66.5
**Phase II: Clinical Curriculum (MPA 2024)**

### Semester Five

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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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<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>
<tr>
<td>MPA 5735</td>
<td>Supervised Practice in Emergency Medicine (5 weeks)</td>
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<tr>
<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>
<td>Supervised Practice in Psychiatry and Behavioral Health (5 weeks)</td>
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<tr>
<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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<td>MPA 5900</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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</table>

**Total Clinical Program Credits** | **33**  
**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.

*Must be electronically signed on Exxat and is retained in the student’s Program administrative file.*