Concord University Physician Assistant Student Handbook
2025 - 2027

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Message from the Program Director
On behalf of the faculty and staff, congratulations on being accepted into the Concord University Physician Assistant Program. Throughout this educational journey, we are here to help you navigate what will likely be one of the most challenging, exciting, and rewarding experiences of your life. Remember to stay focused, work hard, and keep your eyes on your purpose and goal! We look forward to helping you grow into skilled, compassionate, patient-centered medical professionals.

Congratulations… *learning awaits!*
Jennifer Pack

Jennifer Pack, EdD, MMS, PA-C
Assistant Professor, Department of Health Sciences
Program Director, Physician Assistant Program

Introduction

The Concord University Physician Assistant Program Student Handbook is intended to describe the program's policies and procedures and to help students navigate the program's requirements successfully. *The information in this student handbook applies to students matriculating in 2025.* Policies and procedures apply to all students regardless of location, except in circumstances where certain differences may exist between program policies and those at clinical sites. Certain policies at approved and established clinical sites supersede those of the program. Students will be notified of such differences. Concord University Physician Assistant (PA) program reserves the right to change policies and procedures at any time. When a policy changes, students will be notified of the change within 10 business days. For any policy change resulting in academic progression or graduation requirement changes, students will be required to sign a statement of understanding.

Mission and Goals

Mission

The mission of the Concord University Physician Assistant Program is to train physician assistants who provide exceptional patient-centered care as part of a collaborative team and who are committed to promoting health and wellness through preventative care and patient education, improving access to healthcare through service to rural and underserved populations, and becoming leaders in their practices and communities.

Goals

- To recruit applicants with a history of strong academic performance.
- To foster a team approach to patient-centered care through interprofessional education.
- To provide a curriculum and learning environment that enables student success in completing the program, attaining the program competencies necessary for entry-level PA practice, and passing the PANCE.
- To provide opportunities for community service that will promote a lifelong engagement in civic activities, improving access to care for rural and underserved populations, and promoting patient education.

- To promote an educational and professional environment that demonstrates respect, consideration, and appreciation for all cultures, backgrounds, and beliefs.

Entrustable Professional Activities

Upon graduation, Concord University Physician Assistant graduates can be entrusted to:

1. Interview a patient to gather essential information and perform a technically proficient physical examination.
2. Prioritize a differential diagnosis.
3. Order and interpret diagnostic and screening tests.
4. Locate, critically evaluate, integrate, and appropriately apply scientific evidence to patient care.
5. Develop and implement patient management plans.
6. Perform clinical and technical procedures as indicated.
7. Document and orally present a clinical encounter.
8. Collaborate as a member of an interprofessional team.
9. Provide transfer of care in a variety of settings.
10. Identify patients requiring a higher level of care and initiate appropriate evaluation and management.
11. Contribute to a culture of safety and quality.
12. Incorporate principles of cultural competence across the healthcare continuum.

Program Competencies

Contained within each of the following domains of competence, that include the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities, are individual competencies that are required to enter clinical practice as a physician assistant.

Knowledge for Practice (KP). Demonstrate knowledge of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.

1. Demonstrate investigative and critical thinking in clinical situations. (KP1)
2. Identify and interpret current, peer-reviewed, and evidence-based sources of medical information. (KP2)
3. Apply principles of epidemiology to identify health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for individuals and populations. (KP3)
4. Recognize normal and abnormal health states. (KP4)
5. Discern among acute, chronic, and emergent disease states. (KP5)
6. Apply principles of clinical sciences to diagnose disease and utilize therapeutic decision-making, clinical problem-solving, and other evidence-based practice skills. (KP6)
7. Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care. (KP7)

Interpersonal and Communication Skills (ICS). Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

1. Communicate effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds, adapting communication skills to effectively elicit and provide information according to the context of the interaction. (ICS1)
2. Establish meaningful, therapeutic relationships with patients and families to ensure that patient values and preferences are addressed, and that needs and goals are met to deliver culturally competent, person-centered care. (ICS2)
3. Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interaction. (ICS3)
4. Document patient information in the medical record that is comprehensive, accurate, timely, and meets all professional expectations for clinical, legal, quality, and financial purposes. (ICS4)
5. Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies. (ICS5)
6. Demonstrate sensitivity, honesty, and compassion in all conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (ICS6)

Patient Care (PC). Provide person-centered care that includes patient- and setting-specific assessment, evaluation, and management, along with providing healthcare that is evidence-based, supports patient safety, and advances health equity.

1. Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging, and other tests. (PC1)
2. Order and interpret diagnostic and screening studies based on clinical data, evidence-based guidelines, and patient values. (PC2)
3. Synthesize essential information from previous records, history, physical exam, and initial diagnostic evaluations to propose a scientifically supported differential diagnosis. (PC3)
4. Develop and implement evidence-based management plans for patients across the lifespan in a variety of settings. (PC4)
5. Identify social determinants of health and integrate this information to provide patient-centered care. (PC5)
6. Perform commonly utilized clinical procedures with proper technique and attention to patient safety. (PC6)
7. Provide effective, equitable, understandable, and respectful quality care that is responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. (PC7)
8. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making. (PC8)
9. Provide healthcare services to patients, families, and communities aimed at preventing health problems or maintaining health. (PC9)
10. Refer patients, as appropriate, to ensure continuity of care between providers and settings. (PC10)

Interprofessional Collaboration (IC). Engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

1. Work with other health professionals to provide collaborative, patient-centered care while maintaining a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (IC1)

2. Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (IC2)
3. Collaborate with other professionals to integrate clinical care and public health interventions. (IC3)
4. Utilize the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (IC4)

Practice-Based Learning and Quality Improvement (PBLI). Evaluate one's care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.

- Exhibit self-awareness to identify strengths, address deficiencies, and recognize limits in one's knowledge, skills, attitudes, and behaviors. (PBLI1)
- Perform learning activities that address gaps in knowledge, skills, attitudes, and behaviors. (PBLI2)
- Systematically analyze practice using quality improvement methods and performance data, and implement changes with the goal of practice improvement, patient safety, and provision of cost-effective healthcare. (PBLI3)
- Continually analyze and implement new guidelines, standards, products, or services that have been demonstrated to improve outcomes. (PBLI4)

Professionalism and Personal Development (PPD). Commit to practicing medicine in ethically and legally appropriate ways and exhibit professional maturity and accountability for delivering safe and quality care to patients and populations.

1. Practice medicine with compassion, integrity, and respect for others. (PPD1)
2. Demonstrate sensitivity and responsiveness to patient needs that supersedes self-interest. (PPD2)
3. Demonstrate respect for patient privacy and autonomy. (PPD3)
4. Demonstrate accountability to patients of all backgrounds, society, and the profession. (PPD4)
5. Demonstrate cultural humility and responsiveness to a diverse population. (PPD5)
6. Demonstrate a commitment to ethical principles pertaining to provision of or withholding of care, confidentiality, informed consent, and business practices. (PPD6)
7. Adhere to standards of care, and to laws, policies, and regulations governing the delivery of care in the United States. (PPD7)
8. Identify biases and implement strategies to prevent their impact on patient care. (PPD8)
9. Demonstrate a commitment to personal wellness, self-care, and healthy coping mechanisms to respond to stress that supports the provision of quality patient care. (PPD9)
10. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (PPD10)
11. Demonstrate self-confidence that puts patients, families, and members of the health care team at ease. (PPD11)

Faculty and Staff

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Matriculation Requirements

Technical Standards

The Master of Physician Assistant Studies program at Concord University is a rigorous program that has distinct requirements and places exceptional demands on students. To be successful in the program and in the practice of medicine, it is essential for individuals to possess the knowledge, skills, and competencies required to function in a variety of clinical settings.

Candidates for admission and students in the program must possess aptitude, ability, and skills in the following categories and will be required to sign a statement attesting to their ability to meet the technical standards.

Observation

Physician Assistant (PA) students must possess sufficient sensory (visual, auditory, tactile, and olfactory) abilities to accurately perceive information provided in the educational setting. This includes written and audiovisual materials, images, and laboratory and physical examination findings. Students must be able to accurately observe (using visual, auditory, tactile, and olfactory senses) a patient's medical condition, at a reasonable distance and in proximity, noting verbal and nonverbal patient communication, with and without using medical instruments. This includes, but is not limited to, obtaining a history, performing a physical examination, and assessing radiographs, electrocardiograms, sonograms, monitors, and other graphic images.

Communication

PA students must be able to communicate clearly, in a way that demonstrates sensitivity to patients, their families, and members of the healthcare team. The student must have the ability to receive and process auditory information and speak and write clearly through both written and electronic media and be proficient in English. The student must be able to accurately describe changes in the patient's demeanor, status, or posture, document a legible and comprehensive patient evaluation, and present the evaluation in a focused manner to other healthcare professionals. Students must be able to adjust their communication style and content to the situation and to the patient's functional, educational, or mental status.

Cognitive Function

PA students must be able to comprehend and recall large amounts of complex information and synthesize data to solve clinical problems. Students must be able to learn through a variety of modalities and demonstrate skills in clinical reasoning, critical thinking, and problem solving. Students must identify findings from patient history, physical exam, and diagnostic data and be able to analyze, organize, assimilate, and synthesize the information to make diagnostic and therapeutic decisions, incorporating information from the medical literature. Students must have the ability to manage several tasks or problems simultaneously. Students must be able to identify limitations in their own knowledge, skills, and abilities, and seek assistance when appropriate.

Motor Function

PA students must have sufficient motor function to directly perform inspection, auscultation, percussion, palpation, and other diagnostic maneuvers to elicit physical signs and recognize normal versus abnormal findings. Students must be able to provide general patient care and emergency

treatment in accordance with currently acceptable medical practices. Students must have the ability to utilize gross and fine motor palpation, touch, vibratory sensation, and temperature sensation in evaluating various body parts. Students must be able to perform basic diagnostic, therapeutic and emergent procedures (e.g., venipuncture, airway management, placement of intravenous catheters, administration of intravenous medicines, maternity care, advanced cardiac life support, suturing and knot tying, pap smear and endocervical culture, arthrocentesis, application of pressure to control bleeding, etc.). A student must have sufficient physical stamina to undergo the rigorous course of didactic and clinical study. This includes long periods of sitting, standing, and moving which are required for classroom, laboratory, and clinical experiences.

Behavioral, Emotional, and Social Attributes

PA students must demonstrate the five components of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills. Students must possess emotional stability for full utilization of his/her intellectual abilities and the exercise of good judgment. The student must be able to relate to patients, staff, and colleagues with honesty, integrity, empathy, and dedication, and in compliance with ethical and moral principles and state and federal laws governing the medical profession. The student must have sufficient interpersonal skills to control and express emotions judiciously and professionally and be able to work collaboratively and effectively as a team member. The student must be able to demonstrate flexibility in the face of uncertainties inherent in the training process and the practice of medicine, tolerate taxing workloads, and function effectively in mentally and emotionally stressful situations. The student must be able to give and accept constructive criticism and appropriately respond through modification of her/his behavior. Students must be able to identify personal biases and recognize multiple points of view, integrating them appropriately into clinical decision-making.

Student Health Policy

All students enrolled at Concord University have equal access to student health services. See https://www.concord.edu/student-life/student-health-wellness. Except for emergency situations, full-time program faculty, the program director, and the medical director may not participate as healthcare providers for students enrolled in the program and do not have access to any student health information other than that defined in this handbook.

This section outlines the expectations for immunizations and health screening, requirements for maintaining health insurance, and proper documentation of health records while a student in the CU PA program.

Health Insurance

Students are responsible for obtaining and maintaining their own health insurance policy. All students must provide proof of health insurance prior to matriculation and again prior to starting clinical rotations. The student's health insurance policy must remain active throughout their enrollment in the program.

Immunizations and Tuberculosis Screening

To ensure compliance with current recommendations of the Centers for Disease Control (CDC) and Prevention for Healthcare Workers and clinical affiliation agreement requirements, all matriculating and current students of the CU PA program are required to obtain and provide documentation of the requirements. Records must be primary source documentation. Historical documentation without

primary source evidence of TB screenings, immunizations, and/or serologic proof of immunity will not satisfy the program's documentation requirements. No student will be permitted to matriculate into the program or participate in clinical rotations without proof of required TB screenings and immunizations and/or titers, as outlined below. Immunization and tuberculosis recommendations may change as updated guidelines are published by the CDC and ACIP.

- Tuberculosis screening
  - Tuberculosis skin test (TST) or Quantiferon testing within one year of matriculation and again before beginning clinical rotations. In the event of a positive test, evaluation, and treatment, if indicated, must be completed in accordance with CDC guidelines and in conjunction with the student's health provider.
- Required Immunizations
  - Hepatitis B
    - Must provide quantitative hepatitis B surface antibody (HBsAb) test results to validate immune status.
    - If a student does not demonstrate sufficient levels for immunity, the student will need to receive a repeat 2-dose (Hepsilav-B) or 3-dose series (other hepatitis B vaccines) of hepatitis B vaccine on the routine schedule, followed by HBsAb testing 1-2 months after the last vaccine dose. Students will be required to submit documentation of their second vaccination series and titer.
    - If still a non-responder, the student will be required to follow CDC and facility guidelines for healthcare personnel who are non-responders to the hepatitis B vaccine.
  - MMR
    - Two-dose vaccine series administered on a standard schedule or titers demonstrating immunity for all three components.
  - Varicella
    - Record of titer validating immunity and/or 2-dose vaccine series being administered on a standard schedule. Note: History of previous infection is not sufficient evidence of immunity.
  - Tdap (tetanus, diphtheria, and whooping cough)
    - Record of having received a Tdap vaccine within the past 10 years prior to matriculation. Td vaccines (without a pertussis component) do not fulfill this requirement. If longer than 10 years since the last Tdap prior to the start of clinical rotations, an updated Tdap immunization with documentation will be required.
  - Influenza
    - Students will be required to obtain and provide a record of influenza immunization by October 1st of each year while enrolled in the program.
  - COVID-19
    - Proof of vaccination and booster per current CDC guidelines. The student's acceptance letter will detail the current CDC guidelines.
  - Meningococcal
    - Record of having received one vaccination of meningococcal conjugate vaccine (MenACWY or MenABCWY)
- Students should follow the recommendations of their healthcare provider for any additional immunizations, such as Hepatitis A, MenB, HPV, and shingles vaccinations.

- Students who require one or more multi-dose vaccine series to meet immunization requirements must provide medical documentation of any required vaccinations and titers. Students should complete their vaccination and titer requirements prior to matriculation. If the timing of acceptance precludes fulfilling all requirements prior to matriculation, students must have initiated the process no less than two weeks before the first day of orientation. Students accepted into the program within two weeks of orientation must start their vaccination series before the first day of orientation. Students must then provide medical documentation of completion of the vaccine series according to established CDC immunization timelines. Students failing to obtain their first vaccination as required will not be permitted to matriculate. Students who fail to get their vaccination(s) or titers on schedule will be dismissed from the program.
- Copies of medical records submitted to the program for documentation of tuberculosis screening, immunization history, or serologic evidence of immunity must not include any other health information. Records which contain any other medical information not directly related to immunization or tuberculosis screening will be returned to the sender.
- Clinical sites require a copy of the student's immunization record and tuberculosis screening results. Therefore, students are required to sign an Authorization for Release of Information that authorizes the program to maintain a copy of this information in the student's record and release copies of this information to the clinical sites to which the student is assigned.
- Documentation of health records are kept in Slate, the University's admissions and enrollment management software, and in CORE ELMS, the program's clinical management software.

International Rotations

- Students scheduled to complete an international rotation as an elective rotation must follow the CDC's recommendations for traveler's health as outlined below.
- All immunizations must be up to date as listed above.
- Follow the CDC's guidance on Traveler's Health: Destinations (https://wwwnc.cdc.gov/travel/destinations/list) for travel health notices, vaccines, medications, non-vaccine preventable diseases, information on staying healthy and safe, packing list recommendations, and information for after the trip.
- When an international rotation is scheduled for a student, the student must meet with the DCE to review the CDC guidance.
- Any recommended vaccinations must be completed and submitted at least 4 weeks before travel.
- For some elective international rotations, the program partners with organizations to help organize and oversee the international clinical experience. In those cases, students must adhere to the requirements of the partnering organization for vaccines and any necessary prophylactic medications (example - malaria prevention). One such partnership is Elective Africa: https://www.electiveafrica.com/program/physician-assistant-clinical-rotations.

Drug Screening

It is a violation for any student to use illegal drugs or controlled substances in any way not prescribed by the student's medical provider. Marijuana or THC use is not permitted even with a prescription.

Timing of Drug Screenings

- Matriculation into the CU PA Program is contingent upon successfully passing a drug screen. After submitting a deposit, students accepted into the program will receive instructions on how to complete the pre-matriculation drug screen.

- Students will be required to successfully pass a drug screen prior to entering the clinical rotation phase of the program.
- Drug screening may be performed at any point during the program.

Program Policies on Drug Screening

- Should a drug screen show positive for a substance that can be prescribed, the student will be contacted by the vendor who performed the drug screen to provide a prescription for the substance. If the student provides a valid prescription to the vendor (except in the case of marijuana or THC; see below), the drug screen results will be reported to the program as negative.
- Any drug screen reported as positive by the vendor will result in immediate dismissal from the program.
- Refusing to undergo required drug screening, failure to provide a specimen, or evidence of tampering with the specimen will result in immediate dismissal from the program.
- Testing positive for marijuana or THC, even with a prescription, will result in immediate dismissal from the program.
- Students are responsible for the fee associated with the pre-matriculation drug screen. The program will be responsible for fees associated with any additional drug screens.

Certified Background Check

All students are required to have a certified background check prior to matriculating into the program and again before starting clinical rotations. Acceptance letters will give instructions for initiating the background check. Instructions for the second background check will be given prior to the supervised clinical practice experience phase of the program.

Transcripts

Students must submit transcripts for coursework completed after submitting their application. Unofficial transcripts documenting fulfillment of post-acceptance requirements must be submitted at least two weeks before the first day of orientation. Students who are accepted less than two weeks prior to the first day of orientation will receive instructions regarding the timeline for transcript submission in their acceptance letter. Students failing to submit transcripts in a timely manner will not be permitted to matriculate into the program. Receipt of official transcripts must occur prior to 11:59 pm on September 30th during the first semester of the PA program. Students failing to do so will be dismissed from the program.

Student Safety

Security and Safety

On-Campus Safety

The University has an Office of Public Safety that exists to help maintain the safety and welfare of all members of the University community. The Office of Public Safety is located in RH108 of the Rahall Technology Center and can be contacted at 304-384-5357 or cupd@concord.edu

In an effort to increase safety and security on campus, Concord University automatically registers all students and faculty for email-based emergency alerts to their Concord email address. Any student or faculty who has authorized receiving text messages from Concord will also receive text messages when

an emergency alert goes out. Alerts are only used for security, safety, and weather-related notices, including campus closures.

Information on Safety and Wellness at Concord University can be found at:
https://www.concord.edu/admissions/admitted-students/orientation/safety-and-wellness

Off-Campus
As part of the approval process for clinical sites, the CU PA program ensures clinical sites meet safety requirements. The program will only assign students to clinical sites with a current affiliation agreement that meets the program's criteria for safety. Students are expected to comply with program and site-specific safety policies and procedures during SCPEs. The clinical team will monitor sites for safety on an ongoing basis.

If at any time a student does not feel safe during a SCPE, the student is to notify the program immediately. **For emergencies, call 911**.

Infection Control and Exposure

Enrollment in a physician assistant program often yields unintentional exposure to diseases and viruses. The Concord University PA Program follows the guidelines and recommendations made by the Centers for Disease Control and the Occupational Safety and Health Administration (OSHA) regarding the use of Standard Precautions to prevent the spread of infection and reduce occupational exposure to blood and bodily fluids. Prior to any patient care or laboratory experiences, students must successfully complete training focused on potential hazards, standard precautions, and safety procedures related to chemical and bloodborne pathogens exposure. All faculty, staff, and students must utilize standard precautions during all activities which present a risk of exposure to blood/body fluids or chemical hazards, including appropriate personal protective equipment, closed-toe footwear, and securing or removing loose garments, jewelry, and hair. As part of the supervised clinical practice experiences, students may be required to complete site-specific safety and/or security training.

Care and Treatment After Exposure
If a hazardous exposure to a chemical agent or blood or body fluids occurs, the incident must be reported immediately after initial first aid/safety procedures to limit injury and risk of infection have been completed (e.g., thorough hand washing, flushing of mucous membranes, etc.). Events that occur on campus are to be reported to the Director of Didactic Education. Events that occur at a clinical site are to be reported to the preceptor and the Director of Clinical Education. Medical evaluation and treatment of injuries should be conducted at the Student Health Center or another appropriate healthcare facility in a timely manner.

Financial Responsibility
Students are financially responsible for all healthcare services required while enrolled in the program, including any healthcare services required as a result of their participation in program activities. Examples include PPD testing, immunizations, illnesses and injuries, and evaluation and treatment of any pathogen exposure.

Discrimination, Harassment, and Sexual Misconduct

The purpose of this section is to express the position of the Concord University PA Program that all individuals have a right to be treated equally and fairly in a learning environment free of discrimination,

mistreatment, and harassment, and to ensure students are informed of the institutional resources available to seek assistance and report policy violations if needed.

The PA Program follows the University's policies and procedures on non-discrimination and for processing student allegations of discrimination, sexual misconduct, and harassment. Information can be found in Concord University's Student Handbook at: https://concord.edu/wp-content/uploads/Student-Life/PDF/Student-Handbook-2024-2026-Final.pdf. You may also visit Concord University's Title IX webpage at: https://www.concord.edu/student-life/title-ix.

Culture and Engagement

The Concord University PA Program recognizes the importance of embracing and respecting the unique perspectives, backgrounds, and experiences of all individuals. We believe that a diverse faculty, staff, and student body enhances the educational experience for all, promotes innovation and creativity, and leads to a more equitable and inclusive healthcare system. We are dedicated to creating a welcoming and inclusive environment where all students, faculty, and staff feel valued, respected, and supported. In our curriculum, we emphasize the importance of cultural humility and competency, encouraging students to recognize the needs and perspectives of diverse patient populations in West Virginia. We strive to graduate compassionate and culturally competent healthcare providers who are prepared to address the unique healthcare challenges facing rural communities.

Concord University provides resources and support services to ensure that all individuals have equal opportunities for success within the program. Students can visit https://www.concord.edu/student-life/

The program director and program faculty have an open-door policy. Students are encouraged to ask questions, express concerns, and provide suggestions that will improve the CU PA program.

Program Expectations

Technology Requirements

Students will be provided a MacBook upon matriculation. The cost of the device is built into student fees in the first semester of the program. Technology support is provided by the University's IT department. Students should email: helpdesk@concord.edu for assistance with technology issues.

Students are required to bring their laptops to class with a fully charged battery. A laptop privacy screen must be purchased for use when taking assessments.

Attendance, Punctuality, and Participation

Active participation in all academic activities is especially important for success in the program due to the high-paced, rigorous, and collaborative nature of the PA program curriculum. Consistent attendance, punctuality, and participation are also considered professional behaviors. The CU PA program is preparing PAs for the practice of medicine in professional environments. Therefore, demonstrating professional behaviors is essential in all phases of PA education. However, there may be circumstances when a student is not able to attend a required activity. The purpose of this section is to define expectations for attendance, punctuality, and participation in the program and the process for requesting an absence.

Attendance

Didactic Phase

Attendance is mandatory for all program activities. Typically, classes will be scheduled Monday through Friday from 8:00 am - 5:00 pm. An evening or weekend class may be necessary on occasion. Lectures or other program activities may need to be rescheduled with short notice. Students will be notified of changes as soon as possible via their Concord email.

In the event of an absence, students must submit the absence in CORE ELMS at least 24 hours (if possible) prior to the scheduled activity for each day of absence. The student is responsible for contacting the course instructor for make-up work.

Absences are considered excused or unexcused. To be excused, appropriate documentation supporting the reason for the absence must be provided, unless a flex day is used (see below).

- Examples of **excused** absences:
  - Illness/injury
  - Family emergency
  - Death in the immediate family
  - Military service obligations
  - Others as approved by the faculty
    - Approval is made on a case-by-case basis and there is no guarantee the approval will be granted, even for the same type of request approved previously by another student. The faculty will consider factors such as academic standing, risk to the student missing class, timing of the absence, complexity of make-up work, missed group work, etc.

Excessive or unexcused absences can impact a student's academic or professional standing and will be referred to the program faculty for review. The program faculty make the final determination as to whether an absence is excused or unexcused. Unexcused absences may result in disciplinary action. Students returning to the program after a weekend or break should account for potential travel delays (e.g., canceled or delayed flights, traffic, etc.)

- Examples of **unexcused** absences:
  - Employment
  - Travel
  - Failure to notify the program of an absence, even if the reason would be excused

Students are permitted up to two flex days per semester, with a maximum of four flex days for the didactic phase of the program. Flex days are absences a student can take as needed without having documentation of the reason for missing. Flex days do NOT apply to an assessment, which always requires appropriate documentation of the excuse to make up the missed assessment (refer to the missed examination section under Student Assessment). Missing a scheduled event constitutes a flex day even if the student attends other events that day. If using a flex day, you must submit the absence in CORE ELMS prior to the absence (as described above). Should you exceed your number of flex days during a semester or during the didactic phase, any subsequent absences require prior approval by program faculty and appropriate documentation. When taking a flex day, students should consider their academic performance and the content they will be missing during the absence. Unused flex days do not roll over from the didactic to the clinical phase.

Clinical Phase

Students are required to be at their assigned clinical site an average of 40 hours per week. Attendance is required per the schedule determined by the clinical site. Depending upon the rotation and the clinical site, the specific hours/shifts may vary and may include evenings and nights (e.g., emergency room, internal medicine). Some preceptors ask students to be available on a call-back basis as well. The program uses CORE ELMS, a clinical management software, to manage the administrative aspects of the clinical year experience. The schedule for each clinical rotation must be uploaded by the student to CORE ELMS by midnight on the second day of the rotation. Schedules not added, or added past the due date, may be considered a violation of professionalism and treated as such (see the section on Academic and Professionalism Sanctions). If there is any change in the clinical rotation schedule the student has submitted, it is the student's responsibility to report the change to the Clinical Coordinator immediately.

Should a student need to take an absence, the student must notify the preceptor and submit the absence in CORE ELMS prior to the absence. The criteria for excused vs. unexcused absences are the same as for the didactic phase. Students are permitted up to two flex days during the clinical phase in which appropriate documentation is not required. This does NOT apply to an end of rotation exam or return to campus activities, which always requires appropriate documentation of the excuse. The Director of Clinical Education, in consultation with the clinical site's preceptor, may require the student to make up any absences that occur during the clinical rotation.

Punctuality

Students are expected to be on time for all scheduled activities and be prepared to participate when the activity begins. Punctuality is considered professional behavior. If faculty notice a trend in tardiness, the issue will first be discussed with the student's advisor who will meet with the student. If the pattern of tardiness continues, the student will be required to meet with program faculty and disciplinary action may be taken.

Participation

Didactic Phase

Students are expected to come to all instructional activities prepared to learn. Multiple modalities are utilized by the program to ensure program outcomes are met. To maximize learning and demonstrate mastery of program outcomes and entrustable professional activities, students must actively participate in all learning activities, such as required readings, class discussions, class assignments, team-based case studies, group activities, and skills labs. Active participation is considered professional behavior. If faculty notice a trend in non-participation, the issue will first be discussed with the student's advisor who will meet with the student. If the pattern continues, the student will be required to meet with program faculty and remedial activities, or disciplinary action may be taken.

Clinical Phase

Students are expected to be engaged and actively participate in all supervised clinical practice experiences (SCPEs), even if the preceptor requires additional work hours. Students are not permitted to leave early to study, complete assignments, or for any other non-emergent reason.

Inclement Weather / University Closures

Didactic Phase

Students will receive an email to their Concord email address, and students who have authorized receiving text messages from Concord will receive a text message, about weather-related notices, including campus closures. In the event the University campus is closed, the PA program will not hold in-person classes. However, classes may be held remotely via synchronous teleconferencing platforms such as Zoom. The program will send students an email about holding classes remotely and schedule changes when the University is on an inclement weather schedule.

Clinical Phase

If the student is assigned to a clinic and it is open, the student is expected to be in attendance. Since hospitals do not close, students are expected to be in attendance during inpatient hospital rotations but should use good judgment when traveling in bad weather. The student should communicate with the preceptor and the Clinical Coordinator for any changes in the schedule due to weather conditions.

Professionalism

The program is dedicated to training students to function as healthcare professionals. As such, students are expected to behave in a manner consistent with a future medical professional. Professional behaviors will be explored in detail during the first semester of the program and reinforced in subsequent semesters. This section outlines acceptable behavioral standards for students enrolled in the program and is intended to promote professionalism and personal development.

PA students' conduct and behavior are direct reflections of Concord University, the PA program, and the PA profession, and should be consistent with such responsibility in all professional and academic activities. Students are expected to demonstrate a commitment to practicing medicine in ethically and legally appropriate ways by conveying maturity and accountability for delivering safe and quality medical care to patients and populations. Students are expected to:

- Act with honesty in all their academic and professional interactions with other students, peers, patients, and CU faculty and administration.
- Resolve any conflict in a respectful and equitable manner.
- Fulfill all academic and professional obligations in a prompt and responsible manner.

Professionalism is assessed by program faculty each semester during the didactic phase and by preceptors for each clinical rotation during the clinical year. The following professional behaviors will be assessed:

1. Altruism
    - Sensitive/responsive to the needs of others
    - Sensitive/responsive to others' culture, age, gender, and disabilities
    - Puts others interests before own
    - Provides assistance/comfort to others
2. Duty/Responsibility
    - Attends required activities/arrives on time
    - Reliable, dependable, completes tasks fully and in a timely manner
    - Accepts appropriate share of teamwork

- Self-motivated, organized, and prepared
- Accountable to patients, society, and the profession

3. Excellence
   - Commitment to excellence and ongoing professional development
   - Positive attitude, displays enthusiasm and attentiveness
   - Self-reflection, critical curiosity and initiative
   - Recognizes limitations, seeks, accepts and incorporates constructive feedback
   - Adapts well to stressful/changing circumstances
4. Interpersonal Skills/Relationships
   - Respectful, cooperative (team player), builds atmosphere conducive to learning
   - Acknowledges and values diversity, talents, skills, contributions of others
   - Communicates effectively (verbal and written)
   - Good interpersonal skills (develops appropriate professional relationships with peers, faculty, physician supervisors and other health-care providers)
   - Recognizes/maintains appropriate boundaries
   - Displays tact and self-control
5. Honor/Integrity/Code of Conduct
   - Accurately portrays personal qualifications
   - Displays professional presentation (dress appropriately and good personal hygiene)
   - Performs in accordance with regulatory and legal requirements (follow the rules), as well as the appropriate role of the physician assistant
   - Committed to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
   - Behaves honestly/appears trustworthy

Any violations of the professional code of conduct are subject to disciplinary action. See the section below on Student Progression.

Dress and Appearance Standards

The CU PA program is dedicated to training students to function as respected healthcare professionals. As such, students are expected to adhere to a dress code that reflects professionalism. The purpose of this section is to outline dress and appearance guidelines acceptable for students in the CU PA program. Guidelines for dress and appearance:

- Didactic students are required to wear business casual attire (see below) or CU PA program scrubs on lab days.
- Clinical students are required to wear business casual attire and their CU PA lab coat unless otherwise specified by the preceptor.
- Students must wear their program-issued name badge at all times in the clinical setting and the name badge must be clearly visible. During SCPEs, students must also wear site-specific identification if issued.
- Students dressed inappropriately will be asked to change before participating in program activities. Absences from class or SCPEs due to dress violations will be considered unexcused and may result in disciplinary action. Repeated or gross violations of dress code may result in disciplinary action.

Permitted Attire (Business Casual)	Not Permitted
• Slacks or khakis • Button front, collared shirts, blouses • Dresses or skirts of the appropriate length (at or below the knee) • Denim jeans without distressing or holes (on designated days) • University-issued scrubs (on designated days)	• Shorts • Mini-skirts / skirts or dresses above the knee • Tank tops, tube-tops, halter tops, spaghetti straps • Leggings/tights • Sweatpants • See-through, tight, or revealing clothing • Unpressed/wrinkled clothing • Flip-flops • Foam clogs, such as crocs • Hats or caps • Statement clothing (other than CU, CU PA program, or PA) • No open-toed shoes during SCPEs or labs

Lab Attire

- Some physical examination and clinical skills courses require students to practice skills on one another. In these courses, students are required to wear loose-fitting exercise clothing.
- Closed-toed shoes are required during all clinical labs and on all clinical rotations.

Grooming and Hygiene

- Daily hygiene must include clean hair and body and proper dental care. Clothing should be clean, pressed, and in good condition. Patients, peers, and co-workers are all adversely affected when working with people who have bad breath, dirty hair, and body odor. Lack of appropriate hygiene can also promote the spread of infectious agents.
- In clinical settings, long hair is to be neatly pulled back to avoid contaminating wounds or sterile fields and for the student's protection.
- Nails are to be clean and trimmed short to prevent glove puncture and patient discomfort during physical examinations. Due to the increased potential for infectious agent transmission, artificial nails are discouraged.
- Patients and classmates may have allergies or be sensitive to fragrances. Colognes and perfumes should be used judiciously, if at all, especially when working with patients (including standardized patients).

Jewelry and Piercings

- Avoid jewelry that hangs down and could be grabbed and pulled.
- Avoid jewelry that could puncture gloves or otherwise inhibit the use of personal protective equipment.
- Avoid excessive jewelry or jewelry that draws excessive attention.
- Cover body piercings (small earrings in ear lobes are acceptable) and tattoos.
- Ear gauges must be closed with plugs matching skin tone.

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Digital Etiquette and Social Media

Concord University PA program is committed to providing an optimal learning environment for all students. During learning activities, it is expected that students will only use electronic devices for learning purposes.

- The use of electronic devices for completing assignments, social networking, instant messaging, playing games, shopping, and conducting personal business is prohibited during class time. Any such activity is considered unprofessional and may result in disciplinary action.
- Mobile devices should be silenced during class, lab, and clinical experiences so as not to cause distractions for students and instructors. Students should only use mobile devices in the classroom if/when directed by faculty for specific learning experiences.
- Smart accessories (such as smart eyewear, smart watches, and smart earbuds) are not permitted to be worn during assessments.
- Lectures will be recorded and made available to students. Students are not permitted to record lectures without explicit permission from the instructor. Instructional content should not be duplicated, distributed, posted, or otherwise shared or altered without explicit permission from the instructor.
- Email communication should be consistent with the level of respect and formality of the person you are communicating with. Emails should include a subject line, appropriate salutation, clear message (with attention to proper grammar, spelling and capitalization) and signature. Emails should not include emoticons, slang, cursing, or sarcasm.
- Course instruction may be provided online through teleconferencing platforms such as Zoom on occasion. During online instruction, students are required to share their video (and be visible) for the duration of the instruction time. Students should have appropriate professional attire and behavior during online course instruction as they would for an in-person learning activity.
- Violations of digital etiquette are considered unprofessional and may result in disciplinary actions.

Student Employment

The purpose of this section is to outline the program's policy on student employment and to outline the student's role as a learner in the classroom and during supervised clinical practice experiences (SCPEs).

- Due to the intense and demanding nature of the coursework, employment while enrolled in the program is strongly discouraged.
    - If a student chooses to work, employment cannot be used to excuse tardiness or absence from any scheduled learning activity or clinical rotation.
    - Medical services provided under another license or certification (e.g., nurse, medical assistant, radiology technician, etc) during the time the student is enrolled in the PA program must be outside the duties performed as a PA student. In this capacity, students may not wear any attire (lab coat, badge, scrubs, etc) identifying them as a CU PA program student.
- The role of the PA student during the course of their studies is that of a learner. Therefore, students are not permitted to assume functions that should be fulfilled by organizational employees. As such, and in accordance with the ARC-PA Standards:
    - Students are not required, or permitted, to work in a paid or volunteer capacity for the PA program.
    - The CU PA program does not permit students to substitute for or function as instructional faculty. On occasion, students with specialized knowledge and skills may assist faculty with

providing didactic or lab instruction. However, no student is permitted to be the primary instructor for any component of the curriculum.

- The CU PA program does not permit students to substitute for or function as clinical or administrative staff during the didactic phase or during SCPEs. This policy is outlined in the Preceptor Handbook that is provided to SCPE sites and preceptors.

Academics

Curriculum

Didactic Year		
Fall - Semester One		
PA-500	PA Professional Issues	1
PA-501	Introduction to Interprofessional Practice	1
PA-502	Clinically Oriented Human Anatomy	3
PA-502L	Clinically Oriented Human Anatomy Lab	1
PA-503	Pathophysiology for Medical Providers	5
PA-504	Clinical Pharmacology	2
PA-505	History and Physical Examination Skills	2
PA-505L	History and Physical Examination Skills Lab	1
	Total	16
Spring - Semester Two		
PA-506	Patient Care and Clinical Reasoning I	1
PA-506L	Patient Care and Clinical Reasoning I Lab	1
PA-509	Clinical Medicine I	4
PA-512	Psychiatry and Behavioral Medicine	2
PA-513	Pharmacotherapy I	2
PA-516	Clinical Skills and Diagnostics I	1
PA-516L	Clinical Skills and Diagnostics I Lab	1
PA-519	Research Methods and Epidemiology	1
PA-520	Health Promotion and Disease Prevention	2
	Elective I*	2
	Total	17
Summer - Semester Three		
PA-507	Patient Care and Clinical Reasoning II	1
PA-507L	Patient Care and Clinical Reasoning II Lab	1
PA-510	Clinical Medicine II	4
PA-514	Pharmacotherapy II	2
PA-517	Clinical Skills and Diagnostics II	1
PA-517L	Clinical Skills and Diagnostics II Lab	1
PA-524	Women's Health	2
PA-525	Healthcare Systems and the Business of Medicine	1

PA-526	Social and Cultural Considerations in Medical Practice	1
	Elective II*	2
	Total	16
Fall - Semester Four		
PA-508	Patient Care and Clinical Reasoning III	1
PA-508L	Patient Care and Clinical Reasoning III Lab	1
PA-511	Clinical Medicine III	4
PA-515	Pharmacotherapy III	2
PA-518	Clinical Skills and Diagnostics III	1
PA-518L	Clinical Skills and Diagnostics III Lab	1
PA-527	Emergency and Hospital Medicine	3
PA-528	Surgery	1
	Elective III*	2
PA-540	Preclinical Assessment	1
	Total	17
	Didactic Curriculum Total	66
Clinical Year		
Spring - Semester Five		
PA-601	Transition to Professional PA Practice I	1
Summer - Semester Six		
PA-602	Transition to Professional PA Practice II	1
Fall - Semester Seven		
PA-603	Transition to Professional PA Practice III	1
PA-630	Summative Assessment	1
Clinical Rotations		
PA-701	Family Medicine	5
PA-702	Internal Medicine	5
PA-703	Pediatric and Adolescent Medicine	5
PA-704	Women's Health	5
PA-705	Emergency Medicine	5
PA-706	Surgery	5
PA-707	Behavioral Medicine / Psychiatry	5
PA-710	Elective I	5
PA-799	Elective II	5
	Clinical Year Curriculum Total	49
	Total Curriculum	115

Student Advising

The purpose of this section is to define the student advising process to ensure there is a formalized system in place to assist students in reaching their academic and professional goals.

- All students who have been accepted into the program will be assigned a PA faculty advisor who will act as their official student advisor.
- Advisors will officially meet with each of their advisees at least once each semester, more often as needed. Students are required to attend advisor-requested meetings as scheduled.
    - Students are encouraged to seek other meetings with their advisor whenever any personal or academic needs arise that may impact progress in the program.
    - The Program Faculty is charged with monitoring students throughout the program to ensure they are meeting the program's academic and professionalism standards, promptly identify any deficiencies, and implement remediation plans. As members of the Program Faculty, advisors will initiate contact with their advisees whenever there is a recognized change or potential problem identified in the student's academic or professional performance that may jeopardize their advisee's ability to reach their educational or career goals.
- Academic advising will include, but is not limited to, discussion of current course grades, study habits, test-taking problems, professional development, and any other academic or personal issues that are a concern for the student's success. It is critical that any academic, professional, or personal concerns be identified as early as possible so that referrals can be initiated to maximize each student's opportunity for success.
    - Advisors will assist the student in locating appropriate resources and promptly initiate referrals for services that will address personal issues which may impact the student's progress in the program. Resources may be on campus or off campus as indicated. Advisors are not permitted to serve as a healthcare provider or counselor for students.
        - Campus resources
            - Counseling Center: https://www.concord.edu/student-life/student-health-wellness/counseling-center
            - Student Health & Medical: https://www.concord.edu/student-life/student-health-wellness/student-health-medical
            - Disability Services: https://www.concord.edu/student-life/student-health-wellness/disability-services
            - Center for Academic and Career Development: https://www.concord.edu/student-life/cacd
    - Students should contact their advisor during the faculty's scheduled office hours or email them for an appointment.

Academic Standards

Program Progression

The CU PA program is committed to excellence in patient care and is therefore dedicated to maintaining exemplary academic and professionalism standards. The purpose of this section is to provide clear expectations on requirements and procedures related to academic performance and progression, and to outline disciplinary actions that may be taken if students are unable to meet program-defined academic and professionalism standards.

Required academic standards for progression:

- Meet all requirements outlined in the Technical Standards.
- Successfully pass all didactic and clinical courses. A score of 80%* or higher is required to pass a course.
    - All didactic written exams must be passed with ≥75%; scores below 75% require remediation (see the section below for remediation policies and procedures).

- All didactic skills exams must be passed; minimum scores for skills assessments are listed in each course syllabus (see the section below for remediation policies and procedures).
- Clinical year: End of rotation (EOR) exams and the written portion of the end-of-curriculum (EOC) summative assessment are standardized exams; scores are determined based on calculations using scale scores (see SCPE syllabi and the syllabus for PA-630 for procedures on failed assessments).
- End-of-curriculum (EOC) summative OSCE and skills assessments; passing scores on each component is ≥75% (see the syllabus for PA-630 for procedures on failed assessment components).

- Due to the sequential nature of the curriculum, students must successfully pass all courses in a given semester before becoming eligible to take courses in the subsequent semester.
- All program requirements for graduation must be completed within five years of the original date of matriculation.
- Should a student fail a course(s), the student will decelerate to the next cohort (see the section on Deceleration). Failure of any course after deceleration will result in dismissal from the program.

*A final course score of 79.50%-79.99% will round up to 80%; a final course score of 79.49% or lower signifies a failing score.

Remediation

Student progress is monitored and documented in a manner that promptly identifies deficiencies in knowledge or skills. This section outlines the requirements and procedures related to remediation and reassessment of unsatisfactory performance.

- Assessment Remediations
  - Remediation and reassessment are required for any failed written examination, skill assessments, and certain course and rotation assignments (assignments requiring a certain score are defined in the course syllabi).
  - The score for a failed assessment will be a 0% until successful remediation and reassessment, at which time the original assessment score will count toward the final course score.
  - Students have two attempts to successfully pass the reassessment. Failure to pass the reassessment will result in 0% for that assessment.
    - Minimum passing score for written reassessments is 75%.
    - Minimum passing score for skills reassessments or assignments are defined in each course syllabus.
  - Course directors or course instructors determine and facilitate the remediation for a failed assessment and establish the timeline for completion. All remediations must be complete before the end of the semester.
  - Program Faculty determine the remediation plan for a failed assessment component in PA-540 Preclinical Assessment and PA-630 Summative Assessment. The timeline for completion is detailed in the course syllabi.
- Improvement Plans
  - An improvement plan is required if a faculty member identifies that a student has a significant deficiency in knowledge or skills (see Academic and Professionalism Sanctions below).

All remediation and improvement plans and outcomes are included in the student's file in SharePoint.

Academic and Professionalism Sanctions

- Academic or Professionalism Alert
  - The purpose of the alert is to intervene early and provide guidance to students who are potentially at-risk based on academic performance or professional behavior. Students can be placed on Academic or Professionalism Alert at any time during the program if faculty identify deficiencies in medical knowledge, skills, or professionalism.
    - Examples of situations that may prompt an alert:
      - Failing two exams back-to-back
      - Consistently poor performance on assignments
      - Consistently failing to demonstrate correct skills in labs
      - Demonstrating a behavior that is determined by Program Faculty to be unprofessional (but not egregious which would result in probation)
      - A decline in the student's performance
      - If a preceptor indicates that a student is "below average" or "unacceptable" in any of the areas of evaluation on the preceptor evaluation of the student
  - The terms of an alert are documented in an Academic or Professionalism Improvement Plan that is determined by the Program Faculty. The improvement plan details the conditions placed on the student to remediate and improve performance.
  - Failure to complete the requirements detailed in the improvement plan will result in the student being placed on probation.
  - Improvement plans will be filed in the student's record, but an Academic or Professionalism Alert is not part of the student's permanent transcript and is not required to be reported to licensing or credentialing agencies.

- Academic Probation*
  - Students will be placed on Academic Probation if they fail to complete requirements detailed in an improvement plan or if they demonstrate a pattern of academic deficiency (defined below).
  - The terms of probation are documented in an Academic Improvement Plan (AIP) that is determined by the Program Faculty. The improvement plan details the conditions placed on the student to remediate and improve performance.
  - Failure to meet the terms detailed in the improvement plan will result in dismissal from the program.
  - Criteria for Academic Probation**:
    - Failing to successfully complete an Academic Alert Improvement Plan
    - Obtaining an average examination score <75% in a single didactic course which has two or more examinations.
    - Failing four or more exams across all courses in a single semester.
    - Receiving two end-of-rotation preceptor evaluations with mark(s) of "below average" or "unacceptable" in the Patient Care or Medical Knowledge sections.
    - Failing two End of Rotation (EOR) written examinations
  - To regain good standing following placement on Academic Probation during the ***didactic phase***, students must:
    - Complete requirements as detailed in an Improvement Plan

Commented [MJ1]: In a single course or multiple courses but back-to-back chronologically?

Commented [MJ2]: Do we ever define what constitutes a "formal assessment" versus a "nonformal" assessment? I assume we mean exams, primarily. If no other assessment type would cause Academic Probation, I suggest we change the two references to "formal assessments" to "exams" instead to avoid ambiguity.

        - Maintain an exam average ≥75% in each course
        - Fail <4 exams across all courses in a semester
    - To regain good standing following placement on Academic Probation during the ***clinical year***, students must:
        - Complete requirements as detailed in an Improvement Plan
        - Receive all marks on end-of-rotation preceptor evaluations that are above "below average"
        - Pass all remaining End of Rotation (EOR) written examinations
    - Probationary actions are documented in the student's file and are required to be reported to licensing and credentialing agencies
- Professionalism Probation*
    - Students will be placed on Professionalism Probation if they:
        - Fail to complete requirements detailed in an improvement plan
        - Demonstrate unprofessional behavior that warrants immediate disciplinary action, as determined by Program Faculty.
        - Receive an end-of-rotation preceptor evaluation with mark(s) of "below average" or "unacceptable" in the Interpersonal Skills and Professionalism Section
    - The terms of probation are documented in a Professionalism Improvement Plan (PIP) that is determined by the Program Faculty. The improvement plan details the conditions placed on the student to remediate and improve performance.
    - Failure to meet the terms detailed in the improvement plan will result in dismissal from the program.
    - To regain good standing following placement on Professionalism Probation, students must:
        - Complete requirements as detailed in an Improvement Plan
        - Refrain from demonstrating unprofessional behavior (of any sort) during the probationary period

*Depending on the nature of deficiency, an Alert may not precede Probation.
**Student demonstrating a deficiency warranting academic probation during the final didactic semester will not be placed on academic probation if they successfully complete PA-540 Preclinical Assessment but may receive an academic alert.

Dismissal

Students will be dismissed from the Physician Assistant Program for the following:

- Failing to meet post-acceptance requirements in the manner specified in the Admission Policy and in the student's acceptance letter
- Failure of any course in the PA program after deceleration (see the section on deceleration)
- Not meeting the criteria to be removed from Academic or Professionalism probation (see the section above).
- Any gross violation of professional conduct
- Meeting criteria to be placed on professional probation for a second time.
- Conduct that would render them ineligible to participate in clinical rotations or obtain licensure
- Failure to comply with or pass a drug screen at any time during the program
- Being unable to meet the program's technical standards
- When it is no longer possible to complete all program requirements for graduation within five years of their original date of matriculation.

Student dismissed from the PA Program have the right to:

- Appeal the decision (see the appeals process below)
- Seek re-entry by applying for admission through CASPA during the normal admissions cycle. If readmitted, no previous PA program coursework will be accepted.

Student Grievances and Appeals Process

Academic Grievances

Students who disagree with a score or qualitative evaluation on any formal assessment should meet with the course director in an attempt to discuss the score or evaluation. If the matter is not resolved to the student's satisfaction, the student can contact their advisor for assistance. If the course director and advisor are one in the same, the student should choose a faculty member of their choice to meet with. If still unresolved, a written appeal to the Program Director may be made within 10 days of receiving the assessment results. The PD will evaluate the situation and render a decision. The decision of the PD is final. In the event the score or evaluation is made by the PD, the student may appeal to the Chair of the Department of Health Science. All decisions made by the Chair are final.

Appeals Process

The Physician Assistant Program recognizes due process and the rights of a student to appeal program decisions that affect student progress within the program. Student appeals should be based upon the program's failure to follow established policies or procedures. The appeal letter should contain evidence that supports the appeal of a program decision according to the appeal process as defined herein:

- All appeals must be submitted to the Program Director in writing within five working days of the program action being appealed.
- Appeals will be reviewed during a meeting of the Program Faculty and a decision will be rendered, and the student notified, within 10 working days of receipt of the appeal. Should the faculty have any questions, the student will be invited to attend a meeting of the Program Faculty to respond to questions. As this meeting is academic, no legal counsel will be permitted to attend. The meeting may not be recorded in any manner (audio or video).
- Students who wish to appeal the program's decision may initiate a subsequent appeal to the Dean of the College of Science, Mathematics, and Health. This appeal must be initiated within 10 working days of the program's appeal decision and must be submitted in writing.
- All appeal decisions rendered by the Dean are final.

Deceleration and Program Withdrawal

Deceleration

Deceleration is the loss of a student from an entering cohort, who remains matriculated in the PA program. Students who decelerate will join the next cohort of students the following academic year. Students may decelerate if they fail a course or if they are granted a leave of absence.

- **Failure of a Course**
    - Students who fail a course (having <80% course average at the end of the semester) can decelerate and join the next cohort of PA students.
        - Students failing more than one course in a semester may be ineligible to decelerate. Program Faculty will determine eligibility on a case-by-case basis.
    - Program faculty may attach conditions that must be met prior to the students return (e.g., retaking an undergraduate anatomy course).

- **Leave of Absence**
    - The CU PA program understands there may be times when a student may need to take an extended period away from the program for unforeseen and unavoidable medical or personal circumstances.
    - Students may apply for a leave of absence (LOA) when extenuating personal circumstances (non-academic) arise that have the potential to jeopardize successful completion of the program.
    - Students must submit a written request to the Program Director to take a leave of absence. The PD will review the request with Program Faculty who will make a decision on granting a leave of absence and set the terms for returning to the program, such as retaking or auditing select courses. Consideration will be given to academic standing, timing within the curriculum, and the student's professionalism.

For students decelerating, either due to LOA or failure of a course, they are responsible for:

- Additional tuition and fees incurred as a result of the absence
- Any University requirements to decelerate to the next academic year
- Compliance with any revisions to the Student Handbook or any curricular changes
- Checking in with their PA faculty advisor at least once every two months
- Coordinating their return with the PA Program Admissions Coordinator (submitting updated vaccination records and any other program requirements)
- Adhere to conditions of deceleration as required by PA faculty

All program requirements for graduation must be completed within five years of the original date of matriculation.

Withdrawal

- Students may withdraw from the PA program at any time. Students wishing to withdraw must meet with their faculty advisor and Program Director to complete the required documentation.
- Students who withdraw from the PA program may seek re-entry by applying for admission through CASPA during the normal admissions cycle. If readmitted, no previous PA program coursework will be accepted.

Graduation Requirements

To graduate from the PA program and earn a Master of Physician Assistant Studies (MPAS) degree, students must:

1. Successfully pass all didactic and clinical courses, including PA-630 Summative Assessment,
2. Be in good academic standing (not on academic or professionalism probation), and
3. Be recommended for conferral of the Master's degree by the PA Program Faculty.

Student Assessment

Student assessment is an integral part of both didactic and clinical education, ensuring that students adequately meet program expectations and have the knowledge, skills and attitudes required to enter professional PA practice. The program conducts frequent, objective, and documented evaluations of academic performance to ensure students are meeting program-defined learning outcomes and

instructional objectives. The program director and all PA principal faculty will be involved in evaluating students. The purpose of this section is to define the assessment policies for the CU PA program.

Successful completion of assessments

- See the section above on Program Progression

Late for an examination/assessment

- Students are expected to arrive at least 10 minutes prior to the scheduled start time of an examination to set up laptop computers. Exams will begin on time.
- Students arriving after an examination has begun will be allowed to take the examination, but no additional time beyond the scheduled conclusion of the examination will be permitted.
- If a student arrives for an examination after another student has completed the examination, they will not be permitted to take the examination and therefore will receive a score of 0%.
- Recurrent tardiness is considered unprofessional and may result in disciplinary action (Professionalism Alert or Probation).

Missed examination

- To be eligible to make up a missed examination, the absence must be excused, as determined by the Program Faculty (see the section on Attendance). Unexcused absence from an examination will result in a grade of 0% on that exam.
- If the exam is determined by Program Faculty to be excused, students must be prepared to take the exam on the day they return to classes but will take the make-up exam when determined by the course director.
- Examinations are to be taken as scheduled. Special circumstances will be considered by the Program Faculty on a case-by-case basis.

Missed Quiz or In-Class Assignment

- Missed quiz or in-class assignment with an **excused absence** (see the section on Attendance) - refer to course syllabi for the policies on making up a missed quiz or in-class assignment for an excused absence.
- Missed quiz or in-class assignment with an **unexcused absence** (see the section on Attendance) - will result in a grade of 0% for the quiz/assignment.

Exam Question Review

- For quizzes and exams administered via ExamSoft, students will receive a strengths/opportunities report based on the subject and task areas evaluated in the assessment.
- To maintain question integrity and promote focus on the topics, rather than an individual answer to a given question, students are not allowed to view questions on the assessment.
- Students are prohibited from attempting to make any written, audio, or photographic notes or create any record of assessment items, including during any review or remedial activity.
- For assessments not administered via ExamSoft (e.g., TBL activities, skills labs, and written assignments), review is at the discretion of the course director and/or instructional faculty.

Examination/Assessment Integrity

- To maintain exam validity and integrity, students may not ask questions about exam questions or content during examination or assessment administration, except in the case of a technical issue.

- The examination proctor should be notified immediately of any problems related to exam administration.
- Students are not permitted to discuss, record, or attempt to recreate exam content.
- Students must store all personal items away from their testing area.
- Students must not have at their desk or on their person: caps or hats, written material of any kind, or any electronic devices, unless approved by faculty.
- Smart watches are not permitted to be worn during assessments.
- At the beginning of an exam, students will be provided a whiteboard or sheet of white paper that may be used during the exam. White boards must be erased, or paper thrown in the trash, and verified by faculty before leaving the classroom.
- When an exam is given electronically, no other windows may be open simultaneously; the testing screen must be fully maximized.
- Students must use a laptop privacy screen for all exams.
- The program will provide ear plugs as needed. Should the student prefer to wear headphones, the headphones must be noise cancellation only, without Bluetooth capabilities.
- Students who must leave the room during an exam must leave their exam material and all personal items in the exam room.
- Once a student completes their examination, they must receive acknowledgement from the proctor that their exam successfully uploaded. Once leaving the classroom, students are not permitted to reenter the classroom until all exam takers are finished.
- Refer to Concord University's Academic Integrity Policy in the Student Handbook and the Academic Integrity Policy in the Academic Catalog.
- In the event an examination must be administered remotely, students will be proctored by a CU PA program faculty member via a virtual platform.

Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT)

- The PACKRAT is a 225-question multiple-choice exam. It is an objective, comprehensive self-assessment tool for student and curricular evaluation. Each student is required to take the PACKRAT two times during the program: upon completion of the didactic curriculum and during the last semester of the program (as a course requirement for PA-540 Preclinical Assessment and PA-640 Summative Assessment, respectively).
- There are no minimum performance requirements associated with the PACKRAT. Faculty may, however, issue an improvement plan if the student's performance identifies deficiencies in knowledge. The improvement plan is intended to help the student develop a plan to address areas in which they are weak.

Summative Assessment

- The summative assessment is administered as part of PA-630 Summative Assessment in the final semester of the program. There are different components to the assessment, described in the course syllabus, but all of the following will be assessed:
    - Clinical and technical skills,
    - Clinical reasoning and problem-solving abilities,
    - Interpersonal skills,
    - Medical knowledge, and
    - Professional behaviors.

Program Costs

The standard undergraduate tuition rate does not apply to students who matriculate into the CU PA Program. Visit the program's website for the specific tuition and fees for students enrolled in the PA program. Program costs may change from year to year. Payment for tuition and fees for all courses within a semester are due at the beginning of the semester or arrangements for payment plans can be made with the University's Business Office. The CU PA Program follows the policies and procedures as outlined in the University Student Handbook when processing refunds.

Teach-Out

In the unfortunate event of program closure and/or loss of accreditation, Concord University will make appropriate arrangements to ensure that students enrolled in the program have an opportunity to complete program requirements in a timely manner, by either CU or with an ARC-PA accredited institution with the resources and support services necessary to allow students to complete their PA education and be prepared for entry into clinical practice and for the Physician Assistant National Certification Exam. The University will adhere to processes set forth by the Higher Learning Commission (HLC) and by applicable federal and state laws.

Clinical Year (Supervised Clinical Practice Experience)

Introduction

Following successful completion of the didactic phase of the program, students begin the SCPE phase (clinical rotations), which consists of seven core rotations and two elective rotations that can be done in nearly any medical specialty or subspecialty. There is also an opportunity for one of the elective rotations to be done internationally. SCPEs occur in a variety of settings in multiple disciplines, under the direct supervision of a clinical preceptor. In this phase of the program, students get direct patient care experience with the opportunity to apply and expand on their medical knowledge, refine communication skills, develop, and improve clinical and technical skills, exercise professionalism, think critically and apply evidence-based medicine, and participate in the team-based practice of medicine. This section of the handbook defines the academic policies, procedures, and expectations for the Supervised Clinical Practice Experience (SCPE) phase of the program.

Prior to Starting SCPEs

Prior to beginning the SCPE phase of the program, students must:

- Complete the clinical year orientation as part of the Pre-Clinical Assessment course
- Successfully complete all didactic courses
- Successfully pass a drug screen
- Successfully pass a criminal background check
- Provide proof of annual influenza vaccination and any other lapsed vaccinations (see Student Health Policy)
- Provide proof of tuberculosis screening in the form of a tuberculosis skin test (TST) or Quantiferon testing performed in accordance with CDC guidelines (see Student Health Policy)
- Provide documentation of successful completion of Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS)
- A signed Health Information Release form permitting CU to release the following information to clinical rotation sites: immunizations, TB screening results, results of drug screening, background check, and BLS/ACLS certification was placed in the student's file upon matriculation.

Prior to each SCPE, students must:

- Complete required EHR/computer training and any other tasks or requirements of the program or clinical training sites.
- Contact the assigned preceptor two weeks prior to the start of the rotation to introduce yourself and make any specific arrangements for the upcoming rotation.
- Two weeks prior to starting each rotation, read and complete all instructions in the program's scheduling database.
- Sites may have additional requirements. They may include but are not limited to: site-specific on-line training modules, site-specific identification badges, and drug screening by the facility. Students must comply with all requirements of clinical sites.

Clinical Rotations

The CU PA program requires all students to complete clinical rotations in a variety of medical settings and specialties, across the lifespan, that will enable them to meet the program's learning outcomes and prepare for the clinical practice of medicine. The DCE will coordinate student placements at clinical sites and with preceptors. Preceptors may be physicians with specialty board certification in their area of instruction, licensed and NCCPA-certified physician assistants, or other healthcare providers qualified in their area of instruction; however, most preceptors will be physicians or PAs. Prospective and enrolled students are not required, or permitted, to provide or solicit clinical sites or preceptors and are not expected, or permitted, to coordinate their supervised clinical practice experiences (SCPE). Students will be given an opportunity to complete a "wish list" of rotations and will meet with the DCE prior to rotation scheduling to discuss career goals and clinical interests. All rotations are 5 weeks in length and will vary in sequence for each student. All students will complete the following rotations:

- Family Medicine
- Emergency Medicine
- Internal Medicine
- Surgery
- Pediatric Medicine
- Women's Health
- Psychiatry and Behavioral Medicine
- Elective I
- Elective II

Rotation sites/preceptors outside of the United States can only be used for elective rotations. Students are only permitted one elective rotation outside of the United States.

Students are responsible for arranging and financing travel and living accommodations associated with SCPE rotations and will vary based on clinical site placement. Students must have reliable transportation to and from clinical sites and campus return visits. For clinical sites more than 50 miles from Concord University, the student is ultimately responsible for making housing arrangements, though the program will assist the student in identifying housing when possible.

The program will designate one clinical instructional faculty member (preceptor) responsible for supervision of the student assigned to that clinical site and assessment of their progress in achieving the learning outcomes for the corresponding rotation. The student will be provided the preceptor's name and contact

information and should contact the preceptor two weeks prior to the start of the rotation to make any specific arrangements for the upcoming rotation. All preceptors receive a Preceptor Handbook outlining the responsibilities for clinical training, including orienting, teaching, supervising, and evaluating students and the rotation syllabus with the specific learning outcomes required of students. Each rotation will also have a principal faculty member assigned as the course director who will be responsible for grading all rotation assignments, entering grades, and the coordination, oversight, and documentation of remediation if required.

While on SCPEs

Students must always introduce themselves to patients, patient's family members, and clinical site staff as a physician assistant student. While in the clinical setting as a student, students must wear their student identification badge, indicating they are a physician assistant student. Students will dress and present themselves in a professional and appropriate manner for the clinical rotation to which they are assigned. Students should discuss the appropriate dress code with the assigned preceptor. In situations where no specific dress code is mandated by the rotation or preceptor, students will dress according to the dress code policy as defined above. As appropriate for the clinical setting, students will wear a short white lab coat with the CU PA program logo.

Students should follow the schedule set by the preceptor (see the section under Attendance), and fulfill responsibilities as requested. At no time during the rotation, however, can students substitute for or function as clinical or administrative staff. Should the student be asked to perform duties consistent with clinical or administrative staff duties, the student should notify the DCE immediately.

If at any time during a clinical rotation, a student experiences, or witnesses, behavior consistent with harassment or discrimination, the student should contact the DCE, or another faculty member with whom they feel comfortable. The program will immediately remove a student from a rotation if it is determined the student is in danger, or if their educational experience is limited due to an unfavorable learning environment.

Experience Logging

All patient encounters and technical skills performed must be documented in CORE ELMS as soon as possible after the encounter, but no later than midnight on Sunday at the end of that week's rotation. Failure to log encounters and skills in a timely manner may be considered a violation of professionalism and treated as such (see the section on Academic and Professionalism Sanctions). Patient log data will be used in the ongoing self-assessment of clinical rotation sites.

Patient logging will include the following information for each encounter:

- Clinical Setting: Rural area? Serving rural patients?
- Name of rotation and preceptor who supervised the encounter
- Type of encounter (acute, chronic, emergent, preventive)
- Setting of the patient encounter (outpatient, inpatient, emergency room, operating room)
- If occurring in the OR - document Pre-op/Intra Op/Post-op
- Patient demographics (age, gender, etc.) but no identifying information
- Purpose of visit/problem/diagnosis (ICD-10)
- Level of assessment (observational only, limited or extended patient assessment)
- Level of decision making (none, straight-forward, extended)

- Procedural components of the encounter and level of involvement (observed, performed with supervision, competency demonstrated)
- Women's Health - prenatal or gynecologic care
- Other - behavioral/mental health - even if occurring outside of the psychiatric rotation

Assessment

The program's learning outcomes and expectations for SCPEs are detailed in each SCPE syllabus. Students will return to campus after each rotation for the EOR exam and for various learning experiences designed for the clinical year. Students will complete a didactic course each semester of the clinical year: Transition to Professional PA Practice I, II, and III, respectively.

The program has set minimum numbers of patient exposures and technical skills that will help ensure the student is able to meet the program's learning outcomes (see the section on Benchmarks for Patient Exposure). However, meeting the minimum number of exposures and skills does not equal competency. The program uses multiple data points to determine competency, including number of patient exposures and technical skills, preceptor evaluations that are specific for each rotation, and the summative exam.

The designated SCPE preceptor and the DCE will also monitor student conduct and professionalism throughout the rotation. If a preceptor reports issues with student conduct, the student will need to meet with the DCE to investigate these issues. In the event a preceptor suspects a student is participating in a rotation under the influence of illicit substances, the CU PA program reserves the right to remove the student from the rotation, perform an investigation of the matter, and work with its contracted vendor to perform a drug test on the student. Pending the outcome of the investigation and a decision rendered by the program faculty, the student may be returned to the rotation, subject to failure of the rotation, or dismissed from the program.

See the above Assessment section for details related to the PACKRAT and Summative Assessment.

International Rotations

The Concord University PA program offers a limited number of international, elective rotations. Only one elective rotation may be completed outside of the United States. Students electing to complete an international rotation must submit the request in writing and include an essay on what they hope to offer, and to gain, from the experience. Criteria for choosing students for an international rotation include students who:

- Have completed all the courses in the Medical Missions and Populations Health Track
- Are in good academic and professional standing in the program
- Demonstrate a commitment to better understanding global health and serving in an underserved area as evidenced in their essay

Students selected for an international rotation must:

- Be in good physical and emotional health
- Be prepared to tolerate some personal discomfort
- Possess good coping skills
- Possess good problem-solving skills
- Be culturally sensitive and interested in learning about different cultures

- Have a valid and unrestricted passport that will not expire within six months of travel
- Adhere to the recommendations of the CDC for international travel (see Student Health Policy)

The DCE will approve students for an international elective rotation. All expenses incurred for an international rotation are the responsibility of the student.

Benchmarks for Patient Exposure

The Concord University Physician Assistant Program has developed minimum required benchmarks for patient exposure types during the SCPE phase of the program, encompassing the following categories:

- **Encounter Type:** Preventive, Emergent, Acute, and Chronic Care
- **Across the Lifespan:** Infants (less than 1y), Children (1-10y), Adolescent (11-18y), Adult (19-64y), and Elderly (65y and over)
- **Women's Health:** Prenatal and Gynecologic Care
- **Surgical Management:** Pre-Operative, Intraoperative, and Post-Operative Care
- **Behavioral and Mental Health Conditions**
- **Practice Setting**: Outpatient, Inpatient, Emergency Department, Operating Room

Patient Exposure Benchmarks

Patient Exposure Category	Benchmark (minimum # encounters during clinical year)
Total patient encounters	1000
Encounter Type	
Preventive Care	60
Emergent Care	20
Acute Care	200
Chronic Care	200
Lifespan Care	
Infants (<1y)	20
Children (1-10y)	50
Adolescents (11-18y)	50
Adults (19-64y)	250
Elderly (65y and over)	200
Women's Health	
Prenatal Care	20
Gynecologic Care	50
Practice Setting	
Outpatient	400
Inpatient	100
Emergency Department	75
Operating Room	20
Surgical Setting	
Pre-Operative	20

Intra-Operative	20
Post-Operative	20
Other	
Behavioral/Mental Health	100
Substance Use Disorders	20

Diagnostic and Therapeutic Technical Skills

Upon completion of all SCPEs, PA students must have performed and logged the specified number of each required technical skill. All performed skills must be logged in CORE ELMS. The program differentiates skill tracking into three categories: **(1) Assessed Skills**, which require formal preceptor evaluation and align with course learning outcomes; **(2) Completion/Experiential Skills**, which track required exposure and participation in CORE ELMS; and **(3) Recommended Skills**, which provide optional enrichment opportunities. Should a student not complete the required minimum number of assessed and completion/experiential skills by the conclusion of their SCPEs, the Director of Clinical Education (DCE) may require additional clinical time, simulation, or alternative remediation to achieve completion. Failure to satisfy these technical skill requirements may result in delayed graduation.

Skills Requiring Direct Evaluation by Preceptor	Minimum Number to be Completed During Clinical Year	Rotation (listed in syllabus)
Vascular Access and General Skills		
Venipuncture	5	Emergency Medicine
Peripheral intravenous catheterization	5	Internal Medicine
Intramuscular injections	5	Pediatrics
Cardiovascular Skills		
Interpret a 12-lead electrocardiogram	3	Emergency Medicine
Doppler assessment of prenatal fetal pulses	5	Women's Health
GI/GU Skills		
Urinary bladder catheterization	3	Internal Medicine
Digital rectal/prostate exam	3	Family Medicine
Orthopedic Skills		
Splinting and/or casting	2	Emergency Medicine
Reproductive Health Skills		
Pelvic and speculum exam w/ or w/o PAP smear	5	Women's Health
Clinical breast exam	5	Women's Health
Surgical Skills		
Administration of local anesthesia and/or digital nerve blocks	5	Emergency Medicine
Wound closure with sutures and/or staples	5	Surgery
Laceration repair	2	Emergency Medicine
Superficial wound incision and draining (I&D)	2	Emergency Medicine

Skills That Require Completion (but are not formally assessed)	Minimum Number to be Completed During Clinical Year	
Capillary/finger stick w/ or w/o blood glucose testing	5	
Laboratory and Diagnostic Imaging Skills		
Rapid antigen testing	3	
Point of care urinalysis	3	
Cultures – wound, vaginal, etc.	1	
EENT Skills		
Wood's lamp examination (w/fluorescein staining)	1	
Irrigation of the external auditory canal	1	
Wound Care Skills		
Suture/staple removal	3	
Recommended Skills	**No minimum number required**	
Vascular Access and General Skills		
Arterial puncture		
Subcutaneous and intradermal injections		
Laboratory and Diagnostic Imaging Skills		
Fecal occult blood testing		
Hemoglobin and hematocrit testing		
Urine pregnancy test		
Microscopic examination of a KOH wet prep		
EENT Skills		
Foreign body removal from skin, eyes, nose, and ears		
Eye irrigation		
Anterior nasal packing		
Cardiovascular Skills		
Doppler assessment of peripheral pulses		
Respiratory Skills		
Peak flow testing		
Pulmonary function testing		
Pharyngeal suctioning		
Endotracheal intubation		
Thoracentesis and chest tube placement		
GI/GU Skills		
Naso-/oro- gastric (NG/OG) intubation and lavage		
Orthopedic Skills		
Arthrocentesis/intra-articular injection of the large joints		
Bursa aspiration and injection		

Neurology Skills		
Lumbar puncture		
Surgical Skills		
Skin punch, excisional, and shave biopsy		
Toenail removal/wedge resection		
Cryotherapy of skin lesions		
Subungual hematoma trephination		

Evaluations

Student evaluation of the clinical site and preceptor must be completed at the end of each rotation. This information is a critical part of the program's ongoing self-assessment process. Final preceptor evaluations of students will not be released until students have completed the preceptor and site evaluations for the current rotation.

After completion of all program requirements at the end of the clinical year, each expectant graduate will complete a program evaluation, or graduate exit survey. This survey provides an evaluation of the entire program curriculum, the administrative aspects of the program, and ratings regarding preparedness to enter clinical practice.