



Physician Assistant Student Manual

**Academic Year
Jan 2021 – Dec 2021**

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Non-discrimination Statement

San Juan Bautista School of Medicine (SJBSM) does not discriminate in admission or access to, or treatment or employment in, any program or activity based on age, creed, gender identity, national or ethnic origin, race, sex, sexual orientation, religion, disability or color. For inquiries concerning accommodations, the application of regulations prohibiting discrimination and other related procedures contact:

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Diversity and Inclusion

We embrace diversity in its broadest forms, encompassing and exploring the dimensions of not only racial and ethnic diversity, but also sex, gender, gender identity, sexual orientation, religion, disability, and socioeconomic background. A fundamental goal of the SJBSM is to help foster a climate where all members of our faculty, students and staff experience a true sense of belonging, respect, and a feeling that they matter, which can thrive and contribute their best work. It is only with a commitment to diversity that the mission and vision of the SJBSM can be realized.

Diversity Statement

The SJBSM shall provide equal access to and opportunity in its programs, facilities, and employment and seeks to attain a diverse learning environment through the recruitment, enrollment, hiring, and retention/graduation of students, faculty, and staff that reflects the current world.

About the Physician Assistant Student Manual

Hard copies of the PA Student Manual will be provided to you during orientation. Electronic copies of the current edition will be posted on the Institution's website, Canvas (the program's learning platform), and EXXAT (the clinical year management platform). The PA Student Manual contains general Program's guidelines, policies, and information that are applicable to all PA Students, regardless of location. The faculty will go over the Manual during orientation, but **it is the student's responsibility to read the Manual in its entirety**. The students will also be tested via a written multiple-choice examination to assure their understanding of its content. If a student fails the exam they will be counseled and remediated by the faculty until they demonstrate proficient understanding of the manual. Minor revisions to the Manual may be necessary during the academic year. Students will be duly notified by the PA Program of those revisions. Revised copies of the Manual will be posted as mentioned above and will act as the current editions by superseding all previous editions. **The PA Program will not be held responsible if a student fails to read the current edition of the Manual.** The PA Student Manual Attestation Form (page 94) **must be signed and turned in within one week of receiving the Manual.**

While information about some Institutional Student Services will be included in this Manual, please refer to the following SJBSM links for the most current information on the following services:

Financial Aid Office: <https://www.sanjuanbautista.edu/financial-aid.html>

Bursar's and Registrar's Office: <https://www.sanjuanbautista.edu/registrar.html>.

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THE PHYSICIAN ASSISTANT PROGRAM

ACCREDITATION-PROVISIONAL

SJBSM has requested the Accreditation Review Commission for the Physician Assistant (ARC-PA) to grant Accreditation-Provisional status to the PA Program.

Accreditation – Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

Accreditation – Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class. Accreditation-provisional remains in effect until the program achieves accreditation-continued after its third review, closes, or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the Standards.

The provisional accreditation process begins with a thorough review of the planning, organization, and proposed content of a program that is in the advanced planning stages, but not yet operational. The provisional accreditation pathway is the only entry way for proposed new programs into the accreditation process.

Accreditation-provisional status does not ensure any subsequent accreditation status. As is true for other accredited programs, serious issues concerning the institution’s or program’s ability to demonstrate compliance with the Standards, at any point in the provisional process, may result in an adverse accreditation action. Programs that fail to achieve accreditation or have accreditation withdrawn may re-enter the provisional process later. <http://www.arc-pa.org/accreditation/provisional-accreditation/>

Graduates of the accredited PA Program will be eligible to take the Physician Assistant National Certifying Exam (PANCE).

WELCOME TO THE SAN JUAN BAUTISTA SCHOOL OF MEDICINE

Physician Assistant Program

On behalf of the faculty and staff of the Physician Assistant Program (PA Program), we welcome you to the beginning of your professional education. The PA Program will work with you to help you realize your goal to be educated as a Physician Assistant. This Manual contains important information and will help guide you through the PA Program and orient you to its expectations, rules, regulations, facilities, and services. We wish you success in achieving your professional and personal goals. The faculty and staff are committed to assist and guide you as you begin this incredible journey, culminating in your entry to the physician assistant profession.

The PA Program consists of an intense 28-month curriculum, divided into 7 semesters. The curriculum is sequenced to afford students an understanding of the medical sciences and their application to clinical practice. The first 12 months constitute the didactic phase, devoted to classroom lectures in the basic, medical, and behavioral sciences as well as medical research and literature review. The next 16 months constitute the clinical phase and a culminating semester. During the clinical phase, you will be participating in rotations at affiliated hospitals, clinics, and private offices. The culminating semester will

get you ready to transition to clinical practice and for taking the Physician Assistant National Certifying Exam (PANCE).

San Juan Bautista School of Medicine

The San Juan Bautista School of Medicine (SJBSM) was founded in 1978 with the mission to advance the health of the community by focusing on community medicine and the need for having more physicians serving vulnerable and medically underserved populations. The School was first located in San Juan, the capital of Puerto Rico, which was originally named San Juan Bautista by the Spaniards. On June 22, 1979, it was authorized by the Puerto Rico Council on Education to offer studies leading to the M.D. degree; in 2010, the institution's educational license was amended to include the Master in Public Health (MPH) program and a Bachelor in Science of Nursing (BSN) program. The School is a private, non-profit institution, incorporated as such with the Commonwealth of Puerto Rico. A Board of Trustees governs the SJBSM and ensures that the institution fully complies with its mission and vision. The board is comprised of six elected members, and delegates in the President/Dean all actions pertaining to the appointment of deans, faculty, and administrative personnel.

The SJBSM has continued to develop through the years. In 1998, it moved its facilities to the city of Caguas, one of the most important urban centers in Puerto Rico, with a population of 150,000. The city is in the East-Central region of the island, 18 miles south of San Juan, the capital of Puerto Rico. Due to its privileged location, the city is easily accessible through ports and airport facilities, thus permitting fast and convenient transport. This location facilitates commercial, individual and tourist expansion activities.

Public Law 136 (July 17, 2006) created the Central Regional Academic Medical Centers (CRAMC) in Puerto Rico. CRAMCs are organized to support accredited medical schools in providing clinical experiences to students and assure compliance with the corresponding accreditation standards. Under PL 136 a medical school in partnership with a hospital facility, or other affiliated healthcare organizations, structure and oversee a regional academic medical center. The San Juan Bautista School of Medicine and the Mennonite Health System (MHS) have joined efforts to re-structure and further develop CRAMC's services and facilities, ensuring the availability of teaching sites for clerkships. CRAMC's also facilitate the hands-on clinical training in settings with diverse patient populations with varied medical conditions. At the same time, CRAMC's and their surrounding communities and medically underserved have access to quality healthcare services delivered at the academic medical center. MHS's teaching facilities are under the supervision and administration of the MHS Chief Executive Officer (MHS-CEO), there is direct communication, interaction, and cooperation between the SJBSM President/Dean and the MHS-CEO.

A great deal has changed in the 37 years since the SJBSM was founded, however, the commitment to serve the community and the medically underserved has not changed.

The Puerto Rico Council on Education for authorization has been notified that the San Juan Bautista School of Medicine is in the process of adding a Physician Assistant program that will offer a Master of Physician Assistant Studies (MPAS).

Directions: Expreso Luis A. Ferré (Highway 52), Exit 21 State Road 172, the Mennonite Hospital is to the right, stay on the right lane and take the marginal road to enter the hospital campus.

Map: <https://goo.gl/maps/GxsKazwSm9jB94FK9>

MapQuest Coordinates: 18.218438, -66.048927

Main Phone Number: 787-743-3038

The School is located within the campus of the Mennonite Hospital, in Caguas, PR.
Office hours are Monday through Friday 8:00 AM – 5:00 PM

MISSION AND GOALS

SJBSM PA Program Mission

The mission of the San Juan Bautista School of Medicine Physician Assistant Program is to educate and graduate capable students to meet the challenges of providing primary health care services as members of the health care team. Our graduates will have the necessary knowledge and skills needed to practice in a variety of clinical and specialty settings. Our Program strives to excel in educating, training, and graduating competent, compassionate, and dedicated Physician Assistants who will serve the health care needs of all people, without exception. Our graduates will have the necessary knowledge and problem-solving skills required for life-long learning, which will enable them to become excellent providers, clinical researchers, valuable members of the health care team, and leaders of our profession.

SJBSM PA Program Goals

- Select qualified applicants from diverse backgrounds who will effectively interact with other members of the healthcare team.
- Provide an evidence-based education that fosters life-long learning and scholarly research
- Deliver culturally competent training that will empower students to provide patient-centered care to diverse populations
- Engage all students in community outreach and foster volunteer service to the medically underserved
- Provide students with the essential knowledge and skills to pass the PANCE and deliver high quality health care to the community

FACULTY AND ADMINISTRATIVE STAFF DIRECTORY AND INFORMATION

PA PROGRAM FACULTY AND STAFF

Communication between students and faculty is essential for professional development and intellectual growth. Whenever a problem arises, you should contact the program office as soon as possible. Students must immediately inform the program of any change in address and/or telephone number in order to maintain proper channels of communication.

Luis A. Ramos, PA-C Emeritus Program Director	Ext: 3237	luis.ramos@sanjuanbautista.edu
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TBD Administrative Assistant	Ext: XXX	XXXX@sanjuanbautista.edu

SJBSM FACILITIES

INTRODUCTION

The San Juan Bautista School of Medicine academic facilities are located on the campus of the Mennonite Caguas Hospital, between State Highways 52 and 172 in an urban development known as Turabo Gardens. The campus, a 52-acre area, encompasses the Hospital and School buildings, parking spaces and green areas. The School's facilities include office space for academic administration and biomedical sciences faculty, the Library/Learning Resource Center, auditoriums, as well as classrooms and laboratories for teaching and research.

PA GROGRAM FACILITIES

Office location: Room XXXX, Bldg. XXX

Phone: 787-743-3038, ext. XXXX

Hours of Operation: Monday through Friday 8:00 AM – 5:00 PM

Please note that individual faculty hours and classroom hours may vary. Additionally, classes may be held on Saturday and Sundays if necessary.

STUDENT LOUNGE AND SIMILAR FACILITIES

Vending machines, refrigerators and microwaves may be available in the student's lounge and several other areas of the facilities. Although there are no cafeteria services within the SJBSM facilities, these services are available in the second floor of the Mennonite Hospital's main building. There are additional eating facilities within walking distance, outside the campus.

LIBRARY

The SJBSM Library, located within the facilities, serves the teaching and research needs of the faculty, staff, and students. The texts, references, and journals cover the fields of basic science in medicine, pre-clinical medicine, and related specializations. Hard copies of each required textbook are available in the Library. In addition, the Library has the best online databases in the market, having 1,200 scientific journals collections, with back file, from 1980 to the present, along with other specialized services and various electronic aid devices that will make the elaboration of bibliographies and web sites much easier. Their online services are accessible to students, faculty, and staff and provide you access to all the required textbooks, in addition to several virtual anatomy platforms. Here are the online services available to students:

- OVID
- Exam Master
- Anatomy TV
- British Medical Journal
- AccessMedicine
- AccessSurgery
- Access Emergency Medicine
- MedU
- Clinical Key for Medicine

The Library is fully staffed with a librarian and three additional assistant librarians. Visit the following link for additional information: <https://www.sanjuanbautista.edu/digital-library.html>.

COMPUTER LABS

Two computer labs are located within the facilities and are available to students. The computer labs provide computer support for students and allow for computer-assisted instruction. These labs are equipped with workstations, printers, and PCs that are connected by a Local Area Network and provide internet access through the institutional network. Technical assistants are available to all students during the labs' hours of operation.

IDENTIFICATION CARDS

SJBSM Student Identification Cards are made available through SJBSM on an annual basis. Pictures will be taken before orientation and ID cards will be distributed to all students. The card is required for entering the premises of the Institution, for all college library transactions and it entitles the bearer to discounts usually granted to college students. **I.D. cards must always be displayed. The policy related to ID cards can be found in the following link:**

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2004-02.pdf>

PARKING

Your student ID cards allow access to the campus. Students fees, upon matriculation, include payment for ID and Parking Cards. Replacement for loss of cards will cost \$10 for ID cards and \$30 for parking cards.

ACCESS TO THE CAMPUS

Students must show a valid identification card to enter the SJBSM facilities. Visitors must sign-in at the main entrance and receive a temporary pass from the guard on duty to enter SJBSM facilities.

SECURITY SERVICES

The Institution seeks to guarantee to the extent possible, a safe work and study environment which fosters the most adequate and efficient use of university funds. The Institution wishes all its employees and students to live in a healthy environment under applicable laws and regulations. The primary objective is to provide the Institution's community with a mechanism for preventing and addressing personal safety. The SJBSM has a security services contract for its campus. The guard on duty will address any situation threatening security and the situation reported. If necessary, the guard will contact local police authorities for the appropriate immediate action. The guard will also submit a report of any events to the Dean of Administration, who oversees the security and safety program of the Institution.

Students and employees are initially oriented, and annually thereafter, regarding criminal acts and safety issues on the SJBSM campus. Everyone is made aware of their responsibilities for their own safety and that of their peers.

Additional information on the security and safety policy, specifically related to the right to be informed and alerted of criminal activity on the campus, can be found in the following link:

[https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2011-08 -
Insitutional Policy Regarding the Right to Be Informed to Alert Regarding Criminal Activity.pdf](https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2011-08-_Insitutional_Policy_Regarding_the_Right_to_Be_Informed_to_Alert_Regarding_Criminal_Activity.pdf).

THE PHYSICIAN ASSISTANT PROFESSION

PAs are medical professionals who diagnose illness, develop, and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

PAs are qualified by graduation from an accredited physician assistant program and certified by the National Commission on Certification of Physician Assistants (NCCPA). The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high-quality health care. Within the physician-PA relationship, PAs exercise autonomy in medical decision making and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is centered on patient care and may include educational, research, and administrative activities. Additional information about the PA profession can also be found in

The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes of the graduate PA. The professional curriculum for PA education includes basic medical, behavioral, and social sciences; introduction to clinical medicine and patient assessment; supervised clinical practice; and health policy and professional practice issues.

Additional information about the profession can be found in the following weblinks, related to the four PA professional organizations:

- American Academy of Physician Assistants (AAPA) - <https://www.aapa.org/>
- Physician Assistant Education Association (PAEA) - <https://paeaonline.org/>
- National Commission on Certification of Physician Assistants (NCCPA) - <https://www.nccpa.net/>
- Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) - <http://www.arc-pa.org/>

PAs are generally responsible for the following duties:

- Eliciting a detailed and accurate medical history, performing a complete physical examination, and recording all pertinent data and development of a treatment plan.
- Utilize critical thinking skills in patient evaluation with analytical interpretation of health care information including pertinent labs and diagnostic data.
- Performing therapeutic procedures, including injections, immunizations, wound care, suturing, incision and drainage of superficial infections, insertion of nasogastric and bladder catheters, cast application and providing follow-up care for simple fractures.
- Counseling patients regarding physical and mental health, as well as providing patient information on diet, health promotion, disease prevention, normal growth and development, and family planning.
- Assisting the physician in inpatient settings by performing patient rounds, recording patients' progress notes, and determining and implementing therapeutic treatment plans.
- Generate appropriate referrals to specialists, therapists, social workers, other members of the health care team and provide information on community resources where indicated
- Facilitating the appropriate referral of patients and maintaining awareness of existing health delivery systems and social welfare resources.
- Demonstrate professional behavior in all encounters to the highest ethical and legal standards.
- Formulate an appropriate therapeutic management plan that uses evidence-based medicine and problem base-learning for patient care across the life span for emergent, acute, chronic, and ongoing conditions.

GUIDELINES FOR ETHICAL CONDUCT FOR THE PHYSICIAN ASSISTANT PROFESSION

(Adopted 2000, reaffirmed 2013, amended 2004, 2006, 2007, 2008, 2018) <https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>

Introduction

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy was developed and adopted by the four Physician Assistant organizations in 2000. The policy, as written, reflects a point in time and should be reviewed through that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science. The current revision was completed in 2018.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by going a step further and describing how these tenets apply to PA practice. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the healthcare team, clinical information, ethical principles, and legal obligations. Context and/or casuistry (extracting reasoning from case study), often play key roles in decision making.

Four main bioethical principles broadly guided the development of these guidelines: patient autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

PAs are expected to behave both legally and morally. They should know and understand the local, state, and federal laws governing their practice. Likewise, they should understand the ethical responsibilities of being a healthcare professional. Legal requirements and ethical expectations will not always agree. The law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide

the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

Statement of Values of the Physician Assistant Profession

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- PAs recognize and promote the value of diversity.
- PAs do not discriminate; PAs treat equally all persons who seek their care.
- PAs hold in confidence the patient-specific information shared in the course of practicing medicine.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine. PAs assess their personal capabilities and limitations, striving always to improve their practice of medicine.
- PAs assess their personal capabilities and limitations, striving always to improve their practice of medicine.
- PAs work with other members of the healthcare team to provide compassionate and effective care of patients.
- PAs use their knowledge and experience to contribute to a healthy community and the improvement of public health.
- PAs respect their professional relationship with all members of the healthcare team.
- PAs share and expand clinical and professional knowledge with PAs and PA students.

The PA and Patients

PA Role and Responsibilities

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

PAs are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their healthcare. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient’s access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

PAs should always act in the best interests of their patients and as advocates when necessary. While respecting the law, PAs should actively resist policies that restrict free exchange of medical information whether the restrictions are coming from their institution, regulators, or legislators. For example, PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient’s best interests.

Diversity

The PA should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination of Patients and Families

PAs should not discriminate against classes or categories of patients in the delivery of needed healthcare. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation. *See also section on Nondiscrimination in the Workplace and Classroom.*

Initiation and Discontinuation of Care

In the absence of a preexisting patient–PA relationship, the PA is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and, when necessary, to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

Care can be discontinued for many reasons, some positive (such as retirement or a new position) and some negative (such as threatening behavior by the patient or demonstrating non-compliance with recommended medical care).

A professional relationship with an established patient may be discontinued if proper procedures are followed. The patient should be provided with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. If discontinuation is the result of a problematic relationship, discontinuation should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

Many regulatory boards have rules or position statements addressing termination of care. PAs should understand any regulatory requirements before acting.

Informed Consent

PAs have a duty to protect and foster an individual patient’s free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a patient or patient surrogate who has medical decision-making capacity. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs are expected to be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors. *See also, AAPA policy paper, Use of Medical Interpreters for Patients with Limited English Proficiency*

In caring for adolescents, the PA must understand all the laws and regulations in the PA’s jurisdiction that are related to the ability of minors to consent to or refuse healthcare. Adolescents should be encouraged to involve their families in healthcare decision making. The PA is expected to understand consent laws pertaining to emancipated or mature minors. *See also, the section on Confidentiality and AAPA’s policy paper, Attempts to Change a Minor’s Sexual Orientation, Gender Identity, or Gender Expression.*

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand institutional policies and local, state, and federal laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. *See also, the section on Informed Consent.*

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should use and advocate for methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the institutional policies and local, state, and federal laws and regulations that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in the patient's medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure of Medical Errors

A patient deserves complete and honest explanations of medical errors and adverse outcomes. The PA should disclose the error to the patient if such information is significant to the patient's interests and well-

being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may. See AAPA policy paper, Acknowledging and Apologizing for Adverse Outcomes.

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches is contextual and casuistic (extracting reason from case study). For example, it might be ethically acceptable to treat one's own child for a case of otitis media, but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests or have access to the results because of patient care, they should assure that appropriate pre- and posttest counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information.

Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

Patients have a right to access the full range of reproductive healthcare services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive healthcare.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

End of Life

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

PAs should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally ill patients that they will not be abandoned. To the extent possible, patient, or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' and their family's wishes for treatments when possible, PAs also must weigh their ethical responsibility to withhold futile treatments and to help patients understand such medical decisions. The same is true for evaluating a request to provide assistance in dying.

A PA should not make these decisions in a vacuum. Prior to taking action, the PA should review institutional policy and legal standards. A PA should also consider seeking guidance from the hospital ethics committee, an ethicist, trusted colleagues, a supervisor, or other AAPA policies. *See also, AAPA policy paper, End-of-Life Decision Making.*

The PA and Individual Professionalism

Conflict of Interest

PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs should consider the guidelines of the American College of Physicians, "What would the public or my patients think of this arrangement?"

Professional Identity

PAs should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. PAs should uphold the dignity of the PA profession and accept its ethical values.

Competency

PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic healthcare providers. Providing competent care includes seeking consultation with other providers and referring patients when a patient's condition exceeds the PA's education and experience, or when it is in the best interest of the patient. PAs should also strive to maintain and increase the quality of their healthcare knowledge, cultural sensitivity, and cultural competence through individual study, self-assessment, and continuing education.

Sexual Relationships

It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. The legal definition may vary by

jurisdiction, but key third parties are generally individuals who have influence over the patient such as spouses or partners, parents, guardians, or surrogates. PAs should be aware of and understand institutional policies and local, state, and federal laws and regulations regarding sexual relationships.

Sexual relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

However, there are some contexts where a strict moratorium, particularly when extended to third parties, may not be feasible (3). In these cases, the PA should seek additional resources or guidance from a supervisor, a hospital ethics committee, an ethicist, or trusted colleagues. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

Nondiscrimination in the Workplace

It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile, inequitable or intimidating work or learning environment. This includes, but is not limited to, discrimination based on sex, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation. *See also, the sections on Nondiscrimination of Patients and Families, and Sexual Harassment.*

Sexual Harassment

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

See also, the section on Nondiscrimination in the Workplace and Classroom.

The PA and Other Professionals

Team Practice

PAs should be committed to working collegially with other members of the healthcare team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other healthcare professionals, their organizations, and the general public. The PA should consult with all appropriate team members whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another healthcare professional.

Resolution of Conflict Between Providers

It is unethical for a PA to circumvent the other members of the healthcare team or attempt to disparage or discredit other members of the team with the patient. In the event a PA has legitimate concerns about a provider's competency or intent, those concerns should be reported to the proper authorities.

PAs should be aware of and take advantage of available employer resources to mitigate and resolve conflicts between providers.

Illegal and Unethical Conduct

PAs should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by healthcare professionals to the appropriate authorities.

Impairment

PAs have an ethical responsibility to protect patients and the public by recognizing their own impairment and identifying and assisting impaired colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in any member of the healthcare team and should seek assistance from appropriate resources to encourage these individuals to obtain treatment. *See also, AAPA policy paper, PA Impairment*

Complementary, Alternative and Integrative Health

When a patient asks about complementary, alternative, and/or integrative health approaches, the PA has an ethical obligation to gain a basic understanding of the therapy being considered or used and how the treatment will affect the patient. PAs should do appropriate research, including seeking advice from colleagues who have experience with the treatment or experts in the therapeutic field. If the PA believes the complementary, alternative or integrative health is not in the best interest of the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and Healthcare Systems

Workplace Actions

PAs may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators

All PAs have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their healthcare and wellness.

PAs and Research

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research must be reported to maintain the integrity of the available data in research.

PAs are encouraged to work within the oversight of institutional review boards and institutional animal care and use committees to ensure that ethical standards are maintained.

PAs involved in research must be aware of potential conflicts of interest. Any conflict of interest must be disclosed. The patient's welfare takes precedence over the proposed research project.

PAs are encouraged to undergo research ethics education that includes periodic refresher courses to be maintained throughout the course of their research activity. PAs must be educated on the protection of vulnerable research populations.

Sources of funding for the research must be included in the published reports.

The security of personal health data must be maintained to protect patient privacy.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

The PA expert witness should testify to what they believe to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

The PA and Society

Lawfulness

PAs have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community.

Executions

PAs, as healthcare professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

Access to Care/Resource Allocation

PAs have a responsibility to use healthcare resources in an appropriate and efficient manner so that all patients have access to needed healthcare. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well Being

PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. When confronted with this situation, a PA may seek guidance from a supervisor, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies.

In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

AAPA recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible healthcare. PAs wrote these guidelines for themselves and other PAs. The goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

PROFESSIONAL CONDUCT

SAN JUAN BAUTISTA SCHOOL OF MEDICINE HONOR CODE

This Honor Code delineates the standards that San Juan Bautista School of Medicine deems essential to ensure its students' suitability for the practice of health care. By signing the SJBSM Honor Code, the student agrees to abide by all components. By acting with honesty, integrity, fairness, and respect for others we foster a community built on trust and enable the free exchange of ideas. Behavior that deviates from these principles jeopardizes this achievement and, in some circumstances, patient safety. The Honor Code exists in conjunction with other institutional regulations and policies. Violations of the Honor Code may lead to disciplinary action.

Non-discrimination

It is unethical for a student to refuse to participate in the care of a person based on that person's race, religion, ethnicity, socioeconomic status, gender, age, or sexual orientation. It is also unethical to refuse to participate in the care of a patient solely because of medical risk, or perceived risk, to the student. It is not, however, unethical for the pregnant student to refuse to participate in activities that pose a significant risk to her fetus.

Confidentiality

The patient's right to confidentiality is a fundamental tenet of health care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical.

Professional Demeanor

The student should be thoughtful and professional when interacting with colleagues, patients, and their families. Unprofessional behavior includes the use of offensive language, gestures, or remarks with sexual overtones. Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served. Under pressure of fatigue, professional stress, or personal problems, students should strive to maintain composure or to remove themselves from the situation when appropriate. The student should seek supportive services when appropriate.

Misrepresentation

A student should accurately represent himself or herself as to patients and others on the medical teams or elsewhere. Students should never introduce or portray themselves as professional health providers as this is clearly a misrepresentation of the student's position, knowledge, and authority.

Honesty

Students are expected to demonstrate honesty and integrity in all aspects of their education and in their interactions with patients, staff, faculty, and colleagues. They may not cheat, plagiarize, or assist others in the commission of these acts. The student must assure the accuracy and completeness of his or her part of the medical record and must make a good-faith effort to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead others or promote himself or herself at the patient's expense.

Consultation

Students should seek consultation and supervision whenever their participation in the care of a patient may be inadequate because of lack of knowledge and/or experience.

Conflict of Interests

When a conflict of interest arises, the welfare of the patient must always be the priority. A student may challenge or refuse to comply with a directive if its implementation would be antithetical to his or her own ethical principles when such action does not compromise patient welfare. Gifts, hospitality, or subsidies offered by medical equipment, pharmaceutical, or other manufacturers or distributors should not be accepted if acceptance would influence the objectivity of clinical judgment. Student interactions with commercial interests should conform to the American Medical Association (AMA) guidelines.

Sexual Misconduct

The student will not engage in romantic, sexual, or other nonprofessional relationships with a patient, even at the apparent request of a patient, while the student is involved with the patient's care. The student is not expected to tolerate inappropriate sexual behavior on the part of SJBSM's administrative personnel, faculty, fellow students, medical personnel and/or patients.

Impairment

The student will not use alcohol or drugs in a manner that could compromise patient care. It is the responsibility of every student to protect the public from an impaired colleague and to reach out to a colleague whose capability is impaired. The student is obligated to report persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception.

Criticism of Colleagues

Professional relations among all members of the SJBSM community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community. The student will deal with members of the health team and all others in a cooperative and considerate manner. Concerns about the conduct of other members of the health care team should be reported through appropriate supervisory and regulatory channels.

Research

The basic principle underlying all research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be well enough acquainted with the work of their coworkers that they can personally vouch for the integrity of the study and validity of the findings and must have been active in the research itself. Plagiarism is unethical. To consciously incorporate the words of others, either verbatim, or through paraphrasing, without appropriate acknowledgment is unacceptable in scientific literature.

Evaluation

Students should seek personnel feedback and actively participate in the process of evaluating their teachers. Students are expected to respond to constructive criticism by appropriate modification of their behavior. When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

Teaching

Students of the SJBSM community are expected to teach what they know of the science, art, and ethics of health care to patients and other members of the medical community. This implies a responsibility to share knowledge and information with colleagues and patients.

Responsibility to the profession

Students are expected to behave in such a fashion as to bring honor upon the profession. Violation of any of these expectations, whether at the school or elsewhere, will be grounds for a disciplinary action.

EXPECTED PA COMPETENCIES AND SKILLS

COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION

(Adopted 2012 by ARC-PA, NCCPA, and PAEA Adopted 2013 by AAP)

Weblink: https://www.nccpa.net/PAC/Competencies_references.aspx.

Between 2003-2004, the NCCPA led an effort with three other national PA organizations (ARC-PA, AAPA, and PAEA) to define PA competencies in response to similar efforts conducted within other health care professions and the growing demand for accountability and assessment in clinical practice. The resultant document, **Competencies for the Physician Assistant Profession**, provided a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession. This document was updated in 2012 and approved in its current form by the same four organizations.

This documents the foundation from which each of those four organizations and individual PAs can acquire and maintain throughout their careers. This document serves as a map for the individual PA student that is committed to completing the educational process needed to enter the PA profession.

The professional competencies for PA students include the effective and appropriate application of medical knowledge, communication skills, patient care, professionalism, as well as an unwavering commitment to continuous learning, professional growth, and the physician-PA team.

The following are the adopted expected competencies for PA Students and Graduates:

Medical Knowledge

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

PAs are expected to understand, evaluate, and apply the following to clinical scenarios:

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

Interpersonal and Communications Skills

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

PAs are expected to:

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

Patient Care

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

PAs are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients

- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

Professionalism

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

PAs are expected to demonstrate:

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

Practice-based Learning and Improvement

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

PAs are expected to:

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

System-based Practice

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

PAs are expected to:

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

PA TECHNICAL SKILLS AND STANDARDS

Introduction

The PA Program is dedicated to the education of students who will develop into exceptional practitioners, strive to become competent and caring providers, and demonstrate the ability to learn, integrate, analyze, and synthesize information and data. The physician assistant student will be in possession of the knowledge and skills required to adapt to an ever-changing professional environment. The physician assistant student must have the capabilities to perform in a variety of clinical settings while providing a wide spectrum of patient care. This requires that every student have enough capabilities and abilities in the following areas:

- Communication
- Observation
- Motor/Tactile Function
- Intellectual, Conceptual, Integrative and Quantitative Abilities
- Professionalism

These technical standards **are required** for admission and **must be maintained** during a student's progress through the PA Program. Successful participation in and completion of the PA Program requires students to have certain mental and physical abilities, with or without reasonable accommodations. SJBSM complies with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and state and local requirements regarding applicants and students with disabilities. Detailed information about the Act can be found in the following weblink:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2006-03.pdf>.

PAs deliver health care in a variety of settings to diverse patient populations. The role of the PA demands intelligence, sound judgment, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. PAs and PA students must be able to collect and analyze data, integrate

results of diagnostic studies with current treatment standards and solve problems all in the course of providing patient care.

Required mental and physical abilities fall into five major categories: sensory, communication, motor, intellectual, and behavioral/social.

Technical Standards

Sensory

PA students must have enough visual and auditory ability to observe in lecture-learner, laboratory, and patient care settings. Sensory skills required in the performance of complete physical examinations utilizing inspection, percussion, palpation, and auscultation include adequate vision, hearing, smell, and tactile sensation. All senses must be enough to observe a patient's condition and elicit information through history and physical examination.

Motor

Enough physical stamina is required to complete the rigorous didactic and clinical portions of the program. The didactic phase of the program requires extended sitting, in contrast to the clinical phase which requires extended standing and moving about various clinical facilities. PA students must be able, with or without accommodation, to elicit information from patients and perform a physical examination. In addition, they must be able to perform therapeutic and diagnostic procedures in addition to negotiating various health care environments, such as outpatient facilities, laboratories, and hospitals. Students must have enough motor function to execute movement's essential to provide general and emergency care to patients. Some examples of emergency care reasonably required of physician assistants is cardiopulmonary resuscitation, administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, the handling of surgical instruments and the performance of basic obstetrical maneuvers. Additionally, the ability to use the electronic medical record as well as take the national physician assistant certification examination which does not offer paper testing necessitate that students are able, with or without reasonable accommodations, to use computer and other electronic devices.

Communication

PA students must be able to read, understand, write, and speak English for effective and efficient classroom and laboratory communication. PA students must be able to record and communicate information in a timely, effective, and sensitive manner to patients and other members of the health care team. Effective communication needs to be clear and unambiguous. Communication includes face to face contact, reading, legible writing and completion of electronic medical records in a timely manner. While eliciting information from patients, the student must be able to identify and describe changes in mood, activity and posture and perceive nonverbal communication.

Intellectual

PA students must be able to sustain attention, calculate, reason, analyze, assimilate, and recall technically detailed and complex information. Correlating information and problem solving to arrive at a reasonable clinical conclusion in a timely fashion is a basic tenet of clinical practice. Students must be able to learn through a variety of teaching modalities including classroom instruction, small group, and collaborative activities, simulated and clinical environments. With rapidly expanding avenues of clinical information, the ability to extract valid, useful, and relevant information from the medical literature is also required to

formulate accurate diagnoses and treatment plans. In addition, students should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

Behavioral and Social Attributes

PA students must be able to relate and perform professionally in all aspects of PA training and in the clinical environment with patients and other members of the health care team. Students must possess emotional health and maturity for full utilization of intellectual abilities. They need to exercise good judgement, empathy, integrity, and honesty in all academic settings and possess enough interpersonal skills to develop mature, effective, compassionate, and respectful relationships with peers, patients, patient families and caregivers and all member of the health care team. Students must be able to tolerate physically taxing workloads, changing environments and rotating schedules. They must display flexibility and learn to function in the face of uncertainties inherent in the practice of medicine. Students should take responsibility for their own learning and recognize insufficiencies in knowledge or skills and seek assistance as they strive for excellence. Students are expected to accept suggestions and criticisms and respond by appropriate modification of behavior.

SJBSM AND PA PROGRAM GENERAL POLICIES

HEALTH INSURANCE

Executive Orders 2012-05 and 2013-03

To ensure proper health care for all SJBSM students, SJBSM provides strict regulations that commence on enrollment. From the submission of health documents such as health certificate; VDRL, CBC and Urinalysis test results, and an updated vaccine report; to evidence of proper health insurance coverage are among the requirements for all enrolled students. SJBSM has also included arrangements for medical care in case of emergencies, and other medical situations.

For details, students may refer to the following weblinks:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2012-05.pdf> and
https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2013-03_Student_Emergency_Health_Care_Services.pdf.

BACKGROUND INVESTIGATIONS

Executive Order 2012-02

Recognizing the need to enhance the safety and well-being of patients, peer students, faculty and the whole institution; and in so doing, to bolster the public's continuing trust in health professions; and to ascertain the ability of students to maintain of eventually becoming licensed and/or certified in their professions, criminal background checks (CBC) will be performed on all admitted applicants of SJBSM.

For details, students may refer to the following weblink:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2012-02.pdf>.

IMMUNIZATIONS

Executive Order 2006-05

As part of the Health and Safety Program, SJBSM requires that all students admitted to the institution, be immunized against infectious diseases such as: Hepatitis B, Polio, Tetanus, Diphtheria, Mumps, Pertussis, Rubeola (Red Measles), Rubella (German Measles), and Varicella. Students must submit evidence of immunization; with a health certificate that includes a VDRL test, and a non-reactive Tuberculin skin test.

Without submission of these forms, students may not register for the first semester of the Program. Students may be required to submit additional health screenings and immunizations for certain clinical sites. The students upload these documents onto EXXAT and send them directly to the clinical sites/preceptors. All additional requirements are posted on EXXAT and reviewed prior to entering the clinical phase.

For details, students may refer to the following weblinks:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2006-05.pdf>

PROFESSIONAL LIABILITY

Physician Assistant students are required to have individual malpractice/liability insurance. A fee of \$125.00 is collected each semester by the Bursar, totaling \$375.00 per year. Our clinical affiliated institutions, which provide clinical practice, require this coverage.

PROFESSIONAL ORGANIZATIONS

Students are required to be registered as student members in the **Puerto Rico Association of Physician Assistants** (PRAPA) and the **American Association of Physician Assistants** (AAPA). Students are encouraged to keep abreast and of the happenings in the **Student Academy of the American Academy of Physician Assistants** (SAAPA) and the Student Chapter in PRAPA. Students are encouraged to become student leaders or join committees in the student chapters in these organizations. Many publications are available to AAPA members free of charge (i.e., JAAPA, PA Journal, Clinician Review).

Students play an important role in helping the profession stay current and progressive. These organizations provide a basis for students' professional growth through various in-services, meetings and conferences that are available at reduced rates with membership.

The students established a **PA Student Leadership** which consists of a President, Vice President, Secretary, Treasurer, and several committee chairs. You are encouraged to participate and become active in the PA Student Leadership. This provides a background of valuable experience for involvement and professional enrichment.

STUDENT WORK POLICY

Executive Order 2011-06

Considering the effects of fatigue and sleep deprivation on a student's learning and clinical activities, as well as their own and their patient's health and safety, SJBSM has established specific policies that are aimed at guaranteeing a balanced workload for students enrolled in the programs. Violation of these regulations shall be reported to the Academic or Clinical Coordinator, who will discuss the violation with the corresponding Dean.

Additional information about this policy can be found in the following weblink:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2011-06.pdf>.

Due to the formidable challenge the PA Program presents, both in the didactic and clinical phases, we highly recommend that students do not work while enrolled in the PA Program. The success of each candidate is often directly related to their ability to focus solely on their commitment to their studies.

Students will not function as instructional faculty during class or labs. Furthermore, they will also not perform clerical or administrative duties for the PA Program.

CLASSROOM ETIQUETTE

All electronic devices except for your program approved computer/device should be muted or turned off while in the classroom (vibration mode is not acceptable). The use of smart phones in the classroom for personal purposes is considered disruptive and will not be tolerated. Please advise acquaintances and family members to contact the program office for urgent or emergent situations. If your cell phone rings during lecture, you may be asked to leave the room and not return for the duration of the lecture. If the above policy cannot be adhered to, the PA Program reserves the right to implement an alternative procedure to manage the inappropriate use of cell phones or any electronic devices during instruction.

Laptops and other electronic devices brought to the classroom are intended for class activities only. All students are required to bring their computer or digital device to all classes. The use of a laptop or other electronic device during class for non-classroom purposes is not appropriate.

Walking in and out of the classroom during class and talking during lecture are considered disruptive and not conducive to an effective learning environment. The exception to this policy is if the student has a medical condition or disability that causes the student to leave the classroom before the lecture ends.

It is up to the instructor's discretion to allow questions to be addressed during the delivery of the lecture. While instructor preferences may vary, it is advised to raise your hand and wait to be called upon.

Students who display poor classroom etiquette may be referred to the PA Program's **Academic Progress Committee's (APC)** for determination of actions required for correction.

CLASS ATTENDANCE

Absences

Attendance to lectures is paramount, in order to fully engage in the educational experience that is designed to help students succeed in the program. Lectures are designed in a sequential, body system approach that specifically enhances the student's learning and retention. Attendance to skill labs, fieldwork, clinical rotations, and assessments **is required** and designed to provide students the opportunity to acquire the clinical skills necessary to practice medicine. Therefore, attendance to all programmatic activities is deemed to be a fundamental aspect of the PA educational process.

Students are allowed a total of 24 hours of unexcused absences per semester. Due to the intense nature of the curriculum, students are strongly encouraged to schedule routine appointments for evening or weekend hours in order to avoid conflicts with the schedule. This release is meant to be used for personal and routine medical/dental appointments. **Requests for excuses for routine appointments will not be accepted after the 24 hours have been used.** Absences due to acute and emergent medical conditions may be excused with a legitimate, written, and signed letter by a healthcare provider. Students requiring three (3) or more days of consecutive excused absences (totaling more than 24 hours) **must email the PD immediately.**

Unanticipated absences due to illness, accident or other unexpected events may be considered excused only if reported directly by the student via phone or email to the PA Program Director as soon as possible.

Reporting of absences by proxy is unacceptable unless there is an extenuating circumstance (i.e., the student is unable to speak, make a phone call, or send an email).

Unexcused Absences (after the 24 hours release)

Any discovered or reported absence which does not fall into the above categories will be considered unexcused and will be recorded in the student's file. Any unexcused absence requires written explanation within 24 hours regarding the circumstances of the absence to the Academic/Clinical Coordinator, depending on which phase of the program the student is enrolled in.

At the discretion of the PD, a single unexcused absence will result in a Professional Warning. Two (2) unexcused absences will result in an APC meeting to determine all possible disciplinary actions and may result in Professional Probation. Continued unexcused absences may be grounds for dismissal from the program at the discretion of the PD.

Absences on the first or last day of a rotation, course, lecture series, day of scheduled exam, day before a scheduled exam or after or before a scheduled break, vacation, or weekend are considered unexcused unless prior written approval has been granted. If such an absence is the result of a sudden unavoidable circumstance, the Academic Coordinator should be notified as soon as possible and provided with a written explanation for the absence.

If the student is unable to provide documentation to excuse their absence the day/class before a scheduled exam, the exam taken will be considered a make-up exam and the highest score achieved will be a 75%.

Lateness/Early Departure

It is disruptive and disrespectful to come in late or leave early from academic activities. Excessive lateness or unexcused early departures will be grounds for referral to the APC.

PERSONAL APPEARANCE

Institutional Dress Code

Quality patient care depends on more than just the acquisition of the required knowledge and skills. Professional appearance is also necessary in order to impart the patient with the feeling that we are practicing professionals who are delivering quality health care. Students at SJBSM are expected to dress appropriately as future professionals in the health sciences field, in accordance to the dress code established by the Institution. When selecting the clothes to wear, students should always try to project a neat and professional look. Students who are unsuitably dressed will not be allowed on the premises of the Institution. **The poor appearance of one student is often generalized to the entire group or profession.**

The following attire is not considered appropriate and therefore will be unacceptable on school premises during lectures and while visiting different offices on official business:

- Extra short skirts (half of thigh)
- Pronounced necklines
- Extra short shirts or blouses
- Short Bermuda type pants (both male and female students)
- Very worn, torn and/or stained jeans
- Beach sandals, flip flops or similar type shoe attire

- Sleeveless shirts (male students)
- Transparent shirts
- Hats or caps
- Worn out and/or dirty shoes, sport shoes, or sneakers

Students should dress appropriately during laboratory sessions. The following code must be observed:

- Designated scrub and dressing gown will be used during laboratories sessions
- Closed leather shoes (must cover heel)
- No sandals, slippers, and/or similar type shoe attire

Lab gowns shall not be worn outside the laboratory spaces.

PROFESSIONAL CONDUCT

Students are professional trainees and representatives of SJBSM. Students will encounter patients, families, and a variety of health care professional during their education. The faculty monitors the professional development of all students as well as their academic development. In addition, students are expected to conform to the AAPA Code of Ethics and the SJBSM Student Manual, in order to maintain patient confidentiality, safety, and dignity at all times.

Students that are chosen as class representatives must maintain professional conduct. Any violation of professional conduct that results in a Professional Warning or probation will cause the student to be removed from his/her position as class leader.

Students must demonstrate a range of skills and abilities, such as, maturity, reliability, good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physician assistants. PA students must clearly identify themselves as PA students.

ACADEMIC AND PROFESSIONAL INTEGRITY

PA students must adhere to the standards for academic, professional, and ethical practice established by the profession as well as the SJBSM. These standards include but are not limited to academic integrity, patient confidentiality, documentation, billing practices, professional conduct in patient settings, etc.

SJBSM is a community of scholars and learners committed to maintaining the highest standards of personal integrity in all aspects of our professional and academic lives. Because intellectual integrity is a hallmark of scholarly and scientific inquiry, students and faculty are expected to share a mutual respect for teaching, learning and the development of knowledge. They are expected to adhere to the highest standards of honesty, fairness, professional conduct of academic work and respect for all community members.

Academic dishonesty undermines our shared intellectual culture and our ability to trust one another. Faculty and administration bear a major responsibility for promoting a climate of integrity, both in the clarity with which they state their expectations and in the vigilance with which they monitor students. Students must avoid all acts of dishonesty, including, but not limited to, cheating on examinations, fabricating, tampering, lying, and plagiarizing, as well as facilitating or tolerating the dishonesty of others. Academic dishonesty lowers scholastic quality and defrauds those who will eventually depend on the knowledge and integrity of our graduates.

SJBSM views violation of academic integrity with the utmost gravity. Such violations will lead to appropriate disciplinary actions, up to and including expulsion from the PA Program and Institution. We commit ourselves to the shared vision of academic excellence that can only flourish in a climate of integrity.

The SJBSM's policy on academic integrity is designed to guide students as they prepare assignments, take exams, and perform the work necessary to complete their degree requirements, and to provide a framework for faculty in fostering an intellectual environment based on the principles of academic integrity.

Adherence to these principles is necessary to ensure that:

- Proper credit is given for ideas, words, results, and other scholarly accomplishment
- No student has an inappropriate advantage over others
- The academic and ethical development of students is fostered
- The SJBSM can maintain its reputation for integrity in teaching, research, and community service

Failure to uphold the principles of academic integrity threatens not only the reputation of SJBSM, but also the value of each degree awarded by the institution. All members of the SJBSM community bear a shared responsibility for ensuring that the highest standards of academic integrity are upheld.

The SJBSM administration is responsible for working with faculty and students to promote an institutional culture of academic integrity, for providing effective educational programs that create a commitment to academic integrity, and for establishing fair procedures to deal with allegations of violations of academic integrity.

Violation of Academic Integrity

The following are violations of academic integrity and are prohibited by the PA Program. Students, faculty, and other members of the Program who are in violation of one of the offenses listed below or similar such offenses or who assist in the commission of such offenses may be subject to sanctions.

Plagiarism

Plagiarism is defined as the unauthorized use of the writings, ideas, and/or computer-generated material of others without appropriate acknowledgement and the representation of them as one's own original work. Plagiarism encompasses acts of inadvertent failure to acknowledge sources, as well as improper attribution due to poor citation.

When using ideas/words from other sources, the student must clearly define the sources using standard methods of citation. Plagiarism can occur even when one does not use the exact words of another author. Paraphrasing written material by changing or rearranging words without the proper attribution is still considered plagiarism (even if it eludes identification by plagiarism detection software). It is therefore critically important that students understand how to cite. If students have any questions about the proper use and citation of material from other sources, they should seek help from their professors.

Intentional Plagiarism

Plagiarism takes many forms. **Flagrant forms**, or **intentional plagiarism**, include, but are not limited to: purchasing or copying a paper from the Internet or from a fellow student or anyone else, whether or not

that paper has been published; copying or cutting and pasting portions of others' work (whether a unique phrase, sentence, paragraph, chart, picture, figure, method or approach, experimental results, statistics, etc.) without attribution; copying clinical notes/materials without personally performing the patient examination. Plagiarized sources may include not only print material but also computer programs, video/audio sources, emails and material from social media sites and blogs, as well as assignments completed by other students at SJBSM and elsewhere. A more subtle, but equally flagrant, form is paraphrasing or attempting to put in one's own words the theories, opinions, or ideas of another without proper citation.

Students may not reuse their own previous work without appropriate citation. This is a form of plagiarism called self-plagiarism and may mislead the reader or grader into the erroneous belief that the current submission is new work to satisfy an assignment.

If students are unsure as to whether a fact or idea is common knowledge, they should consult their instructor or librarian, or else provide appropriate citations.

Unintentional Plagiarism

Plagiarism is not only the failure to cite but the **failure to cite sources properly**. If a source is cited but in an inadequate way, the student(s) may still be guilty of unintentional plagiarism. It is therefore crucial that students understand the correct way to cite.

The rules are relatively simple:

- For exact words, use quotation marks or a block indentation, with the citation.
- For a summary or paraphrase, show exactly where the source begins and exactly where it ends.

In its policies and disciplinary procedures, the Program will seek to recognize and differentiate its penalties between **intentional plagiarism** (as defined above) and **failure to cite sources properly (unintentional plagiarism)**. While both forms are violations of the Academic Integrity Policy, a student's first instance of unintentional plagiarism may only be penalized with a sanction.

Cheating on Examinations and other Fieldwork Assignments

Cheating is defined as improperly obtaining and/or using unauthorized information or materials to gain an advantage on work submitted for evaluation. Providing or receiving assistance unauthorized by the instructor is also considered cheating.

Examples of cheating include, but are not limited to:

- Giving or receiving unauthorized assistance to or from another person on quizzes, examinations, or assignments including H&P's, SOAP notes, and written submissions
- Using materials or devices not specifically authorized during any form of a test or examination
- Exceeding the restrictions put in place for "take home" examinations, such as unauthorized use of library sources, intranet or Internet sources, or unauthorized collaboration on answers
- Sitting in for someone else or permitting someone to sit in for you on any form of test or examination
- Working on any form of test or examination beyond the allotted time; hiding, stealing, or destroying materials needed by other students
- Altering and resubmitting for re-grading any assignment, test, or examination
- Copying from another individual's examination or providing information to another student during an examination

- Soliciting, obtaining, possessing, or providing to another person an examination prior to the administration of the examination
- Sharing exam questions with current or prospective students
- Replication of test questions for dissemination from memory

Examples of unauthorized assistance include:

- Giving or receiving assistance or information in any manner, including person-to-person, notes, text messages, or e-mails, during an examination or in the preparation of other assignments without the authorization of the instructor
- Using crib sheets or unauthorized notes (unless the instructor provides explicit permission);
- Copying from another individual's exam

Failure to comply with all test procedures will be considered a violation of the Academic Integrity Policy.

Inappropriate Professional Behavior

The Program students are expected to conduct themselves in a manner consistent with the function of an institution of higher learning and with their role as future health care professionals. Students are required to abide by the highest standards of academic honesty, ethical fitness, and professional conduct.

Characteristics key to the development of a health care provider include, but are not limited to:

- Ethical conduct and honesty
- Integrity
- Ability to recognize one's limitations and accept constructive criticism
- Concern for oneself, others, and the rights of privacy
- Appropriate value judgment with respect to interpersonal relationships with peers, superiors, patients, and their families
- Responsibility to duty
- An appearance inconsistent with a clinical professional
- Punctual attendance at all program scheduled activities and adherence to deadlines set by the faculty and preceptors

Inappropriate professional behavior includes unprofessional conduct in patient settings, simulations, professional meetings, and the classroom setting. Any PA student who demonstrates inappropriate professional behavior will be considered in violation of the ethical code set forth by the PA program.

If a PA student is found to be in violation of any of the above, they will be called before the APC. If the student is found guilty of the violation, they will be subject to disciplinary action, which may result in any of the following: Professional Warning, Professional Probation and even dismissal from the PA program.

DISCIPLINARY ACTIONS

In accordance to the conduct required of a member of the medical profession by the Puerto Rican community, the ethical standards established by the Puerto Rican Medical Association, the College of Physicians and Surgeons, and the San Juan Bautista School of Medicine, improper conduct of students with corresponding disciplinary sanctions and penalties to be imposed have been established. None of the disciplinary sanctions and penalties established shall be understood as a limitation to the authority of the President/Dean of the San Juan Bautista School of Medicine, who may adopt and apply other disciplinary sanctions and penalties considered necessary in accordance to the improper conduct. If the

improper conduct is emitted in a clinical setting and/or hospital, the disciplinary sanctions and penalties will be adopted in accordance with the regulations of the institution where committed and/or with school policies.

Violations

Violations are considered either minor or major offenses, based on the nature and severity of the incidents.

Minor Offenses

Involve violation of a school policy. Some examples of minor offenses may include but are not limited to violation to class conduct; minor alcohol policy violations; violation of dress code standards; excessive noise or quiet hour violations; minor damage to property; violation of fire safety rules and procedures; or smoking on campus.

Major Offenses

Involve violation of an institutional standard or policy which may justify the imposition of a sanction such as probation, suspension, or expulsion. Some examples of major complaints may include but are not limited to: violation of the institutional standards; behavior potentially harmful to other people (including assault, harassment, use of fireworks, violation of fire safety rules, etc.); disrespectful conduct that leads to the embarrassment or indignities to other persons; lack of honesty such as cheating and/or plagiarism; vandalism to property; unauthorized possession of firearms; illegal appropriation; multiple or repeated violation of institutional policies; major alcohol violations; and possession or sale of illegal substances.

List of Violations

Students found in violation of any of the items listed below may be subject to disciplinary action. (The list below should not be considered all-inclusive).

- The commission of any act constituting a public offense and/or misdemeanor by the laws of the Commonwealth of Puerto Rico or any place, state, or country.
- Violations of the General Student Regulations, institutional policies, and/or any rule adopted by the Board of Trustees or the administration of San Juan Bautista School of Medicine, which has been duly circulated among the students.
- Violation of the regulations of hospitals and other training institutions
- Conduct that verifies lack of honesty in relation to academic work, such as plagiarism, cheating or fraudulent acquisition of examinations or any action themselves to that end
- Assuming without previous authorization, the representation of San Juan Bautista School of Medicine, the General Student Council or any other student organization properly recognized
- Publication or diffusion, inside or outside the School premises, at hospitals or training centers, of defamatory, libelous, obscene, or devoid of veracity material and/or confidential patient information protected by HIPAA.
- Knowingly presenting a worthless check, forging a payment, or failure to make satisfactory arrangement for the settling of accounts with the school
- Alteration or falsification of the qualifications, records, exams, and other documents
- Alteration to peace or participation in acts that urge to violence or obstruction of official school activities
- Malicious damage to school, hospitals, training centers or the property of fellow students

- The subtraction and/or illegal occupation of property belonging to the School, hospitals, or training centers, or of fellow students
- Removal or subtraction of a patient's medical record from clinical and/or hospital record departments.
- The possession, use and/or distribution of alcohol or controlled substances within the premises of the School, their dependencies, hospitals, training centers or any other place where an institutional activity is being developed
- Disrespectful treatment to faculty, officials or non-educational personnel including but not limited to:
 - Persistent actions or communications which create a hostile environment
 - Threatening, attempting, or committing physical harm
 - Abusive, intimidating, and/or threatening language
 - Discriminatory actions based on sex, race, color, ethnicity, sexual orientation, age, marital status, political or religious affiliation, and/or disability
- Disrespectful treatment to fellow students including but not limited to:
 - Persistent actions or communications which create a hostile environment
 - Threatening, attempting, or committing physical harm
 - Abusive, intimidating, and/or threatening language
 - Discriminatory actions based on sex, race, color, ethnicity, sexual orientation, age, marital status, political or religious affiliation, and/or disability
- Disrespectful treatment or examinations to patient without supervision
- In the case of sexual harassment, the dispositions of the Executive Order promulgated to this effect and/or any other institutional policy that shelter victims of this behavior will be applied
- Interruption, interference and/or disruption of regular schoolwork, or holding unauthorized events
- Failure to observe attendance regulations such as being late, being absent without a reasonable excuse, leaving didactical activities without authorization
- Failure to respond and/or comply with a citation by any school authority
- Improper use of electronic devices such as cell phones, laptops, recording and/or filming devices, during didactical activities
- Attending classes and/or hospitals without the required professional attire and/or required ID card

Disciplinary Sanctions

The following disciplinary sanctions may be imposed to students who have committed any conduct considered a violation to school policies:

Warning

A written admonition to the student that he/she is violating the ethical standards of SJBSM in accordance with the institutions policies and regulations; and that continuation or repetition of the conduct may be cause for further disciplinary action.

Reprimand

A written notice of a violation of the ethical standards of SJBSM in accordance with the institutions policies and regulations. A reprimand may include the possibility of more severe disciplinary sanctions in the event of future infractions.

Disciplinary Probation

Formal written notice of violation of the Student Code of Conduct which includes exclusion from participation in specified activities or locations for a period not to exceed one (1) calendar year. Further violation of the Student Code of Conduct will result in more severe sanctions.

Restitution

Formal action to require the reimbursement for damage to or misappropriation of property. This may take the form of appropriate service or other compensation.

Removal from Classes/Facilities

Exclusion of a student by a faculty member from a class and/or facility for the day of the offense and/or the next class meeting or day. A faculty member removing a student from class shall make a written report to the Associate Dean of Student Affairs and/or corresponding Dean, to discuss the cause for the removal. Before a student is removed from the classroom the faculty member should:

- Give or make reasonable efforts to give the student an oral or written notice of the reasons for the proposed removal
- Immediately following the removal from class, the faculty member shall document the removal and notify the Associate Dean of Student Affairs, the corresponding Dean, and/or the Year Coordinator.

Suspension

Action to exclude the student from all institutional programs and activities for a definite period. This action shall be posted in the student's record. Suspension for more than ten days may have an impact on a student's financial aid eligibility or financial aid award.

Expulsion

Termination of student status indefinitely. A student may be expelled when other means of correction fail to bring about proper conduct or when the presence of the student causes a continuing danger to the physical safety of the students or others.

Disciplinary Actions Processes

All complaints regarding improper conduct will be referred to the APC who will conduct a preliminary investigation to determine the nature and severity of the incident. If deemed necessary, the PD may recommend a formal investigation. In such cases, an Investigator will be referred to the Dean of Health Sciences for further investigation.

SJBSM may impose an adverse action on students found to have engaged in improper conduct that may result in an alteration of student's status and/or graduation from the institution. Students may appeal said sanctions in accordance to the procedures defined in the **Executive Order 2016-01** Due Process Policy, which can be found in the following weblink:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2016-01%20Due%20Process%20Policy.pdf>.

The student's disciplinary record shall be maintained during all his/her years of study at the School. The acts and offenses constituting infringement of regulations and policies established will accumulate for the same term.

COMMUNICATIONS

INTRODUCTION

The PA program staff is invested in each student's educational success. Professional development and intellectual growth are goals that each student can attain with the guidance of staff and faculty. To this end, program staff and students both have a responsibility to communicate regularly with each other. Whenever a problem arises for a student, he/she should contact a staff member as soon as possible. The program will communicate with the students using their SJBSM e-mail. Students must immediately inform the program of any change in address and/or telephone number in order to maintain proper channels of communication.

Please give the main number of the program to your family. Any urgent message will be relayed to students in class.

SOCIAL MEDIA

Social media are internet-based tools designed to create a highly accessible information highway. They are powerful and far-reaching means of communication that, as a Physician Assistant student at SJBSM, can have a significant impact on your professional reputation and status. Examples include, but are not limited to LinkedIn, Twitter, Facebook, Instagram, Snapchat, and YouTube.

Students are liable for anything they post on social media sites and the same laws, professional expectations, and guidelines are expected to be maintained as if you were interacting in person. The following guidelines have been developed to outline appropriate standards of conduct for your future and the reputation of our program.

- Take responsibility and use good judgment. Incomplete, inaccurate, threatening, harassing posts or use of profanity on postings is strictly prohibited. It is inappropriate to use social media sites as a venue for venting.
- Think before posting, as your reputation can be permanently affected by the Internet and email archives.
- Social networking is permanently timed and tracked. Therefore, in order to respect work commitments, social networking during class, program activities, and clinical time is strictly prohibited.
- HIPAA laws apply to ALL social networking, so it is the utmost priority to protect patient privacy by not sharing information including photographs, text, video, or audio.
- Protect your own privacy as to not let outsiders see your personal information.
- If you state a connection to SJBSM, you must identify yourself, your role in the program, and use a disclaimer stating that your views are that of your own and do not reflect the views of the SJBSM PA Program.
- All laws governing copyright and fair use of copyrighted material must be followed.
- Consult your faculty advisor or the PD if you have any questions regarding the appropriateness of social networking use.

Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and be subject to sanctions.

Students may not communicate with a member of the media or an outside source attempting to gather information regarding the SJBSM PA Program through social networks. Refer all questions regarding program information, policies, and procedures to the PD.

Students shall not engage in communication with instructors or faculty via any form of social media.

RECORDING LECTURES OR ACTIVITIES

Permission to record lectures (audio or video) is solely at the discretion of the instructor, unless a SJBSM approved accommodation exists. Otherwise, prior approval must be obtained. The instructor's approval is on a voluntary basis and as such a privilege which may be withdrawn at any time. Recording of group discussions needs the approval of the entire class, as sensitive material may be part of the discussion. If recording devices are approved, it is the student's responsibility to stop the recording device during class breaks as to not inadvertently record other classmate's private discussions with the instructor. **Recorded lectures are NOT to be posted on social media or the internet. For your protection, your recordings shall not be shared with other students or individuals.**

STUDENT LIFE AND WELLNESS

INTRODUCTION

Students are the main beneficiaries of the educational mission of the San Juan Bautista School of Medicine. The School has a commitment to its students that encompasses respect for dignity, integrity, and diversity. To ensure the commitment, there are institutional rules and regulations which articulate the rights and duties of the School and of the students.

The School is also committed to ensure the well-being and overall development of students, providing them the services needed to complete their studies in a satisfactory manner. These services include counseling, academic assistance, registration and records, and health services, among others. These services, provided by the office of the Associate Dean for Students Affairs, are described below.

Counseling and Advising Services

The Counseling Program is subscribed to the Deanship of Student Affairs and aims to promote the integral development of the student through personal, academic, and professional counseling. Through the counseling program you have the opportunity to identify your strengths and weaknesses, evaluate and analyze your personal situation, and identify adequate coping skills. It is a special place where you have the opportunity to expose and clarify your ideas, break down possible alternatives and evaluate the consequences, so that you may be prepared to make the best decisions in accordance with your needs and circumstances. Access at: <https://www.sanjuanbautista.edu/counseling-orientation.html>

Personal Counseling

Individual counseling promotes the search for alternatives to deal with situations that affect your personal, academic, and professional development. The process requires that the student, together with the counselor, determine and /or identify the conflict, assess the situation, list possible alternatives, and develop a plan of action. This counseling process includes personal, family, environmental and economic situations, among others. This assessment begins upon your admission to the PA Program. You will be required to complete some assessments during orientation week and participate of a mandatory interview as a first-year student.

Personal counseling services may be requested by students for a variety of problems or circumstances such as depression, anxiety, conflict with family members or peers, mistreatment, academic difficulties, financial stressors, and adjusting to a different culture, among others. In occasions, students may be referred to the Counselor by the Academic Advisor, faculty members, peers. These referrals are mandatory.

Group Counseling

Group counseling is an important tool for generating changes in human behavior and conflict resolution. The alternative of group counseling, where students interact, allows them to learn from new avenues for facing difficult situations. This facilitates student's personal growth by allowing them to acquire life skills, and interpersonal skill that help them explore controversial topics.

Confidentiality

Our Counseling services are provided in a safe and confidential environment, with essential reliability in the counseling process as set forth in the Family Educational Rights and Privacy Act. To ensure compliance, San Juan Bautista School of Medicine has established and published Executive Order 2012-06 titled: Institutional Policy regarding confidential counseling to students, a policy that defines and oversees confidential procedures in counseling. In addition, the Personal Counselor is licensed by the Health Department of the Commonwealth of Puerto Rico, and as such, is governed by the ethical and moral standards of health care providers. The policy can be found in the following link:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2012-06%20Institucional%20Policy%20Regarding%20Confidential%20Counseling%20to%20Students.pdf>

The Counselors office is in a private area in the Presidential Building and operates during normal business hours. A second office located at the Menonita Caguas Hospital is also available, as after hour appointments as requested. This ensures that as a student seeking counseling, you have the alternative to choose a specific date and time to meet with the school Counselor at your convenience outside of school hours and/or at a different location outside school campus.

All information pertaining guidance and communication between students and the school Counselor is considered confidential. Prior and during the counseling process, students are informed that the privileged information gathered during the interventional process will be kept in strict confidentiality. This information is secured by SJBSM in accordance to ethical and legal standards.

Referrals

When deemed necessary or upon request, the Personal Counselor may refer a student to other professional and / or aid agencies with the student's consent. In addition, she may consult cases with other health professionals such as psychiatrists, psychologists, with the student's authorization. When doing so, the Personal Counselor ensures that the health specialist has no participation in student assessment and/or promotion to avoid any conflict of interest. All procedures are aimed at seeking the student's well-being and are handled with the corresponding confidentiality.

Student Orientations

SJBSM has instituted orientation for incoming students to help ease the transition. This time provides new students with the opportunity to meet fellow students, become familiar with campus services, curriculum, and staff.

Welcome Package

Upon admission, the Personal Counselor provides the admitted candidates with a series of resources that will allow the students to adapt to the institution, Island / or Metropolitan area. The Welcome package includes information on Puerto Rico and the city of Caguas, location of basic service providers such as supermarkets and pharmacies; important information regarding housing opportunities and what to look for in a housing contract; among other.

Workshops

Seeking to promote and strengthen cognitive and socio-emotional skills in the student body, the Counseling Office organizes workshops on diverse topics such as mistreatment, sexual aggression, diversity, sign language, thanatology, suicide prevention, and general wellness, among others.

Career Advising

In collaboration with the Student PD, the Personal Counselor assists students from all programs in their career planning, providing additional information related to CV writing; interview skills; state licensing requirements; and employment opportunities among other.

Residency Fair

Each year the Personal Counselor in collaboration with the Student Council, organizes a Residency Fair that provides students the opportunity to interact on a one on one basis with program directors and board review programs. Participants of this fair provide students with information regarding residency programs, and employment opportunities/requirements. Students also receive information from programs that may help them in preparation for the required professional boards, USMLE for MD, NCLEX for BSN, and PANCE for MPAS. In occasions, Alumni also serve as mentors in the fair, providing students with important information related to the health centers in Puerto Rico and the employment opportunities for nurses and public health professionals.

Student Interest Group Fair

We encourage students to engage in professional organizations and student interest groups to enhance their learning experience and assist them in exploring different specialties. Our traditional Student Interest Group Fair promotes student participation in such activities by providing the opportunity to become familiarized with active interest groups and professional organizations.

SJBSM Golden Humanism and Honor Society

In April 2016, San Juan Bautista School of Medicine reaffirmed its commitment to promote the highest humanistic principles and values in health care by carrying out the first induction ceremony of the local chapter of the San Juan Bautista School of Medicine. Of the "Gold Humanism and Honor Society". The Personal Counselor serves as Advisor of the Chapter overseeing student nominations, induction ceremony and additional activities that promote humanistic values.

Extracurricular Activities

As part of our wellness program, the Personal Counselor promotes student participation in cultural activities which enrich the curriculum and form part of the student's comprehensive education. In coordination with local agencies, diverse activities are coordinated such as visits to local museums,

workshops on basic concepts that enable them to be prepared in the event of a storm or hurricane; and how to act in the face of an earthquake, etc.

HARRASSMENT AND DISCRIMINATION GRIEVANCE POLICY

Executive Order 2018-04

SJBSM is committed to fostering an environment that promotes academic, ethical, and professional success of faculty and students. The achievement of such success is dependent on an environment free of behaviors which undermine the mission of the institution.

An atmosphere of mutual respect, collegiality, fairness, and trust is essential, and is expected from both faculty and students who bare significant responsibility in creating and maintaining this atmosphere.

The responsibilities of the students, the types of behavior that are considered inappropriate, avenues to address inappropriate behavior, procedures for handling an allegation of inappropriate behavior, and the procedures of handling anonymous allegations of inappropriate behavior are clearly stated in the Institutional main website at the following hyperlink:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2018-04.pdf>

EDUCATIONAL RIGHTS AND PRIVACY (FERPA)

The Family Educational Rights and Privacy Act of 1974, as amended, grants all eligible students the right of access to their own educational records as defined in the law. The law prohibits access to or release of personally identifiable information without the prior written consent of the student except under certain limited circumstances. SJBSM policy does not permit access to or release of student records to any party except as authorized by this law. It should be noted, however, that this legislation concerning privacy is affected by Section 510 of the Veterans Education and Employment Act of 1976, which provides that, P.L. 93-568 notwithstanding, records and accounts pertaining to veterans, as well as those of other students, shall be available for examination by government representatives. It is also affected by Sections 507 and 508 of the Patriot Act of 2001, which provides that officials designated by the U.S. Attorney General may petition the court to examine records deemed relevant to certain authorized investigations or prosecutions. If a student wishes to inspect or review his or her records, he or she may contact the office concerned. Complete information concerning this policy is available in the Office of the Registrar and in the following link:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2012-03.pdf>

The Family Educational Rights and Privacy Act of 1974 as amended (FERPA), was designed to protect the privacy of education records. Education records include records, files, documents, or other materials in hard copy or in electronic format, maintained by SJBSM or a party acting on behalf of SJBSM, which contain information directly related to a student. FERPA specifies some limited exceptions including certain personal memory aids and certain employment records.

FERPA affords students certain rights with respect to their education records. These rights include:

- The right to inspect and review the student's education records within a reasonable period, but not more than 45 days after the Institution receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect. The SJBSM official will make arrangements for access, notify the student of the time, and place the records may be inspected. If the records are not

maintained by the SJBSM official to whom the request was submitted, that official shall advise the students of the correct official to whom the request should be addressed.

- The right to request an amendment to the student's education records that the student believes contains information that is inaccurate, misleading, or in violation of the student's rights of privacy. Students may ask SJBSM to amend a record that they believe is inaccurate. They should write the SJBSM official responsible for the record, clearly identify the part of the record they want changed and specify why it is inaccurate. If SJBSM decides not to amend the record as requested by the student, SJBSM will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.
- The right to provide signed and dated written consent before SJBSM discloses personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A SJBSM official is a person employed by SJBSM in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom SJBSM has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

A second exception that permits disclosure without consent is disclosure of Directory Information. Directory information is information that is generally not considered harmful or an invasion of privacy if released. The following is considered "Directory Information" at SJBSM and may be made available to the general public unless the student notifies the Office of the Registrar in writing before the last day to add classes in a semester:

- Name
- Address
- E-mail address
- Telephone listing
- Date and place of birth
- Photograph
- Major field of study
- Dates of enrollment
- Enrollment status
- Classification (freshman, etc.)
- Honors and awards
- Degrees and dates of conferral
- Most recent prior educational agency or institution attended
- Student identification number

The right to file a complaint with the U.S. Department of Education concerning alleged failures by SJBSM to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office

U.S. Department of Education
400 Maryland Avenue SW
Washington, DC 20202-4605

Authorization for Disclosure

Enrolled students may refuse to permit disclosure of Directory Information. To do so, written notification must be received by the Registrar prior to February 15th of each academic year. This request is valid only for the academic year in which it is made.

EMERGENCY CLOSING PROCEDURES AND EMERGENCY NOTIFICATION SYSTEM

In the event of a natural disaster or any other emergencies (i.e.: hurricane, earthquake,), students will be alerted through the SJBSM Emergency System via text, phone call and email. Information related to the emergency and instructions regarding cancellations, delays and other pertinent information will be delivered through those means.

AVAILABLE MEDICAL FACILITIES

SJBSM does not allow any faculty member to render any medical assessment of treatment or advise students regarding personal medical situations. It is mandatory for students to attain private medical insurance or enroll in the Institutional Health Plan, at an established cost. Information about the Institutional Plan, can be found in the following link:

https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2013-03_Student_Emergency_Health_Care_Services.pdf

Emergency medical services are available to students at the Mennonite Hospital, within the campus. Students are encouraged to arrange appointments for routine medical appointments that do not interfere with their classroom scheduled exams.

PA PROGRAM CURRICULUM

SCHEDULE

The academic and clinical schedules will be provided to students no later than 45 days before each semester. Students are expected to be available to the program between the hours of 7:00 AM and 6:00 PM, Monday through Friday (except official holidays), during each semester and regardless of the academic schedule. Classes will not be scheduled during the lunch hour, between 12:00 to 1:00 PM. Some academic activities may be scheduled during certain weekend. The published scheduled will have those dates included.

This is a twenty-eight (28) month professional curriculum composed of 7 (seven) 15-week semesters, organized into a didactic phase, followed by a clinical phase, and ending with a culminating semester.

Didactic Phase

The didactic phase consists of a “lock-step” curriculum divided into three (3) consecutive semesters over twelve (12) months. Courses are typically scheduled Monday through Friday between the hours of 8 am - 5 pm. **Class times may vary, based on the availability of instructors.**

Classes and exams may also be scheduled on weekends, whenever required. Some Supervised Clinical Practical Experiences (SCPEs), in the didactic phase, may be scheduled outside of the classroom hours.

Clinical Phase

The clinical phase of the Program is divided into three consecutive semesters consisting of three Supervised Clinical Practice Experiences (SCEPs), also known as rotations, in each semester. Students will be assigned to a total of nine total rotations; eight core/required and one mandatory elective rotation.

SCPEs take place in hospitals, clinics, or private settings. Each rotation will last approximately five weeks and requires students to be present for a minimum of 32 hours per week and no less than 200 hours over the course of the rotation. Travel is required to attend some of the clinical rotations and entails a full-time commitment.

Culminating Semester

All students will be required to take a culminating semester course. Students that qualify will be offered an opportunity to participate in a supplemental clinical rotation during the culminating semester. Additionally, the culminating semester will include board preparation coursework, the Healthcare Delivery Systems course, the Master’s Capstone course, the Clinical Skills Summative Evaluation course, and the Community Service course.

DIDACTIC PHASE SEQUENCE OF COURSES

Didactic Semester I

MPA 3101	Clinical Physiology	4
MPA 3102	Clinical Pharmacology I	1
MPA 3103	Advanced Medical Microbiology/Immunology	3
MPA 3104	Psychosocial, Cultural, and PA Professional; Practice Issues in Healthcare	3
MPA 3105	Health History and Physical Diagnosis Lecture I	3
MPA 3105L	Physical Diagnosis Skills Lab I	1
MPA 3106	Clinical Molecular Mechanism of Disease	2
MPA 3107	Advanced Clinical Human Anatomy Lecture	3
MPA 3107L	Advanced Clinical Human Anatomy Lab	1

Total 21

Didactic Semester II

MPA 3201	Clinical Pharmacology II	3
MPA 3202	Clinical Pathophysiology	2
MPA 3203	Essential Diagnostic Modalities and Clinical Procedure	2
MPA 3204	Health History and Physical Diagnosis Skills Lecture II	2
MPA 3204L	Physical Diagnosis Skills Lab II	1
MPA 3205	Obstetrics/Gynecology and Women’s Health	2
MPA 3206	Pediatric Medicine	2
MPA 3207	Surgery I	1
MPA 3208	Clinical Medicine I (Cardiology, Pulmonary, Hematology)	4
MPA 3209	Clinical Medicine II (Dermatology, Rheumatology, Ophthalmology)	3

Total 22

Didactic Semester III

MPA 3301	Surgery II (Surgery, Orthopedics, Otolaryngology)	3
MPA 3302	Geriatric Medicine	1
MPA 3303	Essentials in Emergency Medicine	1
MPA 3304	Clinical Medicine III (Gastroenterology, Neurology, Psychiatry, Nephrology)	4
MPA 3305	Clinical Medicine IV (Endocrinology, Infectious Disease, Correlative Medicine)	2
MPA 3306	Health Science Epidemiology and Biostatistics	2
MPA 3307	Medical Research Methods and Literature Review	3

Total 16

CLINICAL PHASE SEQUENCE OF COURSES

Clinical Semester IV

MPAC 4401 – 4408	Rotation 1 (Core)	5
MPAC 4401 – 4408	Rotation 2 (Core)	5
MPAC 4401 – 4408	Rotation 3 (Core)	5

Total 15

Clinical Semester V

MPAC 4401 – 4409	Rotation 4 (core or elective)	5
MPAC 4401 – 4409	Rotation 5 (core or elective)	5
MPAC 4401 – 4409	Rotation 6 (core or elective)	5
MPA 4301	Medical Ethics and Healthcare Policy	3

Total 18

Clinical Semester VI

MPAC 4401 – 4409	Rotation 7 (core or elective)	5
MPAC 4401 – 4409	Rotation 8 (core or elective)	5
MPAC 4401 – 4409	Rotation 9 (core or elective)	5
MPA 4304	Evidence-based Medicine	3

Total 18

CULMINATING SEMESTER

Culminating Semester (VII)

MPA 4401	Health Care Delivery Systems	3
MPA 4402	Culminating Semester Elective	5
MPA 4403	Clinical Skills/Summative Evaluation	1
MPA 4404	Master’s Capstone	3
MPA 4405	Community Service	1

Total 13

Overall total 123

DIDACTIC PHASE OF THE CURRICULUM

SPECIALIZED TRAINING

The Infection Control Course, mandated for all health care providers, will be given during the first year of the program. In order to comply with state and federal regulations, HIPAA training will also be given during the first semester.

All students must be certified in Cardiopulmonary Resuscitation, Basic (BCLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) before attending clinical rotations in the second year. **Students will be given instruction in all these courses during the third semester. All students are required to attend these training activities regardless of their BLS/ACLS/PALS card status.**

ACADEMIC RULES AND REGULATIONS

Standard Grading System

The following grading system is used by the SJBSM PA Program.

Scores	Letter grade
89.5-100	A
79.5-89.4	B
74.5-79.4	C
Below 74.5	F

Averages will be rounded up only once.

General Rules

- **Satisfactory completion of all courses and/or components in the PA Program requires a minimum score of 75%**, unless otherwise stipulated. Scores less than 75% are considered as failing.
- Students with an overall final grade between 75% and 79.4% will be referred to the APC for review.
- The APC and PD will evaluate students' academic records after each semester to determine progression into the next semester.
- The Program reserves the right to determine the students' status based on their academic performance **and their professional conduct**.
- A Clinical Preparedness Assessment (CPA), which includes a formative exam and an OSCE, is part of MPA 3305 (Clinical Medicine IV), during the third semester. The assessment is used to determine the students' readiness to progress to the clinical year. If a student does not successfully complete these components of the course, they will be remediated which may affect their progression in the program.

Didactic Phase Rules

General Considerations

A change in academic standing will subject the student to a review by the APC. The review may subject the student to a course of action that could include remediation, deceleration, or dismissal from the program. The exact course of action will be determined by the APC following a careful review of each individual student on a case by case basis. The following rules pertain to the Didactic Phase of the program:

- Satisfactory completion of lecture courses in the PA Program requires a minimum passing score of 75%.
- Satisfactory completion of skills labs (i.e., Physical Diagnosis Skill Labs (MPA 3105L, MPA 3204L and MPA 4403), requires a minimum passing score of 85%.

- An overall average of 80% must be maintained to be considered in Good Academic Standing.
- Students who fail to maintain the standards above shall be referred to the APC, which will recommend the appropriate course of action to the PD.
- All components of a modular course must be successfully passed in order to obtain a passing score for the course.
- The maximum number of make-up exams or equivalent remediation project that may be afforded are:
 - One (1) remediation in the core sciences in the 1st semester
 - Two (2) remediations in each of the 2nd and 3rd semesters in the didactic year
- If eligible for remediation, and a comprehensive exam or equivalent remediation project is offered to make up for a failure, the highest score recorded on such a make-up exam/course remediation project will be 75% (85% for skills/procedures).
- If a student fails one course or course component, a cumulative make-up exam/equivalent project may be offered. If the student passes the make-up exam/course remediation project, he/she will progress to the next semester and will be placed on **Academic Warning** following a review by the APC. If the student fails the cumulative make-up exam/course project, the course grade will be recorded as failing. The student will be called before the APC to decide the academic standing in the program.
- If a student fails a second course or course component, a make-up exam/equivalent project may be afforded. If the student passes the make-up exam/course remediation project, he/she will progress to the next semester and will be called before the APC to discuss their academic standing in the program. If the student fails the make-up exam/course project, the course grade will be recorded as failing. The student will be called before the APC and may be dismissed from the program.
- If a student fails more than two courses in one semester, they will be called before the APC to determine their eligibility for remediation/deceleration or dismissal from the program.
- For a student to progress from the didactic phase to the clinical phase, the student must have successfully completed all courses in the semester. Failure to achieve this standard may result in either deceleration with the requirement to repeat the didactic phase of the program, remediation, or dismissal from the program. Deceleration will also subject the student to further educational costs.
- The Professional Development Assessment Tool (PDAT) must be at a minimum rated 'satisfactory' in all areas. Any unprofessional or unethical behavior in the classroom or clinical setting may result in dismissal from the program regardless of academic standing.

Failed Course or Component

Failure of a course or component which offers a make-up exam will result in a comprehensive make-up exam. An Incomplete grade will be submitted, regardless of the numerical average derived for the course. A make-up exam must be completed within two weeks of the failure. Regardless of the actual score, the highest score that can be awarded in a component by make-up exam is 75%, unless otherwise stated. This score will be averaged in with the remaining components to calculate a new course score. In the case of a single component course that offers a make-up exam, with either one or multiple exams, the maximum score a student can achieve for the course regardless of the score on a make-up exam is 75%.

In the case of a course failure, due to a student failing a comprehensive make-up exam or if a comprehensive make-up exam is not offered for the course, the APC will meet with the student and discuss options that may include the following, based on his/her academic standing:

- Academic Deceleration (See below)
- Remediation (See below)
- Placement on probationary leave

- Dismissal from the Program

The APC will consider any factors which the student believes to have affected his/her performance in arriving at a decision, and may, be granted a Probationary leave of absence.

Academic Deceleration

Academic Deceleration is a loss of a student from their entering cohort (class) due to academic insufficiencies or leave of absence but remains in matriculation in a different cohort (class). All decelerated candidates are held to the standards of the cohort they are joining.

Academic Deceleration is an option for the APC to consider which may include but is not limited to **retaking the failed course the next time it is offered. Students may be offered an option to decelerate into a different cohort to complete the PA Educational Program.**

Remediation

Remediation is a process defined by the PA Program where a student remains in their cohort while the program addresses deficiencies in a student's knowledge and skills. Due to academic reasons, students' who are decelerated and/or take a leave of absence may also be required to remediate to strengthen deficiencies.

Remediation addresses a student's deficiency of knowledge and/or skill. Eligibility is determined by the APC and the remediation faculty and is based on remediation criteria, which is listed below. The student's weak areas will be identified, and an individualized academic remediation plan will be developed. Students will be expected to participate in mandatory remediation sessions. These sessions will fall outside the regular classroom times to ensure that the student does not miss any current curricular content. Didactic remediation is mandatory and failure to fully participate may delay the student's rate of progression in the program, affect their professional standing in the program, or lead to dismissal if goals are not met.

The overall goal is to identify a struggling student's weaknesses and promote successful progression through the didactic phase of the program. Students will enter the didactic remediation (Focused Improvement) based on the following early identification criteria:

Focused Improvement criteria includes but is not limited to:

- Multiple exam and quiz failures
- Overall average between 75% and 79.4%
- Failure of one or more courses
- Requirement of 2 or more make-up exams for course passing
- Leave of absence or conditional academic standing
- Faculty recommendation

An Academic Remediation Project in the form of a comprehensive examination may be recommended for a course that a student fails. If it is decided that the student is eligible for an Academic Remediation Project in the form of a comprehensive exam, the highest score the student can earn is the minimum passing score for the course. Failure to do so will result in failure of the course and possible dismissal from the program.

Students in remediation will be evaluated each semester and the remediation process may be discontinued at the recommendation of the APC.

Preclinical Remediation

At the conclusion of the didactic year, if a student meets the following criteria, they may be required to participate in a five-week mandatory remediation program. If the student does not satisfy remediation they may be decelerated or dismissed from the program. Additional information and course syllabi are available on Canvas.

Any or all the following criteria may be used to determine the need for remediation prior to entering the clinical year but is not limited to:

- Multiple exam and quiz failures
- Students with an overall average between 75% - 79.4%
- Failure of one or more courses
- Failure of the Junior Summative Evaluation Exam
- Requirement of 2 or more make-up exams for course passing
- Leave of absence or conditional academic standing
- Faculty recommendation

Consideration for Deceleration/Remediation

The following considerations must be met in order to be eligible for deceleration /remediation:

- The Student has only one course failure
- The APC determines that the student's deficiencies are rectifiable without dismissal
- Students on Conditional Academic Standing (CAS) will not be afforded the opportunity of an Academic Deceleration or Academic Remediation Program/Project unless determined by the APC committee and/or the PD.

Deceleration Requirements

If it is decided that the student will be decelerated due to a failed course, the score the student must obtain in the remediated course will be 80% or higher, unless otherwise stated. Failure to do so will result in a course failure; hence, dismissal from the program.

- The student may be required to audit and pass courses which he/she has already passed
- In order to retake a failed course, the student will be required to register for the repeat course, which will result in additional student financial obligations
- Students may be asked to audit courses that they have received a passing score less than 80%
- Decelerated students will enter the new cohort on Conditional Academic Standing unless otherwise specified by the APC and/or PD
- PA Physical Diagnosis I & II (with labs) will **always** be audited in their entirety whenever a student is placed on probationary leave or offered deceleration regardless of the previous grade in these courses.

IT IS THE FINAL DECISION OF THE APC AND/OR THE PROGRAM DIRECTOR TO DETERMINE THE STUDENT'S ACADEMIC DECELERATION/REMEDIAION OPTIONS

Additional Tuition for Failed Courses

The student may be responsible for additional tuition expense at the current per-credit charge for any courses repeated.

Any student undertaking an academic remediation project in the form of a comprehensive exam, and who has chosen to register for the following semester of study, should be aware of the possible financial consequence if he/she fails such a project and must withdraw from the upcoming semester.

MULTI-COMPONENT COURSES

There are several courses in the didactic curriculum that are multi-component and require a passing score in each component in order to pass the entire course. If a student fails a component of a multi-component course, they will be given a makeup exam if eligible, the highest score they can attain for the component is a 75%.

PA Physical Diagnosis I and Advanced Physical Diagnosis II are multi-component courses, which offer comprehensive make-up examinations in the laboratory examination components only, as explained in detail in the course syllabus. Each exam must be passed with a score of 85% or higher. Students are also required to meet professionalism requirements. Examples of these are professional attire, demeanor with patients and attitude. A failing score in either the lecture or lab components of PA Physical Diagnosis I & II or Clinical Human Anatomy Lecture/Lab will result in the failure of BOTH lecture and lab courses.

MAKE-UP EXAMS

Eligibility for a make-up exam are not automatic and are at the discretion of the APC and the PD. No student is permitted to take more than TWO comprehensive make-up exams each semester. Failure of a make-up exam will result in a failure for the entire course. Students can only take ONE make-up exam in the Core Sciences (if offered) and if the student meets the requirements set forth by the program. Core Sciences include Anatomy, Physiology, Microbiology, and Clinical Molecular Mechanisms of Disease. The APC, and ultimately the PD, will determine the status of all students. Students on CAS are not eligible for comprehensive make-up exams and/or Academic Deceleration/Remediation, unless determined by the APC.

REVIEW OF EXAMINATION AND PROCEDURE

Students may review their exams within two weeks of the scores being posted by making an appointment with the didactic administrative assistant or their academic advisor who will go over the review process in detail at that time.

Certain exams, like summative exams, are not available for review regardless of their score. Clinical end-of-rotation exams (except for PAEA EOR Exams) can be reviewed if a student does not obtain a passing score.

Examination review procedures are as follows:

- Contestations are ONLY allowed for students who have failed the exam.
- An exam question contestation form needs to be completed to contest a question. **Emails and informal discussion with faculty is not enough to contest an exam question.** (The form will be available from the didactic administrative assistant during the exam review)
- Students will be given access ONLY to INCORRECT examination questions via the exam software being utilized
- Students will be allotted 15 minutes review time per exam
- Students may not remove an exam from the main office during review (for paper exams)
- Students may not be in possession of cell phones, electronic devices of any kind or any form of writing implement

AUDITING COURSES

Any student who is decelerated will be required to audit PDI/II or both. The PD/Co-PD will make recommendations for additional classes that the student will be required to audit regardless of prior successful completion.

Student loan deferments may be affected along with financial aid resources. Students will be considered for auditing on a case-by-case basis and are required to be registered for these courses at a zero credit/cost status. <https://www.sanjuanbautista.edu/financial-aid.html>

CLINICAL CURRICULUM

INTRODUCTION

Students must demonstrate a range of skills and abilities, such as, maturity, reliability, good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physician assistants.

CLINICAL & CULMINATING CURRICULUM

Upon successful completion of the didactic phase, students are required to complete the clinical phase of the program. Students are assigned to a total of nine clinical rotations which consist of eight required/core rotations and one elective rotation. Lasting 12 months, the clinical curriculum is divided into three consecutive semesters (semesters 4-5-6) during which students are provided with supervised clinical practice experiences through nine rotations, each lasting five weeks. Students will enter the culminating semester after successful completion of the clinical year and will be required to take a required culminating semester elective which takes place at the beginning of the semester (semester 7). All rotations take place in hospitals, clinics, or private practices and entail a full-time commitment during regular working hours. Each rotation requires students be present a minimum of 40 hours per week. Students may be required to be on-call and may be required to work overnight or weekend shifts, as necessitated by their respective rotation. Travel is required to attend clinical rotations. At the end of each rotation, students return for end of rotation exams, testing, and lectures; this is known as "Callback." During the culminating semester, students will be required to return to campus periodically for lectures, clinical skills training, case and article presentations, clinical projects, remediation and formative exams and a summative evaluation, etc.

MPA 4405- Community Service

MPA 4405 is a requirement for graduation. The student will complete 25 hours of service to a community agency or organization serving individuals with physical and/or mental problems. Students are not allowed to perform Community Service concomitantly at the site at which they are rotating. Paid work is NOT acceptable. Any community service done prior to starting the program will NOT be accepted. Each student will have to submit a typed proposal for approval to the coordinator of the course PRIOR to starting the community service project. The proposal must be submitted by the end of the first clinical semester (semester 5). A completed project entails a 3-4-page written paper addressing the issues outlined in the objectives for MPA 4405 as well as a signed attendance form (by your contact person) verifying you have completed a minimum of 25 hours. The attendance form should be handed in with the completed paper. Upon evaluation of the paper, the student will receive a PASS/FAIL for MPA 4405. **Please note that the Community Service Project is due during the culminating semester.**

CLINICAL CURRICULUM

Clinical Semester IV

MPAC 4401 – 4408	Rotation 1 (Core)	5
MPAC 4401 – 4408	Rotation 2 (Core)	5
MPAC 4401 – 4408	Rotation 3 (Core)	5

Total 15

Clinical Semester V

MPAC 4401 – 4409	Rotation 4 (core or elective)	5
MPAC 4401 – 4409	Rotation 5 (core or elective)	5
MPAC 4406 – 4409	Rotation 6 (core or elective)	5
MPA 4301	Medical Ethics and Healthcare Policy	3

Total 18

Clinical Semester VI

MPAC 4401 – 4409	Rotation 7 (core or elective)	5
MPAC 4401 – 4409	Rotation 8 (core or elective)	5
MPAC 4401 – 4409	Rotation 9 (core or elective)	5
MPA 4304	Evidence-based Medicine	3

Total 18

Culminating Semester (VII)

MPA 4401	Health Care Delivery Systems	3
MPA 4402	Culminating Semester Elective	5
MPA 4403	Clinical Skills/Summative Evaluation	1
MPA 4404	Master's Capstone	3
MPA 4405	Community Service	1

Total 13

Required Core Disciplines*

MPAC 4201 Emergence Medicine

MPAC 4202 Family Medicine

MPAC 4203 Internal Medicine

MPAC 4204 Surgery

MPAC 4205 Pediatrics

MPAC 4206 OB/GYN

MPAC 4207 Long Term Care

MPAC 4208 Behavioral Health

MPAC 4209 Elective Rotation

*All core rotations are worth 5 credits.

Students will complete Medical Ethics (MPA 4301), Evidence Based Medicine (MPA 4204) in the clinical year. Students will complete Health Care Delivery Systems (MPA 4401), Clinical Skills/Summative Evaluation (MPA 4403), Master's Capstone Project (MPA 4404), and Community Service (MPA 4405) in the culminating semester. Each student may choose 1 elective and 1 culminating semester elective)

Students must complete a total of forty-five (45) weeks of documented rotations prior to entering the culminating semester. At the end of each rotation, students return for end of rotation exams and Mini Summative Assessment Tool. This is known as "Clinical Callbacks." Each student will also be evaluated in a comprehensive manner by both written and practical cumulative examinations. This is to ensure

students meet established program standards regarding knowledge and technical skills competency. Students must meet all program requirements in order to graduate.

CLINICAL COURSE/ROTATION GUIDELINES

Clinical Year Placement

Affiliation Agreements Policy

Students will be assigned to clinical rotation sites with licensed healthcare preceptors provided by the PA program. Clinical site placement is determined by a variety of factors including, but not limited to, availability, geographical proximity and student strengths and weaknesses.

Students will be requested to submit preferred site locations to the Clinical Coordinators for consideration during the didactic year. This preferred site request is used to gauge the student's interests in certain medical disciplines and locations and does not guarantee placement at that site. The decision for clinical site assignments is ultimately up to the discretion of the clinical site coordinators. There will be no changes in the clinical rotation schedule unless approved by the Clinical Coordinators.

A listing of all current sites utilized by the program is available on EXXAT. During clinical clerkships, students are not to be utilized as substitutes for clinical or administrative staff (ARC-PA Standard A3.06). The maintenance of good relationships with many clinical affiliates requires regular assignments of students. Therefore, students may be assigned to any site, including those requiring travel over toll bridges/roads.

Students are not required to provide clinical rotation sites. However, a student may express interest in a new clinical location that has not been previously utilized by the PA Program. Students may request the opportunity to attend new rotation sites. The proposed new rotation site must meet the program expectations. These expectations will be reviewed during the clinical phase orientation, aka "Senior Talk".

Clinical Coordinators must vet the site to ensure that it meets program standards and must be approved by the PD/Co-PD.

All Student Requested Clinical Site (SRCS) rotation paperwork must be discussed with the Clinical Coordinators before any paperwork is submitted to allow vetting, approval and processing of the proposed rotation site.

SRCS (including) overseas rotations will not be afforded to students who are on Conditional Academic Standing or Professional Probation.

Process for OOT rotation approval will be conducted as follows:

- All suggestions for non-affiliated rotations must be in written form and presented to the PD/Clinical Coordinators.
- Upon approval, students must provide a "letter of intent" by the prospective preceptor indicating that he/she is willing to precept the student in a discipline.
- The site will then be reviewed and evaluated for educational suitability by the PD/Clinical Coordinators.
- Once approved by the PD/Clinical Coordinators, an affiliation agreement and preceptor packet are mailed to the suggested OOT rotation.
- The OOT rotation approval is complete once a signed copy of the agreement is mailed back to the PA Program.

SRCS rotations will only be permitted as an elective rotation. Students MUST return to the main campus for Callback. Students on Conditional Academic Standing or Professional Probation will NOT be permitted an SRCS rotation. If a student is placed on any type of probationary status during the clinical year, the SRCS rotation will be cancelled and changed to an affiliated site. This may result in a delayed beginning in the next clinical rotation.

Rotation Procedure

Before clinical rotations begin, the Clinical Coordinators and Clinical Administrative Assistants follow a step-by-step procedure to assist students who are entering the Clinical year. This step-by-step process is as follows:

- Before the clinical year begins a “Senior Talk” is given by the clinical coordinator
- Students will visit EXXAT to receive specific information regarding rotation sites, preceptor lists and required paperwork. Students are required to fill out and submit all required paperwork to their prospective rotations in a timely manner. Failure to complete required paperwork for a clinical site may result in rejection of the student at the clinical site and a withdrawal from the rotation. If no substitute affiliation is readily available, the student will be responsible to complete that rotation at the end of the clinical track. Students may be responsible for any bursarial charges that may incur.

Reporting

On the first day of rotation all students are to report to their respective Preceptor or his/her designee. All students are to follow the proper security clearance as directed by the policies and procedures of the rotation site. If the rotation site deems it necessary that students submit paperwork prior to the start of the rotation, it is incumbent upon the student to allow enough time to for the processing of all paperwork. The student is responsible for facilitating their own paperwork to the clinical sites.

Students may be asked to report to a site before the start of the rotation for processing. In such a case the student will be required to make up any missed time from the current rotation he/she is attending.

CLINICAL YEAR EXPECTATIONS

Introduction

While on rotation, students are representatives of the PA Program and SJBSM, and are expected to maintain a level of professionalism that is associated with the Physician Assistant profession and act in accordance with Program and SJBSM policies. Supervised Clinical Practice Experiences (SCPEs) must be attended on a regular and punctual basis.

Attendance

Attendance on clinical rotations is MANDATORY. Clinical rotations begin on Monday, unless otherwise stated by the program or Holiday schedule. If a student is absent, the Clinical Coordinator, the Clinical Administrative Assistant and the Clinical Site must be notified. Medical documentation MUST be submitted. Excessive absences may result in disciplinary action. Failure to notify the school or the rotation site of an absence may result in disciplinary action. All time away from clinical rotations must be made up to the satisfaction of the Clinical Preceptor and Clinical Coordinator.

Failure to notify the Program and/or preceptor of absences or failure to make up the missed time may result in a deduction in the professionalism score for the rotation. Continuation of such behavior may result in disciplinary action. Time may be made up during vacations and weekends or at the end of the

clinical year with Clinical Coordinator approval. Missed time must be completed before a certificate of completion or a degree will be awarded. Students must provide written documentation of the time made up signed by the preceptor.

A preceptor is required to be present while a student is on a rotation, therefore in the event that a student misses time from a rotation due to preceptor absence, the student must notify the Clinical Coordinators to discuss the situation and ensure the required contact hours are met particularly if there should be a protracted absence.

It is expected that students will observe the following:

Absences

All unanticipated absences due to illness, accident or other unexpected events may be considered excused only if reported to the supervising physician(s)/preceptors as early as possible and to the PA Program staff by 9:00AM on day of absence.

Appropriate documentation should be submitted to the Clinical Coordinator when the student returns to school. Absences requested for medical appointments for student or dependents will be considered excused only if a request is made in writing in advance of the appointment. Students absent from a rotation for medical appointments must present a note from the medical provider confirming the appointment.

Due to the intense nature of the curriculum, students are strongly encouraged to schedule appointments for evenings or weekend hours to avoid class conflicts.

Unexcused Absences

Any discovered or reported absence which does not fall into the above categories will be considered unexcused and will be recorded in the student's file.

Any unexcused absence requires written explanation within 48 hours regarding the circumstances of the absence to the PD.

A single absence may result in a Professional Warning or may result in Professional Probation at the discretion of the PD. Two unexcused absences will result in an APC meeting to determine all possible sanctions and will result in Professional Probation. Continued unexcused absences may be grounds for dismissal from the program at the discretion of the APC.

Absences on the first or last day of a rotation, the day of a scheduled exam, the day before a scheduled exam or the day before or after a scheduled break, vacation, or weekend are considered unexcused unless prior written approval has been granted. If such an absence is the result of a sudden unavoidable circumstance the Clinical Coordinator should be notified as soon as possible and provided with a written explanation for the absence.

If the student is unable to provide documentation to excuse their absence the day/class before a scheduled exam the exam taken will be considered a make-up exam and the highest score achieved will be a 75%.

Lateness/Early Departure

Students are expected to leave the rotation when released by the preceptor. Students are not permitted to leave the rotation based on transportation schedule.

It is disruptive and disrespectful to arrive late or leave early from rotation. Excessive lateness or unexcused early departures may result in reduction of the professional component of the rotation score or may be grounds for sanctions such as being placed on Professional Probation and eventual dismissal.

Each rotation requires students be present a minimum of 40 hours per week. If you are released early be advised that you must make up the hours to the satisfaction of the preceptor.

CLINICAL YEAR POLICIES AND RULES

Patient's Rights and Confidentiality of Medical Records

All data gathered about the patient and his/her illness, including all items within a patient's medical history, is privileged information.

Students WILL NOT discuss a patient's records in a manner or situation, which would reveal any information about that patient or his/her records to persons, not involved in his/her health care.

Charts or contents, (i.e. lab reports, etc.), are not to be removed from the hospital or clinical setting. If photocopies of work are to be submitted to the PA program for evaluation, all specific references to the patient (i.e. name, address, and identification number) **MUST BE PHYSICALLY REMOVED AS PER HIPAA REGULATIONS.**

Reference, at any time, to a patient in a dehumanizing or insensitive manner **IS NOT PROFESSIONAL AND WILL NOT BE TOLERATED.** Such infraction will be reviewed by the PD and the APC and is justification for recommendation of placement on Professional Probation or program dismissal.

Physician Supervisor Review and Countersignature

On each clinical rotation, it is the student's responsibility to ensure that all his or her patients are also seen by the supervising physician or preceptor. The supervising physician or preceptor should also review all student notes written in medical records and countersign these documents.

Countersignatures should be obtained immediately on outpatient rotations, and as soon as possible but within 24 hours on all inpatient rotations.

UNDER NO CIRCUMSTANCES should a student initiate orders for any patient on any rotation without immediate physician consultation and countersignature.

UNDER NO CIRCUMSTANCES should a student sign, call in or send electronic in prescriptions. The only signature which should appear on a written or electronic prescription is that of the supervising physician or licensed Physician Assistant.

UNDER NO CIRCUMSTANCES should a student substitute for clinical or administrative staff during rotations.

These guidelines must be strictly adhered to for the student's protection and the protection of the patients seen by the student.

General Considerations

Students on Conditional Academic Standing (CAS) from the didactic year will be evaluated by the APC prior to entering the clinical year to determine if the student will be eligible to continue to the clinical year. Students who are required to take remediation prior to entering the clinical year will be evaluated by the APC and the Remediation Committee to determine if the student will be eligible to progress into the clinical year. This evaluation may result in either: continuation of their CAS, deceleration, remediation, or dismissal from the program. At the discretion of the APC a student may be removed from CAS if he/she has met the stipulations defined by the APC upon completion of the didactic year.

A change in academic standing will subject the student to a review by the APC, which in turn will subject the student to a course of action that could include a course of remediation, deceleration, or dismissal from the program. The exact course of action will be determined by the APC following a careful review of each individual student on a case by case basis.

- Satisfactory completion of clinical rotation courses in the PA Program requires a minimum passing score of 75%.
- All components of a clinical rotation course must be successfully passed in order to obtain a passing score for the course except the Mini Summary Assessment Tool (MSAT). Please note that this tool will count towards the final rotation score and is used for remediation criteria.
- Each clinical rotation must be passed with a score of 75% or better, in order to receive credit for the rotation.
- Clinical rotation (course) scores are calculated based on the following:
 - End-of-rotation (EOR) examination or EOR project
 - Preceptor's evaluation
 - Mini Summary Assessment Tool (MSAT)
 - Professionalism and timely submission of required rotation documents at the end of each rotation
- Failing the preceptor evaluation will cause the student to receive an "F" for the entire rotation and, if eligible, repeat the rotation at their own expense.
- Performance on the Mini Summary Assessment Tool (MSAT) will be utilized for targeted remediation (enrichment) to ensure that the student possesses the requisite knowledge for graduation, entry into clinical practice and passing the PANCE. Performance on the MSAT will NOT cause a student to fail a rotation or be placed on Academic Warning or Conditional Academic Standing status however may impact future need for remediation (focused improvement).
- A student in Good Academic Standing who fails a single rotation due to a failing preceptor evaluation, minimum passing preceptor score is an 80%, will be called before the APC to decide if the student is a remediation candidate and may be placed on conditional academic standing or professional warning/probation. They may be required to retake the failed rotation at a time determined by the clinical coordinators. This may include additional financial responsibility for the student and may delay graduation date.
- If a student fails a second rotation based on a failing preceptor evaluation, the student will be called before the APC and may be dismissed from the program.
- The maximum number of comprehensive make-up exams/course projects that may be afforded a student in Good Academic Standing during the entire clinical phase is two (2).

- If a student in Good Academic Standing fails one (1) end-of-rotation exam component of the rotation score, the student may be afforded the opportunity to take a make-up exam. If the student passes the make-up exam/course remediation project, he/she will progress to the next rotation and will be placed on academic warning following a review by the APC. If a student fails the make-up exam, the student will be called before the APC and receive a failing score for the rotation and be placed on conditional academic standing (CAS). Make-up rotations may incur additional bursarial charges (tuition and fees) depending on when they occur at the end of the clinical year with possible delay in the graduation date. The highest score recorded for such a make-up exam/course remediation project is 75% which will then be averaged with original failing score. If after the two scores are averaged and the student's final rotation score is below a 75% and the student passed the make-up the highest score the student can obtain for the final rotation score is a 75%.
- After successfully completing a make-up examination or equivalent project for an end of rotation examination, the make-up EOR exam score and original EOR exam score average will be calculated with the other components of the rotation score to determine the FINAL grade on the rotation.
- A student who fails a second EOR exam, may be afforded the opportunity to take a make-up exam. If the student passes the make-up exam/course remediation project, he/she will progress to the next rotation. The student will then be called before the APC and will be placed on conditional academic standing (CAS). If the student fails the make-up exam/course remediation project OR has any additional coursework failures while on CAS, this will lead to the student being called before the APC and may be decelerated or dismissed from the program.
- If a student fails a clinical year MPAC Level course and is in Good Academic standing the student, if eligible, will be allowed a remediation project. No MPA course will be allowed to be repeated more than once and the highest course score obtainable when made up is a 75%.
- If a student fails an MPA level course and is not in Good Academic Standing, the student will be called before the APC to discuss their academic alternatives which will include deceleration, remediation, or dismissal from the program.
- Students who are NOT in Good Academic Standing and do not successfully complete MPA 4403 (Summative Evaluation Course) must present themselves before the APC where the student will either be decelerated, remediated, or dismissed.
- Any unprofessional or unethical behavior in the clinical or classroom setting may result in dismissal regardless of academic standing.

CLINICAL COURSE EVALUATION AND GRADING

Rotations Grades

Each clinical rotation must be passed with a score of 75% or better in order to receive credit for the rotation.

Ongoing formative evaluation of student learning takes place frequently during the didactic and clinical phases of the program. Various modalities of evaluation are utilized to assess a student's acquisition of knowledge, problem-solving skills, clinical competencies, and professional development.

During the clinical phase of the program, students are evaluated on their oral and written communication skills, interpersonal skills, medical knowledge, correlative abilities, technical skills, and performance in the PA role. Students are evaluated by their preceptor, the clinical coordination faculty, and through written examination. Students are evaluated on their clinical readiness via OSCEs, practical exams, and clinical summative exams. Research skills are evaluated via the Master's curriculum, which includes the Master's Capstone Project. Successful completion of each component is required for graduation.

Grading Mechanisms

While on clinical rotations during the second year, students are evaluated on their oral and written communication skills, interpersonal skills, medical knowledge, correlative abilities, technical skills, and PA role performance. Students are evaluated by their preceptor, the clinical coordination faculty and by written examination.

Courses and rotations in the curriculum of the PA Program must be passed with a 75% (C-) or better, unless otherwise stated in the course syllabus. All components of a clinical rotation must be successfully completed in order to obtain a passing score for the rotation.

Clinical Grading Rubric

Clinical grades are based on the four parameters:

- **Fifty percent (50%)**
 - o **Core Rotations:** an end-of-rotation computer-based examination. A score of 75% is required, except in the case of PAEA EOR exams where the passing score is determined based on the national average.)
 - o **Elective:** an end-of-rotation case presentation/pre-approved project demonstrating advance knowledge of the elective rotation discipline (All elective rotation requirements will be outlined on EXXAT).
 - o **Culminating Semester Elective:** an end-of-rotation group patient education video project on a specific public health topic (All elective rotation requirements will be outlined on EXXAT).
- **Thirty-five percent (35%)** is based on the preceptor's evaluation. A preceptor score less than 80% on a rotation may result in failure of the rotation.
- **Ten percent (10%)** is based on the Mini Summary Assessment Tool (MSAT) which will be used to identify student areas of deficiency for targeted remediation (focused improvement) and PANCE preparation.
- **Five percent (5%)** is based on professionalism and timely submission of required rotation documents at the end of each rotation.

Note: Each student will be required to take an elective rotation during the clinical year. Please note that a student who is not in Good Academic Standing may have their elective rotation changed at the discretion of the program.

In order to successfully complete a clinical rotation, the student must receive a passing score in both the end-of-rotation exam and the preceptor score. Poor scores on MSAT or Professionalism will lower a student's rotation score. If a student fails to complete or satisfy the elective rotation project may result in failure of the elective rotation and an APC will take place to determine the outcome.

Failure to timely submit rotation documents may affect professional status in the program and require a meeting before the APC.

PRECEPTOR EVALUATIONS

Students are scored by their respective preceptor based on criteria that reflects clinical performance. The criteria is based on the Competencies for the Physician Assistant. Preceptors are encouraged to discuss evaluations with students delineating the student's strengths and weaknesses. Students will also present a mid-rotation evaluation to the preceptor after the second week on the rotation. This evaluation tool is

for the student to ascertain knowledge and evaluate his or her own performance. It is an opportunity for the student to correct deficiencies as illustrated by the preceptor.

Clinical evaluations by PA faculty and preceptors deemed unprofessional, regarding student-patient-staff relationships, is reason for censure by the APC, irrespective of the student's academic performance. Students are evaluated according to observed behavioral and attitudinal criteria felt to be important to their professional development. These criteria include but are not limited to personal honesty, reliability, integrity, punctuality, attendance, initiative, ability to accept criticism, interest in work, relations to coworkers and other health care personnel and patients.

- Students must obtain an overall score of 80% or better to pass the Preceptor Evaluation component.
- Failure to achieve a score of 80% or better may result in a failure of the course/rotation in its entirety and being called before the APC.

MINI SUMMARY ASSESSMENT TOOLS

These tools will be administered on ExamSoft and consist of 60 questions. System and task breakdown will align with the PANCE examination. As part of the 60 total questions, there will be 15 questions on specific assigned pharmacology topics. Immediately following the MSAT, the students will receive their results and full discussion will be provided with the class and a faculty member. As noted above, this assessment will be administered on rotations 1-89 and will account for 10% of the respective rotation grade. The MSAT assessments will NOT cause a student to fail a rotation or be placed on Academic Warning or Conditional Academic Standing status.

ADDITIONAL ROTATION REQUIREMENTS

These additional requirements make up the remaining 5% of the rotation grade:

- Failure to comply with timely submission of clinical patient logging, written documentation, and pharmaceutical agents listing with accompanied ICD 10 codes.
- Lateness or absences from clinical rotation or call backs will result in a reduction of the Professionalism component of the rotation grade.
- Unprofessional behavior during call backs will result in a reduction of the Professionalism component of the rotation grade.

EXXAT COMPONENT

Each student is required to electronically submit patient encounters to EXXAT. Each student is responsible for 75* patient encounters. These and other rotation documents are a 5% component of the rotation grade as noted in the Clinical Grading Rubric. Students are required to log the following data:

- Age & gender
- Race
- Clinical information
- Clinical setting
- ICD & CPT codes
- Medications
- Level of participation
- Procedures performed
- DSM V (if applicable)
- Social Issues

WRITTEN DOCUMENTATION COMPONENT

Each semester students are required to provide documentation of their clinical encounters. Every semester each student must hand in 1 (one) electronic medical record (EMR) for a total of three (3) EMR submissions for their clinical year. Every semester each student is required to submit three (3) notes: a standard SOAP note and a specific rotation required note. For example, Emergency Medicine requires a procedural note, OB/GYN requires a delivery note and a SOAP note, or a procedure note if no delivery was done during the rotation. Surgery requires a pre/op and post/op note and Psych/Behavioral Health requires a Mini-Mental Status Exam within the SOAP note.

If the student's written documentation is scored as unsatisfactory, they will be required to resubmit another EMR or SOAP note. Students can continue in their Clinical Year while they correct their written submissions to the satisfaction of their Callback Advisor.

ALL HIPAA GUIDELINES MUST BE FOLLOWED WHEN SUBMITTING SESSION DOCUMENTS NO PATIENT IDENTIFYING DATA SHOULD BE INCLUDED IN THESE SUBMISSIONS

SOAP notes must be for each rotation. If no EMR is available, it is permissible to hand-write or type an additional SOAP note from a rotation during that semester. Students must hand-write or type their SOAP notes. Check-off sheets are not permissible.

PHARMACOLOGY

Students are responsible for entering pharmaceuticals as they encounter them while on rotation. These drugs are to be logged on the provided drug cards and uploaded to EXXAT. The student is responsible for logging a minimum of 10 pharmaceuticals per rotation. No more than 2 drugs per patient may be listed. Drugs may not be repeated. Pharmaceuticals **MUST** be paired with ICD 10 codes. Pharmaceutical submissions will be reviewed by your callback advisor.

PROCEDURE LOG

Students are given a Procedure Log to carry with them while attending rotations. Preceptors will sign off (initial) when a listed procedure is performed by the student. Entries are made each time a student can perform a listed procedure until the student accumulates three (3) entries (on three (3) different patients). The student will upload a copy of the Procedure Log to EXXAT by the day before callback after each rotation. The Procedure Log is then reviewed on EXXAT by the Clinical Advisor. Students will not be penalized if there were not ample opportunities to do the listed procedures, however, the student must have the required procedures completed by the end of the Clinical Year. Students will be counseled and subject to disciplinary action if they fail to submit the log for review, if the student fails to maintain an accurate record, or if opportunities did exist, but the student chose not to participate. Students will **ALSO** be required to log all procedures via the EXXAT tracking system. In addition, the **ORIGINAL** signed procedure card is submitted [to](#) the student's callback Advisor at the end of the clinical year and remains a permanent part of the student's record.

The following is a list of required procedures:

- Venipuncture
- IV insertion
- Blood Culture
- ABG
- Fingerstick

- PPD/SC/IM injection
- Nasogastric Tube Insertion
- EKG
- Foley Catheter Insertion
- Pelvic Examination
- PAP Smear
- Rectal Examination
- Dressing Change
- Throat Culture
- Suturing/Stapling
- Splinting/Casting

Students may have the opportunity to perform the following procedures on clinical rotations:

- Chest Tube Insertion
- Endotracheal Intubation
- Central Line Placement
- Wound Debridement
- Uncomplicated Newborn Delivery
- Removal of Foreign Body from Eye
- Ear Irrigation
- Pulmonary Function Tests

This is not a complete list of all possible procedures that the student may have the opportunity to do. Such procedures may be indicated in the space marked “other.”

STUDENT CLINICAL SURVEYS – END OF ROTATION

The following forms will be found in the Appendix of this Manual:

- End of Rotation Evaluation of Site
- Clinical Preceptor Instructional Faculty Evaluation

All students are required to electronically submit the above evaluations. This is done via the EXXAT tracking system. All data is reviewed and evaluated for quality purposes by the Program faculty. Students must include rotation information on page 1 of the survey. Feedback generated by the students is also given to Preceptors on a yearly basis. Pending completion of EXXAT requirements, the students will start rotations at the beginning of the next cycle.

FAILURE OF A COURSE/ROTATION

If a student fails a single course/rotation, he/she will be called before the APC to determine his/her suitability for the program.

- **The student will have to retake the failed rotation, thereby extending his/her clinical year.**
- **The student will be responsible for any additional tuition/rotation expenses.**

Taking into consideration special circumstances, failure of two rotation by a student will result in dismissal from the program. If a special circumstance is identified, eligibility for remediation will be considered based on academic, clinical, and professional competencies.

CLINICAL CALLBACK

Students are required to return to the Program for two days at the end of each clinical rotation for Callback meetings. During this time, students will take a rotation specific examination, MSAT exam, participate in case presentations, perform practical examinations, discuss common medications, attend lectures, etc. Attendance at callbacks is mandatory. Failure to comply with this requirement will result in a deduction of the professionalism component of your rotation grade. Behavior at callback is taken into consideration as part of the professionalism component of the rotation grade including but not limited to cell phone use during call back lectures, presentations, lateness, and dress code violations.

Additional mandatory attendance days may be scheduled throughout the clinical year, for Interprofessional Development, Clinical Examinations, Simulation Experiences, remediation, etc.

CLINICAL YEAR EXAM REVIEW POLICY

- Only students who fail non-PAEA end of rotation exams are permitted to review their performance. This is to be done during the first week after callback. Make-up exams will be scheduled during the 2nd week of the next rotation.
- No writing implements, cell phones, papers, books, PDAs, or any other electronic devices other than a program approved device or iPad may be used while reviewing exams.
- The student will have 15 minutes to review the exam. The exam **MUST** remain in the office.
- **Only students that receive a score of a 64% or better will be permitted to remediate questions to the clinical faculty.** It is the student's responsibility to find documentation supporting his/her answer using reference books that are provided by the PA Program or a current textbook **approved by clinical faculty or Director of Academics and Remediation.** Internet searches and referencing other medical practitioners is **NOT acceptable.**
- An exam question remediation form needs to be completed to remediate a question. Emails and informal discussion with faculty is not enough to remediate an exam question. (Form available in PA administrative office). Only non PAEA end of rotation exam questions can be remediated.
- The final decision on all questions will be up to the **clinical faculty. All decisions are FINAL.**

CULMINATING SEMESTER

The culminating semester consists of a Culminating Elective Rotation (MPA 4402), Community Service (MPA 4405), Clinical Skills/Summative Evaluation (MPA 4403), Health Care Delivery Systems (MPA 4401), and PA Master's Capstone Project (MPA 4404).

Each student will also be evaluated in a comprehensive manner by both written and practical cumulative examinations in MPA 4403 Clinical Skills/Summative Evaluation. This is to ensure students meet established program standards regarding knowledge and technical competency. Students must meet all program requirements in order to graduate.

Culminating Semester Rules and Regulations

- Satisfactory completion of Culminating Semester courses in the PA Program requires a minimum passing grade of 75%.
- All previously stated clinical rules apply to the Culminating Elective Rotation; however, there will be no EOR examination. The final score is determined by the Preceptor evaluation and a group video project (All culminating elective rotation requirements are listed on EXXAT)

- All previously stated clinical rules apply to all clinical rotations (excluding the advanced elective) that occur in the Culminating Semester, or occur out of sequence due to a LOA, remediation project, or completion of a previously failed rotation.
- Students who are in Good Academic Standing and do not successfully complete all components of MPA 4403 will be placed in remediation.
- Students who are NOT in Good Academic Standing and do not successfully complete all components of MPA 4403 will be called before the APC where the student may either be decelerated, remediated, or dismissed.
- Any unprofessional or unethical behavior in the classroom or clinical setting may result in dismissal from the program regardless of academic standing.

MPA 4403 – Clinical Skills/Summative Evaluation (1 credit)

In addition to completing the required components outlined above students will also be evaluated in a comprehensive manner by both written and practical cumulative examinations in MPA 4403 Clinical Skills/Summative Evaluation. This is to ensure students meet established program standards regarding knowledge and technical competency. MPA 4403 is a one-credit, PASS/FAIL course that includes the following components:

- Summative Evaluation Exam
- Clinical Skills testing or OSCEs
- Knowledge Checks based on NCCPA content areas
- Board Review

This course must be successfully completed in order to graduate. A detailed description of each component is outlined below.

Exam Component: Students are required to take a cumulative written or computer-generated examination during the culminating semester. The Summative Evaluation Exam is considered a “mock board exam,” which is composed of multiple-choice questions derived from material covered over the course of the program. Specific preparation by the student for this examination could include a review of all didactic and clinical year learning objectives as well as utilizing NCCPA Board preparation books and NEJM Knowledge plus questions.

Clinical Skills/OSCE Component: Students are required to perform a Clinical Skills Test or OSCE (Objective Structured Clinical Exam) during the culminating semester. Students will be presented with case scenarios and are expected to appropriately examine a simulated patient. Students play the role of both examiner and patient and should be prepared for both. It is advisable to bring all Physical Diagnosis equipment. The student will receive feedback on his/her performance. Each OSCE has a required number of tasks to complete. In order to pass the OSCE component, a student must complete the required number of tasks for that OSCE. Students who do not satisfy this component are given an opportunity to retake the OSCE. Clinical remediation may be recommended at the discretion of the student’s clinical coordinator.

Board Review Component: Prior to graduation, each student is required to attend the Kaplan 4-day Board Review course which is structured around the NCCPA Blueprints. **Attendance is mandatory.**

Pre-PANCE Preparation: After successfully completing all the PA Program requirements, students are afforded the opportunity to take the Physician Assistant National Certification Exam (PANCE) through the

National Commission Certification Physician Assistant organization (NCCPA). Passing this exam rewards PAs with national certification. The PA Program strives to prepare our students to take this exam through the following steps:

STEP 1: Self -Assessment Test: After successful completion of rotation 9 in the last clinical semester, students will take a comprehensive MCQ examination. As a self-assessment tool, the student will review these results in detail with their clinical coordinator to focus their PANCE preparation during the culminating semester.

STEP 2: Board Preparation Program (Focused Improvement – during Culminating Semester): Based on but not limited to the following criteria listed below.

This will consist of a study program designed to include topic assignments and examinations. The minimum score required to pass each topic assignment and examination aligns with the NCCPA scores that are available to the Program. This program is included in the tuition and will not incur any additional expenses to the student. Successful completion of this Board Prep Program, along with all Clinical Year Requirements is needed for program completion and graduation. This program is irrespective of formal remediation upon completion of the clinical year. Students may be required to participate in BOTH programs. Failure to successfully complete the Board Prep (Focused Improvement) Program will place the student into automatic remediation. (See Remediation below)

Students that meet one or more of the following criteria will participate in focused improvement as described above:

- Cumulative score below 80% after the 6th rotation
- 3 or more MSAT examinations below 75% - (or an overall average that is less than 1 standard deviation from the class mean)
- Any student on Conditional Academic standing
- Failure of more than 1 EOR-(or an overall average that is less than 1 standard deviation from the class mean)
- Clinical Faculty/Advisor recommendation

STEP 3: Summative Examination Exam (A component of MPA 4403, Clinical Skills/Summative Evaluation): Students are required to take a cumulative computer-generated examination at the end of MPA 4403 during the culminating semester. The examination is a component of the course MPA 4403, Clinical Skills/Summative Evaluation. The Summative exam is considered a “mock certification exam” which is a compilation of multiple-choice questions derived from material covered over the course of the program. Specific preparation by the student for this examination could include a review of all didactic and clinical year learning objectives as well as utilizing NCCPA Board preparation books and NEJM Knowledge Plus and Kaplan questions.

Grading Structure for the Summative Exam: The program uses a Z- score analysis to determine the passing score. There will be no score adjustments or review of the exam. The exam is based on the NCCPA blueprints (www.nccpa.net). Students who do not pass the summative exam may be placed in the Remediation Cycle.

Failure of the Summative Exam

- If the Summative exam is the 1st failure of the Clinical Year, the student will be placed on Academic Warning and is eligible for a makeup exam

Successful passage of the Summative exam make-up does not guarantee a student will be released to take the PANCE. Faculty will evaluate student's overall performance in the program to determine PANCE readiness.

If the student does not pass the makeup exam, this would be considered a 2nd failure and the Manual standards apply. The student will receive an "F" for the course and will be placed in a mandatory remediation cycle.

Once remediation is complete, the student will be given another Summative exam makeup.

- Should a student already be on Conditional Academic Standing (CAS) at the time of the summative exam failure, the student is not eligible for a make- up exam, the APC will meet. The APC will determine the students' status and eligibility for repeating the course or eligibility for a make- up exam and the student will be placed in a mandatory remediation.
- The APC will determine the academic plan for the student. Students who do not pass MPA 4403, Clinical Skills/Summative Evaluation, may not receive their original graduation date and will receive the next scheduled graduation date and may incur bursarial charges.
- At the end of the remediation cycle, all students MUST pass the summative exam. The passing score for the make-up summative exam is determined by a passing score of 75 that may be changed at the discretion of the program based on continuing program self-analysis

STEP 4: *Mandatory Remediation:* Remediation is a program designed to strengthen students' test taking skills to better prepare students for a successful outcome on the PANCE. Students that meet any of the following criteria may qualify for remediation:

- Failure of MPA 4403 (Board Prep Program and/or focused improvement)
- Failure of the Summative Evaluation Exam
- Cumulative score below 80% at completion of rotation 9
- Failure of more than 1 EOR-(or an overall average that is less than 1 standard deviation from the class mean)
- 3 or more MSAT examinations below 75% - (or an overall average that is less than 1 standard deviation from the class mean)
- Any student on Conditional Academic Standing
- Clinical Faculty/Advisor recommendation
- Any decelerated student due to poor academic performance
- Multiple EOR scores below 75%
- Students that take a LOA for one rotation or more

The program consists of a series of targeted NCCPA Blueprint Task area presentations/problem-based learning in a group setting on campus and computerized, timed exams. The duration of remediation is deemed by the Remediation Coordinator/ APC committee and is determined by demonstration of topic proficiency. The final step of remediation requires the student to take a comprehensive exam either on paper or computerized. In order to successfully complete remediation the student must achieve a score of 75% on each of the remediation exams. Additionally, students who have failed the course MPA 4403, Clinical Skills/Summative Evaluation, will take the makeup Summative Evaluation Exam at the end of remediation. Students that are placed in the remediation cycle will not be cleared through the NCCPA portal until such time that a student successfully completes remediation, or the faculty feels that the student has been prepared adequately to have a successful outcome on the PANCE.

Clinical Remediation

As per ARC-PA standards, students must not only meet all academic competencies, but also professional competencies. If the faculty deems a student substandard clinically as evidenced directly or through preceptor feedback, then the student will be placed on CLINICAL PROVISIONAL STANDING and will be subject to remediation with clinical skills. This determination is made based on Preceptor feedback and student's performance on OSCE's and may not require a student to have failed either. The remediation may include but is not limited to history taking, physical exam skills, formulating an assessment and implementation of a treatment plan, and performance of additional OSCEs. This may also include such skills as performing clinical procedures. Successful completion of Clinical Remediation will lift the provisional standing.

Clinical remediation may also be warranted based on performance of a student in their EOR or MSAT exams. Students who fail an EOR or an MSAT will be candidates for clinical remediation. The student who enters remediation in the clinical phase will remain in remediation until the completion of the culminating semester.

PANCE Readiness

Students who have progressed through the program will be cleared for the PANCE upon graduation when the following requirements are met:

- Successful completion of all didactic, clinical and Master's components of program
- Successful completion of MPA 4403
- Successful completion of Self-Assessment test
- Successful completion of Remediation Program, if applicable

ACADEMIC PROGRESS STANDARDS

SATISFACTORY ACADEMIC PROGRESS POLICY

Executive Order 99-03

In order to comply with Federal Student Aid Program Title IV and the US Department of Education requirements for eligibility for federal; student financial aid, the San Juan Bautista School of Medicine has established a Satisfactory Academic Progress Policy (SAP). This policy applies to all students enrolled in our institution, regardless of the program and the funds used to pay institutional fees. The federal student aid program is Title IV requires that each student receiving aid funds meet the criteria established in the SAP. The SAP of SJBSM has seven important elements:

Element #1: Completed Credits and Minimum Grade Point Average

The first factor in the evaluation is the number of completed credits, compared with the number of credits attempted by each student. Annually, the SJBSM will determine the satisfactory academic progress of each student, in which the student must meet the required credits established by year of study. Now, the satisfactory progress of each student is evaluated, SJBSM considers as attempted credits the following:

- Completed courses
- Failed courses
- Repeated courses
- Withdrawals
- Incomplete courses

For the SJBSM PA Program, the following elements apply:

Element #1: Completed credits and overall averages

Year of study	Minimum % of Completed Courses	Minimum Average
1	100%	75%
2	100%	75%
3	100%	75%

Element #2: Maximum Timeframe in Credits

123 credits X 1.5 = 185 credits (maximum time frame) in three (3) years

Element #3: Maximum Chronological Time

Maximum time is 3 years

Element #4: Probation and Dismissal

If either one of the three elements shown above are not met by a student, the student will be referred to the Institutional Student Evaluation and Promotions Committee (EPC) to determine if the student is to be placed on probation or be dismissed. The student can appeal the decision, following the process delineated in **Executive Order 2016-01 (Due Process Policy)**.

Information related to financial aid warning status, loss of eligibility for aid, appeal process, and financial aid probation status can be found in **Executive Orders 99-03 and 2016-01**.

Element #5: Veterans

Elements #1 and #2 do not apply to military veterans' aid beneficiaries. Nonetheless, Element 3 applies, as they cannot get financial aid beyond the stipulated maximum time.

Element #6: Enrollment status classification

The number of credits enrolled in the program will determine the definition for a student to be considered as a full-time Or part-time student. The policy for the PA Program is as follows:

Type of Student	Number of Credits of Credits
Full-time	One (1) or more

Element #7: Changes to the Academic Program or Requirements

Any changes to the academic program or to the requirements for program completion will apply only to those students on or after the effective date of the curricular program changes.

The Academic Progress Committee (APC) has established standards for academic performance in the PA Program. A student whose academic performance falls below the minimum acceptable standards may be placed on academic probation (AP), conditional academic standing (CAS) or dismissed from the program. If placed on CAS, the duration and conditions will be determined by the APC and may require remedial study and/or repetition of a unit of study. This may result in extending the length of the student's education in the program.

One of the parameters used to determine a student's preparedness to enter the clinical phase will be the overall average, excluding masters' courses MPA 4401, MPA 3306, MPA 3307, MPA 4301, MPA 4404 & MPA 4304 (see below).

Good Academic Standing

A student must maintain a PA Program curriculum cumulative average of 80% to be in Expected Good Academic Standing.

Students may be placed on Conditional Academic Standing if their semester overall average falls between 75% and 79.4%, only with a recommendation from the APC.

If a student's overall average falls below 75%, the student will be dismissed from the Program.

Please note: Although a student's final calculations of the average include the Master's courses, calculation of average, regarding meeting the criteria for Good Academic Standing (>79.4%), does not include the following graduate course work/scores:

- MPA 3307 Medical Research Methods and Literature Review
- MPA 3306 Health Science Epidemiology and Biostatistics
- MPA 4301 Medical Ethics and Healthcare Policy
- MPA 4401 Healthcare Delivery Systems
- MPA 4304 Evidenced Based Medicine
- MPA 4404 Master's Capstone

A student's overall score in relation to Good Academic Standing is calculated using all other didactic and clinical coursework.

SJBSM is required to evaluate three components of a student's academic record: qualitative measure - cumulative grade point average; quantitative measure - pace of completion; and maximum timeframe, to determine if a student has achieved Good Academic Standing and is making satisfactory progress toward graduation.

Academic Warning

Students are expected to receiving passing scores in all their coursework and maintain the required program overall average of 80%. Academic Warning is a status designated by the APC to students in previously Good Academic Standing who receive a single failing score or who fail to maintain the required average score. The performance of students who are on Academic Warning will be reviewed every semester. Students on Academic Warning should meet with their advisors to discuss remediation options in order to prevent additional failures. Conversely, academic advisors will assess a student's need for focused improvement and request advisement sessions. Students on Academic Warning are eligible for make-up exams unless specifically outlined in the Academic Rules and Regulation Section of this Manual.

Conditional Academic Standing

Conditional Academic Standing indicates a student is on probationary status due to academic insufficiencies determined by course failure, inadequate average score, or the discretion of the APC.

Any student placed on Conditional Academic Standing will be advised of that action in writing by the APC Chairperson. The deficiencies will be clearly outlined, and the student will be required to attest to his or her knowledge of the deficiencies noted. In addition, the student will be advised as to what course of action will be available to him or her to remedy those deficiencies.

Students placed on Conditional Academic Standing are not eligible for make-up exams for failed courses or components. In such an event, the student will be called before the APC to determine if probationary leave or dismissal is appropriate.

- Students in the Didactic year who are placed on Conditional Academic Standing will remain on Conditional Academic Standing for at least two (2) subsequent semesters.
- Students being placed on Conditional Academic Standing starting after the second and third semester of the Academic Year will proceed into the Clinical Year on Conditional Academic Standing for the number of semesters as stated above
- Students in the clinical year who are placed on Conditional Academic Standing may remain on Conditional Academic Standing for the duration of the clinical year upon the discretion of the Academic progress committee.
- Unique circumstances are evaluated by the APC at the end of each semester

Professional Warning/Probation

Violations of professional conduct as stated in the PA Student Manual may result in either Professional Warning or Professional Probation depending on the violation. Professional Probation is an ongoing status designated by the APC when a student violates one of the conditions set forth in the Sections on Professional Conduct in the PA Program Student Manual or any conduct deemed unprofessional by the APC.

A student placed on Professional Probation will be notified in writing by the APC. Specific conditions of Professional Probation may include Program suspension or disciplinary action as outlined in the PA Student Manual. Any further infraction, be it academic or professional, may be grounds for dismissal from the Program. However, professional misconduct alone may be grounds for dismissal from the Program if deemed so appropriate by the APC and the PD.

PROFESSIONAL PROBATION STATUS MAY AFFECT FINANCIAL AID AND FUTURE LICENSING APPLICATIONS

POLICY AND PROCEDURES

Internal Appeals Procedure

The student may appeal the decision of the APC regarding Conditional Academic Standing, Professional Probation, or Dismissal decision. To do so, a letter must be written to the PA Program Director within seven (7) calendar days of APC decision. The letter must clearly outline the reason for the appeal, provide supporting documentation, and contain the students name and student ID number. Acceptable supporting documentation consists of a letter/note from a Healthcare provider (MD/midlevel provider) on letterhead and/or a death certificate where applicable.

An appeal hearing will only be granted if the following stipulations are met:

- The student must demonstrate that there is reason to believe they have been treated unfairly
- The student must demonstrate that the APC decision was capricious
- The student must outline any extenuating circumstances that were not given adequate consideration

Please note, extenuating circumstances are circumstances that are exceptional, “unforeseen” and are above the course of everyday experience, which may include:

- Significant illness, accident, or injury to the student
- Death or serious illness of a close family member or dependent

- Family crisis of significant magnitude which directly affects the students' ability to succeed

The following are not, under normal circumstances, considered extenuating:

- Minor illness
- Use of common over the counter medications
- Stress or panic attacks caused by examinations, or the rigors of academic demands that do not affect general life activity, for which no prior application for reasonable accommodations have been made
- Domestic events
- Consequence of paid employment
- A longstanding hardship which has been previously well-managed and/or is not communicated to the program

The PA Program does not allow accommodations of any kind to be applied retroactively in either the didactic or clinical year. Please see accommodation requests for details on application/request for reasonable accommodations.

The list of extenuating and non-extenuating circumstances represents recognized examples of each. However, the circumstances surrounding each students' request for appeal is uniquely evaluated. All submissions for consideration of extenuating circumstance should be accompanied by contemporaneous supporting documents from a third party which must confirm the existence of the extenuating circumstance and state how the reported matter has affected the student concerned.

Once the request is received, the PD will notify the student:

- If the appeal request was accepted and a date/time for the hearing
- If the appeal was rejected with a brief explanation of reasons

This notification will occur by the PD or his designee, within ten (10) calendar days of receiving the request.

Please Note: during the Didactic Year, if a student appeals the decision of the APC the following will occur:

- The student will continue into the next semester/phase
- Students are permitted to continue attending class during the appeals process
- Any student who is in the process of appeal in the third semester of the didactic year cannot begin the Clinical Year until a decision is determined regarding the completion of the didactic year

During the Clinical Year, if a student appeals the decision of the APC the following will occur:

- If a student is on a clinical rotation during the appeals process, the student is permitted to attend rotation until a final decision is rendered.

Qualitative Measure of Student Performance

A student must maintain a **minimum cumulative average score** (MCAS) of 80% and will be measured at the end of each semester applicable to the program in which the student is enrolled. If a student's cumulative average is below the minimum required, he or she is ineligible to receive federal, state, and institutional financial aid funds unless placed on financial aid warning or probation and may be dismissed from the program.

Quantitative Measure of Student Performance

A student must progress through his or her program of study at a pace that will ensure completion within the established maximum timeframe permitted. A student's pace of completion is determined by dividing the total number of credit hours the student has successfully completed in his or her program of study by the total number of credit hours the student has attempted in his or her program of study. Successfully completed coursework includes all credit-bearing courses with scores between 75% and 100%, and "P" grades. All periods of enrollment in the student's program of study will be included regardless of whether the student received financial aid. A student must successfully complete the designated cumulative minimum percentage of all attempted credits at the end of each semester as per the chart below, depending on the cumulative credits attempted at the College in his or her program and accepted transfer credits, in order to be considered progressing satisfactorily toward the completion of their program of study.

EXPOSURE POLICY AND INCIDENCE REPORTING

Policies regarding exposure and reporting can be found within the following Executive Orders:

2006-010 - Recording and Reporting Occupational Injuries and Illness

2006-08 - Handling the Exposure to Varicella in Students

2006-11 - Program of Education and Training of Bloodborne Pathogens

2013-02 - Management of Accidental Needlesticks or Exposure of Mucous Membranes to Blood or Body Fluids

Students should always adhere to OSHA guidelines for universal precautions. However, should any student be exposed to blood or body fluid must report the incident to the preceptor or instructor immediately following the exposure for instruction and advisement.

Exposure incidents can lead to infection from the Hepatitis B and C virus (HBV/HCV) or the Human Immunodeficiency virus (HIV) which causes AIDS. The most obvious exposure incident is a needle stick, but any specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material is considered an exposure incident and should be reported immediately.

The student should stop any procedure that he/she is engaged in should an exposure occur. If the preceptor is not available, the incident must be reported to the Chief of Service under which the student is studying. In any event, the PD or Clinical Coordinator is also to be notified immediately. The student must submit an account of the exposure on a report form provided by the program and available to the student on EXXAT. Information to include date and time of exposure, any protective garments worn by the student, the type of exposure, anatomical location of exposure and condition of exposed skin or mucous membrane, witnesses to the exposure, and any other pertinent information. This account is to be signed and dated by the student and mailed or faxed to the PA program office.

The student will adhere to the exposure policies of the rotation site. The source should be assessed for HIV and Hepatitis B/C risk. It is the student's responsibility to follow up with their private physician/occupational medicine physician for follow-up care and HIV testing as indicated and is financially responsible for any follow-up care including prophylactic medication.

Any student with an exposure incident, which occurs during the didactic phase or outside of the affiliation, but within the school curriculum, should also follow the above protocol.

The student is responsible for notifying the PA program administration or faculty of any accident that occurs while the student is on campus or at an affiliated institution resulting in any potential injury or property damage. If a student is on an "OOT" rotation, he/she should follow the guidelines set forth by the respective institution for incident reporting and follow the Program guidelines for incident reporting.

LEAVE OF ABSENCE AND COURSE WITHDRAWALS

Executive Order 2017-02

Link to: <https://www.sanjuanbautista.edu/about-us/institutional-policies.html>

MEDICAL/PERSONAL LEAVE OF ABSENCE

Students must be in Good Academic Standing (greater than or equal to 80%) in order to be eligible for a Leave of Absence (LOA). Please note that a student may be granted a LOA who is not in Good Academic Standing if the Office of Student Disabilities Coordinator and the PD determines that the student has a compelling circumstance. Any LOA related to a reasonable accommodation is processed through the SHS Coordinator for Office of Students with Disabilities. Any LOA regardless of the circumstances and duration must be submitted in writing to the PD. The Associate Dean of Student Services and the PD must be notified of intent to peruse a LOA. After the LOA request is submitted the student will follow the SJBSM Leave of Absence policy, which can be found in this Manual. Once the leave of absence request is approved, the student has up to 12 months to submit for approval the criteria necessary for readmission (i.e.: Physician clearance, Letter of intent). Once the readmission paperwork is received and approved, the student will be considered for the next available seat in the Program. Failure to follow the LOA Policy including reentry procedure will result in forfeiture of the seat in the PA Program and will require a student to reapply to the program. The student will be financially responsible for all outstanding tuition.

All required documents must be submitted to the Office of the Associate Dean of Students and Office of Disabilities Coordinator. Failure to submit the appropriate documents will result in denial of the LOA.

Note: Students should not assume that filing a Leave of Absence implies that the request has been granted. They must receive official approval from the Associate Dean of Student Services Dr. Rivka Molinsky, Ph.D. and appropriate paperwork must be submitted to the registrar. Students may be required to audit courses that preceded the semester in which they requested the leave.

Consultation with the Financial Aid Office, Registrar, and the Bursar's office prior to initiating a leave of absence is recommended. Questions regarding financial liability should be explored before submitting paperwork to the PA Program office.

MILITARY LEAVE OF ABSENCE

The PA Program is committed to supporting students involved with the military. Students called to active duty will be considered on military leave and should immediately notify the program of this occurrence so arrangements can be discussed.

It is recommended that any military obligations be deferred if possible. If not possible, arrangements must be made in order to make up any time lost and to ensure the student is adequately prepared to successfully re-enter the program.

The Office of Veterans Affairs

50 Carr 165, Guaynabo, PR 00968-8024

Phone: 800-827-1000

Fax: 787-772-7458

PROBATIONARY LEAVE FOR ONE YEAR

This is an option which may be appropriate for a student who is struggling to maintain the minimum standards of the PA Program. The APC will evaluate the circumstances surrounding the student's inability to meet the academic standards, and render a decision based on the following criteria:

- Students currently on Conditional Academic Standing
- A semester average above 80%
- Failure of one academic or clinical course

In the event a student is requesting a leave of absence in the first semester of the Academic year, prior to establishing the mandatory minimum 80% overall average, the APC will use all pertinent data to that point to make its determination in regard to the request for leave.

A student who is placed on probationary leave for a maximum of one year forfeits their matriculated status. Upon returning to the program, the failed course(s) must be retaken and passed with a grade of 80 (B-) or better. The student will be required to audit courses designated by the APC. Once the leave of absence request is approved, the student has up to 12 months to submit for approval the criteria necessary for readmission (i.e.: Physician clearance, submission of additional coursework required, additional supporting documentation and letter of intent).

Students will return on Conditional Academic Standing and will remain on it for at least the subsequent semester. Failure to raise the overall average to 80% or greater by the end of the returning semester may result in dismissal from the Program.

The APC may offer the probationary leave option to a student **only once** in his/her course of study at the SJBSM PA Program.

Students on a Probationary Leave will be required to participate in remediation before taking the NCCPA Exam.

COURSE WITHDRAWALS

Retention

SJBSM acknowledges the need to address students' retention to ensure a positive experience for all. Effective student retention is embedded with the culture of our School as an effort to improve higher educational experiences for all, increase graduation rates, and improve annual retention rates.

Withdrawals

PA Students may request to withdraw from the Program with letter or email of written intent to the PD. Students who are absent from class for five days or greater of unexcused absence, are considered as withdrawn, independent of whether a signed letter or email of intent is received. The students' written request will be considered forfeiture of their position in the PA Program. A notification will be sent to the Associate Dean of Students Affairs for adjudication (see next paragraph).

When considering a withdrawal from SJBSM, students must present a formal request directed to the Associate Dean of Student Affairs, explaining the reasons that sustain their decision. If the student persists with the idea of withdrawal, they will be referred to the Registrar's Office, where they may complete the

request. The student must obtain correspondence signatures from the Program Director, Counselor, Bursar's Office, Financial Aid, Associate Dean of Students Affairs, Library Director, Dean of Administration and Human Resources, Academic Dean and Registrar.

Withdrawal will be considered effective in the date the application is completed and received in the Registrar's Office. Students who withdraw from the School shall fulfill all financial and administrative obligations with the School, including returning all borrowed library resources, ID, and Parking cards; and complete their academic records.

Tuition Liability for Withdrawal

Students wishing to withdraw from the College must contact the Office of the Registrar. On approved applications and when withdrawing from **ALL** classes policy 99-02 will be applied.

Please note that, when a student in receipt of Title IV funds withdraws from school, a Federal recalculation takes place. You may obtain a copy of these regulations from the Financial Aid office.

If the student has not paid full tuition and fees for the term in which the withdrawal takes place, he or she must pay the proportionate amount noted above before leaving the College. In cases of academic dismissal, tuition paid in advance for the term immediately following the dismissal date will be 100% refundable.

Students may withdraw from the Program within the first 8 weeks of the first or second semester or up to the midpoint of the summer semester. A student who withdraws within the first 8 weeks of a semester will receive a grade of "W" on their transcript. It is mandatory that the student meets with Student Services to discuss possible tuition refunds (see above).

ADVISEMENT, ACADEMIC EVALUATION AND GRADING

ACADEMIC ADVISEMENT

The PA Program faculty stands ready to advise students regarding any academic difficulties or personal problems. Within the first 4 weeks of the program, students will be assigned an advisor who will advise the student throughout the didactic year. During the clinical year students will be assigned a Clinical Coordinator and Clinical advisor (who may be the same as the assigned coordinator). The advisor will meet with the students at a minimum of once each semester.

A handout of assigned advisors will be distributed to the student. The advisor will meet with the students at least once each semester. Students may approach their advisor at any time. On occasion, a student may be called in by someone other than his or her advisor for academic or professional advisement. On the other hand, a student may wish to speak to a faculty member other than the assigned advisor, which is also an option. The program supports an "open door" policy for student advisement. The advisors will have up-to-date information regarding student performance on examinations. Should a student fail an examination, the remediation advisor may contact the student to schedule an exam review to identify problem areas in test taking or study habits.

The instructional faculty is usually available before and after class, and by appointment. It is advisable for students to seek assistance from instructors as a given course proceeds rather than wait until examination time. Unless an instructor gives out his/her telephone number or email address, it is inappropriate to call

or email an instructor to seek advice. If a student must reach an instructor, the Academic Coordinator will serve as an intermediary.

The duties of the academic faculty advisor include but are not limited to:

- Monitoring the student's academic progress
- Solving problems encountered in courses
- Monitoring professional development and informing students of professional rules and regulations
- Referring a student to support services or the program director for further assistance
- Informing students about the rules governing academic performance and progression

PROFESSIONAL ADVISEMENT

The development of professional attributes in a physician assistant student is as important as academic achievement. Each student will be evaluated for professional performance while in the program. Faculty advisors can be a very integral part in the development of a student's professional demeanor. The faculty advisor will monitor a student's professional performance in the following areas:

- Professional appearance
- Interaction with faculty and staff
- Professional demeanor in the classroom and while on their clinical rotations
- Attendance and tardiness record for the didactic and clinical sessions
- Respect for your fellow students
- Communications, including emails, with faculty and staff
- Ethical behavior during examinations and classroom or clinical time

EVALUATION OF STUDENT LEARNING

In the classroom during the first year, students are evaluated by written exams, case presentations, graded lab work and practical examinations. Evaluations may also be based on class participation, class projects and presentations, and attendance.

It is the prerogative of the instructor to select the specific method of evaluation which he/she will use. This information will be provided to the student in the course syllabus.

While on clinical rotations during the second year, students are evaluated on their oral and written communication skills, interpersonal skills, medical knowledge, correlative abilities, technical skills, and PA role performance. Students are evaluated by their preceptor, the clinical coordination faculty and by written examination.

SUBMISSION/POSTING OF GRADES

The PA Program requires grades to be submitted from the instructor to the PA office within two weeks of the administration of an exam or submission of a paper. Scores are released via the Exam Soft platform.

EXAMINATIONS

Examinations will be administered with as much advance notice as possible. Date changes will be made by the faculty when necessary and a minimum of one week's notice will be given when possible. In the event of an unexpected school closure on a day when an exam is scheduled, it will be rescheduled at the earliest possible time when classes resume. Unless notified of any lecture/exam schedule changed by the Academic Coordinator via email. During a closure, students should return to class ready for

lectures/exams previously scheduled for the day the school re-opens. This may result in scheduling more than one exam for a day. These changes in schedule will be posted as soon as possible.

During examinations, assigned seating may be used at the discretion of the proctor. Once an exam begins, no student will be permitted to exit/re-enter the exam room under any circumstances until their exam is completed. No exceptions. If your cellular phone goes off during an exam, your exam will be ended immediately. If a paper examination is administered, if there are no answers filled in on the Scantron, you will receive a zero ("0") for your grade.

When students have completed an exam, they are not permitted to congregate in the hallway outside the classrooms. Students may be permitted back into the classroom once all examinees are finished.

Course instructors designate the amount of time students must complete an examination they have submitted. It is a general rule that students will get 1.2 minutes a question unless otherwise directed by the instructor (example: 50 question exam x 1.2 minutes per question = 60 minutes). Information regarding exam length and format are usually made available by the instructor or program faculty in advance of the examination.

Late arriving students may be excluded from the exam room once the exam has begun. Such students will report to a faculty member and, if granted permission may proceed to take the exam. The student will only have whatever exam time is remaining on the clock to complete it. A late student will not be granted permission to take the exam if one or more classmates have completed the exam and left the room. If permission is then granted, the exam will be considered a make-up exam and the highest score a student can achieve will be a 75%. Students ARE NOT permitted to keep their examinations once the examination is given.

Absence from an exam may result in a failing score for that exam. A written explanation of an absence from an examination must be submitted by the student to the PD and course instructor within 48 hours.

The Program has the right to refuse to offer a make-up exam to any student who is absent/late for an exam, when the exam is scheduled on either of the following:

- The last day of classes before a vacation, scheduled break, or weekend.
- The day classes resume after a vacation, scheduled break, or weekend.

It is the responsibility of the student to schedule travel time not to interfere with the school schedule. The Academic Coordinator is always available to discuss the school calendar if advanced planning is required.

POLICY FOR EXAM SECURITY DURING AN EVACUATION

When the fire alarm sounds, it is imperative for the safety and security of the faculty, staff, and students that everyone evacuate the building in an orderly manner as quickly as possible and as per the instructions of the fire wardens. If a class is taking an exam when the fire alarm sounds, the procedure to be followed is delineated below.

Upon hearing the alarm, the faculty member or proctor will ask students to hand in their exams and answer sheets and line up at the assigned stairwell. The instructor/proctor will make note of the exam time already elapsed. From that point forward, students will be on an honor system. They will not talk about the exam with fellow students, nor will they use electronic devices to look up exam-related information. Upon exiting the building, students must find the instructor/proctor and wait together until

it is safe to re-enter the building. If the exam is computerized, students will evacuate the building and upon return they will end their exam, and the exam will be rescheduled/re-administered.

Depending on the amount of time remaining for the exam, and on the amount of time of evacuation of the building, and on the subsequent availability of the classroom, the instructor will determine:

- If the exam will resume immediately upon re-entry and be extended to satisfy the original time allotted
- If the interrupted exam will be disqualified, and a new exam will be given later
- If the interrupted exam can be scored as is, but on a pro-rated basis

The instructor will expeditiously notify the students of the decision. At that point, the students will be released from the honor system.

Any student found exchanging information or procuring information about the exam during the period of evacuation will be in violation of the School of Health Sciences Academic Integrity Policy and will be subject to disciplinary action as described in the Policy.

ADMINISTRATIVE INFORMATION

STUDENT RECORDS

The Office of the Registrar keeps all original records (applications, letters of recommendation, and transcripts) on file. At no time are students granted access to student records. The Office of Records (Registrar) functions include:

- Planning and administering the registration process, which includes registration itself and subsequent add-drops
- Preparing and distributing semester student transcripts
- Preparing official transcripts
- Evaluating transfer credits for enrolled students
- Handling matters pertaining to veterans
- Verifying whether senior students meet graduation requirements
- Issuing diplomas
- Collecting Change of Name/Address and Leave of Absence forms
- Housing Health forms

TRANSCRIPTS

Students may request that an official copy of their transcript, listing all academic work completed at San Juan Bautista School of Medicine PA Program, be sent to an agency, employer, graduate school or individual. A Transcript Request Form must be completed through the following link: <https://www.sanjuanbautista.edu/registrar.html>. A fee will be charged. All official transcripts will be mailed directly to the designated recipient. Students will only be given unofficial copies of transcripts.

TUITION

It is the School's fiscal policy that any student taking twelve or more credits must pay full tuition for each term. Tuition/fees for the PA Program are paid at the beginning of (3) out of the (3) semesters. If taking less than twelve credits per semester, a student must pay a "per credit" fee for each course taken. Charges for students retaking clinical rotations in the PA Program will be based on a prorated basis from that year's tuition. **Tuition changes are posted on the PA Program website. Students are advised to check for updates regarding tuition and fees.**

REFUND POLICY

Executive Order 99-02

The policy for Returning Funds to Federal Title IV Program will apply to the students participating in federal Title IV program (Federal Pell Grants) and other federal programs, that withdraw, are withdrawn, or are expelled from the San Juan Bautista School of Medicine after having started to attend classes, but within sixty percent (60%) of the term (semester). This policy is mandatory pursuant to the changes from the Reauthorization Act of 1998 to the Higher Education Act as amended, and is effective for all withdrawals or expulsion occurring on or after October 7, 2000. Please see full policy and explanation with requirements at:

<https://www.sanjuanbautista.edu/images/pdf/ExecutiveOrders/2001-01.pdf>

SCHOLARSHIPS

Detailed financial aid information can be obtained from the Financial Aid Office as described in the bulletin. The Financial Aid Office also has a software package called “College Cost Explorer Fund Finder” which you should make sure to avail yourself of. You can access the information in the Computer Laboratory at the first (4) terminals.

A military scholarship is available on a “needs” basis to students who have served in any branch of the armed services. A written request must be submitted to the Director.

Listed here are additional avenues of financial aid which are specific for PA students (availability of scholarships are subject to change, please view the appropriate websites for more information):

Physician Assistant Scholarships

The American Academy of Physician Assistants (AAPA) through the Physician Assistant Foundation (PAF) offers \$1,000.00 scholarships on an annual basis. The scholarship is based on financial need and dedication to the Physician Assistant profession. Applications are mailed to the PA Program or you may write to:

PAF Scholarships
c/o AAPA
950 North Washington Street
Alexandria, VA 22314

Various organizations offer other scholarships to qualified candidates. Students will be notified of these opportunities and of specific application requirements at the appropriate time.

INSTITUTIONAL POLICIES

All SJBSM Executive Orders apply to all students enrolled in the School. Information about pertinent Institutional policies can be accessed through the SJBSB webpage at:
<https://www.sanjuanbautista.edu/about-us/institutional-policies.html>.

- 90-03 - Regulations for Access to a Students Academic Record
- 98-04 - Policy that Prohibits Alcohol, Cigarettes and Drug Consumption
- 99-02 - Refund Policy Statement of Reason and Purpose
- 99-03 - Satisfactory Academic Progress Policy
- 2001-01 - Policy to Returning Funds to Federal (Title IV) Program
- 2004-02 - Requirement to Carry the Identification Card
- 2006-010 - Recording and Reporting Occupational Injuries and Illness
- 2006-03 - Institutional Policy Regarding Admission of Candidates with Disabilities
- 2006-04 - Non-Discrimination Policy
- 2006-05 - Immunization Policy
- 2006-06 - Policy Related to Mistreatment of Students in the Teacher-Student Relationship
- 2006-08 - Handling the Exposure to Varicella in Students
- 2006-09 - Conversion of the Tuberculin Test
- 2006-11 - Program of Education and Training of Bloodborne Pathogens
- 2006-12 - Equity & Diversity Policy
- 2007-01 - Procedure for Student Request for a Reasonable Accommodation
- 2009-01 - Withdrawal, Transfers and Retention Policy
- 2011-08 - Institutional Policy Regarding the Right to be Informed and to Alert Regarding Criminal Activity and Safety on Campus
- 2012-01 - Institutional Policy in Relation to Non-Residents Students
- 2012-02 - Policy and Procedures on Criminal Background Checks (CBC)
- 2012-03 - Family Educational Rights and Privacy Student Annual Notification
- 2012-04 - Authorization for Students to Travel During the School Year
- 2012-05 - Student Health Care Services Policy
- 2012-06 - Institutional Policy Regarding Confidential Counseling for Students
- 2012-07 - Policies and Procedures Regarding the Management of Students with Aids, Aids Related Syndromes or Other Communicable Diseases
- 2013-01 - Prohibition of Long or Artificial Nails, Nail Polish and Use of Excessive Jewelry
- 2013-02 - Management of Accidental Needlesticks or Exposure of Mucous Membranes to Blood or Body Fluids
- 2013-03 - Student Emergency Health Care Services
- 2015-02 - Disclosure of the Social Security
- 2015-03 - Armed Forces of the United States and the National Guard of Puerto Rico
- 2015-04 - Conflict of Interest Policy
- 2016-01 - Due Process Policy
- 2017-02 - Leave of Absence, Withdrawal, and Readmission Policy
- 2018-02 - SJBSM Grade Appeal Policy
- 2018-03 - Grade Submission Policy
- 2018-04 - Harassment and Discrimination Grievance Policy and Procedures



PA Student Manual Attestation

INTRODUCTION

This Manual outlines the school-wide and program specific policies and regulations for students in the didactic and clinical years. Students should completely familiarize themselves with the Manual before beginning classwork. Should the student be in doubt about the intent or content of any of the material in the Manual, it is his/her responsibility to address the issue with their assigned advisor.

ATTESTATION

I understand that my education is my responsibility and my endeavor is to be the best student and clinician I can. I have received and read the PA Student Manual and fully agree, without reservation, to abide by the policies, rules and regulations contained therein.

Student Name (Print)

Student Signature

Date

Note: Form is to be completed by the deadline discussed in class and handed to the didactic year Administrative Assistant.