# Table of Contents

VERSION CHANGE LOG ........................................................................................................... 6  
INTRODUCTION ..................................................................................................................... 7  
WELCOME! ............................................................................................................................... 8  
  Brief Program History ........................................................................................................... 9  
Part 1: PROGRAM INFORMATION ....................................................................................... 10  
  1.A. Mission Statement ......................................................................................................... 10  
  1.B. Values ............................................................................................................................. 10  
  1.C. Goals ............................................................................................................................... 10  
  1.D. Accreditation .................................................................................................................. 11  
  1.E. Key Program Contacts .................................................................................................. 11  
  1.F. PA Program Organization Chart .................................................................................. 12  
  1.G. PA Program Technical Standards ............................................................................. 13  
    1.G.1 Observation Skills ...................................................................................................... 13  
    1.G.2 Communication Skills .............................................................................................. 13  
    1.G.3 Critical Reasoning Skills ........................................................................................ 14  
    1.G.4 Motor and Sensory Function .................................................................................... 14  
    1.G.5 Behavioral and Social Attributes ........................................................................... 15  
  1.H. Disability and Accommodation .................................................................................... 16  
    1.H.1 Requesting an Accommodation .............................................................................. 16  
    1.H.2 Accommodations for Testing .................................................................................. 17  
  1.I. Time to Complete Degree ............................................................................................. 17  
  1.J. Graduation Requirements ............................................................................................... 17  
Part 2: BASIC STUDENT INFORMATION .......................................................................... 18  
  2.A. Institution & Program Orientation ............................................................................. 18  
  2.B. Student Identification .................................................................................................... 18  
  2.C. Student Attire ................................................................................................................ 18  
  2.D. Student Transportation ................................................................................................. 19  
  2.E. Student Employment ..................................................................................................... 20  
  2.F. Technology Requirements ............................................................................................. 20  
    2.F.1 EVMS Laptop Computer Requirements .................................................................. 20  
    2.F.2 Computer Requirement – PA Program .................................................................... 20
Part 4: ACADEMIC POLICIES

4.A. Transfer or Advanced Standing ................................................................. 27
4.B. Drop/Add Course Policy and Procedure .................................................. 27
4.C. Attendance Policies .................................................................................... 27
  4.C.1 Attendance Rationale ............................................................................ 27
  4.C.2 Attendance Monitoring ......................................................................... 28
  4.C.3 Timeliness ............................................................................................. 28
  4.C.4 Leave of Absence .................................................................................. 28
  4.C.5 Inclement Weather ................................................................................ 29
4.D. Examinations & Assignments Policies ...................................................... 29
  4.D.1 Testing Procedures .............................................................................. 29
  4.D.2 Examination Reschedules .................................................................... 29
4.E. Grading Policies .......................................................................................... 31
  4.E.1 Challenging a Grade .............................................................................. 31
4.F. PA Student Progress Committee ............................................................... 31
4.G. Student Progress at the End of Didactic Phase ....................................... 32
  4.G.1 Remediated Progression to the Clinical Phase ..................................... 32
  4.G.2 Entering the Clinical Phase on Probation ............................................ 34
4.H Probation ................................................................................................... 34

Part 3: PROFESSIONALISM AND HONOR CODE ................................................... 23

3.A. Professional Behavior Expectations .......................................................... 23
3.B. Classroom Behavior ................................................................................... 24
  3.B.1 Cell Phones ........................................................................................... 24
  3.B.2 Food in the Classroom ......................................................................... 24
  3.B.3 Recording capable devices .................................................................... 24
  3.B.4 Interactions with Guest Speakers ........................................................ 24
  3.B.5 Copyright, Fair Use, & Educational Materials ...................................... 25
  3.B.6 Assessments, Homework, Oral Presentations, and Any Written Assignments ......................................................................................................................... 25
  3.B.7 Plagiarism ............................................................................................. 25
3.C. Honor Code Violations ................................................................................ 26

2.H. Social Media .............................................................................................. 21
2.I. Academic Advising ..................................................................................... 21
Part 5: DIDACTIC PHASE INFORMATION

5.A. Didactic Phase Overview ................................................................. 38
  5.A.1 Didactic Phase Curriculum .......................................................... 38
5.B. Competencies & Objectives ............................................................. 38
5.C. Attendance ....................................................................................... 39
  5.C.1 Attendance Reporting ................................................................. 39
  5.C.2 Absences ...................................................................................... 39
5.D. Examinations .................................................................................. 40
  5.D.1 Exam Schedule ........................................................................... 40
  5.D.2 Examination Review Policy ......................................................... 40
5.E. Grading ......................................................................................... 42
  5.E.1 Satisfactory Academic Progress .................................................. 42
  5.E.2 Grading Scale ............................................................................. 42
  5.E.3 Repeating A Didactic Phase Course ............................................. 43
5.F. Remediation .................................................................................... 43
  5.F.1 Learning Improvement Process (LIP) ......................................... 43

Part 6: CLINICAL PHASE INFORMATION

6.A. Clinical Phase Overview ............................................................... 45
  6.A.1 Clinical Phase Curriculum ............................................................ 45
6.B. Competencies & Objectives ............................................................ 46
  6.B.1 Competencies ............................................................................. 46
  6.B.2 Objectives ................................................................................ 46
6.C. Attendance ..................................................................................... 47
  6.C.1 Clinic Attendance ...................................................................... 47
  6.C.2 Alternate Clinic Schedule .......................................................... 47
6.I.3 TB Surveillance Requirements ........................................................................................................... 61
6.I.4 Immunizations ...................................................................................................................................... 62

Part 7: PROFESSIONAL PRACTICE INFO ............................................................................................ 63

7.A. PHYSICIAN ASSISTANT COMPETENCIES ..................................................................................... 63

7.A.1 Medical Knowledge ........................................................................................................................... 63
7.A.2 Interpersonal & Communications Skills ............................................................................................ 63
7.A.3 Patient Care ....................................................................................................................................... 64
7.A.4 Professionalism .................................................................................................................................. 65
7.A.5 Practice-based Learning & Improvement ........................................................................................... 65
7.A.6 Systems-based Practice ....................................................................................................................... 66
7.B. Physician Assistant Oath ..................................................................................................................... 67
7.C. Code of Ethics of the Physician Assistant Profession ........................................................................... 68
7.D. Professional Societies ........................................................................................................................ 69

American Academy of Physician Assistants (AAPA) ............................................................................. 69
Student Academy of the American Academy of Physician Assistants (SAAAPA) ............................. 69
Virginia Academy of Physician Assistants (VAPA) ............................................................................... 69

APPENDIX A CURRICULUM ...................................................................................................................... 70

Class of 2019 Curriculum & Sequence ....................................................................................................... 70
Phase I: Didactic Curriculum (MPA 2019) ................................................................................................... 70
Phase II: Clinical Curriculum (MPA 2019).................................................................................................... 72

Class of 2020 Curriculum & Sequence ..................................................................................................... 73
Phase I: Didactic Curriculum (MPA 2020) .................................................................................................. 73
Phase II: Clinical Curriculum (MPA 2020) ................................................................................................. 77

Class of 2021 Curriculum & Sequence ..................................................................................................... 79
Phase I: Didactic Curriculum (MPA 2021) .................................................................................................. 79
Phase II: Clinical Curriculum (MPA 2021) ................................................................................................. 83

ACKNOWLEDGEMENT FORM .................................................................................................................... 85

Student’s Acknowledgement ..................................................................................................................... 85
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 degree offered at EVMS. It also specifies the standards and expectations of a student to remain in good standing and be successful in the program. This handbook should be seen as an adjunct to the EVMS Student Affairs Student Handbook located on the MyEVMS portal which contains specific information regarding the school and related policies.

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

This current handbook will apply to all students matriculated in the PA program until an updated version is announced and posted.

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

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

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

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

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

Sincerely,

Kimberly K. Dempsey

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

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

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

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

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

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

1.B. VALUES
Three core values drive our daily efforts:

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

1.C. GOALS

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

Accomplishment of our goals will serve the:

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

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

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be March 2026. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

1.E. KEY PROGRAM CONTACTS

<table>
<thead>
<tr>
<th>Faculty/Staff</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Director</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kimberly Dempsey, MPA, EdD(c), PA-C</td>
<td><a href="mailto:dempsekk@evms.edu">dempsekk@evms.edu</a></td>
<td>757-446-7158</td>
</tr>
<tr>
<td>Associate Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Director</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Conran, PhD, MD, JD</td>
<td><a href="mailto:conranrm@evms.edu">conranrm@evms.edu</a></td>
<td>757-446-5620</td>
</tr>
<tr>
<td>Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Associate Program Director and Admission Director</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jason Grahame, MPA, PA-C, DFAAPA</td>
<td><a href="mailto:grahamja@evms.edu">grahamja@evms.edu</a></td>
<td>757-446-7158</td>
</tr>
<tr>
<td>Associate Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Academic Director</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jean Cerezo, MPA, PA-C</td>
<td><a href="mailto:cerezoaj@evms.edu">cerezoaj@evms.edu</a></td>
<td>757-446-7158</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Director</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angela Conrad, MPA, PA-C</td>
<td><a href="mailto:conradam@evms.edu">conradam@evms.edu</a></td>
<td>757-446-7158</td>
</tr>
<tr>
<td>Associate Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program Administrator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nancy Stromann</td>
<td><a href="mailto:stromand@evms.edu">stromand@evms.edu</a></td>
<td>757-446-7158</td>
</tr>
<tr>
<td><strong>Office &amp; Didactic Support Coordinator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erin Suit</td>
<td><a href="mailto:suitel@evms.edu">suitel@evms.edu</a></td>
<td>757-446-7158</td>
</tr>
<tr>
<td><strong>Clinical Support Coordinator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiffany Smith</td>
<td><a href="mailto:smithtl@evms.edu">smithtl@evms.edu</a></td>
<td>757-446-5673</td>
</tr>
<tr>
<td><strong>Clinical Support Coordinator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elise DeWitt</td>
<td><a href="mailto:dewitteee@evms.edu">dewitteee@evms.edu</a></td>
<td>757-446-7193</td>
</tr>
</tbody>
</table>
1.F. PA PROGRAM ORGANIZATION CHART

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

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

Brian Martin, PhD
SHP Associate Dean for Administration

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

Kimberly Dempsey, MPA, PA-C PA
Program Director

Richard Conran, PhD, MD, JD
Medical Director

Core PA Faculty
Associate Program Director and Admissions Director
Jason Grahame

Academic Director
Angela Jean Cerezo

Clinical Director
Angela Conrad

Clinical Educator
Shannon Morris

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

Administrative Staff
Program Administrator
Nancy Stromann

Office & Didactic Support Coordinator
Erin Suit

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

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

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

1.G.1 OBSERVATION SKILLS
Demonstrate sufficient attention and accuracy in observation skills (visual, auditory, and tactile) in the lecture hall, laboratory, patient’s bedside, and outpatient settings.

Indicators include but are not limited to the following examples:

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

1.G.2 COMMUNICATION SKILLS
Demonstrate effective verbal & non-verbal communication skills with other students, faculty, patients, and healthcare providers from different social & cultural backgrounds, varying degrees and types of infirmities, and varying cultures, and personalities.

Indicators include but are not limited to the following examples:

- Clear, efficient, and intelligible articulation of English language.
- Legible, efficient, and intelligible written English language.
- Ability to prepare and communicate concise oral and written summaries of patient encounters.
- Ability to provide appropriate patient counseling and instruction to patients.
- Record examination and diagnostic results clearly, accurately, and efficiently.
1.G.3 CRITICAL REASONING SKILLS

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

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

- Accurate and efficient reading skills (English language).
- Demonstrate ability to measure, calculate, reason, analyze, integrate, and synthesize information.
- Comprehend the spatial relationships of structures (e.g. three-dimensional relationships)
- Demonstrate ability to acquire, retain, assimilate, and apply large amounts of complex, technical, and detailed information.
- Demonstrate ability to synthesize and apply concepts and information from various disciplines in order to formulate diagnostic and therapeutic plans.
- Demonstrate appropriate judgment in patient assessment, diagnosis, monitoring, evaluation and intervention, including planning, time management, and use of resources.

1.G.4 MOTOR AND SENSORY FUNCTION

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

Indicators include but are not limited to the following examples:

- Functional and sufficient sensory capacity (visual, auditory, and tactile) to adequately perform a complete physical examination and elicit information gained from proper use of examination tools and maneuvers (inspection, palpation, percussion, and auscultation).
- Execute fine and gross motor movements with sufficient coordination, postural control, equilibrium, and hand-eye coordination to safely participate in laboratory sessions, use standard medical/surgical instruments, assess patients, provide patient care, and participate in basic diagnostic and therapeutic maneuvers and procedures.
- Execute motor movements that demonstrate safety and efficiency in the various learning settings (i.e., classroom, laboratories, and clinical settings, including appropriate negotiation of self and patients in various patient care environments).
- Accurately discern and evaluate various components of the spoken voice (pitch, intensity, and timbre), percussive notes, and auscultatory findings.
- Physical stamina sufficient to complete the rigorous course of didactic and clinical study, which may include prolonged periods of sitting, standing, and/or rapid ambulation.
- Coordination of motor skills necessary to respond to emergency situations quickly and appropriately.

1.G.5 Behavioral and Social Attributes
Demonstrate the behavioral and social attributes vital to participation in a professional program and service as a practicing professional physician assistant.

Indicators include but are not limited to the following examples:

- Possess personal qualities that facilitate effective therapeutic interactions (e.g., compassion, empathy, integrity, honesty, benevolence, confidentiality).
- Possess the emotional health required for full utilization of mental faculties (including judgment, orientation, affect, and cognition).
- Ability to establish rapport and develop mature and effective professional relationships with faculty, patients, the public, and other members of the health care team.
- Demonstrate impartial motives, attitudes and values in roles, functions, and relationships. Communicate and care for, in a non-judgmental way, persons who differ from oneself and one’s beliefs in a variety of ways, including but not limited to gender, age, race, ethnicity, socio-economic status, culture, creed, military status, sexual orientation and identity, and religious or spiritual beliefs.
- Ability to monitor and react appropriately to one’s own emotional needs and responses.
- Display appropriate flexibility, adaptability, composure, and emotional stability during periods of high stress or uncertainty associated with didactic and clinical encounters and environments.
- Ability to accurately follow oral and written directions with prompt completion of all responsibilities in the classroom and clinical setting.
- Compliance with standards, policies and practices set forth in the program Handbook.

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

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

1.H. DISABILITY AND ACCOMMODATION

EVMS is dedicated to providing reasonable accommodations to qualified students with a documented disability. The student must self-identify with the Office of Student Disability Services as having a disability to begin the accommodation process. It is in the best interest of the student to begin the accommodation process as soon as you are aware that you may need them, as accommodations are not retroactive. All students must be able to fulfill the academic and technical standards of their academic program with or without reasonable accommodations; however, accommodations are made available to aid in fulfilling those standards, not to waive them. If you have, or believe you have, a disability for which you wish to request accommodations under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act, you must contact the EVMS Disability Officer (StudentDisability@evms.edu).

For more information about the disability accommodations process, please visit: www.evms.edu/education/resources/disability_guide_for_students/

1.H.1 REQUESTING AN ACCOMMODATION

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

www.evms.edu/education/resources/disability_guide_for_students/

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

The disability officer will not reveal a specific disability to the program. They merely identify the needed accommodation(s).
1.H.2 ACCOMMODATIONS FOR TESTING
EVMS students with an approved accommodation for testing from the EVMS Disability Officer will take all computer-based and written exams in the Accommodation Testing Center. These exams will be proctored. Appropriate examination procedures will be distributed to the student by the testing center once the accommodation notice is received by the PA Program. Accommodations are only granted for written examinations and not skill practicals, lab exams or simulations of clinical encounters.

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

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

- Achieve a grade of C- or better for all didactic courses (first 4 semesters of the program), and a grade of Pass (P) or better for all seminar courses, practicum courses, and clinical rotations
- Achieve a minimum overall GPA at the end of the didactic curriculum (end of semester 4) of 3.00 or better
- Complete the PA Program Summative Evaluation (see Section 6.E.6 Summative Evaluation)
- Be recommended for graduation by the EVMS PA Program Director and Faculty
- Have satisfied all debts to the school
PART 2: BASIC STUDENT INFORMATION

2.A. INSTITUTION & PROGRAM ORIENTATION

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

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

2.B. STUDENT IDENTIFICATION

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

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

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

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

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 4.C.2 Attendance Monitoring. Students without an ID MUST check in with the security desk to access campus buildings.

2.C. STUDENT ATTIRE

CLASSROOM: Students may be dressed comfortably in the classroom according to seasonal norms. Please refrain from cutoffs, torn clothing, workout clothing (including “athleisure” wear), 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.

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

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

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

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

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

**2.D. STUDENT TRANSPORTATION**

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

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

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

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

2.F. TECHNOLOGY REQUIREMENTS

2.F.1 EVMS LAPTOP COMPUTER REQUIREMENTS
Requirements for a Wi-Fi capable laptop are updated annually and can be accessed here:

www.evms.edu/education/resources/computer_standards/

2.F.2 COMPUTER REQUIREMENT – PA PROGRAM
EVMS is committed to utilizing new and emerging learning technologies that enhance and facilitate learning opportunities and outcomes and continually monitors, evaluates, and improves the curriculum to provide the best possible educational program.

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

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

Because of the variability in computer manufacturers, hardware, software, etc., the EVMS Network Center will only provide support for installing the necessary software to ensure compliance with and access to the EVMS wireless network. The Network Center will not provide support or troubleshooting for hardware or software/application support. All support, troubleshooting, and updates will be the
Student’s responsibility; therefore, purchase of a service plan for 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.

2.G. STUDENT E-MAIL ACCOUNTS

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

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

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

2.H. SOCIAL MEDIA

With an ever-changing world of communication and instant access, professionalism dictates a certain level of decorum and restraint. Students who communicate with others through social networks, blogs, or online postings of any digital content (photo, video, or otherwise) should refer to the **EVMS Social Media Policy** (located on the MyEVMS Portal) for guidance regarding expected appropriate behavior related to social media use. 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 PA Program and its faculty, staff, and students.

2.I. ACADEMIC ADVISING

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

An initial Advisor/Student Meeting will be scheduled during the first two weeks of Semester 1 so that both the student and faculty member can become acquainted. This meeting will also allow the student and faculty member to assess need for referral to academic support services when needed.

In all didactic semesters (1 through 4), students MUST schedule an appointment with their assigned academic advisor during week 7 of each semester. This appointment should be made directly with the faculty academic advisor. Three forms will guide the discussion during the meeting:
- **Advising Form**: this form prompts the student regarding their successes, difficulties, and challenges related to the current semester course load and any outside influencing factors.

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

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

The students must complete and submit these forms electronically in advance of their advisor meeting.

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

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

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

3.A. PROFESSIONAL BEHAVIOR EXPECTATIONS

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

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

Unprofessional behavior is subject to review by the Student Progress Committee and can result in remediation up to and including dismissal (See Section 4.F Student Progress Committee & Section 4.H Probation).

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

3.B. CLASSROOM BEHAVIOR

3.B.1 CELL PHONES
Cell phones must be off or on vibrate mode in class. If a cell phone rings during class, the student should gather their belongings and leave the classroom. The student may return at the next scheduled class for the day. No exceptions to this rule.

3.B.2 FOOD IN THE CLASSROOM
Eating a full meal in the context of an ongoing class is unprofessional and strongly discouraged. The only times that food is allowed in the classroom is when the program provides food for a function or celebration. Otherwise, you may not eat in the classroom during class sessions. You may bring small snacks to consume at the breaks or discreetly during an extended class period. Liquids (coffee, tea, soda, or water) are allowed provided they are in a spill proof/resistant container. When the classroom is available before or after scheduled classes, you may utilize the classroom to eat. But, please be courteous and clean up after yourself.

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

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

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

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

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

If this behavior occurs and is observed by a faculty member, they are advised to do the following:
• Offer a verbal warning on the first occurrence.
• Provide a written warning on the second occurrence.
• On the third occasion, the student will meet with the Program Director for disciplinary action, regarding the unprofessional behavior.

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

3.B.6 Assessments, Homework, Oral Presentations, and Any Written Assignments
In the case of any assessment situation, homework assignments, oral presentations, or write-ups that will be graded the following constitutes an honor code violation:

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

3.B.7 Plagiarism
Students are expected to do their own work. Turning in a written assignment that is believed to be another person’s work will be considered cheating or plagiarism. The student will be referred to the EVMS Honor Council. Faculty members may utilize online resources, like Turnitin, to evaluate writing assignments for evidence of improper use of another’s words or ideas.
3.C. HONOR CODE VIOLATIONS

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

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

4.A. TRANSFER OR ADVANCED STANDING

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

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

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

Elective courses are limited to the clinical phase.

4.B. DROP/ADD COURSE POLICY AND PROCEDURE

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

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

4.C. ATTENDANCE POLICIES

4.C.1 ATTENDANCE RATIONALE

To facilitate and maximize learning opportunities, attendance at all scheduled didactic and clinical sessions in the PA Program is expected. Regardless of the attendance policy, students have a personal responsibility to take advantage of the learning opportunities available to them and a professional responsibility to be present and involved in the interactive activities planned for lab/small group/workshop sessions. 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.

Professionalism dictates that students reach out to the Course Director(s) if absent or late. It is also a sign of professionalism that a student attends scheduled events even if they may be considered late. In the classroom, students should join the class as inconspicuously as possible.
It is the student’s responsibility to plan for normal traffic and weather variances.

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

4.C.2 Attendance Monitoring

The Program will monitor attendance for on-campus activities utilizing the badge scanners that are located outside each classroom and laboratory. Students are expected to bring their EVMS identification card daily and scan their card prior to each class and lab.

If a student forgets their identification card, they must notify the Course Director in person before the scheduled start of class. Notifying the Course Director AFTER the start of class will result in a recorded absence.

In cases of lost or “malfunctioning” (i.e. not scanning) badges, the student must notify the Course Director in person BEFORE the start time of each class and send an e-mail to the Academic Director, Program Office, and respective Course Directors by close of business each day they are without a badge. The student is responsible for obtaining a new badge from Human Resources as soon as possible and daily updating the Academic Director & Course Director on the status of obtaining the new badge.

4.C.3 Timeliness

To be considered present, students must scan their badge no more than 15 minutes prior to the scheduled start of the activity. It is the professional responsibility of every student to be on time for scheduled events.

Late arrivals WILL be considered absences and handled as outlined below in Section 5.C.2 & Section 6.C.4.

4.C.4 Leave of Absence

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

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

A student’s return to the program is determined on a case-by-case basis. Any leave of absence from EVMS requires a documented Change of Status form with approval from the Program Director and the Dean.

4.C.5 INCLEMENT WEATHER
Please refer to the Student Affairs Student Handbook for specifics. In general, EVMS will alert students to the impact of weather on the academic schedule through local television and radio stations and postings on the EVMS web site. No student should endanger themself trying to get to class if the conditions in their area prove unsafe. In such instances, the student is expected to alert the program of their absence as soon as possible.

4.D. EXAMINATIONS & ASSIGNMENTS POLICIES

4.D.1 TESTING PROCEDURES
All computer based examinations will be conducted using web-based testing software (e.g. ExamSoft for didactic phase and ExamDriver for clinical phase) and will be conducted in the EVMS Testing Center when scheduled on campus. Students with approved accommodations will take their exams in the Accommodation Testing Center. Appropriate examination procedures will be distributed by the testing center in advance of each examination. Please refer to these instructions for further details.

4.D.2 EXAMINATION RESCHEDULES
It is understood that life happens even when you are involved in a challenging graduate level program. To help prevent this, the exam and exam review schedule is posted at the beginning of the semester. The following policies are to help determine the course of action when there is need to reschedule an examination.

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

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

ANTICIPATED RE-SCHEDULE
Any request to take an exam at a time other than the regularly scheduled date and time should be submitted in writing at least 2 weeks prior to the scheduled exam date. The student must contact the Academic Director and Course Director in writing. Clinical phase exams will not be rescheduled. Please note the following regarding rescheduling exams:
- There are no “early” exams.
- The student MUST be prepared to take the exam on the day they return to classes.
- This is a confidential process.

**Unanticipated Reschedule**

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

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

**Grades for Rescheduled Examinations**

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

- **EXCUSED**: Students who miss an exam because of illness, injury, or family emergency must provide a reasonable form of proof to the Course Director, Academic Director, or Clinical Director to be allowed to take the exam at 100%.
- **UNEXCUSED**: Maximum recorded score for re-scheduled exams is 85% of the total points allocated for that exam.

Rescheduled exams may contain up to 20% new questions at the discretion of the Course Director in the didactic phase. In the clinical phase, nationally published exams are utilized and cannot be adjusted. Any student discussing exam topics or items will be found in violation of the Honor Code and may result in dismissal from the Program.

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

4.D.5 Assignments Policy

Individual courses may have specific assignments included in the course grading and assessment. The individual Course Director(s) have the freedom to establish the due dates and reasonable acceptance of late assignments and the impact on the overall grading for that assignment. Please refer to the course syllabus for policies related to assignments.
A pattern of turning in late assignments may be challenged by the Course Director, Academic Director, or Clinical Director.

4.E. Grading Policies

4.E.1 Challenging a Grade

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

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

4.F. PA Student Progress Committee

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

The committee will convene when a student is referred by the Academic Director or the Clinical Director due to continued academic deficiencies in the didactic or clinical year. The committee may also convene to determine recommendations of non-academic (behavioral) issues up to and including dismissal.

- Student progress is discussed at each faculty meeting to alert faculty and advisors to student academic or non-academic (behavioral) issues.
- At the end of each semester, if necessary, the PA Student Progress Committee will meet to discuss academic progress issues for students in the didactic phase of the program.
• When necessary, the PA Student Progress Committee will be convened to discuss academic progress for students in the clinical phase of the program.

• The Program Director, or designee, will present relevant information contained in the student’s academic and advisor records for the committee to consider.

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

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

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

The Program requires a cumulative grade point average (GPA) of 3.00 to graduate from the program (as is customary at most graduate training programs). Therefore, to progress to the clinical phase of the program, the cumulative GPA must be 3.00 or higher at the conclusion of the 4th semester. Students whose cumulative GPA rounds to 2.89 or less will be dismissed from the program.

4.G.1 REMEDIATED PROGRESSION TO THE CLINICAL PHASE

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

• 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 Student Progress Committee 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.
  a. Student academic records will be reviewed for efforts by faculty advisors to support the student during all four didactic semesters.
  b. 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.
  c. Failure to follow through on recommendations may be viewed unfavorably by the committee when determining eligibility for remediation.
**Note:** Students whose cumulative GPA rounds to 2.89 or less will not be eligible for consideration. In addition, a student who has already been decelerated or who was on probation two or more times in the didactic semesters, would not be eligible for this consideration.

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

**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 4.G.2 Entering Clinical Phase on Probation**).

Remediated Progression to the Clinical Phase of the Program is meant to be a rare occurrence based on the judgments of the PA Program Academic Progress Committee’s best efforts to evaluate and acknowledge the strengths and weaknesses of individual students. It would not be offered to students who have struggled throughout their training, had two or more semesters on probation, or who had already been decelerated.
The GPA parameters outlined above would trigger a review of a student’s record and consideration for remediation. The standard of performance for students in this program is to maintain a 3.00 GPA or better. Students will not be automatically offered an opportunity to remediate. The outlined criteria must be met.

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

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

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

### 4.G.2 Entering the Clinical Phase on Probation

A student may enter the clinical phase on probation if they earned a 4th semester GPA of less than 3.00 but continued to maintain a cumulative GPA of 3.00 or greater or, if they advanced to the clinical phase after a period of remediation (MPA 5000).

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

- They will remain on probation for the entire clinical year
- Students entering the clinical year on probation may be required to complete all SCPs in the local area.
  - Based on performance of the first three SCPs, the Clinical Director and Clinical Educator will meet with the student to develop a plan based on student’s learning needs.
- The student MAY be subject to dismissal as the result of a single failure (Non-Pass) grade on a clinical rotation after review of the circumstances and a determination by the PA Program Student Progress Committee.

### 4.H Probation

Students shall be placed on Probation for academic and/or non-academic reasons, including, but not limited to:

- Failing to achieve/maintain the required 3.00 semester or an overall 3.0 GPA.
- Earning a 4th semester GPA of less than 3.00 prior to the clinical year, but an overall GPA of 3.00 or higher.
- Completing a remediation course ([MPA 5000 Directed Medical Studies](#)) prior to entering the clinical phase.
• Receiving an NP grade for an SCP (see Section 6.E.5 Non-Pass SCP Components).
• Repeated or egregious violations of the EVMS Code of Conduct, Code of Student Conduct, Standards of Conduct for the Teacher-Learner Relationship, Technical Standards or Honor Code.
• HIPAA or other confidentiality violations.
• Repeating one or more semesters.
• Recommendation by the PA Student Progress Committee.

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

• Students placed on probation where behavioral, professionalism, or other conduct issues were also a factor, shall remain on Probation for the remainder of the Program.
• Students who enter the clinical year on probation (Section 4.G.2) shall remain on probation for the remainder of the Program.

4.H.2 Probation in the Clinical Year
The following will apply to students who are placed on probation in the clinical phase of the program:

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

4.H.3 Academic Plan
All students placed on Probation shall have an Academic Plan. The Academic Plan will outline corrective actions the student must take while on Probation. Students placed on Probation must also meet frequently with their advisor or Clinical Director to discuss their academic progress and compliance with the Academic Plan. The Academic Plan may be amended at the discretion of the Program Director to address any additional issues that are discovered or not previously addressed.

Students who fail to successfully abide by the Academic Plan, or who have future academic and/or non-academic issues shall be subject to dismissal by the PA Student Progress Committee.
4.H.4 GRIEVANCE
Probation is grievable in accordance with the School of Health Professions Policies and Procedures.

4.I. DISMISSAL FROM THE PROGRAM

4.I.1 ACADEMIC DISMISSAL
In any case where a student is at risk for dismissal, the PA Program Student Progress Committee will meet to discuss and deliberate the student’s situation. A recommendation will be made 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.

4.I.2 READMISSION POLICY
A student may be readmitted to the program for one of the following reasons:

- Program Director permission with recommendation by PA Student Progress Committee (student will return on a probationary status)
- Student who has left the program for any reason who has been granted permission to return
- Other life events that require an extended absence from the program

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

4.J. STUDENT PARTICIPATION IN THE EVALUATION OF THE PROGRAM

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

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

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

Students in the clinical phase of the program must complete all evaluations for each SCP no later than midnight the Sunday following completion of the rotation. Students must complete these evaluations BEFORE starting the next SCP.
PART 5: DIDACTIC PHASE INFORMATION

5.A. DIDACTIC PHASE OVERVIEW

The 16-month didactic phase of the program spans four consecutive semesters before the clinical year. 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 considered to be a prerequisite for the subsequent semester and must be completed in the specified order. Students may advance to the clinical year with successful completion of the didactic phase with a cumulative grade point average of 3.00 or higher at the conclusion of 4th semester.

5.A.1 DIDACTIC PHASE CURRICULUM

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

5.B. COMPETENCIES & OBJECTIVES

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

- Demonstrate knowledge of human anatomy, physiology, and pathology of disease.
- Demonstrate proficiency in performing a complete history and physical examination as well as problem focused histories and examinations.
- Demonstrate knowledge of the evaluation and management of common diseases and disorders encountered in general medicine, pediatrics, obstetrics and gynecology, surgery, and psychiatry.
- Demonstrate knowledge of the evaluation and management of common surgical diseases and disorders encountered in primary care medicine and surgery.
- Demonstrate a proficiency in the basic skills necessary to function as physician assistants, including knot tying, suturing, minor invasive procedures, IV catheterization, urinary catheterization, nasogastric intubation, phlebotomy, injections, splinting, and wound care. Additionally, students will understand the rationale for use of these procedures as well as the care associated with their use.
- Demonstrate knowledge of medical literature databases, literature searches, clinical research designs, basic medical statistics, and interpretation of medical literature.
• Demonstrate an ability to order and interpret laboratory tests, x-rays, electrocardiograms, and other diagnostic studies in primary care medicine and surgery.

• Demonstrate proficiency in CPR and ACLS management of acutely ill patients.

• Demonstrate knowledge of infection control, universal precautions, quality assurance, and safety issues utilized in hospital settings.

• Demonstrate knowledge of the history of the PA profession, medical malpractice, enabling legislation, medical practice guidelines, medical ethics, and professional behavior.

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

• Demonstrate knowledge of the physician – PA team and professional responsibilities.

• Demonstrate an understanding of pharmacologic principals and common prescribing practices.

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

5.C. ATTENDANCE

5.C.1 ATTENDANCE REPORTING
Attendance for didactic phase courses will be reported daily on each course’s Blackboard site (usually updated by the end of the class period). It is the student’s responsibility to monitor their attendance on Blackboard for each class. A discrepancy must be reported in person to the Course Director(s) by the end of class to verify your attendance.

5.C.2 ABSENCES
Absences from scheduled didactic activities (in part or whole) will be categorized as either excused or unexcused. The general concept applied will be that absences for illness, injuries, or emergencies, will be considered excused. Proof of illness may be requested. Documentation for excused absences must be provided to the Academic Director within 24 hours of the student’s return to campus.

Students are allowed up to three (3) unexcused absences that do not affected a scheduled lab per didactic semester without penalty. These absences are intended for acute illnesses (personal or immediate family) or other event that may necessitate your absence. The absences may not occur on consecutive days and any absence of a partial day counts as a full absence. These absences do not require prior authorization but the student has a professional responsibility to notify the program and affected course directors.

Routine medical, dental, business and personal appointments are NOT considered acceptable absences.
Please note that individual course policies related to lab attendance and professionalism may also apply.

**Unanticipated absences** should be discussed with faculty or staff as soon as possible to make certain that the student is safe, and to ensure that any missed class materials were obtained from classmates. Student should notify the program as soon as feasible via e-mail or phone (paprogram@evms.edu | 757.446.7158).

**Anticipated absences** should be discussed with the affected Course Director(s) & Academic Director as early as possible in the semester or when first anticipated in advance.

A 1% reduction of the final course grade will be assessed for each UNEXCUSED absence that occurs beyond the three listed above. The deduction will occur from the course in which the unexcused absence occurred. A maximum of 5% points may be deducted from a single course’s final grade for attendance. Note that this deduction is in addition to any professionalism/participation points assessed by a course director for that specific course and scheduled events.

**5.D. EXAMINATIONS**

**5.D.1 Exam Schedule**

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

**5.D.2 Examination Review Policy**

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

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

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

- For a scheduled review at any point during the academic day, each individual student will be responsible for moving all personal belongings out of the room, even if you will not personally be attending the review. Drinks may be allowed at the discretion of the Course Director.

- Each student will check into the exam review by obtaining their personal answer sheet from a faculty member and will not be allowed to leave the exam review at any point prior to the completion of the review. Check out will be by returning the personal answer sheet to a faculty member. All answer sheets should be accounted for at the end of the review.

- The only access to paper you will be the student’s individual test answer sheet and no marks may be made on the sheet.

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

1. **Step 1.** Consult personal notes.

2. **Step 2.** Consult the required textbook and/or assigned readings.

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

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

Those scoring less than 70% MUST attend the examination review sessions AND participate in the Learning Improvement Process (LIP) described in Section 5.F.1. Failure to attend the expected review sessions will be viewed as insufficient student engagement in the educational process and may result in a professionalism discussion and may be considered in deliberations by the academic progress committee, should this be necessary.
5.E. Grading

5.E.1 Satisfactory Academic Progress
Standards of acceptable performance (cognitive and psychomotor) for courses are communicated to students in writing via the syllabus and orally reviewed at the introduction of the course.

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

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

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

5.E.2 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 Learning Improvement Process (LIP) with Course Director**
To remain in good academic standing, all PA Students must maintain a minimum semester GPA of 3.00 and receive a “C-” or better in all letter-grade rated courses and a “P” (Pass) or better in all performance-grade related courses.

- A grade of “D, F, or NP” in any course will result in dismissal from the program.
- Additionally, a student may not progress without remediation (Section 4.G.2) to the clinical phase of the program with a cumulative GPA of less than 3.00 at the end of the 4th semester of the program.

**NOTE:** the Interprofessional Education course series spans the entire curriculum and is assessed per the Clinical Year grading scale (see Section 6.E.2)

### 5.E.3 Repeating a Didactic Phase Course

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

### 5.F. Remediation

#### 5.F.1 Learning Improvement Process (LIP)

When a student earns a score of less than 70% on a test or assignment, the student will be required to complete the Learning Improvement Process (LIP). The purpose of the LIP is to attempt to ensure that students who perform poorly on an exam do not have a persistent deficit prior to the next examination. It is not a process that changes a score on the completed exam. The LIP will encompass specific concepts related to course content, lecture materials and objectives in which the student’s knowledge was deficient. The method or procedure for mastering the material will be left to the discretion of the Course Director/Instructor.

Once the student receives their exam grade, it is the student’s responsibility to seek out the Course Director to initiate the LIP. If the student does not engage in the LIP, this is considered a professionalism infraction and will be written up in the student’s file.

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

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

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

**END OF FOURTH SEMESTER:** In the event a student has to participate in the LIP process at the end of the fourth semester in the didactic phase, he/she may not start their clinical rotations until the Course Director determines that the student has sufficient grasp of the tested material.

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

**COMPLIANCE:** Failure to comply with the LIP requirement may be grounds for disciplinary action, up to and including, dismissal from the program. Non-compliance with the LIP process will be documented by the Course Director and sent to the student’s academic record for consideration by the PA Student Progress Committee.
PART 6: CLINICAL PHASE INFORMATION

6.A. CLINICAL PHASE OVERVIEW

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

Prior to the beginning of each semester within the clinical phase, students must register. During the clinical phase, all students will enroll in nine SCPs as well as a one credit Introduction to Clinical Practice course (MPA 5465), a one credit Service Learning course (MPA 5807), and a five credit Senior Seminar course (MPA 5900). The longitudinal interprofessional practice course (MPA 5802) also extends throughout the clinical phase. Each student will complete a minimum of 200 hours of education in each SCP, including Family Medicine, Pediatric Medicine, Internal Medicine, Women’s Health, General Surgery, Emergency Medicine, Psychiatry and Behavioral Health and two electives. Electives are scheduled based on student preference and availability of preceptors.

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

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

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

6.A.1 CLINICAL PHASE CURRICULUM

Please refer to Appendix A for the clinical phase curriculum associated with each matriculated cohort.
6.B. COMPETENCIES & OBJECTIVES

6.B.1 COMPETENCIES
The following competencies are expected of each PA graduate as they enter into the PA profession.

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

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

Patient care includes patient- and setting-specific assessment, evaluation, and management as well as performing medical and surgical procedures. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable.

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one’s own. Physician assistants must acknowledge their professional and personal limitations. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.

6.B.2 OBJECTIVES
Upon completion of the clinical phase, physician assistant students will be able to perform the following tasks and functions at the level of a graduate physician assistant:

- Demonstrate proficiency in obtaining and recording patient assessments including a complete medical history and physical exam, progress notes, pre-operative and post-operative assessments, and discharge summaries.
- Demonstrate the knowledge needed to establish a diagnosis or differential diagnosis for common medical and surgical disorders.
- Demonstrate the knowledge to order and interpret common diagnostic studies.
- Demonstrate the knowledge and skill to establish a treatment plan for common medical and surgical diseases and disorders.
• Demonstrate an understanding of basic pharmacology and patient characteristics that determine the selection of medications and prescribing in the medical setting.

• Demonstrate the knowledge required to counsel and educate patients about common surgical and medical diseases and disorders.

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

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

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

• Demonstrate an adequate level of knowledge to recognize and refer complicated medical and surgical problems that are beyond their capabilities as a graduate physician assistant.

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

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

6.C. Attendance

6.C.1 Clinic Attendance
Students should attempt to integrate themselves into the team or practice to which they are assigned. Students are expected to be present 40 hours per week (total of 200 hours/SCP) at each assigned site unless otherwise stipulated by the preceptor, Clinical Director or Clinical Educator. Certain sites will require extended hours due to the nature of the practice. Students will be present during day, night and/or weekend hours when required by the preceptor. Additionally, students will attend all learning activities (grand rounds, lectures, and other assignments) assigned by the preceptor in correlation with targeted PA learning and behavior objectives. Failure to do so may result in overall grade deductions.

6.C.2 Alternate Clinic Schedule
Alternate schedules must be approved by the Clinical Director or Clinical Educator prior to student placement at a site and are not likely. Students are NOT to negotiate the schedule with the site. If a student is found to negotiate a schedule, the student will be required to meet with the Clinical Director and the overall rotation grade may be affected.
6.C.3 HOLIDAYS/TIME OFF
Students in the clinical phase of the program will abide by the SCP calendar rather than the PA Program or EVMS academic calendars. The clinical phase schedule does NOT follow the EVMS academic calendar. Program approved holidays include Thanksgiving, the Friday after Thanksgiving, and a Christmas holiday break (12/24-1/1). Students are expected to be present at the assigned site on any and all additional holidays, provided the site is operational. There will be no allotted time off requests during the clinical phase. There are built in breaks during each semester to allow for medical appointments, personal time off, and interviews.

6.C.4 ABSENCES
Students MUST personally notify the clinical site by 8:00 a.m. and contact the PA Program Office (via email to pacyt@evms.edu or enter the absence into the clinical education management system) by 8:00 a.m., or as soon as physically possible. Voicemail messages are NOT considered appropriate communication. Failure to notify the Program will result in program point (Section 6.E.3) deductions and potential disruption of the current rotation. Students absent from an SCP for more than three consecutive days due to illness will be required to provide written documentation from a health care provider. The documentation must clearly state the date of return and that the student is fit to return to clinical rotations and must be signed by the provider.

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

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

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

ADDITIONAL ABSENCES
The Clinical Director/Clinical Educator must be notified of any additional absences (to include preceptor schedule change, preceptor absence, etc.) during the SCP for purposes of establishing makeup time and/or assignments. The placement and timing of makeup days will be at the discretion of the Clinical Director. This may result in an extension of the SCP or repeating the rotation in its entirety. Additionally, the student’s rotation grade may be affected.
6.C.5 Leave of Absence
For circumstances that necessitate an extended absence (a work week or more), a leave of absence may be initiated. A leave of absence requires coordination with the Clinical Director as well as a documented Change of Status Form with approval from the Vice Dean/Associate Dean for Academic Affairs and Program Director. This may result in an extension of the clinical phase and a delayed graduation date.

6.C.6 Interviewing/Shadowing
All interviews should be scheduled during semester breaks to avoid disruption of SCPs. Students will NOT be permitted to act as an EVMS student during the interview process or during shadowing experiences. Students are not permitted to be absent from their rotation to shadow a potential employer or for personal interest. Time spent in a shadowing experience must be volunteered during a student’s personal time only. Students are not covered under EVMS liability insurance or authorized to participate in a clinical capacity for the above stated reasons.

6.C.7 Inclement Weather Policy
During inclement weather, students should follow the policy of the clinical site. Students who feel unsafe traveling to a site that is open should consider safety first. The program will support any decision to not attend a clinical day because of safety and traveling concerns. In this case, notify the site, preceptor and the PA program as soon as physically possible of any absence and also of the expected return.

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

6.D. Examinations

6.D.1 Exam Schedule
End of Rotation (EOR) exams are scheduled the last Friday of each SCP. However, rotations followed by a Senior Seminar week will have exams administered on the Monday of Senior Seminar.

EOR exams are scheduled based on availability of the EVMS Testing Center, with the goal of having a start time of 9:00 AM (EST). All students are required to start at the same time, regardless of location (no adjustment will be made for students in other time zones). To maintain security of the exams, adjusted starting times are not permitted. If you have concerns regarding site location and time required for travel, please notify the Clinical Year Team at least 2 weeks prior to the scheduled exam date. Otherwise, program points will be deducted for those who do not log in to take their exam by the scheduled time.
Students rotating at local sites will take their exam in the EVMS Testing Center. Students rotating at out of area sites will have the option of returning to the EVMS campus to take the EOR exam or use a web-based proctoring service, ProctorU, at their own expense. Refer to the ProctorU student handbook for additional instructions (available on BlackBoard). Students planning to use ProctorU must notify the program by the due dates listed on Blackboard and in the Clinical Year Playbook.

6.E. GRADING

6.E.1 SATISFACTORY ACADEMIC PROGRESS
All students in the clinical phase are expected to attain passing scores on Preceptor Evaluations of Student, EOR exams, and Final SCP scores to be considered in good academic standing (see sections 6.E.3 Grading Components & 6.E.5 Non-Pass of SCP Components). Students who do not meet these criteria are subject to warnings, probation and/or dismissal. Students who are placed on probation will be subject to the stipulations outlined in Section 4.H.2 Probation in the Clinical Phase.

6.E.2 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>

6.E.3 Grading Components
Performance in the clinical phase of the program is assessed using a combination of targeted behavioral, psychomotor, and clinical competencies relative to the SCP objectives and EOR exams. Clinical performance is evaluated using the following components:

Preceptor Evaluation of Student
This evaluation is completed by the preceptor and reflects the student’s performance in basic medical knowledge, procedural skills, critical thinking and professionalism while on their SCP. Evaluations are completed by the primary preceptor in conjunction with feedback from other health care professionals at that site. To reflect the focus on clinical performance, the largest percentage of the Final SCP score is achieved through the Preceptor Evaluation of Student form. Students are expected to continually improve throughout the clinical phase. The student must achieve a total of 80% on the Preceptor Evaluation of Student to pass any SCP. (See Section 6.E.5 Non-Pass of SCP Components)
**End of Rotation (EOR) Exam Score**

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

**NOTE:** There is no EOR exam during the elective rotations. However, there will be an additional assignment that will substitute for this component of the SCP grade. See the Elective course syllabus for specific details.

**Program Points**

Program Points are professionalism points for academic and professional behaviors in the clinical year. The following are examples of possible program point deductions including but not limited to: missed deadlines (completion of patient logs, timesheets, evaluations and other assignments), non-adherence to program policies or rotation site policies, and professional misconduct. Any deficiency or lack of professional behavior in the above areas and any additional areas deemed appropriate by the clinical year team may result in deduction of program points. Points are deducted from the Final SCP score (Section 6.E.4).

**6.4 Final SCP Score**

The final grade for each SCP is derived from the Preceptor Evaluation of the Student and the EOR exam grade or rotation assignment with a total of 100 points. The student must achieve a total of **80% on the Final SCP score** to pass any SCP. Any program point deduction mentioned in Section 6.E.3 will be deducted from the Final SCP score. (See Section 6.E.5 Non-Pass SCP Components) The specific weight of each component is outlined in each clinical year syllabi.

The Clinical Director/Clinical Educator will discuss with the student their performance outcomes from the Preceptor Evaluation of Student via e-mail or in person if needed or as requested by the student. In order to pass the SCP, students **MUST** receive a passing grade on the Preceptor Evaluation of Student AND EOR exam or rotation assignment. Based on the Final SCP score, a final grade for each SCP will be recorded on the transcript per the Clinical Phase Grading Scale (Section 6.E.2).
6.E.5 Non-Pass of SCP Components

Note that grading of clinical rotations remains the responsibility of the program with guidance provided by the clinical preceptor. The circumstances surrounding a failure of an SCP will be thoroughly investigated by program personnel prior to posting an official grade. The student has one opportunity to repeat an SCP during the clinical phase. The time and location of the repeat SCP will be designated by the Clinical Director/Clinical Educator. Decisions may be dependent on placement availability. Any student who does not achieve a Pass upon the second attempt at an SCP or on subsequent SCP will be referred to the Student Progress Committee.

Preceptor Evaluation of Student

A student will receive a grade of NonPass (NP) for an SCP if they receive a 79 or less on the Preceptor Evaluation of Student. Students who receive a grade of an NP on the basis of a non-passing score on a Preceptor Evaluation of Student will be required to repeat the SCP. The student will be placed on academic probation and will remain on probation until the end of the program (See Section 4.H.2 Probation in the Clinical Year).

End of Rotation (EOR) Exams

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

Students receiving the first NP 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. Upon completion of the remediation assignment, an electronic Learning Improvement Process form will be completed, which will become a part of the student’s academic file.

- Meet with the Clinical Director and/or Clinical Educator.

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

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

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

*NOTE:* After a second NP EOR exam, students must receive a passing score on all elements of each SCP for the remainder of the clinical year. Any one failure of an EOR, Preceptor Evaluation of Student, and/or Final SCP score will result in referral to the Student Progress Committee and may result in dismissal from the PA Program.

Students receiving the **third NP on an EOR exam** will:

- Result in referral to the Student Progress Committee.

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

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

**FINAL SCP SCORE**

The student must receive a passing score for both the Preceptor Evaluation of Student and EOR exam/rotation assignment in order to receive a passing score for the repeated SCP and proceed through the clinical year. 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 4.H.2** Probation in the Clinical Year).

The Clinical Director/Clinical Educator will determine the timing and location of the repeat SCP, in order to ensure appropriate mentoring and full opportunity for learning. Failure of the repeated SCP,
or any subsequent SCP, will result in referral to the Student Progress Committee and may result in dismissal from the program.

6.E.6 **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 Year Courses
- **OSCE Score**: Completion of multiple standardized patient (SP) encounters. Students are required to complete a problem focused history and physical examination and expected to explain essential information to the patient such as diagnostic impression, plans, treatment, counseling, and education. OSCEs are used to evaluate appropriate history and physical examination elements, communication skills, clinical decision making, formulation of an appropriate plan and management, and professionalism. The OSCE is graded through a checklist completed by the SPs. This is a Pass/Fail activity and must be passed for successful completion of the requirement for graduation. The final passing threshold is determined by the Clinical Director and Clinical Educator based on class performance. If a passing score is not achieved, there will be a required remediation assignment that must be completed with a passing score in order to fulfill this requirement for graduation.
- **End of Curriculum Exam**: Completion of this exam which is an objective, standardized evaluation of student’s knowledge as a component of readiness for graduation developed by PAEA. This is a 300-question summative assessment. The final passing score is determined by the Clinical Director and Clinical Educator based on exam statistics. If a passing score is not achieved, there will be a required remediation assignment that must be completed with a passing score in order to fulfill this requirement for graduation.

6.F. **REMEDICATION**

6.F.1 **LEARNING IMPROVEMENT PROCESS (LIP)**

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

The method(s) employed in the LIP assignment will be selected based on the needs of the student and are at the discretion of the Clinical Director/Clinical Educator.

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

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

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

### 6.G. **Clinical Phase Structure**

**6.G.1 Student Planning for the Clinical Phase**

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

**6.G.2 Site Assignments**

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

- Richmond, VA
- Falls Church, VA

*Students are placed in EVMS-managed housing without regard to race, religion, sex, national origin, gender, age, veteran status, disability, or sexual orientation. Students in EVMS-managed apartments may be asked to share a bedroom (2 beds) with other EVMS students (of the same gender). Students not willing to share the apartment with other assigned student (EVMS medical or health professions students) will be responsible for their own housing while completing rotations in Richmond or Northern Virginia (Falls Church) areas.*
Rotations outside of the above defined locations may be initiated by the student (See Section 6.G.4 Student Initiated Rotations).

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

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

6.G.3 CLINICAL SCHEDULE

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

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

6.G.4 STUDENT INITIATED ROTATIONS (OUT OF AREA)

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

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

- Check e-mail remotely at least daily.
- Have access to a computer with internet access to allow daily patient logs and EOR exams.
- Maintain contact with Service Learning Practicum (MPA 5807) faculty advisor via e-mail or via telephone (757-446-7158) to meet all deadlines for project completion.
- Ensure housing (cost incurred by student).
- Provide any additional costs that may be required by the site/facility including but not limited to EMR training, placement fees, etc.
- If using ProctorU for EOR exams (see Section 6.D Examinations in Clinical Phase), the student must have a webcam.

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

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

The steps the student must follow when pursuing an out of area SI rotation are outlined in the Clinical Year Playbook.

**6.G.5 Repeating a Clinical Phase Course**

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

6.H.1 Behavioral Standards
All Technical Standards listed in the handbook apply for clinical phase students in addition to the following:

- Students will engage in each SCP in a professional manner with behavior that is patient-centered and reflective of the Code of Ethics of the PA profession (Section 7.C).

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

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

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

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

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

6.H.2 Confidentiality
Students will respect patient confidentiality at all times. Patient information is to be discussed only in the context of professional interaction with health care providers at the clinical site. Failure to protect confidentiality may result in dismissal from the program.

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

6.H.3 Communication with Program
Students will provide the Clinical Director/Clinical Educator with a phone number or other contact number by the end of the fourth semester. The program must be updated of any change to this contact information. Students may contact the program faculty or staff by e-mail at any time, with messages returned within 48 hrs, when reasonable. The PA Program will utilize EVMS e-mail and/or the web-based scheduling system as a mechanism for expedient communication with the students. Students must check their EVMS email and the clinical education management system account no
**less than daily.** Students must maintain EVMS email access throughout their clinical training. EVMS policy forbids program communication through student’s personal email accounts. The program will not respond to any emails sent through a student’s personal email account.

**6.H.4 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.

**6.H.5 USE OF PRECEPTORS AS HEALTH CARE PROVIDERS**
At no time during the clinical phase should a student be utilizing their assigned preceptor as their health care provider. Students should notify the Program if they have been assigned a preceptor who provides them ongoing medical care or if they previously served as their medical provider.

**6.H.6 PRECEPTOR SUPERVISION**
Although the supervising preceptor may not be with the student during every shift, students may be assigned to another MD, DO, PA or NP who will serve as the preceptor for any given time interval. In the case where the supervision is not available, students may be instructed to complete an assignment or may spend time with ancillary staff (radiology, laboratory services, physical therapy, etc.). Appropriate preceptor supervision of the PA student is expected at all times during the clinical experience. This should include, providing direct supervision of technical skills with gradually decreased supervision as the student exhibits level of expertise. However, every patient must be seen and every procedure evaluated by the preceptor prior to patient being discharged.

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

**6.H.7 DOCUMENTATION**
Students will confer with the preceptor regarding general policies and practices of chart entries and/or dictation procedures of the clinical site. Students must receive permission from the preceptor prior to accessing or making written entries into the patient records.

Student entries in records must include student status (e.g. Your Name, PA-S or Your Name, PA-Student). All student entries on patient records must be countersigned by the clinical preceptor and the preceptor must make a SEPARATE entry that stands alone as patient documentation. The student is responsible for notifying preceptors of this requirement, with any questions being directed to the Clinical Director/Clinical Educator immediately.
**DOCUMENTATION GUIDELINES FOR PRECEPTORS**

Preceptors are to follow the HHS CMS guidelines included in the following text box related to documenting patient visits while precepting a student. Students must know and follow these policies as well.

---

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

*Evaluation and Management Documentation Provided by Students*

Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service that meets the requirements in this section for teaching physician billing. Students may document services in the medical record; however, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed and may verify any student documentation of them in the medical record rather than re-documenting this work.

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

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


---

**6.1 OCCUPATIONAL HEALTH POLICIES FOR CLINICAL PHASE**

**6.1.1 BLOODBORNE PATHOGEN EXPOSURES**

All students will receive instruction and must document annual attendance at a training regarding the prevention and management of blood/body fluid exposures and other biological hazards. Furthermore, the procedures for care and treatment after accidental exposure to a biological hazard are available through [EVMS Occupational Health](#) at (757) 446-5870.

All patients should be assumed to be HIV positive or infectious with other bloodborne pathogens. Standard precautions must be followed in all health-care settings with other bloodborne pathogens and when personnel are exposed to blood and certain other body fluids (amniotic, pericardial, peritoneal, pleural, synovial and cerebrospinal fluid, semen, and vaginal secretions) or any body fluid that could possibly be contaminated with blood. Standard precautions do not apply to saliva/urine, except in a setting where the fluids are likely to be contaminated with blood.
Bloodborne Pathogen training is required annually. This is available on-line on Blackboard. Please enroll in the Bloodborne Pathogen Training for Students course, view the PowerPoint presentation, and complete the quiz.

6.I.2 Post Exposure Instructions
Students who have an unprotected blood/body fluid exposure (i.e. needlestick, scalpel cut, splash to eyes, nose, mouth or to non-intact skin) should immediately wash the wound or skin with soap and water. Mucous membranes should be flushed thoroughly with water. The “Bloodborne Pathogens Instructions for Needlestick, Body Fluid & Other Exposures” is a laminated instruction card that should be attached to the student’s identification badge. This card gives specific instructions for the protocol to be followed post exposure. Replacement cards can be obtained from EVMS Occupational Health.

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

6.I.3 TB Surveillance Requirements
TB surveillance is required annually or a completed TB symptom Surveillance Questionnaire if previously positive TB skin test. The student is responsible for obtaining the necessary documentation. Failure to comply will result in removal from clinical rotations until completed. TB surveillance is provided by the school at no charge, see the information below. Please call EVMS Occupational Health at 757-446-5870 to schedule an appointment.
6.1.4 IMMUNIZATIONS
EVMS is committed to implementing the Clinical Director recommendations regarding vaccines. All EVMS faculty, residents, students, staff and volunteers are required to receive an annual influenza vaccination in order to continue in that role. Medical and religious exemptions may be requested and will be reviewed individually. A request form is available on the EVMS Occupational Health website. Flu vaccinations will be required each fall while enrolled as a student. EVMS Occupational Health will be available to schedule an appointment and will hold flu clinics around campus throughout October. Students must schedule this on their own. Those who are completing away rotations, must have this completed off site.

**EVMS Occupational Health**

- Phone: 757-446-5870
- Fax: 757-446-7188
PART 7: PROFESSIONAL PRACTICE INFO

7.A. PHYSICIAN ASSISTANT COMPETENCIES


7.A.1 MEDICAL KNOWLEDGE

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

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

7.A.2 INTERPERSONAL & COMMUNICATIONS SKILLS

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

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

7.A.3 PATIENT CARE
Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:
• work effectively with physicians and other health care professionals to provide patient-centered care
• demonstrate compassionate and respectful behaviors when interacting with patients and their families
• obtain essential and accurate information about their patients
• make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
• develop and implement patient management plans
• counsel and educate patients and their families
• perform medical and surgical procedures essential to their area of practice
• provide health care services and education aimed at disease prevention and health maintenance
• use information technology to support patient care decisions and patient education
7.A.4 **PROFESSIONALISM**

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

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

7.A.5 **PRACTICE-BASED LEARNING & IMPROVEMENT**

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

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

7.A.6 SYSTEMS-BASED PRACTICE

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

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

Adopted 2012 by ARC-PA, NCCPA, and PAEA
Adopted 2013 by AAPA
7.B. PHYSICIAN ASSISTANT OATH

Source: PAEA | www.paeaonline.org

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

I recognize and promote the value of diversity and I will treat equally all persons who seek my care.

I will uphold the tenets of patient autonomy, beneficence, non-maleficence, justice, and the principle of informed consent.

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

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

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

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

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

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

I recognize my duty to perpetuate knowledge within the profession.

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


Source: NCCPA | www.nccpa.net/code-of-conduct

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

- Physician Assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare and dignity of all humans.
- Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional duties.
- Physician Assistants shall deliver needed health care services to health consumers without regard to sex, age, race, creed, socio-economic and political status.
- Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient's health care.
- Physician Assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safe-guarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of all patients.
- Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.
- Physician Assistants shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.
- Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
- Physician Assistants shall uphold the doctrine of confidentiality regarding privilege patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.
• Physician Assistants shall strive to maintain and increase the quality of individual health care service through individual study and continuing education.

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

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

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

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

7.D. PROFESSIONAL SOCIETIES

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

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

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

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

**CLASS OF 2019 CURRICULUM & SEQUENCE**

**Phase I: Didactic Curriculum (MPA 2019)**

**Semester One**

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

Awarded 2nd semester 16

**Semester Two**

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5112</td>
<td>Clinical Pharmacology I</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5132</td>
<td>Clinical Skills and Therapeutics I</td>
<td>4</td>
</tr>
<tr>
<td>MPA 5134</td>
<td>Patient Counseling and Education</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5162</td>
<td>Introduction to Clinical Medicine I</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5091</td>
<td>Clinical Assessment I</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5800</td>
<td>Foundations of Interprofessional Practice</td>
<td>0.5</td>
</tr>
</tbody>
</table>

17.5
## Didactic Curriculum (cont.) | MPA 2019

### Semester Three

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5213</td>
<td>Clinical Pharmacology II</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5234</td>
<td>Clinical Skills and Therapeutics II</td>
<td>4</td>
</tr>
<tr>
<td>MPA 5253</td>
<td>Intro to Epidemiology and Evidence Based Medicine</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5263</td>
<td>Introduction to Clinical Medicine II</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5192</td>
<td>Clinical Assessment II</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5801</td>
<td>Practicum in Interprofessional Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awarded 4th semester</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

### Semester Four

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5304</td>
<td>Problem Based Clinical Reasoning</td>
<td>4</td>
</tr>
<tr>
<td>MPA 5333</td>
<td>Fundamentals of Surgical Patient Care</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5294</td>
<td>Clinical Assessment III</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5364</td>
<td>Introduction to Clinical Medicine III</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5284</td>
<td>Journal Review Seminar</td>
<td>2</td>
</tr>
<tr>
<td>MPA 5801</td>
<td>Practicum in Interprofessional Practice</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>17.5</td>
<td></td>
</tr>
</tbody>
</table>

Total Didactic Program Credits 68
**PHASE II: CLINICAL CURRICULUM (MPA 2019)**

### SEMESTER FIVE

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

### SEMESTER SIX

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5735</td>
<td>Supervised Practice in Emergency Medicine (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5745</td>
<td>Supervised Practice in General Surgery (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5755</td>
<td>Supervised Practice in Women's Health (5 weeks)</td>
<td>3</td>
</tr>
</tbody>
</table>

### SEMESTER SEVEN

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5785</td>
<td>Supervised Practice in Psychiatry and Behavioral Health (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5790</td>
<td>Supervised Practice in Elective I (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5795</td>
<td>Supervised Practice in Elective II (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5807</td>
<td>Service Learning Practicum (semesters 5, 6, and 7)</td>
<td>1</td>
</tr>
<tr>
<td>MPA 5837</td>
<td>Senior Seminar (throughout the clinical year)</td>
<td>5</td>
</tr>
<tr>
<td>MPA 5802</td>
<td>Interprofessional Practice (semester 5, 6, &amp; 7)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Clinical Program Credits** 35

**TOTAL PROGRAM CREDITS** 103

*The sequencing of courses in the clinical year varies from student to student.

**Clinical Electives available to students include:**

Orthopedics, Neonatology, Neurology, Dermatology, Cardiothoracic Medicine, Cardiology, Neonatology, Plastic Surgery, Trauma, Endocrinology, Pediatric Neurology, Gastroenterology, Pediatric Gastroenterology, and Nephrology.

*** Other electives can be arranged with proper planning on the part of the student.
## Class of 2020 Curriculum & Sequence

### Phase I: Didactic Curriculum (MPA 2020)
Semester One (January - April)

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5001</td>
<td><em>Pathophysiology for Health Professions</em></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>A study of the cellular, organ and system changes associated with human</td>
<td></td>
</tr>
<tr>
<td></td>
<td>disease processes and the physiologic responses associated with selected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>human pathologies.</td>
<td></td>
</tr>
<tr>
<td>MPA 5061</td>
<td><em>Clinical Anatomy for Health Professions</em></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>A study and exploration of the human cadaver through lecture, lab dissection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and pro-section.</td>
<td></td>
</tr>
<tr>
<td>MPA 5081</td>
<td><em>Introduction to the PA Profession and The Business of Medicine</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>The history, role, practice scope, and professional policies of the physician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>assistant in health care are explored. This course also presents an interactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and strategic examination of the evolving American health care system, the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>issues and controversies relative to health care reforms, and the growing impact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of managed care.</td>
<td></td>
</tr>
<tr>
<td>MPA 5142</td>
<td><em>Psychosocial Elements of Wellness</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>The societal determinants of health, illness and disease are explored as a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>continuum of community care, a promotion of cultural sensitivity, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>enrichment of the clinician-patient relationship.</td>
<td></td>
</tr>
<tr>
<td>MPA 5341</td>
<td><em>Legal and Ethical Issues in Medicine</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Examination of the relationships and impact of health law and medical ethics in healthcare by analyzing case studies of contemporary health issues.</td>
<td></td>
</tr>
<tr>
<td>MPA 5800</td>
<td><em>Foundations of Interprofessional Practice</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Introduces interprofessional roles in health care in order to enable effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>collaboration for a safe, effective, and value-driven healthcare delivery system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>by emphasizing teams of professionals working together in order to benefit patients and improving health outcomes.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Semester 2 Total:** 17.5 Credits
<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5192</td>
<td>Clinical Assessment II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Introduces the use of examination techniques and equipment used during a physical examination and emphasizes the relationship of the exam to the history to aid in developing competency and clinical judgment in clinical assessment. A systematic approach is utilized in studying the comprehensive and problem-oriented clinical assessment of the adult, newborn, pediatric, obstetric and geriatric patient.</td>
<td></td>
</tr>
<tr>
<td>MPA 5213</td>
<td>Clinical Pharmacology II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Preparation for appropriate administration/prescription of medicines is accomplished through a study of drug classifications, pharmacodynamic actions, and rational for therapeutic use of prescription and non-prescription medications.</td>
<td></td>
</tr>
<tr>
<td>MPA 5234</td>
<td>Clinical Skills and Therapeutics II</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Introduces and assesses clinical competency of specified skills, diagnostic modalities, and therapeutic interventions related to professional responsibilities and practices in patient care.</td>
<td></td>
</tr>
<tr>
<td>MPA 5253</td>
<td>Introduction to Epidemiology and Evidence Based Medicine</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Introduces population epidemiology and decision-making theory, followed by an introduction to and application of the principles of evidence-based medicine to patient care.</td>
<td></td>
</tr>
<tr>
<td>MPA 5263</td>
<td>Introduction to Clinical Medicine II</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Designed to lay the foundation for patient care through a comprehensive understanding of illness, this 3-course series in the medical sciences and related technologies addresses care of the adult, adolescent and pediatric patient beginning with common acute self-limited illnesses and progressing to more complex, well-defined chronic disorders.</td>
<td></td>
</tr>
<tr>
<td>MPA 5801</td>
<td>Practicum for Interprofessional Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduces interprofessional roles in health care in order to enable effective collaboration for a safe, effective, and value-driven healthcare delivery system by emphasizing teams of professionals working together in order to benefit patients and improving health outcomes.</td>
<td>Awarded 4th semester</td>
</tr>
</tbody>
</table>

Semester 3 Total: 17 Credits
### Didactic Curriculum (cont.) | MPA 2020

#### Semester Four (January-April)

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

**Semester 4 Total:** 17.5 Credits

**Didactic Total:** 68 Credits
**Phase II: Clinical Curriculum (MPA 2020)**

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

Supervised Clinical Practice (SCP)

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

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5465</td>
<td>Introduction to Clinical Practice</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>This course will cover clinical phase expectations and standards as well as reinforce the extensive medical knowledge base that was developed during the didactic portion of the MPA program. The primary focus is to prepare students for the clinical phase by reinforcing clinical knowledge and emphasizing information needed to be successful in the clinical phase.</td>
<td></td>
</tr>
<tr>
<td>MPA 5705</td>
<td>Supervised Practice in Family Medicine (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5715</td>
<td>Supervised Practice in Pediatric Medicine (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5725</td>
<td>Supervised Practice in General Internal Medicine (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5735</td>
<td>Supervised Practice in Emergency Medicine (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5745</td>
<td>Supervised Practice in General Surgery (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5755</td>
<td>Supervised Practice in Women's Health (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5785</td>
<td>Supervised Practice in Psychiatry and Behavioral Health (5 weeks)</td>
<td>3</td>
</tr>
<tr>
<td>MPA 5790</td>
<td>Supervised Practice in Elective I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>This may consist of one 5-week elective in a chosen area of medicine.</td>
<td></td>
</tr>
<tr>
<td>MPA 5795</td>
<td>Supervised Practice in Elective II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>This may consist of one 5-week elective in a chosen area of medicine.</td>
<td></td>
</tr>
<tr>
<td>MPA 5807</td>
<td>Service Learning Practicum</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>This course provides an opportunity for students to spend at least 40 hours in a community, health related, agency during the clinical year of the program. The goal of the course is to reinforce the community orientation of the medical school and promote a commitment to service in our graduates. Projects are presented to peers prior to graduation.</td>
<td></td>
</tr>
<tr>
<td>Course #</td>
<td>Course Title</td>
<td>Credit Hours</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>MPA 5900</td>
<td>Senior Seminar</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>This course prepares the student for transition to a practicing PA through lectures, small group activities and oral presentations. Students will be required to participate in comprehensive board review sessions designed for certification. At the conclusion of the course, students will be required to pass a summative evaluation designed to assess overall performance and preparation for clinical practice.</td>
<td></td>
</tr>
<tr>
<td>MPA 5802</td>
<td>Interprofessional Practice</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The course extends through the Clinical Phase.</td>
<td></td>
</tr>
</tbody>
</table>

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

***Other Electives can be arranged with proper planning on the part of the student.**
### PHASE I: Didactic Curriculum (MPA 2021)

#### Semester One (January - April)

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5001</td>
<td><em>Pathophysiology for Health Professions</em></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>A study of the cellular, organ and system changes associated with human</td>
<td></td>
</tr>
<tr>
<td></td>
<td>disease processes and the physiologic responses associated with selected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>human pathologies.</td>
<td></td>
</tr>
<tr>
<td>MPA 5002</td>
<td><em>Introduction to Medical Diagnostics &amp; Interventions</em></td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>This course will introduce the fundamentals and foundational skills of clinical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ultrasonography.</td>
<td></td>
</tr>
<tr>
<td>MPA 5061</td>
<td><em>Clinical Anatomy for Health Professions</em></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>A study and exploration of the human cadaver through lecture, lab dissection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and pro-section.</td>
<td></td>
</tr>
<tr>
<td>MPA 5081</td>
<td><em>Introduction to the PA Profession &amp; The Business of Medicine</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>The history, role, practice scope, and professional policies of the physician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>assistant in health care are explored. This course also presents an interactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and strategic examination of the evolving American health care system, the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>issues and controversies relative to health care reforms, and the growing impact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of managed care.</td>
<td></td>
</tr>
<tr>
<td>MPA 5142</td>
<td><em>Psychosocial Elements of Wellness</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>The societal determinants of health, illness and disease are explored as a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>continuum of community care, a promotion of cultural sensitivity, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>enrichment of the clinician-patient relationship.</td>
<td></td>
</tr>
<tr>
<td>MPA 5341</td>
<td><em>Legal and Ethical Issues in Medicine</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Examination of the relationships and impact of health law and medical ethics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in healthcare by analyzing case studies of contemporary health issues.</td>
<td></td>
</tr>
<tr>
<td>MPA 5800</td>
<td><em>Foundations of Interprofessional Practice</em></td>
<td>Awarded 2\textsuperscript{nd} semester</td>
</tr>
</tbody>
</table>
### Didactic Curriculum (cont.) | MPA 2021

#### Semester Two (May-August)

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5091</td>
<td>Clinical Assessment I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Introduces the beginning practitioner to the skills of listening, communicating, data collecting and documenting patient encounters.</td>
<td></td>
</tr>
<tr>
<td>MPA 5112</td>
<td>Clinical Pharmacology I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Preparation for appropriate administration/prescription of medicines is accomplished through a study of drug classifications, pharmacodynamic actions, and rationale for therapeutic use of prescription and non-prescription medications.</td>
<td></td>
</tr>
<tr>
<td>MPA 5132</td>
<td>Clinical Skills and Therapeutics I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Introduces and assesses clinical competency of specified skills, diagnostic modalities, and therapeutic interventions related to professional responsibilities and practices in patient care.</td>
<td></td>
</tr>
<tr>
<td>MPA 5162</td>
<td>Introduction to Clinical Medicine I</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Designed to lay the foundation for patient care through a comprehensive understanding of illness, this 3-course series in the medical sciences and related technologies addresses care of the adult, adolescent and pediatric patient beginning with common acute self-limited illnesses and progressing to more complex, well-defined chronic disorders.</td>
<td></td>
</tr>
<tr>
<td>MPA 5314</td>
<td>Patient Counseling and Education</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>This course builds on knowledge gained in clinical science courses by providing the student with the skills necessary to educate patients about their disease processes, help patients become a partner in their own health care, and guide the patient toward health promoting behavior.</td>
<td></td>
</tr>
<tr>
<td>MPA 5800</td>
<td>Foundations of Interprofessional Practice</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Introduces interprofessional roles in health care in order to enable effective collaboration for a safe, effective, and value-driven healthcare delivery system by emphasizing teams of professionals working together in order to benefit patients and improving health outcomes. This course is an interprofessional educational experience for both PA and MD students at EVMS. The course extends through semesters 3 and 4.</td>
<td></td>
</tr>
</tbody>
</table>

**Semester 2 Total:** 17.5 Credits
### Didactic Curriculum (Cont.) | MPA 2021

**Semester Three (September-December)**

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

**Semester 3 Total:** 17 Credits
### DIDACTIC CURRICULUM (CONT.) | MPA 2021

#### Semester Four (January-April)

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

Semester 4 Total: 17.5 Credits

Didactic Total: 68.5 Credits
**Phase II: Clinical Curriculum (MPA 2021)**

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

**Supervised Clinical Practice (SCP)**

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

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPA 5465</td>
<td><em>Introduction to Clinical Practice</em></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>This course will cover clinical phase expectations and standards as well as</td>
<td></td>
</tr>
<tr>
<td></td>
<td>reinforce the extensive medical knowledge base that was developed during</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the didactic portion of the MPA program. The primary focus is to prepare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>students for the clinical phase by reinforcing clinical knowledge and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>emphasizing information needed to be successful in the clinical phase.</td>
<td></td>
</tr>
<tr>
<td>MPA 5705</td>
<td><em>Supervised Practice in Family Medicine (5 weeks)</em></td>
<td>3</td>
</tr>
<tr>
<td>MPA 5715</td>
<td><em>Supervised Practice in Pediatric Medicine (5 weeks)</em></td>
<td>3</td>
</tr>
<tr>
<td>MPA 5725</td>
<td><em>Supervised Practice in General Internal Medicine (5 weeks)</em></td>
<td>3</td>
</tr>
<tr>
<td>MPA 5735</td>
<td><em>Supervised Practice in Emergency Medicine (5 weeks)</em></td>
<td>3</td>
</tr>
<tr>
<td>MPA 5745</td>
<td><em>Supervised Practice in General Surgery (5 weeks)</em></td>
<td>3</td>
</tr>
<tr>
<td>MPA 5755</td>
<td><em>Supervised Practice in Women’s Health (5 weeks)</em></td>
<td>3</td>
</tr>
<tr>
<td>MPA 5785</td>
<td><em>Supervised Practice in Psychiatry and Behavioral Health (5 weeks)</em></td>
<td>3</td>
</tr>
<tr>
<td>MPA 5790</td>
<td><em>Supervised Practice in Elective I</em></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>This may consist of one 5-week elective in a chosen area of medicine.</td>
<td></td>
</tr>
<tr>
<td>MPA 5795</td>
<td><em>Supervised Practice in Elective II</em></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>This may consist of one 5-week elective in a chosen area of medicine.</td>
<td></td>
</tr>
<tr>
<td>MPA 5807</td>
<td><em>Service Learning Practicum</em></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>This course provides an opportunity for students to spend at least 40 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in a community, health related, agency during the clinical year of the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>program. The goal of the course is to reinforce the community orientation of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the medical school and promote a commitment to service in our graduates.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Projects are presented to peers prior to graduation.</td>
<td></td>
</tr>
<tr>
<td>Course #</td>
<td>Course Title</td>
<td>Credit Hours</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>MPA 5900</td>
<td><strong>Senior Seminar</strong></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>This course prepares the student for transition to a practicing PA through lectures, small group activities and oral presentations. Students will be required to participate in comprehensive board review sessions designed for certification. At the conclusion of the course, students will be required to pass a summative evaluation designed to assess overall performance and preparation for clinical practice.</td>
<td></td>
</tr>
<tr>
<td>MPA 5802</td>
<td><strong>Interprofessional Practice</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The course continues through the Clinical Phase.</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Phase Total** 35 Credits

Degree Total: 103.5 Credits

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

***Other Electives can be arranged with proper planning on the part of the student.
ACKNOWLEDGEMENT FORM

STUDENT’S ACKNOWLEDGEMENT

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

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

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

________________________________________
Student’s Name (PRINT)

________________________________________
Student’s Signature

________________________________________
Date

To be submitted to the program and retained in the student’s program administrative file.