Master of Science in PA Studies Program Handbook

Contents

Introduction

This Master of Science in physician assistant studies (M.S. in PA) program handbook is designed to provide prospective students, enrolled students, and faculty with and ensure program transparency about program-specific standards of acceptable performance policies and practices from admission and matriculation to progression to graduation. Additional course-specific detailed information is provided via course syllabi. Further, the handbook is designed to assist students, faculty, the program director, and the medical director in the uniform application of policies, all of which apply to all M.S. in PA program students, principal and adjunct faculty, the program director, and the medical director regardless of location.

Students are responsible for reading the material in this handbook and once matriculated, will receive a detailed in-class review of this handbook. Importantly, as part of our drive for student centeredness and student shared ownership in the program, matriculated students are encouraged to provide any recommendations for improvement and to participate in our student committee specifically charged with reviewing the handbook and program policies and procedures (**ARC-PA Standard A3.01**). As noted in the above disclaimer, this program-specific student handbook does not represent an exhaustive list of all possibilities that might arise for students, staff, and faculty in the training and administration of the program.

Disclaimer

The information contained in this handbook is specific to the Northeast College of Health Sciences (Northeast or Northeast College) PA program and should be used in concert with and not as a replacement for the College's Graduate Catalog and Student Guide. The Northeast College Graduate Catalog and the Northeast College Student Guide, both of which are available on the Northeast College of Health Science's website --> Info for --> Current Student cover detailed institutional information, policies, and processes that are not duplicated in this handbook but apply to all students in the program.

The Northeast College Graduate Catalog covers the following information:

- Institutional Mission, Values, and Learning Objectives
- Institutional Accreditation
- Tuition, Fees, and Financial Aid Programs
- Institutional Academic Policies and Regulations
    - Academic Integrity
    - Academic Freedom
    - Definition of Credit Hour
    - Academic Grading System
    - Academic Honors
    - Student Records
    - Withdrawal, Readmission, Interruption, and Appeals
    - Family Educational Rights & Privacy Act (FERPA)
- Academic Accommodation Services
- Code of Student Conduct & Ethics
- Discrimination, Harassment, & Sexual Misconduct Prevention Policies
- General College Policies

The Northeast College Student Guide covers the following information:

- Institutional History
- Campus Information
- Academic Affairs Policies and Regulations - including but not limited to:
    - Attendance Requirements
    - Anatomy Center Policy
    - Religious Observances
    - Language Skills

    - Grading Policies – including, grading errors, grading changes, grade appeals
    - Academic Progression
    - Class Recordings
    - Student Identity Verification in Distance Learning
- Library Information
- Information Technology Services and Policies
- Academic Accommodation Services and Policies
- Counseling Services
- Registrar's Office Information and Policies
- Code of Student Conduct and Ethics
- Discrimination, Harassment, and Sexual Misconduct Prevention Policies
- General Policies in Compliance with State & Federal Law
- General College Policies – including but not limited to smoking, children, dress regulations, fundraising policies, identification cards, parking, solicitation, weather related or emergency campus closure
- Student Complaints and Grievances
- Student Engagement
- Residence Life
- Career Services
- Health Services
- Dining Services
- Health and Fitness Center Information
- Other Campus Services

In the event of an inconsistency between this program handbook and the Northeast College Graduate Catalog and Student Guide, the more applicable and rigorous policy shall govern. The material published in this handbook is for use by prospective and current Northeast College M.S. in PA Program students to inform them of current policies and procedures. The Program reserves the right to change the content noted in this handbook as needed. Importantly, this handbook is meant to provide guidance for students and faculty on specific program policies for day-to-day conduct in the program. It is not designed to cover all possibilities, situations, issues, and concerns that might arise for students and faculty; unique situations may arise and will be handled in a manner that ensures fairness and mutual respect with all final decisions at the discretion of the Program and College.

Importantly, excluding program-specific course grading, progression and graduation policies, policies and procedures outlined in this student handbook are subject to change throughout student enrollment in the program. When policies and procedures are changed, students will be informed of the changes and are expected to abide by all updated policies and procedures.

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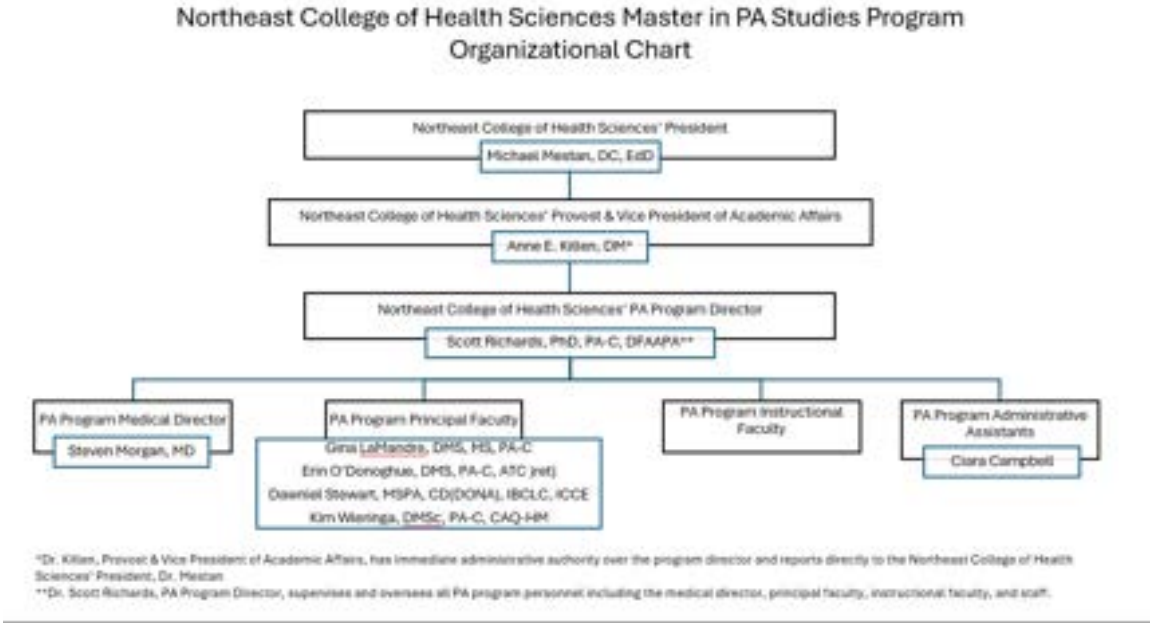
Program Organizational Chart



Accreditation

Middle States Commission on Higher Education (MSCHE)
Northeast College of Health Sciences is accredited by the Middle States Commission on Higher Education. MSCHE "is a global institutional accreditor recognized by the United States Secretary of Education since 1952. As an accreditor and member of the regulatory triad, MSCHE assures students and the public of the educational quality for its over 500 institutions of higher education. The Commission's accreditation process ensures institutional accountability, self-appraisal, improvement, and innovation through peer review and the rigorous application of standards within the context of institutional mission."

Northeast College of Health Sciences has approved credential levels for postsecondary award, associate's degree or equivalent, bachelor's degree or equivalent, master's degree or equivalent, and doctor's degree - professional practice.
Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency for all PA programs in the United States. The ARC-PA "protects the interests of the public and [PA] profession by defining the standards for [PA] education and evaluating [PA] educational programs within the territorial United States to ensure their compliance with those standards."

> The ARC-PA has granted Accreditation-Provisional status to the Northeast College of Health Sciences Master of Science in Physician Assistant Studies Program sponsored by Northeast College of Health Sciences.
>
> 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.
>
> The program's accreditation history can be viewed on the ARC-PA website at *https://www.arc-pa.org/accreditation-history-northeast-college/.*

ARC-PA Accreditation Standards
The ARC-PA publishes and requires programs to meet and adhere to all current accreditation standards. The standards represent the core policies, processes, and professional curriculum to be met by all U.S. PA programs to ensure consistency across programs and ensure program curricula are appropriate in both breadth and depth in training students for entry level

PA practice. All ARC-PA accreditation standards are available for review at the ARC-PA Website.

Although the program has robust self-assessment processes and consistently reviews all policies, procedures, and curriculum to ensure they meet all standards, we encourage students to openly present any areas in which they believe the program could improve in (a) meeting accreditation standards, (b) ensuring didactic phase students are best prepared for their clinical phase of training, (c) ensuring clinical phase students are both prepared for their board examination and, upon graduation, board certification, and state licensure, are best prepared for entry level practice, and (d) student support and concern for student well-being are at the forefront of the training. Students are highly encouraged to participate in the program's self-assessment processes and program-specific committees.

Program Mission/Purpose, Goals, and Values

The PA program has been intentionally developed to align with the Northeast College of Health Sciences' mission statement which states: Our college is committed to academic excellence, leadership, and professional best practices in the health sciences.

Mission & Purpose Statement

The MS in PA Studies program is committed to academic excellence, best practices, and professionalism in the PA profession, promoting optimal student, clinician, and patient outcomes. The program advances the mission of Northeast College of Health Science through its preparation of students to become nationally boarded and state licensed PAs practicing holistic, person-centered, evidence-based medicine promoting optimal patient experiences and outcomes.

The mission components of academic excellence, best practices and professionalism involve rigorous instruction in (a) medical knowledge - program goals 1 & 4, (b) clinical reasoning and problem solving - program goals 2 & 8, (c) clinical & technical skills - program goals 3 & 7, (d) interpersonal skills and communication - program goal 5, and (e) professional behaviors - program goals 6 & 9.

Program Goals

- Upon availability of outcomes data for the inaugural and subsequent cohorts, results aligned with each program goal will be published on this webpage.
- Program Goal 1 - Prepare graduates with a strong foundation in anatomy, biomedical sciences and pharmacology to diagnose, treat and prevent disease.
    - Effectiveness in meeting Program Goal 1 is primarily determined by aggregate scores on the following evaluations/assessments: Grades in Clinical Anatomy with Cadaver Lab, Biomedical Science I, II, and III, and Pharmacology I, II, and III courses. Exam grades from Holistic Clinical, Medicine I, II, and III and Behavioral Medicine & Psychiatry specific to anatomy, biomedical sciences, and pharmacology examination questions, annual student evaluation of program. Benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.
- Program Goal 2 - Prepare graduates to provide holistic, evidence-based care using strong diagnostic reasoning, patient evaluation and management skills.
    - Effectiveness in meeting Program Goal 2 is primarily determined by cohort aggregate scores on the following evaluations/assessments: Course Grades from Case Based Holistic Medicine & Patient Care I and II and Preceptor Final Evaluations of SCPE Student. Benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.
- Program Goal 3 - Prepare graduates to safely and effectively perform core clinical and technical skills.
    - Effectiveness in meeting Program Goal 3 is primarily determined by aggregate scores on the following evaluations/assessments: grades in Advanced Clinical Procedures Lab, Preceptor Final Evaluations of SCPE Students, Technical Skills Portion of Summative Examination. The benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.
- Program Goal 4 - Prepare graduates in pharmacotherapy to safely and effectively manage patients age groups.
    - Effectiveness in meeting Program Goal 4 is primarily determined by aggregate scores on the following evaluations/assessments: Grades in Pharmacology I, II, and III and Preceptor Final Evaluations of SCPE students, PANCE scores specific to pharmacology. The benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments other than the PANCE that has a benchmark of 90%.
- Program Goal 5 - Prepare graduates to interact and communicate effectively with patients, families, caregivers

and interprofessional healthcare teams.
    - Effectiveness in meeting Program Goal 5 is primarily determined by cohort aggregate scores on the following evaluations/assessments: Course Grades from Case Based Holistic Medicine I and II & Preceptor Final Evaluations of SCPE Students. The benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.
- Program Goal 6 - Prepare graduates to prioritize professionalism, ethical decision-making, integrity and self-care strategies.
    - Effectiveness in meeting Program Goal 6 is primarily determined by cohort aggregate scores on the following evaluations/assessments: PDAT scores across all courses, Preceptor Final Evaluations of SCPE Students, Student Annual Evaluation of Program. The benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.
- Program Goal 7 - Prepare graduates to integrate equitable, culturally responsive care to effectively manage patients with clinical and behavioral health conditions.
    - Effectiveness in meeting Program Goal 7 is primarily determined by cohort aggregate scores on the following evaluations/assessments: Grades in Behavioral Medicine and Psychiatry course, Preceptor Final Evaluation of SCPE Students, Annual Student Evaluation of Program. The benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.
- Program Goal 8 - Prepare graduates to integrate evidence and data to improve patient outcomes.
    - Effectiveness in meeting Program Goal 8 is primarily determined by cohort aggregate scores on the following evaluations/assessments: Grades in Case Based Holistic Medicine I and II, Grades specific to the research project Professional Practice and Special Topics III, Preceptor Final Evaluation of SCPE Student, Annual Student Evaluation of Program. The benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.
- Program Goal 9 - Prepare graduates to function effectively in healthcare systems and understand the PA role, policy and healthcare delivery.
    - Effectiveness in meeting Program Goal 9 is primarily determined by cohort aggregate scores on the following evaluations/assessments: Professional Practice and Special Topics III, Annual Student Evaluation of Program. The benchmark for this goal is an aggregate average of 80% on the above noted evaluations/assessments.

- **Program Values Statements**
    - Upon availability of outcomes data for the inaugural and subsequent cohorts, results aligned with each program value statement will be published on this webpage.
    - **General:** In the PA program, we hold that all beings are entitled to the highest standard of appropriate, evidence-based, holistic, person-centered medical care without regard to socioeconomic status, age, race, ethnicity, color, creed, national origin, gender identification, sexual orientation, or other potentially discriminating characteristics. In alignment with this, we hold that all students are entitled to the highest quality instruction to best enable the provision of holistic, person-centered medical care to their future patients. The benchmark for this value statement is a cohort average of 80% on the annual student evaluation of program.
    - **Belonging, Inclusion, & Respect:** We strive to develop, deliver, and maintain a learning environment within which students are welcomed, included, respected, and valued, acknowledging each individual's unique culture and abilities to enhance and contribute to a learning environment promoting optimal personal, professional, and clinical outcomes. The benchmark for this value statement is a cohort average of 80% on the annual student evaluation of program.
    - **Collaboration:** To promote ideal educational experiences and holistic, person-centered clinical care, we actively incorporate interprofessional education and interdisciplinary partnerships with other medical and allied-health professions and professionals focused on optimal outcomes for faculty, students, graduates, and the communities and individuals they serve. The benchmark for this value statement is a cohort average of 80% on the annual student evaluation of program.
    - **Learning:** We strive to encourage and support life-long learning focused on personal and professional growth and success including, but not limited to, continuing medical education to ensure faculty, students, and graduates practice at the highest caliber in their profession. The benchmark for this value statement is a cohort average of 80% on the annual student evaluation of program

To assess program effectiveness on meeting the above goals, the above evaluations will be utilized. Upon graduation of the first and all subsequent cohorts, outcomes will be reported for each of the mission/purpose, values, and goals on this page. The program considers an average cohort score of 80% on annual evaluation items mapped to each of the above items as a benchmark of program effectiveness. Additionally, the program considers an average cohort score of 90% on the Physician Assistant National

Certifying Exam (PANCE) as another measure of program effectiveness. Upon graduation of the first and all subsequent cohorts, the program outcomes will be detailed on our website.

Commitment to Diversity and Inclusion

"Our College is committed to ensuring everyone at Northeast feels welcome, respected, acknowledged and safe – because our community's diversity is valued and is what makes our Northeast community strong."
Dr. Michael Mestan, *President, Northeast College of Health Sciences"*

The College and the PA program are deeply committed to diversity, equity, inclusion, and belonging as is noted on the College website:

"At Northeast College of Health Sciences, everyone belongs. Our college is proud to foster an equitable, inclusive environment where all members of our community thrive. That's why we are committed to instituting initiatives that support our diverse population. These include:

- Establishment of diversity, equity, and inclusion faculty advisor training
- Participation in the region's 21-Day Racial Equity Challenge
- Creation of ongoing Compassion Circles for students, faculty and staff
- Prioritization of articulation agreements with a broad range of partnering colleges for select programs
- Supporting on-campus clubs and organizations such as the Students for Social Diversity Awareness (SSDA) club."

Regarding diversity and inclusion practices, and in addition to the college initiatives and practices, the college strongly supports the program's action plan for diversity and inclusion processes including the following:

- Holding program information sessions at historically black colleges and universities (HBCUs).
- Incorporating admissions processes with remote interviewing to reduce applicant travel-related costs.
- Having a curriculum that includes specifically focused content on equity, diversity and inclusion (including but not limited to Culturally Appropriate Care, Health Disparities, Health Equity and Bias, Health Literacy, LGBTQ+ Inclusion, and Social Determinants of Health).
- Including diversity and inclusion outcomes on the program's self-assessment processes (e.g., course and program evaluations).
- Establishing and maintaining a program Diversity and Inclusion Committee with student members (details on the committee can be found in the program committee section of this handbook).
- Utilization of the PA Education Association (PAEA) DEI Toolkit and Best Practices Guide to help inform the program of best practices and best guide the program's commitment to diversity and inclusion.
- Eliminating the need for applicants to provide Graduate Record Examination (GRE) or other standardized testing results. Multiple academic institutions have moved away from requiring the GRE and other standardized tests as (a) they can be financially burdensome for low-income applicants, (b) may provide unfair advantage to wealthier individuals able to afford expensive test-preparation training and score-review services, (c) some evidence supports significant differences in GRE performances for women and underrepresented minorities, and (d) the GRE is not necessarily predictive of academic performance and success in graduate programs (see for example, Jaschik S. Inside Higher Ed. 2018. https://www.insidehighered.com/admissions/article/2018/09/17/decision-penns-philosophy-department-renews-debate-about-gre. Miller C, Stassun K. A test that fails. *Nature. 2014;* 510: 303–304. https://doi.org/10.1038/nj7504-303a. Moneta-Koehler L, Brown AM, Petrie KA, Evans BJ, Chalkley R (2017) The Limitations of the GRE in Predicting Success in Biomedical Graduate School. PLOS ONE 12(1): e0166742. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0166742

PA Program Social Justice Statement

Social justice advocacy is a critical component of the PA program and relevant to both our curriculum and our profession. In all courses, you are to reflect the values of the PA profession, including but not limited to ensuring the health, safety, welfare, and dignity of all human beings and recognizing and promoting the value of diversity and absolute importance of equity and inclusion. Our program and curriculum actively facilitate multicultural perspectives, highlighting awareness, understanding, and knowledge of diversity and social justice issues. Throughout the program, any verbal or written communication should be consistent with the respect, appreciation, and acceptance that are the foundation of the medical profession, and particularly the PA profession.

Further, actions and language should reflect the Guidelines for Ethical Conduct for the PA profession and be consistent with the pledge of the AAPA to support diversity and combat racism. As human beings deeply concerned with social justice issues, we are each charged with protecting the disadvantaged and respecting the culture, values, beliefs, and expectations of others, consistently practice nondiscrimination, and actively support and promote antiracism. Further, as medical clinicians, medical educators, and lifelong students, we are each charged with constantly learning and working to ensure that all persons receive the healthcare and promotion for well-being that is the inalienable right of all persons.
The M.S. in PA program firmly stands against all forms of discrimination and racism and will continue to work to address anti-discriminatory and anti-racist policies & practices. We believe representation matters and support the hiring of diverse faculty and staff and intentional admission practices to diversify and support our students.

PA Program Underlying Philosophy and Pedagogical Strategy

Program Motto

The M.S. in PA program faculty have significant clinical backgrounds, in addition to being patients ourselves, and are firmly patient-centric with an overarching goal of reducing the suffering of others and helping patients achieve the best outcomes desired. To this end, our driving approach to both medical practice and medical education is that everything we do is for the patient, leading to our motto "IATP" – "It's All About the Patient". To this we also add "IATS" – "It's All About the Student". PA education is well known as one of the more difficult graduate clinical education programs - intense in both pace and rigor. Students routinely struggle to keep up with their studies and simultaneously retain well-being. Faculty routinely struggle to keep up with their teaching and mentorship of students and simultaneously retain their own well-being. It often helps, when struggling with the inherent intensity of PA education, to be mindful that everything you are assigned, everything you learn, everything for which you are assessed, is all about patient care. When becoming anxious and overwhelmed with course activities, assignments, and materials, it can help to think how those components will help you best care for your future patients. When students are fully involved in their learning, it may help to remember that every component of the program is intentionally included and delivered with the goal of becoming the best PA possible and providing patients, all patients, with the highest quality of care.

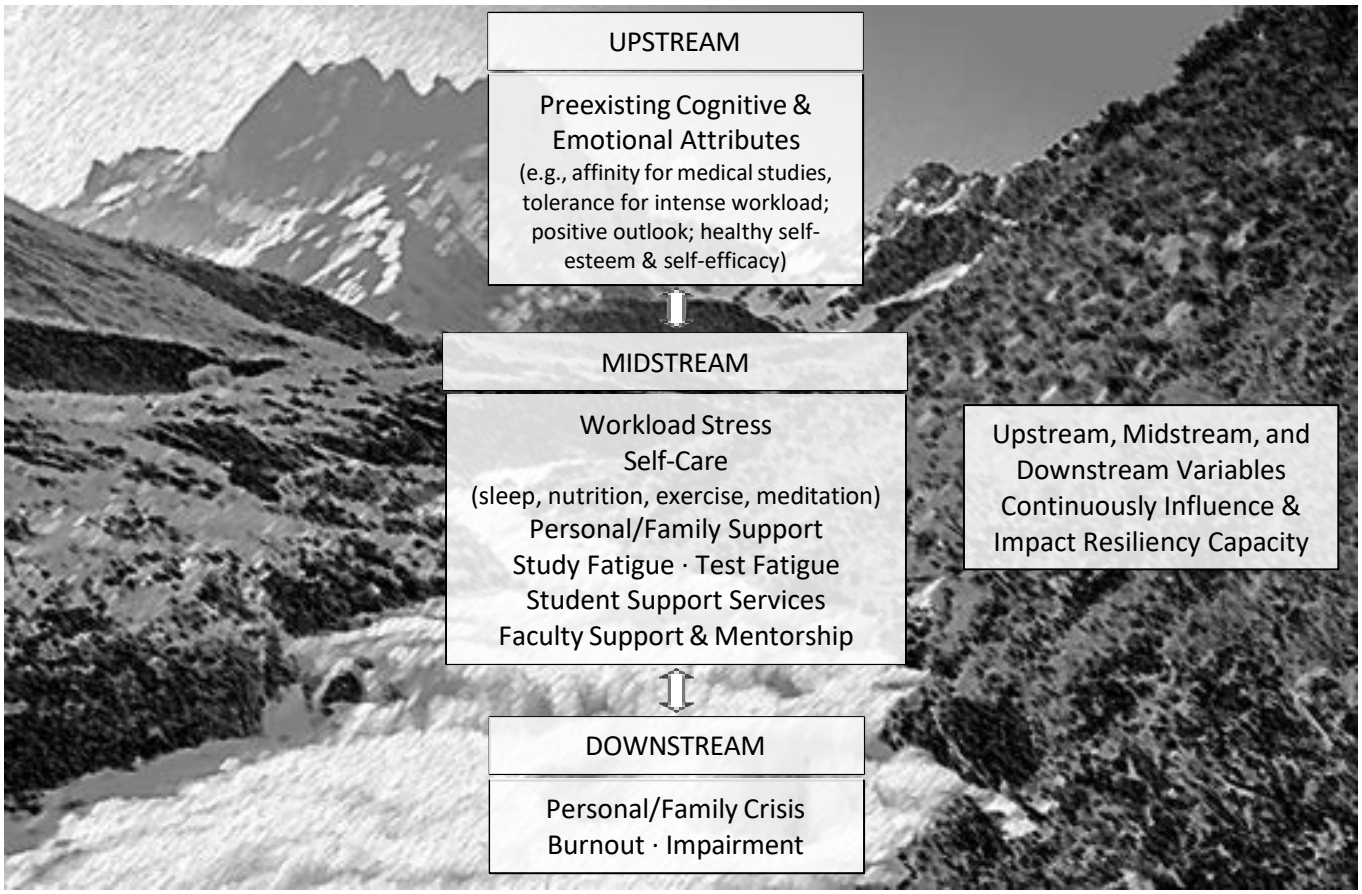
Patient-Centered Intentions

The program's foundation is constructed of an overarching concern for patient experiences and outcomes, focused on providing the highest quality of holistic patient-centered care.

- Highest Quality Care refers to the provision of the highest standard of care that meets patient needs, promotes optimal outcomes, and consistently incorporates evidence-based medical practices in providing the most effective and least harmful inclusive, nonjudgemental, and person-centered healthcare.
- Holistic Care refers to caring for an individual's entire being, including physical/physiological, mental/psychological, spiritual, environmental and social needs, with a foundational knowledge of how these each are interconnected to promote illness and wellness. Holistic care may involve integrative and complementary approaches and treatments, all focused on promoting the best outcomes for the patient.
- Patient-Centered Care refers to providing collaborative, inclusive, respectful, responsive, and compassionate care that focuses on the uniqueness of each patient's preferences, needs, and values. High Quality Care and Holistic Care are integral to Patient Centered Care.

Student-Centered Intentions

The MS in PA program faculty team has decades of combined experience in PA education in addition to other health science programs (e.g., nutrition, athletic training, psychology, health studies). Further, as most of the team are PA-Cs, they have first-hand knowledge of the challenges and inherent stress related to being a student in a PA program. It is this knowledge that drives our student-centered strategies. We are mindful about the rigor and pace of PA education, the incredible volume of material presented to students, and the great difficulties in keeping up with coursework while navigating personal and family lives and relationships. We understand how life can 'get in the way' of student studies and progress in the program and know very well how common anxiety and burnout can occur for students. The importance of personal resiliency – healthy adaptability to adversity - in contributing to well-being and academic success cannot be overstated.
Student success in the program, academically and personally, is the result of multiple interconnected variables, each playing a role in contributing to or hindering success and well-being and impacting resiliency. As depicted below, it may help to think of student success in an upstream/downstream metaphor within which interplaying preexisting, developing and existing variables, and unanticipated issues/occurrences impact student outcomes at various times throughout the program.



It is for these reasons that we have a strong student-centered intention and ensure a degree of student shared ownership in their program. Incorporating Team-Based Learning (TBL) is one of our strongest student-centered initiatives. Additional initiatives include:

- Incorporating pre-program training to best prepare accepted students for matriculation into the program
- Encouraging student shared ownership, investment, and involvement in the program
- Having several program committees with student members to ensure student involvement in program faculty meetings, admissions processes, and continuous self-assessment processes
- Providing student time-off in each trimester
- Being ever mindful of student engagement, cognitive and emotional fatigue throughout class sessions and program progression
- Being ever mindful of the inherent stress of PA education that may contribute to student reactiveness, burnout, and impairment

Team-Based Learning (TBL)

Combined, the program team has decades of medical education experience incorporating different teaching styles and strategies. Based on those experiences and closely monitoring student, faculty, and program outcomes, we have seen the dramatic benefits of a TBL approach to improving student success and reducing program burnout. TBL is an evidence-based collaborative teaching and learning strategy incorporating active, structured, small-group learning in a flipped classroom setting where, different than a traditional lecture format, in-class time is spent assessing student and course strengths and weaknesses on assigned materials, remediating any identified weaknesses, and applying learned and presented material to patient cases and clinical scenarios. This strategy is particularly important in the fast paced and intensely rigorous PA education curriculum.

Courses are modular focused with the curriculum chunked into discrete learning modules organized by body system and condition/disease processes to better allow students to encode and progressively apply material. And, when appropriate and feasible, most courses are aligned such that the same body system and condition/disease process are being covered across courses during the same week. TBL classes are taught in a three-step design incorporating pre-class preparation, in-class readiness assurance testing, and application focused sessions. TBL is outcomes focused on student learning and retention,

effective for various learning styles, and heavily promotes active learning, emphasizes accountability for concept application, and emphasizes professionalism and collaboration all the while allowing faculty to consistently assess student progression with the material and identify and address any relative weaknesses as they appear. A multitude of research has shown the significant benefits of a TBL approach in providing opportunities to identify, support, and remediate individual and cohort outcomes early in the learning process, ensure greater engagement with material with enhanced cognitive encoding and application to clinical scenarios, improve student and faculty experiences and outcomes, and assist students in having greater success on subsequent standardized testing of material.

The TBL process incorporates preparatory homework (e.g., pre-class reading and viewing assignments), in-class individual readiness assurance tests (iRATs), in-class team readiness assurance tests (tRATS), in-class review of assurance tests with a mini-class presentation on any identified relative weaknesses on the material, and a guided application of that material to a clinical problem or case. Together, the iRATs and tRATs are specifically designed to assess competency on assigned and presented material while also (a) reducing student test-anxiety and stress over graded quizzes and examinations, (b) immediately identify and remediate student relative weaknesses on material, (c) promoting deep learning and concretization of material, and (d) promote team collaboration and student professionalism. Unless otherwise noted in course syllabi or program announcements, iRAT and tRAT testing formats generally only occur in the didactic phase of the program but, excluding PAEA tests (e.g., end-of-rotation examinations) and at the program's discretion, may also be incorporated in the clinical phase of training.

The iRATs are generally graded multiple-choice question (MCQ) written tests (i.e., quizzes and examinations) that students would take individually and immediately before the scheduled class session or at the very beginning of the scheduled class session. In some cases, the tests will also include other question types (e.g., short-answer, essay, and matching questions). The iRATs are helpful to hold students accountable for pre-class work and to assess their competency on that material. The tRATs are the exam same graded assessment as the iRAT but are now retaken within each student's small-group team, allowing students to work on the questions together, discussing each question. The tRATs are taken immediately following the iRAT or, alternatively, if the iRAT was delivered just prior to the scheduled class session, taken at the very beginning of that very next class session. The tRATs are specifically designed to promote deep learning and remediation of any missed concepts identified on the iRAT. As with all program-developed written tests, faculty complete a rigorous test-item analysis on each test to ensure questions were appropriate, fair, and correctly keyed. The post-analysis grades for each iRAT and tRAT are combined, with the iRAT weighted higher than the tRAT. Specifically, the weighted percentage of iRAT to tRAT is 80/20.

Redundancies
Throughout the program students may notice that some topics are covered multiple times across courses and even across trimesters. This is done intentionally to help in the mastery of content and apply the content to different concepts, tasks and clinical scenarios.

Use of PAEA PACKRAT Tests
At the conclusion of the didactic phase of training, and prior to the first supervised clinical practice experience (SCPE) clinical rotation, the program delivers the PAEA PA Clinical Knowledge Rating and Assessment tool (PACKRAT). The PACKRAT is delivered again near the beginning of the last trimester of the clinical phase of training. This is a purely formative objective, comprehensive self-assessment tool for student and curricular evaluation. It is not used to fulfill any summative evaluations, including but not limited to, the end-of-program summative evaluation, or contribute in any way to a course grade.

The assessment is composed of 225 multiple choice questions written and evaluated by PA educators and designed to be like the National Commission on Certification of PAs' (NCCPA) PA National Certifying Examination (PANCE) in question style and content. The assessment is specifically used by the program to assist students and the program in evaluating individual student and cohort strengths and relative weaknesses as well as any potential areas of relative weakness in the program curriculum. Following each PACKRAT, the program develops comprehensive outcome spreadsheets for each student and for the cohort as a whole. Students will meet individually with faculty advisors to review their outcome spreadsheets and develop study plans to assist students in being better prepared for the PANCE and success as entry level PAs upon graduation.

Campus Information

Our Campus

The program is housed on our beautiful 280+ acre Seneca Falls campus in upstate New York near northern Cayuga Lake. The program begins with a single cohort of up to 40 students, with a new cohort starting each year and graduating in two years. The PA program has two adjacent state-of-the-art combined lecture and lab classrooms, each a mirror image of one another to accommodate two cohorts of 40 (i.e., first and second year) students simultaneously, with mobile tables and chairs for team-based learning and lab activities, and multiple fully equipped and curtained outpatient exam bays in the same room, each with examination table, stool, instrument tray, cabinet, and diagnostic equipment (i.e., ophthalmoscope, otoscope, pulse oximeter, sphygmomanometer, and thermometer) just like would be found in a primary care outpatient practice. The classrooms are equipped with two extra-large-screen monitors - for projecting lectures, live camera feeds, and videos - and high-definition fully zoomable cameras so any faculty or student examination procedures can be viewed on the large screens without having the entire cohort huddling around a single area. Adjacent to the classrooms is our campus simulation suite for simulated patient encounters and objective structured clinical examinations/evaluations (OSCEs). Each simulation room is set up as a private outpatient examination room incorporating computer stations, speakers, microphones and high-definition cameras for audiovisual recording. Also on campus are our anatomy and cadaver labs, health and fitness center, library, cafeterias, café, student spaces and games areas, and our residence buildings that will allow PA program students to comfortably live on campus either part-time (e.g., for one or more trimesters, for local clinical rotations) or full-time year-round for the entire two-year program.
For more information about our campus, including a virtual tour, please visit the college's website.

Campus Housing

PA program students are eligible for on-campus housing and meal plan. The college's on-campus housing options provide an affordable, comfortable and convenient living experience just steps away from classes, labs, health centers, fitness facilities, libraries, dining centers, and grocery pickup. For further details, please visit the college's Housing website.

PA Program Admission and Matriculation Processes & Requirements

Program admission and matriculation requirements are also detailed in the most current Graduate Catalog and on the M.S. in PA program website. The information detailed on the program website is to be considered the most up to date information.

As with most programs, our program is highly competitive, expecting to receive hundreds of applicants per year for our maximum cohort size of 40 students. The PA program selects students via a rolling admissions process with each yearly admission cycle, admitting one cohort per year with the starting trimester beginning in September of each year. All applicants must complete the same admissions process without exception. Additionally, due to stringent accreditation requirements, all applicants must complete the same admissions processes and meet all application and program requirements without exception (i.e., no admissions or program processes or requirements are waived for any applicant regardless of background and qualifications).

Admissions Eligibility Requirements

The following criteria are established for individuals interested in applying to the Northeast College of Health Sciences Master of Science in Physician Assistant Studies program. Importantly, completion of the established criteria does not guarantee an interview or admission. To be considered applicants must have:

- An earned bachelor's degree in any field from a regionally accredited U.S. Institution
- Completion of the following prerequisite courses, with a grade of 'B' or better at a regionally accredited U.S. college or university (the program does not accept College Level Examination Program – CLEP - credit for any prerequisite requirements).
    - Human Anatomy & Physiology I & II with Labs
    - Microbiology with Lab or Biochemistry with Lab
    - Organic Chemistry with Lab
    - Human Genetics (intro or survey course acceptable)
    - Statistics or Biostatistics
    - Medical Terminology (must be at least 2 credits)
    - General, Abnormal or Developmental Psychology or Cultural Anthropology, or Sociology
    - Online courses for a U.S. regionally accredited university can fulfill requirements for prerequisite courses.
- Cumulative Undergraduate GPA ≥3.2

- Biology-Chemistry-Physics GPA ≥3.2
- Clinical Experience (500 or more hours)
    - Acceptable hours include paid or volunteer activities with direct patient care. Examples include but are not limited to patient contact as a nursing assistant, medical assistant, physical therapy assistant, occupational therapy assistant, optometrist assistant, scribe)
- Unremarkable Comprehensive State and National Background Check
- Immunization Requirements (meeting CDC and NY State recommendations for healthcare providers) (ARC-PA Standard A3.09a)
- Personal Statement (completed as part of the admissions application).
- Three Letters of Recommendation, one from a physician or PA, one from a past or present professor with whom the student has taken an academic course, and one from a person that can attest to personal character and work ethic (e.g., work or volunteer supervisor; letters from family/extended members are not accepted).
- Attestation of Meeting all Technical Standards (with or without accommodations)

Admissions Decisions

Admissions decisions for interview and acceptance into the program are based on candidate competitiveness. The following will make applicants more competitive for an interview decision and selected candidates for admission selection:

- Higher Cumulative GPA (e.g., GPA >3.4)
- Higher BCP GPA (e.g., GPA >3.4)
- Completion of prerequisite science courses from a 4-year college/university (as opposed to a community college)
- Completion of prerequisite science courses designed for science majors (e.g., biology, chemistry)
- Strong references
- Strong personal statement
- Demonstrated knowledge of the PA profession
- Demonstrated knowledge of and preparedness for the pace and rigor of PA education
- Demonstrated knowledge of and commitment to patient-centered care
- Demonstrated professionalism and strong interpersonal skills

Admissions Processes

Rolling Admissions: The program reviews fully completed applications as they are submitted within each annual application cycle.

Admission Steps include the following:

1. Application submission
2. Review of completed applications by program to (a) ensure all admission requirements are met and (b) determine applicant competitiveness and appropriateness for interview - incomplete applications will not be reviewed. Following application review, applicants will be informed of the decision as noted below.
3. Program virtual interview session for selected candidates. Following the interview, candidates will be informed of the decision as noted below.
4. If accepted for admission, candidates submit their non-refundable program deposit (please see website for deposit information), complete any pre-matriculation paperwork, background check, medical clearance and immunization/Tb testing verification (see Policies and Procedures Regarding Immunizations and Tuberculosis Testing below).
5. Attend pre-program workshop (not a requirement but strongly recommended)

Application: The program reviews all completed applications once submitted. The review includes scoring candidates based on their meeting program requirements and relative competitiveness for interview. See above for qualities that may make applicants and candidates more competitive for interview and admission decisions. Following review, applicants are notified of one of the following application outcomes:

- Not Accepted for Interview (i.e., the applicant did not meet program admission requirements, or the applicant was not as competitive as other applicants applying around the same time to warrant an interview)
- Accepted for Candidate Interview (i.e., the applicant met all program admissions requirements and was competitive relative to other applicants to warrant a program interview)
- Competitive Process with Application and Virtual Interview

Candidate Interviews: Candidate interviews are a competitive process completed virtually by videoconference. The interview sessions include scoring candidates based on their relative competitiveness for admission. See above for qualities that may make applicants and candidates more competitive for interview and admission. Interview sessions include:

- An opening session with all candidates for faculty and candidate introductions, detailed information on the program, and a question-and-answer session.
    - The program will also offer a voluntary information session for applicant families and significant others. The program encourages families and significant others to attend these sessions to learn more about the program, the rigors of PA education, and how best to support their student.
- A candidate small group session.
- Individual interviews with program faculty member(s).
- A closing question-and-answer session.

Admission and Enrollment Practices That Favor Specified Individuals or Groups

The program does not have admission and enrollment practices that favor specified individual or groups.

Policy for Awarding or Granting Advanced Placement

All applicants must meet all admissions eligibility requirements and processes. The program does not waive any admissions or curricular/program requirement and does not grant advanced placement for any applicant regardless of past academic, professional, or personal experiences.

Matriculation Processes

Students and the program work with the College's admissions, financial aid, and registrar's offices to ensure students meet all matriculation requirements including but not limited to completing all eligibility requirements, successfully completing the program's admissions processes and interview, and completing all necessary and required steps for entry into the program.

Pre-Program Workshop for Accepted Candidates

Prior to the start of their program, accepted admissions candidates have the opportunity to participate in the program's month-long preparation workshop, held virtually, the month prior to matriculation. The workshop is a free, voluntary, online program 'bootcamp' course, specifically designed to promote academic success and student wellbeing for individuals about to matriculate into the MS in PA program. Examples of topics covered in the workshop include: cognitive learning strategies and training, study and medical textbook reading skills, notetaking skills, test-taking strategies, strategies to prevent burnout and impairment among PA students, mindfulness practices for stress reduction and resiliency enhancement, and the science of learning from a neurobiological perspective. During the workshop students will be presented with mini-lectures and examples of test questions to help prepare them for their first courses.

Technical Standards

Per the U.S. Department of Labor, important qualities essential for PA practice include appropriate and effective communication, interpersonal, and problem-solving skills in addition to the qualities of being compassionate, detail oriented, and emotionally stable.

The program's technical standards for both initial enrollment and for in-program progression once matriculated are noted below. The technical standards have been developed in consideration of the demands of PA program didactic and clinical training requirements and entry level practice**. Along with other program prerequisites and requirements, all candidates and students must be able to independently, with or without reasonable accommodation, meet the Program specific technical standards. Once matriculated, all students must continue to meet these standards throughout the entirety of their program. Failure to meet all technical standards at any time in the program may preclude participation in the program and program activities, resulting in dismissal, deceleration/delay of graduation from the program.**

The program's minimum technical standards required of all students include:

- **Critical Thinking Ability & Skills**: Students must possess the intellectual capabilities required to complete both the didactic and clinical curriculum and achieve competency. Critical thinking requires the intellectual ability to measure, calculate, synthesize, and analyze a large and complex volume of medical and surgical information. Students in the program must also be able to perform applicable demonstrations and experiments in the medical

sciences.

- **Computer Technology Skills**: Students must be able to utilize computerized information technology to access and manage on-line medical information, participate in computerized testing as required by the curriculum, conduct research, prepare multimedia presentations, and participate in the management of computerized patient records and assessments.
- **Communication Skills**: Students must be able to speak clearly and effectively in order to elicit and relay medical information. They must also be able to communicate effectively and legibly in writing.
- **Visual Ability**: Students must have the visual acuity needed to evaluate a patient during a physical exam and perform a wide range of technical procedures involved in the practice of medicine and surgery.
- **Hearing and Tactile Ability**: Students must have the motor and sensory functions needed to elicit information from patients by palpation, auscultation and percussion, as well as perform a wide range of technical procedures involved in the practice of medicine and surgery.
- **Motor and Fine Skills**: Students must be able to execute the physical movements required to maneuver in small places, calibrate and use equipment, position and move patients, and perform the technical procedures involved in the practice of medicine and surgery.
- **Interpersonal Ability**: Students must possess a wide range of interpersonal skills, including but not limited to the emotional health required for management of high stress situations while maintaining their full intellectual abilities; the ability to exercise good judgment; the ability to complete all assigned patient care responsibilities; the ability to manage time (show up on time, begin and complete tasks on time); the ability to develop a mature, sensitive and effective relationship with medical colleagues, clinical and administrative staff, patients and families; the ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and diffuse conflict; and the ability to recognize your own emotional state and the emotional states of others, and engage with people in a way that draws them to you.

Program Competencies (i.e., Program Learning Outcomes)

Program competencies (program learning outcomes) represent the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that we believe are necessary for clinical practice. To ensure the outcomes have been achieved, students will undergo several evaluation methods throughout the curriculum and prior to graduation to confirm that they are competent in the areas listed below. Evaluation methods include written examinations, practical examinations, objective structured clinical examinations (OSCEs), professionalism assessments, and faculty and clinical preceptor evaluations. The program considers an average cohort score of 80% on evaluation items mapped to specific competencies as a benchmark of program effectiveness.

At the completion of the program, students should be able meet the following competencies as they pertain to patients across the life span and age groups, in preventive, acute, emergent, and chronic patient encounters occurring in the emergency department, inpatient, outpatient, and operating room settings, and in the medical specialties of family medicine, emergency medicine (including emergent care), internal medicine (including elderly patients), surgical medicine (including pre-operative, intraoperative, post operative), pediatric medicine (including care for infants, children and adolescents), women's health (including prenatal and gynecological care), and behavioral and mental health care.

1. Medical Knowledge: Graduates will be able to:
    a. Apply basic sciences in making diagnoses and understanding treatment procedures.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Written Examination
        iii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iv. Annual Student Evaluation of Program and College
    b. Demonstrate the appropriate medical knowledge to effectively care for patients.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Written Examination
        iii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iv. Annual Student Evaluation of Program and College
    c. Demonstrate a knowledge of disease etiology, patient demographic and/or presentation of common medical conditions.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Written Examination
        iii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iv. Annual Student Evaluation of Program and College
2. Interpersonal Skills and Communication: Graduates will be able to:

a. Communicate in a patient-centered manner to accurately and effectively apply subjective information and construct a management plan reflecting shared decision making.
    i. Preceptor Evaluations of SCPE students
    ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
    iii. Annual Student Evaluation of Program and College
b. Accurately and concisely communicate the findings of a given patient encounter in written and/or oral forms to members of the health care team.
    i. Preceptor Evaluations of SCPE students
    ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
    iii. Annual Student Evaluation of Program and College
c. Collaborate effectively with members of the interprofessional healthcare team to provide safe, patient-centered care.
    i. Preceptor Evaluations of SCPE students
    ii. Annual Student Evaluation of Program and College
d. Effectively present clinical information clearly and accurately to patients, caregivers, family members, and/or members of the healthcare team.
    i. Preceptor Evaluations of SCPE students
    ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
    iii. Annual Student Evaluation of Program and College
e. Incorporate other healthcare professionals in patient care, working within team-based practice environments and/or referring to other healthcare providers to promote optimal patient outcomes.
    i. Preceptor Evaluations of SCPE students
    ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
    iii. Annual Student Evaluation of Program and College

3. Clinical & Technical Skills: Graduates will be able to:
    a. Elicit and document a comprehensive and focused patient history across the lifespan and age groups that includes chief complaint, history of present illness, past medical and surgical history, medications, allergies, family and social history, and full or pertinent review of systems, integrating information relevant to acute, chronic, preventive, prenatal/gynecological, operative and behavioral/mental health conditions.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iii. Annual Student Evaluation of Program and College
    b. Perform focused and comprehensive physical examinations using appropriate instruments and techniques, accurately distinguishing normal and abnormal findings for patients of all ages, and correlate these findings with the patient's history to guide diagnosis and management.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iii. Annual Student Evaluation of Program and College
    c. Provide patient-centered counseling and education that demonstrates empathy, cultural sensitivity, and/or clear communication, engaging patients and/or families in shared medical decision-making to explain diagnoses, treatment options specific acute, chronic, preventive, prenatal/gynecological, operative and behavioral/mental health conditions appropriate to their level of understanding.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iii. Annual Student Evaluation of Program and College
    d. Based on the history and physical examination findings, identify and interpret appropriate diagnostic studies.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Written Examination
        iii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iv. Annual Student Evaluation of Program and College
    e. Demonstrate competence in performing routine diagnostic, therapeutic, and technical procedures commonly encountered in clinical practice, adhering to principles of patient safety, infection control, and professional standards of care.
        i. Preceptor Evaluations of SCPE students
        ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
        iii. Annual Student Evaluation of Program and College
4. Professional Behaviors: Graduates will be able to:
    a. Demonstrate professional behavior by recognizing professional limitations and then consulting with other health care providers as needed.

i. Preceptor Evaluations of SCPE students
ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
iii. Annual Student Evaluation of Program and College

b. Maintain patient and patient information confidentiality and privacy laws and practices, including but not limited to HIPAA, and apply patient confidentiality and privacy guidelines to all patient encounters and clinical site.
i. Preceptor Evaluations of SCPE students
ii. Annual Student Evaluation of Program and College
iii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)

c. Interact professionally in all forms of verbal and nonverbal communication (e.g., live interactions, postings, email, body language) with patients, patient family, medical staff, and/or health care providers.
i. Preceptor Evaluations of SCPE students
ii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
iii. Annual Student Evaluation of Program and College

d. Demonstrate professional behavior by arriving punctually, being appropriately dressed, and consistently exhibiting integrity, accountability, respect, and accepting feedback.
i. Preceptor Evaluations of SCPE students
ii. Annual Student Evaluation of Program and College
iii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)

5. Clinical Reasoning and Problem-Solving Abilities: Graduates will be able to:
a. Apply clinical reasoning and problem-solving skills to synthesize patient histories, physical findings, and diagnostic data in order to formulate differential diagnoses, develop evidence-based assessment and management plans, and adjust care decisions based on patient response and evolving clinical information.
i. Preceptor Evaluations of SCPE students
ii. End-of-program Summative Evaluation: Written Examination
iii. End-of-program Summative Evaluation: Objective Structured Clinical Examination (OSCE)
iv. Annual Student Evaluation of Program and College

Program General Information

The PA Program is a two-year graduate medical education professional degree program intended to academically and professionally prepare students for entry level PA practice, The program is designed to be a student- and patient-centric active learning program delivered in hybrid fashion with both in-person and synchronous online coursework. The first, fourth, fifth, and sixth trimesters are delivered in person with on campus activities and clinical experience activities. The second and third trimester are delivered synchronously online.

Students graduate with a Master of Science in PA Studies degree after successful completion of the 110-credit curriculum, all college requirements, and all program requirements, including the end-of-program summative evaluation. The curriculum is divided into two one-year-long phases, the three-trimester Didactic Phase and the three-trimester Clinical Phase, each detailed below.

Didactic Phase of Training

The first year represents the Didactic Phase of training and is the three-trimester-long preclinical phase of the program, although some clinical activities (e.g., participation in free clinic activities) may potentially occur during this phase. During this didactic year, students will have the first trimester entirely in person and on campus. The second and third trimesters are completed remotely via synchronous online courses, class sessions, and program meetings. Students must successfully pass all trimester coursework to progress to each subsequent trimester. By policy, and depending on the circumstances, failure of any single course results in either dismissal or deceleration from the program and failure of more than one course results in dismissal.
The didactic phase of training is intentionally developed to best prepare students for their clinical phase of training and includes biomedical science coursework, clinical medicine coursework, and professional practice coursework.

Clinical Phase of Training

The second year represents the Clinical Phase of training and begins with a two-week, in-person, on-campus intensive covering advanced technical skill training and preparation for supervised clinical practice experiences (SCPEs; i.e., clinical rotations/clerkships). Following those two-weeks, students are sent out to their SCPE sites where they will participate in nine 5-week long clinical rotations across various practice settings. At the end of the last trimester of the clinical phase of training, students return to campus for their end-of-program examinations and graduation.

The nine SCPEs include seven core rotations and two selective rotations. All SCPEs are developed, vetted, monitored, and assigned directly by the program, although students are permitted to enter preferences for geographic location and specific to the selective SCPEs, preferred specialty practice areas. Importantly, the program cannot guarantee any SCPE will occur in a specific geographic location, even if preferred and requested by a student. Similarly, the program cannot guarantee students will be placed in their preferred or requested specialty area for the selective SCPEs.

The core rotations are specifically designed to cover the most common clinical practice specialties to best prepare students for entry level practice in any specialty, including but not limited to primary care medicine. Each specialty in the core SCPEs represents a required clinical rotation (i.e., students must complete at least one rotation in all seven of the core areas).
The selective rotations are specifically designed to allow students to gain more experience above and beyond the core rotations. Importantly, these rotations are titled 'selective' rather than 'elective' for two main reasons: (a) the rotations are dependent upon the sites and preceptors available to the program (i.e., not all preferences/requests are able to be fulfilled due to site and preceptor limitations); (b) the program reserves the right to require students to complete rotations in a non-preferential area (e.g., repeat of a core rotation) to best meet the needs of the student or the needs of the program.

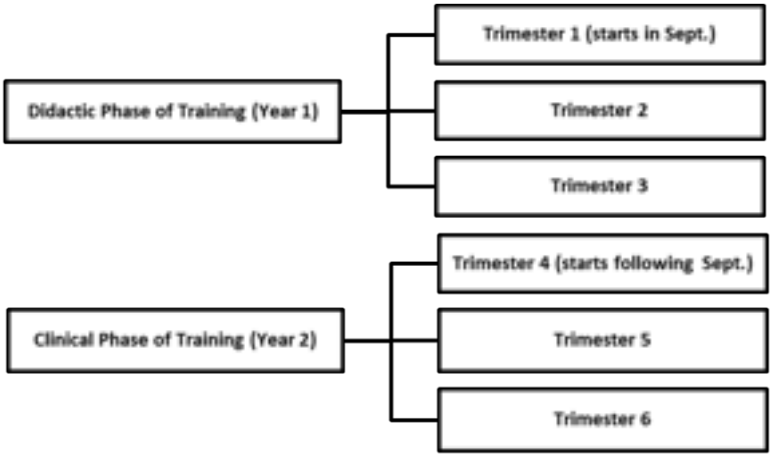
Combined, the SCPEs include the following experiences:

- Core SCPES in Required Specialty Areas
    - Behavioral Medicine/Psychiatry: Completed in an Outpatient and/or Inpatient Setting
    - Emergency Medicine: Completed in a Hospital Emergency Department Setting
    - Family Medicine: Completed primarily in an Outpatient Setting
    - Internal Medicine: Completed in an Outpatient and/or Inpatient Setting
    - Pediatric Medicine: Completed primarily in an Outpatient and/or Inpatient Setting
    - Surgical Medicine: Completed in a Peri-Operative, Inpatient Setting with Outpatient Experiences
    - Women's Health Care: Completed in a primarily Outpatient Setting
- Selective SCPEs
    - Can be in any clinical practice specialty and setting
    - One selective can be a repeat of a core rotation or a new rotation in a different specialty or subspecialty practice (e.g., dermatology, urgent care) and setting depending on availability.
    - One selective may be required to be in holistic, integrative care practice (e.g., Chiropractic Practice)

Program Trimester to Trimester Yearly Schedule and Full Curriculum

Each cohort progresses through the program as a group in lock-step fashion (i.e., all students of the cohort complete all courses in the same sequence - apart from a decelerated student who would be repeating a course and restarting the program with a new cohort. Upon successful completion of the program, students are awarded the Master of Science degree in Physician Assistant Studies and will be eligible to sit for the Physician Assistant National Certifying Exam (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA). Upon successful completion of the PANCE, individuals are then eligible to apply for state licensure and, upon receiving state licensure, able to apply for facility credentialing if required, and begin entry-level practice.

Our Didactic Phase and Clinical Phase of Training each include three trimesters divided as follows:



- Trimester 1 is delivered in-person on-campus with some synchronous online class activities in potentially two courses.
- Trimesters 2 and 3 are delivered synchronously online.
- Trimester 4 includes a full-time 2 week on-campus course at the very beginning of the trimester for advance clinical procedure and skills training and supervised clinical practice experience training, with the remainder of the trimester consisting of full-time supervised clinical practice experiences (SCPEs) at clinical rotation sites/facilities.
- Trimester 5 is comprised of full-time SCPEs at clinical rotation sites/facilities.
- Trimester 6 includes full-time SCPEs at clinical rotation sites/facilities with the last 2 weeks of the trimester on-campus for end-of-program evaluations.

Our entire program curriculum, academic credits, and delivery modality on a trimester-by-trimester basis is detailed in Appendix II.

End-of-Program Summative Evaluation

As a graduation requirement, all students must successfully pass the end-of-program summative evaluation that is completed in the final trimester (i.e., the last 4 months of the program) to verify that each student meets program competencies to enter clinical practice. The evaluation is specifically designed as a multidimensional assessment of individual students to ensure they have the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry level practice.

Successful completion is represented by a grade percentage of 70 ('C') or better. The evaluation includes three major components:

- Comprehensive Summative Written Examination to primarily assess medical knowledge in addition to clinical reasoning and problem-solving abilities.
- Objective Structure Clinical Examination (OSCE), comprised of simulated patient encounters to assess clinical reasoning and problem-solving abilities, clinical skills, and professional behaviors and interpersonal skills
- Practical Examinations to assess clinical and technical skills.

Academic Support and Student Services (ARC-PA Standard A1.04)

PA program students have the same support services as other students at the College including:

- Academic Advising
- Academic Coaching
- Accessibility/Disability Services
- Career Support Services
- Counseling Services
- Health Services
- Tutoring Services
- Tuition & Financial Aid Services

For details on academic support and student services, please refer to the college's Support Services for Students webpage. Due to the stressful experience associated with PA programs, all students are highly recommended to take advantage of the college's counseling services provided at no extra cost to students.

Academic Advisors

All principal faculty and the program director serve as PA program faculty advisors. Immediately upon matriculation, students are assigned a PA program faculty advisor who monitors student progress and recommends resources if their advisee experiences any difficulties. Importantly, students do not need referrals from program faculty to receive any college student support services. Students can request a change in their academic advisor by contacting the program director who, in discussion with the student and advisor, will determine the best course of action.

Students are encouraged to contact the relevant faculty or instructor at any time to improve their mastery of specific course material. Additionally, students are encouraged to contact the program director for any issues they may experience that present obstacles to academic and professional success or negatively impact their wellbeing.

Principal and Instructional Faculty

Principal faculty are the primary faculty for the PA program and include all full-time program faculty members. Instructional faculty are all other faculty offering instruction in the didactic and clinical phases of the program and include adjunct faculty, guest instructors, and clinical preceptors. For all courses and activities in the didactic phase of the program, and in each location to which students are assigned for supervised clinical practice experiences, students will be informed which principal or instructional faculty member has been designated by the program to assess and supervise the student's progress in achieving course and program learning outcomes. Course directors for all didactic and clinical phase courses will be noted in course syllabi and in the course-specific D2L learning management system section, including their contact information. Clinical preceptors for supervised clinical practice experiences and their contact information will be noted in the program's learning management system specific to the clinical rotations prior to and throughout the clinical phase of training. Per program policy, all faculty, including all instructional faculty (e.g., clinical preceptors), are provided with the applicable course syllabi detailing learning outcomes and instructional objectives for the courses and activities. The program meets individually with instructional faculty, including preceptors during clinical site visits to, in part, review program policies and expectations and course-specific goals, outcomes, and objectives.

Principal faculty and the program director are primarily responsible for, and actively participate in multiple program activities and processes including, but not limited to:

- developing, reviewing and revising as necessary the mission statement, *goals* and *competencies* of the program,
- selecting applicants for admission to the PA program,
- providing student instruction,
- evaluating student performance,
- academic counseling of students,
- assuring the availability of remedial instruction,
- designing, implementing, coordinating, and evaluating the curriculum, and
- evaluating the program.

Instructional and Reference Materials

In addition to the student support services noted above, students and faculty have access to multiple learning resources via the college library that will prove invaluable as they progress throughout the program. Such resources include:

- PA Program Specific Reference Material:
    - AccessMedicine is our primary student and faculty resource for the program and within which most of our course required reading and audiovisual materials are accessed. This online database and platform contains:
        - A Library of over 100 Medical and Health Science Textbooks (including many of the PA Program required texts)
        - Quick Reference Guides (2-minute medicine, Differential Diagnosis, Diagnostic Tests, Inpatient Medicine and Primary Care Guidelines, and the Quick Medical Diagnosis & Treatment 2021)
        - Drug Monographs
        - Multimedia Resources (Auscultation Classroom, Diagnostic and Imaging Studies, Pathophysiology Animations, Pod Classes, Lectures, Patient Interview and Patient Safety Modules, Pharmacology Resources, Physical Exam Resources, Procedural Videos)
        - Multiple Medical Cases
        - Study Tools (Clerkship Topics, Flashcards, Learning Games, Review Questions)
        - Patient Education Materials
- Additional online library databases of particular interest to the PA program include:
    - Academic OneFile
    - Alt Health Watch
    - Alt Medicine
    - American Family Physician
    - Article First
    - BioMed Central
    - Clinical Trials
    - Cochrane Databases

- Comparative Toxicogenomics
- Dietary Supplement Ingredient Database
- Diversity Studies
- Dynamed
- EBSCO Ebooks
- General OneFile
- General Science Collection
- Haz-Map
- Health and Medicine Collection
- Medical Databases
- MedlinePlus
- MetaLib
- NCBI Bookshelf
- NLM Gateway
- OVID Ebooks
- NCBI Bookshelf
- Pubmed
- Thieme-MedOne EBooks

As noted in all course syllabi, each course has required and/or recommended reading materials (i.e., texts, articles, multimedia). For most courses, these materials are available to students via AccessMedicine at no extra student expense. Importantly, to ensure students gain the most comprehensive and detailed knowledge applicable to each course, testing will include questions and assignments directly related to these materials. As a program standard, students should expect 20% of the questions in most tests to be taken directly from these reading assignments (i.e., just reviewing lecture presentations and handouts, unless otherwise noted by the course director, will not promote the best success on course testing evaluations.

Academic Policies and Requirements for Progression & Graduation (ARC-PA Standard A3.14)

Attaining the Master of Science in PA degree requires the successful completion of all didactic and clinical phase coursework with a grade percentage of 80 ('B') or better on a trimester-by-trimester basis and, with a grade percentage of 70 ('C') or better, the program's end-of-curriculum evaluation. Although the program is specifically designed as a 2-year lockstep program (i.e., students in each cohort progress and complete the program at the same pace and time), students must complete the program within 4 years from the initial time of matriculation, including any period of deceleration (**A3.14b**). Specifics regarding course requirements and deadlines are noted in course syllabi. Unless otherwise noted in the syllabi, failing to complete all required course assignments may result in a failing grade for that course and subsequently prevent the student from progressing to the next trimester and may result in deceleration or dismissal.

- In the case of receiving an *incomplete* ("I") grade for any didactic-phase course (e.g., due to a delay, if permitted, in completing a course requirement), must be resolved prior to the start of the very next trimester or the student will not be able to progress in the program, resulting in dismissal or deceleration depending on the specific circumstances.
- In the case of receiving an incomplete ("I") grade in the clinical phase Advanced Clinical Procedures Lab course, if not resolved prior to the first supervised clinical practice experience (SCPE) clinical rotation, will prevent the student from beginning their first clinical rotation, resulting in a rescheduling of all clinical rotations and automatic delay of graduation with the potential for deceleration or dismissal depending on the specific circumstances.
- In the case of receiving an *incomplete* ("I") grade for any clinical phase SCPE course (e.g., due to a delay, if permitted, in completing a course requirement), if not resolved prior to the very next trimester or scheduled time of graduation, will result in a delay of graduation, deceleration, or dismissal depending on the specific circumstances.
- Policies regarding course failures are noted below in the Satisfactory Progress, Dismissal, Leave of Absence, Withdrawal, and Deceleration section.

Grades

Performance in courses is commonly assessed by completion of course assignments, written and/or practical tests, objective structured clinical examinations (OSCEs), oral case presentations, site and preceptor evaluations, and/or peer performance evaluations. For all courses in the program, grades will be recorded as a percentage. At the end of each course the percentage scores will be converted, following the application of the Professionalism Demeanor Multiplier (PDM – described below), to a letter grade adhering to the college's grading conversion scale for all course grades as follows:

Final Test Percentage*	Letter Grade	Quality Points	Grade Descriptions
90-100	A	4.0	Consistently exceeds performance standards
80-89	B	3.0	Meets and occasionally exceeds performance standards
70-79	C	2.0	Meets performance standards
0-69	F	0.0	Fails to meet minimal performance standards.
*Although a 70-79 is considered meeting performance standards for individual assessment/test percentages, final course grades must be at least 80 to successfully pass the course.			

Satisfactory Progress, Deceleration, Withdrawal, Dismissal, and Student Appeals (ARC-PA Standard A3.14f)
In addition to the below, policies and procedures regarding satisfactory progress, academic warning, dismissal, and probation, period of program interruption (i.e., leave of absence), withdrawal, and deadlines are covered in the Northeast Student Guide and the Northeast Graduate Catalog, the most recent versions of which can be found on the Northeast College website at the following link: https://www.northeastcollege.edu/webdocs/Admissions/Northeast-Catalog-Grad.

Due to the pace and rigor of the program, and the frequency of changes and advances in clinical medicine (e.g. new conditions/diseases, new standards of care, new pharmaceuticals and pharmacotherapy regimens), some policies in the PA program regarding standards of academic progress differ than those detailed in the college's handbooks and guide are specified.

Policy Overview
The M.S. in Physician Assistant Studies Program requires all students to meet academic, professional, and clinical standards necessary for progression, graduation, and entry into practice.
The following policies and procedures are established to ensure:

- Fair and consistent decision-making
- Transparency in program expectations
- Readily accessible guidance for students

Progression (ARC-PA Standard 3.14a)
Specific to the PA program's didactic phase of training, and as the second and third trimester curriculum and experiences build on the previous trimester's material, students must pass all courses in any given trimester with a grade of 'B' or better to progress to the next trimester. Failure of a single course in any given trimester, represented by not receiving a final course grade of 'B' or higher, after all permitted remediations, will automatically result in either deceleration or dismissal. Failure of more than one course in any given trimester will automatically result in dismissal.

Specific to the PA program's clinical phase of training, all students must pass all clinical rotations, represented by receiving a final rotation grade of 'B' or higher, to pass each trimester's SCPE course. Failure of a single clinical rotation, after all permitted remediations, will automatically result in receiving an incomplete ('I') grade and require remediation of the clinical rotation, represented by repeating the entire clinical rotation at the conclusion of the 6th trimester and resulting in an automatic delay of graduation. Failure of more than one clinical rotation, after all permitted remediations, will automatically result in dismissal.

In such cases, dismissed students could reapply to the program, following all requirements and processes as any other applicant but are not guaranteed readmission. If readmitted to the program, the student would have to meet any and all updated admission and matriculation requirements and repeat all courses in the curriculum. Returning students are responsible for all fees and tuition expenses related to all coursework, including courses that are being repeated. In the case of deceleration (see below), failure of another course after restarting the program, after all permitted remediation, will automatically result in dismissal.

To help ensure retention of previously learned course material, if a leave of absence, withdrawal, or dismissal resulting in student deceleration (i.e., rejoining the program later to restart the curriculum) or readmittance to the program is approved, students must return within one year of the last day attended and may be required to repeat all coursework, including courses previously successfully completed or successfully complete a comprehensive written examination on material covered in previously successfully completed coursework. Additionally, only one deceleration is permitted per student (e.g., any subsequent course failure, after all permitted remediations, will automatically result in dismissal without possibility of deceleration or readmission). Returning students are responsible for any association tuition and fees for any repeated and new coursework and, upon returning, are subject to the most recent program and college policies (i.e., updated handbooks

and catalogs).

Importantly, when required to complete program-specific items on an application, many state licensure agencies, credentialing agencies, and facilities require the program to report if students were placed on academic probation or exhibited any conduct/professionalism issues while enrolled. Reporting such issues, which, again, is a requirement placed on the program by some licensing and credentialing agencies, may delay or present obstacles to licensure and credentialing.

Deceleration (ARC-PA Standard 3.14d)
Specific to the PA program, deceleration refers to stopping progress in the PA program and returning within one year's time to complete coursework due to either of the following:

- An unforeseeable and non-academic, non-conduct/professionalism issue (e.g., a leave of absence for medical reasons) resulting in the student being unable to continue with coursework. In such cases, at the program's discretion, students may be provided with the opportunity for deceleration with the following applicable policies:
    - The leave of absence must be formally submitted by email to the Program Director and approved by the program and college.
    - If approved, students must return to the program within one year - any absences longer than one year will result in automatic dismissal.
    - Only one deceleration is permitted per student. Any subsequent leave of absence or any subsequent course failure, regardless of circumstance, will result in automatic dismissal.
    - Depending on the circumstances, and at the program's discretion, decelerated students will be required to either successfully complete a comprehensive written and practical examination to ensure they retain material from previously successfully completed coursework or repeat all coursework in the program. Regardless of the process, students are responsible for all expenses (e.g., tuition, fees) associated with all subsequent coursework.
- A formal remediation process due to a single course failure in which a student will leave the program to return within one year to retake coursework for which they were unsuccessful.
    - In such cases, at the program's discretion, students may be provided with the opportunity to remediate the failed course by repeating that specific course in its entirety. Any subsequent course failures will result in automatic dismissal.
    - The leave of absence must be formally submitted by email to the Program Director and approved by the program and college.
    - This is only permitted in the didactic phase of the program when a student is successful in all but one course and has no student conduct or professionalism issues. Even if a student is successful in all other courses but the one, if that student has any student conduct or professionalism issues, they will not be eligible for deceleration.
    - As noted above, decelerated students must return to the program within one year – any absences longer than one year will result in automatic dismissal.
    - As noted above, depending on the circumstances, and at the program's discretion, decelerated students will be required to either successfully complete a comprehensive written and practical examination to ensure they retained material from previously successfully completed coursework or repeat all coursework in the program. Regardless of the process, students are responsible for all expenses (e.g., tuition, fees) associated with any and all subsequent coursework.

Withdrawal (ARC-PA Standard 3.14e)
Policy Statement
Students may voluntarily withdraw from the PA Program at any time. Withdrawal must follow established procedures to ensure appropriate academic, administrative, and financial processing.

Types of Withdrawal

- Voluntary Withdrawal – initiated by the student
- Medical Withdrawal – due to documented health concerns
- Administrative Withdrawal – initiated by the program or institution

Withdrawal Procedures
Students must complete the following steps:

1. Notification
   The student must notify:
    - PA Program Director (or designee)
    - Center for Student Support

2. Formal Withdrawal Request
   Submit written notification (email or official form) including:
   - Reason for withdrawal
   - Intended effective date
3. Exit and Clearance Process
   Complete all institutional requirements, including:
   - Registrar
   - Financial Aid
   - Student Accounts
4. Academic Status Determination
   Final course grades and academic standing are determined by the program and Registrar
5. Financial Considerations
   Tuition and fees are adjusted in accordance with the Graduate Catalog refund policy [link to Graduate Catalog on website here; pp XX]
6. Official Withdrawal Date
   Defined as the date of written notification or last date of attendance.

Additional Considerations

- Withdrawal may affect academic standing, financial aid, and time to completion
- Students seeking to return must reapply and are not guaranteed readmission

Dismissal (ARC-PA Standard 3.14f)

Policy Statement

Students must meet the academic, professional, and clinical standards of the PA Program. Failure to meet these standards may result in dismissal.

Grounds for Dismissal

A student may be dismissed from the program for the following reasons:

- Academic
  - Failure to meet progression requirements
  - Course failure or unsuccessful remediation
  - Failure of summative or program completion assessments
- Professionalism
  - Violations of professionalism expectations
  - Academic dishonesty
  - Violations of ethical or conduct standards
- Clinical Performance
  - Unsafe or inappropriate patient care
  - Unsatisfactory clinical evaluations
- Technical Standards
  - Failure to meet or maintain required technical standards
  - Safety or Legal Concerns
  - Behavior posing risk to patients, peers, or faculty

Dismissal Procedures

1. Identification of Concern
   - Faculty or preceptors document concerns and notify the student
2. Committee Review - The appropriate program committee reviews:
   - Academic performance
   - Professional conduct
   - Clinical evaluations
   - The student may submit a written response
3. Recommendation - The committee may recommend:
   - Remediation
   - Academic probation
   - Deceleration
   - Dismissal
4. Program Director Decision

- The Program Director issues the final decision in writing

Immediate Dismissal

- Immediate dismissal may occur without prior warning in cases including:
  - Academic dishonesty
  - Serious professional misconduct
  - Threats to patient or public safety

Notification

- Written notification of dismissal includes:
  - Reason(s) for action
  - Effective date
  - Appeal process

Student Appeals (ARC-PA Standard A3.14h)

Policy Statement

Students have the right to appeal certain academic, disciplinary, and administrative decisions. The PA Program adheres to institutional appeal policies and ensures these procedures are clearly identified and readily accessible.

Types of Appeals

Students may appeal:

- Academic decisions (e.g., grades)
- Disciplinary or conduct decisions
- Administrative determinations, where applicable

Appeal Procedures

- Academic (Grade) Appeals - Students must:
  1. First address the concern with the course instructor
  2. Submit a written appeal to the program administrator
  3. Participate in administrative review
  4. Escalate to the Provost/designee if unresolved
  5. For more details, see Student Guide – Grade Appeals
- Conduct Appeals - Students may:
  - Appeal disciplinary decisions through formal institutional processes
  - Participate in hearings or review procedures as applicable
- How to Initiate an Appeal
  - Academic appeals: submit to instructor and/or program administrator
  - Conduct appeals: submit through the designated institutional process

Policies and Procedures for Remediation (ARC-PA Standard A3.14c)

The PA program is specifically formatted to educate students in advanced clinical medicine sciences, enabling graduates to become successful and highly competent PAs. Because of the difficulty, volume, and delivery pace of the information presented, PA programs are well known as some of the most challenging graduate level programs. As such, the below remediation and deceleration policies were developed with recognition of the following:

- PAs need to be self-directed career-long learners of the medical sciences.
- A major portion of any PA educational program involves independent studying.
- Because of the pace of PA programs, little opportunity exists for extended in-class instructional review of previously presented material or extended in-class review for summative examinations.
- The educational process proceeds, week to week, building on previously presented and learned material.
- Presentations and lectures in the program should be considered supplemental to assigned readings.
- To be successful, students need to continually master presented material on a day-to-day, week-to-week, month-to-month, and/or module-to-module basis.

Throughout the program, evidence of information mastery is monitored via student performance on written, oral, practical, simulated patient encounter, and clinical experience evaluations. Students are monitored continuously throughout the program, with tracking of every graded evaluation as they occur, to identify any weaknesses that may negatively impact

academic and professional success as soon as possible in the student's progression in the program. Specifically, student progress is monitored by the course directors and for the didactic and clinical phases of the program, by the Director of Didactic Education and Director of Clinical Education, respectively, in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

In some cases, a different and course-specific remediation policy may be applied and, if so, this will be clearly noted in the course syllabus. Course Directors will be available to facilitate remediation when needed. If a Course Director is not available, the Program Director will take on or assign the role to another faculty member.
Importantly, all student conduct/professionalism policies apply to remediation, including policies related to remediating all graded evaluations. Unless otherwise noted by course directors, students are expected to work on any remediation assignments and activities alone without assistance from others and without assistance from supportive materials (e.g., notes, handouts, articles, texts, apps, web-based resources, multimedia resources). Failure to do so is considered a violation of student conduct/professionalism policies and subject to consequences up to and including dismissal.

Remediation
In the PA program, remediation is defined as the re-study and/or retraining of material for which the student has not evidenced competency and occurs in the following ways: (a) remediation of evaluation (e.g., quiz, written or practical examination, OSCE) without potential for grade change; (b) remediation of evaluation for grade change; (c) remediation of course for grade change.

Intention of the Remediation Policy
Remediation is specifically focused on increasing master of material. Remediation does not necessarily include post-remediation evaluation/testing. The goal of remediation is to identify, based on course instructional objectives and learning outcomes, areas of weaknesses of material as evidenced by poor performance on one or more tests or evaluations, and once identified, to assist the student in overcoming those weaknesses and develop mastery of the material. Course Directors may allow remediation with other assessment tools/methods at their discretion.

Remediation of Evaluation without Potential for Grade Change
Remediation of evaluation (e.g., quiz, examination) without potential for grade change incorporates student self-directed study of material based on the received strengths and opportunities report for that evaluation. This is considered informal remediation. To promote the most success in the program and on the PANCE, the program urges students to remediate any evaluation for which they score <70% via remediation for grade change if possible (see below) or self-remediation via post-test strength and opportunity reports. Additionally, the program strongly recommends students to self-remediate any evaluation for which they score <80%.

Remediation of Evaluation for Grade Change
Specific to remediation of evaluation (e.g., quiz, examination) for grade change, students have the opportunity to remediate a maximum of two evaluations (including but not limited to final written or practical evaluations) per course in their first didactic trimester and a maximum of one evaluation per course in their second didactic trimester and beyond. For example, if a student receives a grade of <70 on two in-course examinations and their final course examination in the first trimester, they would only be able to remediate for grade change the final examination if they had not used up both opportunities on earlier examinations. Quizzes are not eligible for remediation for grade change. Only evaluations with a score of <70% are permitted to be remediated for a grade change.

A similar format is followed for Supervised Clinical Practice Experience (SCPE) clinical rotations for which students have the opportunity to remediate a maximum of two end-of-rotation examinations or two OSCEs in their first clinical-phase trimester, a maximum of two end-of-rotation examinations or two OSCEs in their second clinical-phase trimester, and a maximum of one end-of-rotation examination or one OSCE in their third clinical-phase trimester.

Remediations for grade change will be of similar format to the evaluation being remediated for grade change. For each specific remediation, the number of question items and content of those items is determined by the course director. In some cases, students will need to retake the same examination, take an entirely new examination covering the same content, or take a new examination covering only the missed question content at the discretion of the course director. Students can receive a maximum grade change of 70%, even if their remediation test grade is higher than 70%. In example, if a student receiving a 65% on the original test, and is permitted to remediate for a grade change and receives a 75% on the remediation test, they would receive a final grade of 70% for the test recorded in the course.

Didactic Phase Evaluation and Remediation
The following policies, in addition to the above, apply to didactic phase evaluations and remediation.

- A passing grade for any evaluation/assignment is represented by achieving a grade of 70% or greater. Any grade <70% constitutes failure of an evaluation/assignment and requires either informal or formal remediation.
- To receive credit, all remediation assignments and retesting of examinations/evaluations must be completed and submitted by the Course Director's chosen deadline.
    - Late remediation assignments, examinations/evaluations, regardless of how late, will not be accepted for credit and, as such, students will receive the original final grade on their examination/evaluation.
- Quizzes cannot be remediated for grade change.
- Students must complete all remediation prior to the start of the next trimester unless they receive an Incomplete for the course.
    - The Course Director, after meeting and discussing with the student, will decide on the remediation timeline during the specific trimester. At the discretion of the Course Director, remediation(s) may be completed during the trimester or during the trimester break but must be completed prior to the start of the next trimester.
- Remediation for a failed examination involves a three-step process including:
    - Step 1: Identification of weakness area
        - ☐ Students will receive a summary of exam results via a strengths and opportunities report. The results will include details such as the topic, subtopic, task area, and source.
    - Step 2: Development of remediation study plan based on the identified area(s) of weakness.
    - Step 3: If applicable, evidencing proficiency of failed material
- Not all remediation will include post-remediation assessments. This will be detailed in the course syllabi. If a post-remediation assessment does occur, students will be reassessed by the Course Director after completion of the remediation. The assessment activity may vary at the discretion of the Course Director and depending on the nature of deficiency and degree of remediation necessary. The activity may include, but not be limited to:
    - Make-up written, oral, or practical examination
    - Written completion of selected course instructional objectives with reference citations
    - Written response to selected examination items with reference citations
    - Problem based learning exercise(s) focused on area(s) of weakness
    - Written self-reflection exercise(s)

Clinical Phase Remediation

SCPE course grades are comprised of End-of-Rotation Examinations (EOREs), case-based performance evaluations (e.g., objective structured clinical examinations; OSCEs), logging of patient cases and clinical experience hours, preceptor evaluations, and professionalism. Remediation processes in the clinical phase mostly mirror the didactic phase policies and are specified in the Supervised Clinical Practice Experiences course syllabi.

End-of-Program Summative Evaluation Remediation

All students are required to pass all components of the program's end-of-program summative evaluation with a grade percentage of 70 ('C') or better as a graduation requirement.

- If a student scores <70%, they will be allowed to remediate, via directed study of additional material, and reattempt each failed portion of the evaluation prior to their graduation date.
    - If a student scores <70% on the post-remediation evaluation attempt, they will be required to complete additional didactic, simulated case-based, or clinical procedure training depending on the failed portions of the evaluations at the discretion of the program. In such cases, the student's graduation may be delayed.
    - If a student scores <70 on the reattempt of the post-remediation evaluation, they may be decelerated or dismissed from the program, at the program's discretion based on the specific circumstances.

Policies and Procedures for Student Complaints, Discrimination, Grievances, Harassment and Mistreatment, Appeals, and Reporting Concerns (ARC-PA Standards A1.02g; A3.14g, h)

Policies and procedures for student complaints, grievances, harassment & mistreatment, and appeals are covered in the graduate catalog, the student guide and on the college's Northeast Community Reporting website which covers:

- Title IX Reporting to submit reports on discrimination, sexual harassment, stalking, and sexual misconduct.
- Care Referral for concerns about an individual you feel may be in (or at risk for) distress (e.g., due to academic difficulties, concerning interactions with others, concerning statements made, noticeable worrisome changes in appearance, behavior and/or mood.
- Code of Conduct/Code of Ethics to report an infraction of the college's code of conduct and/or code of ethics policies (e.g., acts of dishonesty, policy violations, willful disregard of college guidance and policy during crises and/or

emergencies).
- Health Referral for concerns regarding student health and wellbeing to ensure student health and safety.
- Student Complaints (e.g., mistreatment) and Grievances for submitting an informal or formal grievance regarding the application and administration of college or program rules, procedures, or regulations.

Student Complaint for Classmate Code of Conduct Issue

Students are expected to do their utmost to help maintain a high level of conduct among fellow students, monitoring themselves for adherence to program policies, particularly policies regarding student conduct and professionalism. This mirrors what is expected of licensed practitioners in medical/healthcare settings. The following policies and processes apply:

- If a student witnesses another student not adhering to program policies on student conduct and professionalism, if not an egregious violation and safe to do so, students are requested to speak with the individual. If the issue fails to resolve, students are then expected to report the issue to their course director and/or faculty advisor.
- If an egregious violation (e.g., issues of cheating and/or plagiarism, issues adversely affecting the safety and welfare of others involved in the College and/or clinical sites), students are expected to report the incident immediately to their course director and/or faculty advisor.
- Importantly, the program and faculty are generally unable to address hearsay or unverifiable reports of student conduct and professionalism violations. Anonymous reports or complaints will not be accepted (this does not apply to course and faculty evaluations which, in most circumstances, are anonymous).
- Reports of cheating must be reported within 24 hours of the act so the complaint can be appropriately addressed.
- The program and faculty will not inform other students (including students who initially reported the incident) of any actions taken or disposition of issues towards another student at any time.
- The program and faculty will not share the names of reporters with other students in the program. However, reporters may be called before college committees to verify the complaint.

Policies and Procedures for Financial Aid and Tuition & Fees Refunds (ARC-PA Standard A1.02h)

Policies and procedures regarding financial aid and tuition refunds are covered in the Northeast College of Health Sciences' graduate catalogue and student guide, the most recent versions of which can be found on the Northeast College Main Website --> Info for --> Current Student.

Program Expectations and Policies Specific to the Clinical Phase of Training

The following information pertaining to Supervised Clinical Practice Experiences (SCPEs) is in addition to the policies outlined in this handbook, the college's graduate catalog, the college's student handbook, and the SCPE Course syllabi.

Policy Regarding Student Professional Liability Insurance

Specific to clinical activities, all students must have active professional liability insurance specifically for PA students and provide proof of their policy to the program prior to participating in any clinical activities. We strongly recommend students secure their policy from CM&F, the no-cost AAPA-endorsed student policy protection. Students apply directly via the CM&F website.

Policy Regarding Patient Confidentiality and Privacy

Patient confidentiality and privacy is paramount in medical practice and must be protected at all times. At a minimum, students must fully adhere to all clinical site/facility and HIPAA rules and be well versed in identifying the criteria for protected health information. At no time, in any course-related assignment or activities (e.g., documentation notes, patient encounter logs, conversations with faculty, conversations with classmates) or private or public activities (e.g., conversations with friends and family, social media postings) should students ever present patient identifying information. Failure to do so will represent violations in student conduct and professionalism polices and result in all applicable consequences up to and including dismissal from the program.

Policy Regarding SCPE Rotation Hours

- Students are required to achieve a minimum of 2000 clinical hours prior to graduation with most students completing up to 2500 hours during their clinical phase of training.
- Expectations for clinical rotation hours are an average of 40 hours per week, and 200 hours in each 5-week clinical rotation, depending on the specialty and site with the understanding that some rotations will have significantly longer hours and varying schedules to allow students to reach the minimum 2000 clinical hours prior to graduation.
    - A minimum of 32 hours of countable patient care activities are required each week of every clinical rotation. Countable patient care activities incorporate all aspects of patient care including direct (i.e., involved in the

examination, evaluation, and education of patients), indirect patient interactions (i.e., reviewing patient charts, documenting patient encounters and workup), preparation for patient encounters (i.e., reviewing clinical rotation-specific educational materials on conditions/diseases and procedures for patients who have been or will be seen in the practice), meeting with preceptors and other clinical staff related to patient care, and completing rotation-specific learning/training assigned by preceptors or clinical facilities (e.g., attending grand rounds, completing site-specific EHR, OSHA, and HIPAA trainings).

- SCPE clinical rotation hours and schedules will vary depending on the rotation specialty and setting. For example, emergency medicine and hospital-based rotations may have students participate in 10 or more hour shifts four days a week rather than 8 hour shifts five days a week.
- SCPE clinical rotation hours do not consistently follow college trimester schedules and approved holidays as they are dependent upon the specific preceptor and site. Some clinical rotations will include early morning, evening, weekend, on-call, and holiday hours. Regardless of the schedule, students are required to participate in all clinical rotation assigned hours and activities (e.g., students are expecting to be present and participating at clinical rotation sites throughout the assigned 5-week rotation when their preceptors are working).

Policy Regarding Attendance for Clinical Rotation Activities

- As with all didactic courses, attendance for all SCPE activities is mandatory and students are required to make-up any missed activities, even if receiving an excused absence, during the same rotation.
    - For planned absences during SCPEs, students must:
        - First, inform the program.
        - Second, upon receiving permission from the program, discuss the plan for make-up activities with their clinical preceptor.
        - Third, must make up for missed time during the scheduled rotation or risk needing to repeat some or all of the rotation activities prior to the start of the next trimester.
- Importantly, because of the uniqueness of clinical rotations, and unlike the didactic phase of training, students are not allotted personal days over the clinical year. Further, college holidays and trimester break schedules may not apply to students during the clinical year and are based on clinical rotation and site-specific schedules. Generally, if a clinical rotation preceptor is working, students are expected to be participating in clinical rotation activities.

SCPE Rotation Patient Encounters

- As evidence has long supported that the quality of patient encounters - rather than the number of patients seen during a clerkship rotation - is significantly more beneficial for student learning and preparation, the program does not have expectations for number of patients seen, conditions evaluated, or procedures performed. Rather, students are expected to meet specific learning outcomes, including essential skills, associated with each rotation as detailed in the SCPE course syllabi.

SCPE Rotation Learning Outcomes

- Expectations for learning outcomes and instructional objectives, including essential skills for each clinical rotation, and a blueprint for end-of-rotation examinations, including conditions and task areas, are noted in the specific SCPE Course syllabi for core rotations.

SCPE Clinical Rotation Schedules

- By ARC-PA Accreditation standards, the program must secure all clinical sites and preceptors in sufficient numbers to allow all students to meet learning outcomes.
    - The program goes to great lengths to secure rotation sites and preceptors for all clinical rotations for all students. Securing sites and preceptors encompasses a great deal of work by the program including recruiting sites and preceptors, meeting with site coordinators, preceptors, and senior leadership of medical facilities, vetting sites to ensure they meet all requirements (e.g., safety requirements), vetting preceptors to ensure they meet all requirements (e.g., unrestricted license to practice and board certification), orienting preceptors on specific learning outcomes for SCPEs, completing legal insitutional affiliation agreements, and, when appropriate, seeking clinical affiliate faculty appointments for preceptors. It generally takes 3-6 months to develop a site from 1st contact to finalization of affiliation agreement and subsequent student placement.
    - Although, well prior to the clinical phase of training, students can request the program to explore different rotation sites (e.g., sites and preceptors known to the student prior to joining the program), the program must develop these sites just as any other rotation site to ensure the site and preceptor meet all accreditation and

program requirements and expectations. Here it is important to understand that site development often stalls are the completing legal affiliation agreement stage – even after many weeks of meetings with sites and preceptors.

- For the reasons noted above, once completed, all clinical rotation schedules are final.
    - As with required didactic courses, students are not permitted to skip or change a rotation assignment.
- Importantly, the clinical rotation schedule does not always follow the regular academic calendar. To ensure all students meet program expectations for all rotations, it is necessary to schedule rotation activities on some state, federal, and religious holidays. The general rule is that if the clinical site and preceptor are working, students are expected to be participating in the clerkship.
    - Students who intend to miss any rotation activity for any reason (e.g., religious observance, anticipated absence for life event) must inform the program well in advance of the trimester. Regardless of the reasons for the absence, students are required to make up any missed clinical rotation time during that same rotation assignment.

SCPE Rotation Logging of Clinical Time and Patient Encounters

- All students are required to log all their completed clinical hours, clinical patient encounters, conditions covered by patient encounters and/or study, and clinical technical skills completed.
- The logging of patient encounters must adhere to all HIPAA regulations. Specifically, no patient-identifying information (e.g., name, date of birth, address, contact information, social security numbers, medical record numbers, insurance information, audiovisual material) can be included in any logging.
- Logging is completed by students on a weekly basis via the program-specific learning management system and is reviewed weekly by the program to ensure rotation objectives and expectations are being met. Faculty will contact students directly if any logging issues are identified.
- Failure to complete requiring logging in a timely manner will result in a reduced grade for those SCPE rotations and may result in a failing grade for the rotation(s) and the need to repeat rotations, potentially resulting in delay of graduation.

SCPE Rotation Grading

- SCPE rotation grading components are detailed in the SCPE syllabi.
- SCPE rotation grades are based on the following:
    - Completion of time, procedure, and patient encounter logging
    - Completion of mid-rotation and end-of-rotation evaluations
    - End-of-Rotation Examinations (EOREs) for Core rotations and Written Topic Presentations for Selective rotations
    - Oral Case Presentations and Patient Documentation Notes
        - Faculty perform a virtual site visit with all students in the second week of all clinical rotations to (a) discuss rotation experiences and student progress, (b) confirm the rotation is meeting all expectations and learning outcomes, (c) complete OSCEs, and (d) meet with clinical preceptors and conduct a repeat site visit..

SCPE Rotation Concerns and Issues

- Students, rotation sites, and preceptors are asked to contact the program as soon as possible for any concerns and rotation issues.
- All students, sites, and preceptors will have after-hours contact information for the director(s) of clinical education and program director.
- Students, sites, and preceptors are not to wait to the end of any rotation to raise any site or preceptor issues or concerns as the program wants to ensure any issues are addressed in a timely manner.

Policies and Procedures Regarding Securing & Soliciting Clinical Sites and Preceptors (ARC-PA Standard A3.08)

Consistent with accreditation standards, the PA Program does not request or require present or future students to provide or solicit clinical sites or preceptors; the program has secured all supervised clinical practice experience (SCPE) sites and preceptors for all matriculated students. At no time do students need to assist in finding their own SCPE preceptors or sites. All clinical sites are in the continental United States with the majority of second year supervised clinical practice experiences (i.e., clinical rotations) throughout the NY state region and nearby states (e.g., New Jersey, Pennsylvania). It is likely that all

students will need to travel and potentially temporarily relocate for multiple rotations. Students are responsible for all housing and living arrangements and expenses related to travel for clinical rotations.

Securing SCPE Sites (ARC-PA Standard A1.10)
The program secures all SCPE sites for students, ensuring that our clinical sites and preceptors are sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences. The program does not have any clinical sites and preceptors located outside of the United States.

Option for Recommending Clinical Preceptors or Clinical Sites
In adhering to ARC-PA accreditation standards, the Program secures all clinical rotation sites and preceptors to meet supervised clinical practice experience requirements. However, students are permitted to suggest additional sites and preceptors. Occasionally, students have strong relationships (e.g., past medical providers, employers) with medical providers and clinical sites that would be a good fit for including as one for the program's Supervised Clinical Practice Experiences (SCPEs). Although, students are prohibited from inappropriately soliciting providers and sites to secure clerkships (i.e., "cold calling"), the program is accepting of students suggesting preceptors and sites for which they have a previous relationship prior to matriculation in the program, or to providers who have expressed interest to matriculated students asking to be involved in SCPEs. Generally, the site development process can take several months to complete.
The following policies and procedures apply to such cases:

1. Students are absolutely prohibited from:
    a. Soliciting providers and sites to which they (a) have no prior relationship, (b) that have not expressed a desire to participate as SCPEs, (c) for preceptors with whom they have or are currently working with on a clerkship (i.e., students are not permitted to request preceptors take them for an additional, extended, or altered clinical clerkship rotation).
    b. If students are unsure of the appropriateness of soliciting a site/preceptor, they should contact the Director of Clinical Education to ask for guidance before soliciting providers/sites.
    c. Students discovered to be soliciting SCPE preceptors or sites will be considered in violation of the program's student conduct and professionalism policies and will be subject to all applicable consequences up to and including dismissal from the program.
    d. Discussing any non-clinically relevant financial matters with potential preceptors/sites.
    e. Offering any payment (monetary or otherwise) to potential or existing preceptors/sites.
2. Student suggested sites must still meet all program requirements for SCPE preceptor and site development.
    a. All clinical sites must be:
        i. Appropriate sites that meet the program required clinical specialties including core and elective medical rotations.
        ii. Located in the United States and U.S. territories
    b. All preceptors must either be:
        i. A PA who is certified by the National Commission on Certification of Physician Assistants (NCCPA), holds an unrestricted state license to practice as a PA-C, and has a collaborating physician who meets the below requirements.
        ii. An MD or DO physician who is board certified in the specialty area of practice, has an unrestricted license to practice in the state/location of the clinical facility, and proof of board certification (previously held or current).
3. Suggesting a preceptor or site in no way guarantees that the preceptor or site will be included as a SCPE.
4. Student suggested sites often do not reach fruition as a SCPE for a multitude of reasons including but not limited to:
    a. Failure to meet minimum requirements of the program.
    b. Failure to finalize the required affiliation agreement.
    c. Demands for appointments, benefits, stipend payments that are unable to be met by the program.
5. Students must suggest prospective sites 6 months prior to the start of the clinical phase of training.
6. The process for students to suggest sites to the program is as follows:
    a. Students first must receive approval from the Director of Clinical Education to reach out to a potential site and/or preceptor.
    b. If approved, students have the potential preceptor complete the appropriate site development forms including:
        i. Preceptor Information Form
        ii. Site Demographics Form

iii. Agreement to Participate as a SCPE Preceptor

c. Once completed, the Program Site Development forms are to be returned to the Director of Clinical Education to begin the process of review.
    i. Incomplete Program Site Development packets will not be reviewed until complete.
d. The Director of Clinical Education will then reach out to the site to set up virtual or in-person meetings to discuss the potential for becoming a SCPE and to have the Affiliation Agreement completed.
e. The Affiliation Agreement is subsequently submitted to the college for review.
f. Once the affiliation agreement has been approved, and all site development forms and activities have been completed and approved, the Director of Clinical Education will then work on integrating the site into the program's clinical phase.
g. If approved and appropriate, preceptors and sites will be worked into the students normal SCPE rotation schedule.

Policies for Student Travel to SCPE rotation sites (ARC-PA Standard A3.14j)

The program's Supervised Clinical Practice Experiences (SCPEs), also referred to as clinical rotations, are located primarily throughout New York and New Jersey. Additional rotation sites may be located in other states as needed to meet programmatic and educational requirements.

The program makes reasonable efforts to place students at clinical sites within a reasonable distance of the program or the student's residence when possible; however, this cannot be guaranteed. Clinical site assignments are determined by the program based on site availability and the need to ensure students meet all required learning experiences.

Students should expect that some or all SCPE placements may require travel outside the immediate geographic region. If the program is unable to secure clinical placements within a student's local or preferred geographic region, the student will be assigned to available program-approved sites that meet the program's educational requirements.

Students are required to attend and complete all assigned SCPE placements regardless of distance from the program or the student's residence.

<u>Travel Expectations for SCPE Placements</u>

- SCPEs are primarily located in New York and New Jersey.
- There is no minimum or maximum required travel distance for SCPE placements.
- There is no minimum or maximum number of distant rotations a student may be required to complete.
- Students may be required to travel significant distances from the program or their residence for one or more rotations.
- Air travel may be required to reach certain SCPE locations.

<u>Student Responsibilities</u>

Students are responsible for arranging their own transportation and securing any necessary housing during SCPEs. All costs associated with transportation (including mileage or airfare), lodging, and other related living expenses incurred during clinical rotations are the responsibility of the student.

Policies Regarding In-Person Direct and Telehealth/Telemedicine Patient Care Experiences (ARC-PA Standard B3.01)

All SCPEs, excluding the behavioral and mental health SCPE, must include in-person direct patient care although these SCPEs may include a limited amount of telehealth/telemedicine activities. Specifically, and excluding the behavioral and mental health SCPE, students may not complete more than 20% of telehealth/telemedicine activities in any individual SCPE rotation, and no more than 20% across all SCPEs combined, including the behavioral and mental health SCPE. This ensures that no more than 50% of any individual SCPE (other than behavioral and mental health) involves telehealth/telemedicine, and that no more than 20% of the total SCPE experiences for any student are conducted through telehealth/telemedicine.

All SCPE telehealth/telemedicine activities are closely monitored through (a) the weekly SCPE student log sheet and (b) the SCPE site visit form. The site visit form is completed by the program prior to the clinical phase and again during the week 2 site visit for all active SCPE sites, as well as at least annually for inactive sites. Both documents track the proportion of telehealth/telemedicine activities. If monitoring indicates that a student is nearing the allowed limit, they will be restricted from participating in additional telehealth/telemedicine encounters. This may require reassignment to a different rotation site or preceptor if necessary.

Policy Regarding Type of SCPE Preceptor (ARC-PA Standard A2.15, A2.16)

The majority of the SCPE experiences for any individual student must occur with PAs and Physicians. SCPE instructional faculty

may consist of PAs who hold or have held NCCPA certification, physicians who hold or have held board certification, and advanced practice nurses who hold or have held board certification.

Policies and Procedures Regarding Student Background Checks and Comprehensive Drug Screening

All students are required to successfully complete an acceptable comprehensive national and state background check within six weeks of and no later than two weeks prior to matriculating into the program. Additionally, some clinical sites may require additional unremarkable background checks, that may also require fingerprinting, to participate in clinical activities at those facilities. Background checks must be completed via a program approved vendor. Unacceptable background checks may prevent matriculation into the program and participation in some or all clinical rotation activities.

Although the program does not require comprehensive drug screening for admission, matriculation, or progression, some clinical sites may require a negative comprehensive drug screen to participate in clinical activities at those facilities. If students are assigned to a site requiring drug screening or additional background checks, students must meet those requirements - the program will not adjust a student's clinical schedule or make accommodations for a student who declines or has an unacceptable drug screening or background check. In cases of a subsequent unacceptable background check or drug screen, or refusal to complete background checks or drug screens, students may not be able to progress in the program, resulting in dismissal, or experience a delay of graduation depending on the specific circumstance.
Students are responsible for all expenses related to background checks, fingerprinting, and drug screens.

Policies and Procedures for Infection Control/Prevention and Exposure Response (ARC-PA Standard A3.05a-c)

The safety of all students, staff, faculty, and patients is of primary concern. Therefore, during orientations for both didactic and clinical education phases, PA students are presented with information on personal security and safety, in addition to infection control/prevention and exposure and all related policies and procedures, HIPAA, and OSHA. Furthermore, PA students will be required to complete any clinical site-specific safety or security training requirements in preparation for supervised clinical practice experiences. Students must be aware that risk exists for exposure to infection and environmental disease during the didactic and clinical phases of the program, particularly when involved in the cadaver lab and all clinical experiences. PA students, staff, and faculty must adhere to all established safety protocols.

- All faculty, staff and students will utilize Standard Precautions (Methods of Prevention as outlined below) during all activities that present a risk of exposure to blood/body fluids or chemical hazards.
- Didactic-phase students must notify their course director, the Director of Didactic Education, and the Program Director as soon as possible of any exposure to bodily fluids, chemical hazards, or potentially serious infectious diseases.
- Clinical-phase students must notify their SCPE clerkship preceptor, the Director of Clinical Education, and the Program Director as soon as possible of any exposure to bodily fluids, chemical hazards, or potentially serious infectious diseases.
- Students must follow the exposure response plan detailed below in case of any exposure to blood/body fluids, chemical hazards, or potentially serious infectious diseases.
- Compliance with all safety practices is not just good procedure, it is also an aspect of professionalism. Failure to observe and practice Standard Precautions and follow all safety policies may result in adverse/disciplinary action for unprofessional behavior.
- Students are financially responsible for all costs incurred including but not limited to any medical care, testing, and treatment.

Methods of Prevention (ARC-PA Standard A3.05a)

Standard precautions (Methods of Prevention) are the minimum safety and infection prevention practices that apply to all patient care and laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered. These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others.

- Hand Hygiene
    - Good hand hygiene is critical to reduce the risk of spreading infection.
    - Current CDC guidelines recommend use of 70% or greater alcohol-based hand rub for hand hygiene except when hands are visibly soiled (e.g. dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea, in which cases soap and water should be used. Key situations where hand hygiene should be performed include:

        - Before touching a patient, even if gloves will be worn.
        - Before exiting the patient's care area after touching the patient or the patient's immediate environment.
        - After contact with blood, body fluids or excretions, or wound dressings.
        - Prior to performing an aseptic task (e.g., placing an IV, preparing an injection).
        - If hands will be moving from a contaminated-body site to a clean-body site during patient care.
        - After glove removal.
- Use of personal protective equipment (PPE):
    - Exam gloves will be worn when there is risk of contact with or when handling blood or body fluids or when there is a potential for contact with mucous membranes, non-intact skin or body orifice areas, or contaminated equipment. Facial masks, protective eyewear and/or gowns (as well as gloves) will be worn when performing/assisting procedures with a risk of body fluid or other hazardous material splashes or sprays.
    - Appropriate face masks (i.e., reusable cloth masks, medical face masks or KN95) and/or goggles or face shields are required for all clinical-phase activities and for on-campus activities.
- Safe injection practices:
    - No recapping of needles unless required by the specific procedure being performed.
    - Use of self-sheathing needles and/or needleless systems when available.
    - All needles and other disposable sharps will be placed in designated puncture resistant containers as soon as possible after their use.
- Safe handling of potentially contaminated surfaces or equipment:
    - Environmental cleaning: Areas in which patient care activities are performed will be routinely cleaned and disinfected at the conclusion of the activity.
    - Medical equipment safety: Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer's instructions. If the manufacturer does not provide guidelines for this process the device may not be suitable for multi-patient use.
- Respiratory hygiene/Cough etiquette:
    - Cover mouth/nose when coughing or sneezing.
    - Use and dispose of tissues.
    - Perform hand hygiene after hands have been in contact with respiratory secretions.
    - Consider using a mask to prevent aerosol spread.
    - Sit as far away from others as possible.

Exposure Response (ARC-PA Standard A3.05b, A3.05c)

PA students may encounter infectious or environmental hazards during clinical training. The program requires immediate reporting and timely management of all potential exposures to protect students, patients, and healthcare personnel.

Exposure Identification and Reporting

Students must promptly report any potential exposure (e.g., needlestick injury, contact with blood or body fluids, airborne or droplet exposure) to the clinical preceptor and the program. Exposure identification requires assessment of the event, including where and how it occurred, the type of material involved, PPE use, and duration of contact. Students may be directed to testing, prophylaxis, or expert consultation depending on clinical circumstances.

Access to Evaluation and Management

Clinical sites provide initial evaluation and follow-up for exposures in accordance with OSHA Bloodborne Pathogens requirements and site-specific policies. Some evaluations may require referral to expert consultation (e.g., HIV or hepatitis C exposure). Students must comply with all recommended testing, treatment, and follow-up.

Illness Management

Depending on the illness, students may be recommended not to attend class or clinical rotations when experiencing potentially infectious symptoms. "Presenteeism" (attending clinical training while ill) is a serious situation due to risks to patients and coworkers. Clearance from the program may be required; additionally, the program or clinical site may require clearance from the student's healthcare provider before returning to didactic or clinical activities.

Work Restrictions

Work restrictions may be imposed by the clinical site or program when a student is infectious or lacks immunity to certain diseases. Restrictions may include temporary removal from patient care, duty modification, or reassignment.

Required information will be shared only with authorized program or clinical site personnel in accordance with HIPAA protections.

Regulatory Requirements
The following federal requirements guide exposure and illness management:

- **OSHA Bloodborne Pathogens Standard:** mandates exposure evaluation, follow-up, and prevention training.
- **Ryan White Act:** requires notification for qualifying infectious exposures for emergency response personnel.
- **HIPAA Privacy Rule:** protects student health information.

Student Responsibilities

PA students must:

- Follow all safety, PPE, and infection prevention protocols
- Immediately report exposures or illness
- Complete required training on exposure prevention
- Adhere to work restrictions and return-to-duty requirements
- Maintain professional conduct and confidentiality
- Follow all clinical site and program policies
- Failure to comply may result in removal from a clinical site or delay in program progression.

Blood or Body Fluids Contact

Blood or body fluid contact to wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents (e.g., bleach) is not recommended.

Incident/Injury Occurrence - Conclusion

For an incident/injury occurring in the didactic phase of training, the student must immediately notify their course director, the Director of Didactic Education, and the Program Director in addition to completing the program's Student Incident/Injury Form, available in the program's learning management system with other program-specific forms, within 24 hours. For an incident/injury occurring in the clinical phase of training, the student must immediately notify their clinical preceptor, the Director of Clinical Education, and the Program Director in addition to completing the program's Student Incident/Injury Form within 24 hours.

- Medical Evaluation Required for Exposures
    - It is very important that medical evaluation take place immediately because treatment decisions must be made within 2 hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within 2–4 hours. It is also extremely important to evaluate the donor's risk status immediately.
    - The student should report IMMEDIATELY to their Clinical Preceptor and also contact the Director of Clinical Education and Program Director and complete the Student Incident/Injury Form within 24 hours of exposure.
    - If the exposure occurs at an off-campus clinical site, the student should follow the Infection Control policy of that facility. Outside of these hours, the student should go IMMEDIATELY to the nearest urgent care or emergency room.
    - Note: If the incident occurs at a hospital or large medical facility, that facility's Employee Health Clinic may be able to assist in the initial clinical evaluation.
- Program Participation
    - Continued participation in the activities of the PA program will not be affected by any injury or illness that occurs while enrolled provided the student continues to meet all Technical Standards and fulfill all defined requirements for program progression and is not directly infectious by way of routine contact.
- Financial Responsibility (**ARC-PA Standard A3.05c**)
    - Students are financially responsible for all costs incurred including but not limited to any medical care, testing, and treatment.

***Exposure Response* (ARC-PA Standard A3.05b)**

Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents, e.g., bleach, is not recommended.

Incident/Injury Occurrence

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- Medical Evaluation Required for Exposures:
  - It is very important that medical evaluations take place immediately because treatment decisions must be made within 2 hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within 2–4 hours. It is also extremely important to evaluate the donor's risk status immediately.
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  - If the exposure occurs at an off-campus clinical site, the student should follow the Infection Control policy of that facility. Outside of these hours, the student should go IMMEDIATELY to the nearest urgent care or emergency room.
  - Note: If the incident occurs at a hospital or large medical facility, that facility's Employee Health Clinic may be able to assist in the initial clinical evaluation.
- Program Participation:
  - Continued participation in the activities of the PA program will not be affected by any injury or illness that occurs while enrolled provided the student continues to meet all Technical Standards and fulfill all defined requirements for program progression and is not directly infectious by way of routine contact.
- Financial Responsibility (**ARC-PA Standard A3.05c**):
  - Students are financially responsible for all costs incurred including but not limited to any medical care, testing, and treatment.

Policies and Procedures Regarding Attendance

The PA program has a mandatory attendance policy for all program activities (e.g., classes, labs, tests and evaluations, clinical rotation activities). PA students are expected to be in attendance for all didactic and clinical activities. The PA program's block schedule specifically includes time when students are not involved in class or lab activities such that, if needed, students can attend to outside appointments (e.g., medical appointments).

Student Identify Verification in Distance Learning

To meet all federal and state educational guidelines, the program follows all Northeast College policies for any remote (e.g., online) class and program activities, including but not limited to class sessions, testing, clinical site visits with students). These policies are detailed in the college's student guide.

***Timely Access to Services Addressing Personal Issues Which May Impact Student Progress* (ARC-PA Standard A3.07)**

The program is committed to the personal and academic success and well-being of all students, including timely access to services addressing personal issues which may impact progress in the PA program. Although it is ideal if students receive services outside of their classroom hours, and, as noted below, time is included in the schedule for such activities, given the course load in the program this is not always possible. In such cases when timely access is otherwise not possible due to severity, access, or after-hours availability, the PA program permits students class release time to receive services for medical, counseling, academic success and support services.

Personal Days

Recognizing the incredible time commitment in the didactic phase of the program and understanding that many students will greatly benefit from a rare day off without risking academic success, the PA program faculty have adopted a policy permitting one personal day off per trimester for didactic phase students. Personal days do not apply to the clinical phase of the program.

Personal days do not need to be excused by program faculty, but students must adhere to the following:

- In order to be eligible for a personal day, students cannot have any previous or existing attendance issues that would limit them from missing class activities or maintaining enrollment in the program.
- Students must notify the Director of Didactic Education and their course director(s) by email of their anticipated absence.
- A maximum of one personal day per trimester is permitted and can only be taken in the didactic phase trimesters.
- Partial personal days (e.g., missing one course) count as full personal days (i.e., time cannot be saved or banked).
- Students are fully responsible for any materials presented on missed days. The faculty should not be expected to redeliver a lecture or activity for students who are absent from activities, regardless of whether that absence is a personal day or excused absence.
- Excluding Team Readiness Assurance Tests (tRATs), a personal day cannot be taken on the day of any anatomy lab activity or on a day, in any course or program activity, when a written, practical or lab test is being delivered.
    - If the absence falls on the day of a tRAT, the student's grade for that specific test will be entirely based on the applicable iRAT (i.e., there will not be an opportunity for a make-up tRAT).
- A personal day cannot be taken in succession with school breaks, holidays, or requested absences.
- The PA program reserves the right to deny personal days for students at risk of or on academic and/or behavioral probation, and for students taking two or more absences during one or more trimesters.

Absences from Required Activities

When considering the below, please be aware of the following:

- Specific to the didactic phase of training, program activities will be in person and on-campus for the entirety of the first trimester.
- Specific to the clinical phase of training, program activities will either be in person and on-campus or in-person at clinical sites for the entirety of the second year of the program.

Unless otherwise noted in the block schedule, other than posted holidays, trimester breaks, personal days, and when released from the program, students should expect to be present from 8:00am to 5:00pm ET, Monday through Friday. Additionally, students should expect to attend required lectures and labs in the evening and/or weekend hours for make-up classes and remediation. In such cases of after-hour activities, the program will inform the students at least 48 hours in advance. Attendance is mandatory for all after-hour activities.

The block schedule, which should always be viewed as subject to change, is emailed or posted prior to the start of each trimester. If time-off is not indicated in the calendar schedule, students are expected to be present for program required classes and activities. Given the amount of trimester breaks, holidays, personal days, and scheduled time-off, additional absences may significantly adversely affect a student's learning and subsequent mastery of material.

In the event of illness, family issue (e.g., family illness, child's illness), or personal emergency or crisis, the student is to notify the Director of Didactic Education or Director of Clinical Education and preceptor for missed activities in the didactic and clinical phases, respectively.

For requested absences for personal reasons other than as described above, students must submit an email requesting the absence at least two weeks in advance to the Director of Didactic Education if occurring in the didactic phase or the Director of Clinical Education if occurring in the clinical phase of study. Submitting an absence request in no way guarantees that the absence will be approved. If the absence is not approved, students are expected to participate in all scheduled program activities as planned.

The following policies apply to all other absences:

- For absences occurring during scheduled tests and evaluations, please refer to the Examination Policies section of this handbook.
- An extended absence (i.e., absence >3 days) will be addressed by the Program Director in consultation with all PA program principal faculty.
- Requesting an absence does not guarantee approval of an absence. Excessive requests of three or more per trimester will result in a professionalism evaluation.
- PA students are expected to attend all scheduled meetings with faculty and staff in the PA program. It is considered unprofessional for students to cancel scheduled meetings with faculty/staff for other meetings/activities without prior approval of at least 24 hours' notice, unless it is an emergency.
- PA students are expected to be present for all clinical rotation activities according to the clinical schedule provided by the preceptor in each rotation.

- The student should notify the Director of Clinical Education and their Preceptor of any absence.
- An extended absence from clinical rotation will be addressed by the Director of Clinical Education and the Program Director.
- PA students are expected to remain available for all scheduled activities in the program, including but not limited to remediation activities and advisor meetings. Failure to do so is considered unprofessional behavior and subject to professionalism policies.
- Repetitively requesting (i.e., >2 per trimester) to be absent from scheduled activities is considered unprofessional behavior and subject to professionalism policies as detailed in this handbook.
- For the didactic phase of the program, more than five absences are considered to be an issue with professionalism or the ability to meet all of the PA program's technical standards and, as such, may result in consequences up to and including deceleration or dismissal from the program.
- For the clinical phase of the program, even though students are required to make-up all absences, more than two absences each trimester is considered to be an issue with professionalism or the ability to meet all of the PA program's technical standards and, as such, may result consequences up to and including deceleration or dismissal from the program.

Policies and Procedures Regarding Employment While Enrolled in the Program (ARC-PA Standard A3.14i)

Because of the pace and rigor of the program, students are strongly discouraged from working while in the program. Please keep in mind that PA education is well known to be among the most difficult graduate education experiences. Experience has taught us those students holding employment during enrollment struggle significantly more than other students regarding academic success.

The following guidelines are meant to help the student in deciding about work during their participation in the PA program:

- Employment while enrolled is strongly discouraged.
- Students who work are encouraged to make this known to their faculty advisor.
- Students who are working and find themselves in academic difficulty will be advised to consider terminating that outside work.
- Coursework and all required activity schedules will not be altered to conform to employment. Your education must remain your primary responsibility when balancing work and school.

Policy Prohibiting Working for the PA Program or Clinical Sites (ARC-PA Standards A3.02; A3.03a,b)

At no time are students ever required to work for the program or clinical sites. Besides graduate assistant opportunities, a student may not, at any time during enrollment, be employed by the program or serve for or function as instructional faculty. Additionally, students cannot, at any time during enrollment, substitute for administrative or clinical staff or instructional faculty in the program or at any site, including but not limited to when on Supervised Clinical Practice Experiences (SCPEs) or other clinical practice activities.

Policy Regarding Use of Artificial Intelligence

Unless otherwise directed by the program, use of artificial intelligence (AI) for completion of course assignments, tests, and evaluations is prohibited.

Policies and Procedures Regarding Grading and Graded Evaluations

It is the policy of the Program that no grade rounding (up or down) will occur. The grade earned by the student will therefore be the final numeric course grade. The final course letter grade will be the equivalent of the student's final numeric grade. As an example, as noted above, a letter grade of *A* = a point grade of 90-100; if Student 'Y' receives a final numeric course grade of 89.9999 and Student 'Z' receives a final numeric course grade of 90.0000, Student 'Y' will receive a *B* letter grade since they did not reach the minimum threshold of 90.0000 required for an *A* and Student 'Z' will receive an *A* as they did meet that threshold. The faculty has decided that this is a more objective evaluation of individual student performance in courses such that a student's grade reflects exactly the grade that they have earned in the course. Grading policies and procedures are identified within course syllabi. In some cases, specific course grading policies and procedures may differ; in such cases, specifics will be noted in syllabi. All rubrics related to grading evaluations are noted within course syllabi.

Challenging of Test Grades

As a test item analysis is performed on all tests, students are not permitted to challenge test items or test grades for grade change outside of the TBL processes noted in this handbook.

If a course includes Individual Readiness Assessment Tests (iRATs)/Team Readiness Assessment Tests (tRATs), the tRAT is considered remediation for the iRAT and, given this, students are not permitted to challenge iRAT/tRAT grades outside of the TBL process.

Testing Processes and Specific Policies

Introduction

With a goal of establishing and maintaining examination security and best preparing students for the National Commission on Certification of Physician Assistants (NCCPA) Physician Assistant National Certification Examination (PANCE), the Program incorporates similar test-taking policies and procedures as the NCCPA. These policies include test-taking procedures, absence and tardiness policies, assessment of test and test item validity, and remediation. In the following policies and procedures, the term 'test' refers to any formative or summative evaluation in the program including written, oral, and practical quizzes, examinations, and evaluations.

General Policies and Procedures

- The program carefully schedules all tests with consideration of class schedules, room availability, timing of other tests, etc. As such, once a test is scheduled, students may not request changes in testing dates or times.
- Test Security
    - For in-person tests, all tests will be monitored by program faculty or staff.
        - Written tests will be completed via the program's testing platform with integrated security measures incorporating, at a minimum, lock-down browser mechanisms.
    - For on-line coursework, all written tests will be completed via the program's testing platform with integrated security measures including:
        - Verification of student identity
        - Audio-video monitoring
        - Automatic lock-down browser mechanisms
    - Unless otherwise indicated by the program, outside of tRATs, all tests must be taken individually and without outside assistance.
    - Writing or reproducing a test or any components of a test, including, but not limited to, the verbal sharing of test items, represents a student conduct/academic integrity policy violation and full and appropriate consequences will be applied in all occurrences.
- At the time of administration of a test, PA students must follow all the instructions of the test proctor and adhere to all program policies.
    - A student who fails to follow the proctor's instructions and/or fails to follow all program policies may result in the student being dismissed from the test. If dismissed, the student will automatically receive a grade of zero on the test and will not be permitted to retake the test for a grade change.
    - Any violation of test and/or student conduct policies, including but not limited to cheating during a test, will result in any applicable program consequences, an automatic grade of zero for that test, and the student will not be permitted to retake the test for a grade change.
- When taking a test, students are only permitted to have at their exam taking table/station the following items:
    - Computer/Tablet on which the student will be taking the examination
    - General comfort items including tissues, clear drinking cup, non-electronic ear plugs
    - Other items require prior approval from the program
- When taking a test, and unless permitted by the test proctor, students are not permitted to have the following items or follow different procedures unless having College approved accommodation:
    - Audio-visual recording devices, hats, paper, smart watches, cell phones – even if turned off, backpacks, wallets, purses or similar items, notebooks, notepads, or similar items.
    - Any other items determined by the test proctor(s) to potentially risk exam security.
    - All prohibited items must be placed in a location determined by the test proctor.
- Generally, student bags and backpacks and non-permitted items will be placed against the wall at the front or side of the room and away from student access
- Unless approved prior to the start of the test, students will not be permitted to leave the room once the test has started, including, but not limited to, for use of the bathroom.
- If an exam is longer than 90 minutes, students will be permitted scheduled breaks to use the restroom facilities.
- Violating student test, conduct, & professionalism policies at any point during a test will result in any applicable program policies and an automatic grade of zero for that evaluation, and this grade cannot be challenged or appealed.

Testing Accommodations

Northeast is fully committed to equal opportunity in educational programs, in accordance with the Americans with Disabilities Act of 2008 and Section 504 of the Vocational Rehabilitation Act of 1973. Reasonable accommodations are provided to students with various levels of abilities, at their request, and upon review and approval of their official documentation and requirements of the program.

- Most frequently, reasonable accommodations include but are not limited to extended testing time (e.g., 1.5 to 2 times the original test duration) and a quiet low-stimulus testing environment.
- To request an accommodation, students are recommended to first meet with the Program Director who will review the process and refer students to the college's accessibility services. Alternatively, students can reach out to student services on their own to discuss potential accommodations and the process for requesting accommodations. Students can contact accessibility@northeastcollege.edu for more information.
- Getting approval for accommodations can take some time and the program is unable to provide accommodations until it has been formally approved by the college. For this reason, newly accepted candidates into the program who have previously received academic accommodations, or who believe they may need accommodations once matriculated into the PA program, are strongly recommended to reach out to the program director only after they have been accepted into the program - but before matriculation - so the process can be started and potentially approved prior to the first day of class.
- As the tRAT evaluations are always delivered in a small group setting where students retake the test together, extended time and quiet testing accommodations are generally not applicable. Additionally, extended time accommodations are generally not approved for practical tests and non-written portions of OSCEs.

Time Allotted for Tests

In the clinical phase of training, the program utilizes the PA Education Association's end-of-rotation examinations which have a 1-minute per question rule. Additionally, the NCCPA has a 1-minute per question time allotment for the PANCE (e.g., a 60-question test is allotted for a total duration of 60 minutes). Recognizing that the test style in graduate medical education programs may be markedly different than what students have previously experienced, that students gain greater proficiency as they progress through their studies, and the necessity of acclimatizing students to the 1-minute per question rule in preparation for their end-of-rotation and national board examinations, the program transitions students to the 1-minute duration rule as follows:

- In the first trimester, students will be allotted 90 seconds per written test question (e.g., a 60-question test will be allotted for a total duration of 90 minutes).
- In the second trimester, students will be allotted 75 seconds per written test (e.g., a 60- question test will be allotted for a total duration of 75 minutes).
- In the third trimester and beyond, students will be allotted 60 seconds per question (e.g., a 60- question test will be allotted for a total duration of 60 minutes).
- Test time may be extended with approved accommodation.

Examination Analysis, Grading, Grade Posting, and Remediation

The program utilizes an assessment program software/platform that helps faculty build and deliver written assessments, better ensure test securing prior to, during, and after test delivery, better analyze tests for effectiveness, fairness, and integrity, and deliver reports to students on individual strengths and weakness for completed written examinations. Given this, the program has the following policies:

- No written computerized test grades are final until the test analysis process has been completed.
    - The outcome of test analysis may result in test questions being discarded or alternative answers accepted (e.g., re-keying of the correct answer or accepting more than one correct response).
    - If a question is discarded, the grade of the examination will be calculated on the remaining questions.
    - In some cases, and based on course director's decision, all students may be given credit for a discarded question.
    - Upon completion of computerized tests, students may automatically see their raw percentage score on completion of the test. If this occurs, the raw percentage score represents the pre-analysis grade and not the final grade. Additionally, the raw percentage score will not be posted elsewhere**.** Students are encouraged to write down their raw pre-analysis scores after leaving the test for comparison to final test grades that will be posted in the learning management system (LMS) after the test analysis process is completed.
    - Upon completion of the test analysis process, the course director will determine the student's post-analysis grade and compare this to the student's raw score. To ensure fairness, the student's final test grade will be the highest grade received in comparing the pre-analysis score to the post-analysis score.
    - As each test is analyzed for exam item validity, and outside of our TBL processes, students are not permitted to challenge test questions for a grade change or challenge final test grades.
- A passing grade for any evaluation/assignment is represented by achieving a grade ≥70%. Any grade <70%

constitutes failure of an evaluation/assignment and requires remediation for content.

- Once final test grades are posted, the course director will post grades in the LMS and provide student strength and improvement opportunities reports that will detail the topics missed so students can focus on relatively weak knowledge areas to improve their topic mastery.
    - Similar to the PA National Certifying Examination (PANCE), program test question items are mapped to identify items by content category (e.g., cardiovascular system), topic (e.g., secondary hypertension), task category (e.g., formulating most likely diagnosis), learning taxonomy (e.g., higher order vs. lower order), and learning source (e.g., reading assignment, lecture presentation).
- Unless otherwise noted in the course syllabus, students will not have the opportunity to submit "extra-credit" work or complete an alternative process offering an opportunity to receive a higher score than originally achieved on graded evaluations/assignments (e.g., quizzes, examinations, practical evaluations, papers, etc.).
- Delivery of the strengths and weakness report is considered the first step of the student remediation process.
- The second step of the remediation process would occur when the student re-studies material identified by the report as representing a weakness.
- It is important to understand that remediation does not necessarily include post-remediation assessment.
- Generally, due to the pace of the PA program, faculty do not offer in-class post-examination review sessions. However, at their discretion, faculty may review subject matter questions which were determined to be valid but missed by the majority of students.

<u>Absence at Time of Testing</u>

- If a student is absent from a scheduled test, a legitimate excuse must be offered prior to administration of the test or, in the case of a true emergency, as soon as possible. See the section on this handbook on absences.
- Excluding tRATs that cannot be rescheduled, tests will be rescheduled only if the absence is formally excused and with the specific permission of the Course Director(s).
    - Notifying the program or Course Director of an absence in no way guarantees that the absence will be excused, and postponement of a test will be permitted. If not formally excused, the student will receive a grade of zero on the missed test.
- In some cases, reporting of final test grades to the class may be delayed until all students have taken the test.
- In the case of excused absences, the date, time, and content of make-up tests will be determined by the Course Director.
    - Unless otherwise determined by the Course Director, make-up tests must be taken within seven days of the original scheduled date.
    - Although make-up tests will assess the same knowledge of content as the original test, the style (e.g., written, oral, skills testing) and type of questions may differ from the original test as determined by and at the discretion of the Course Director.
- Unless otherwise approved by the Director of Didactic Education, in consideration of recommendations from Course Directors, students are not permitted to receive an excused absence for more than one test in each course in any trimester and more than one final test in any trimester.
    - Specific to the clinical phase of the program, unless otherwise approved by the Director of Clinical Education, students will not be permitted to receive an excused absence for more than one end-of-rotation examination (EORE) for any supervised clinical practice experience (SCPE) course rotation throughout the entire clinical phase of the program.
- Repeated requests for or absences from tests (i.e., greater than three episodes in the didactic phase of the program and greater than one episode in the clinical phase of the program) is considered to represent an issue with student conduct, professionalism, and or the meeting of technical standards and, as such, may result in consequences as specified other sections of this handbook.

<u>Tardiness at Time of Testing</u>

- Time allocated for tests will not be extended if a student(s) arrives late.
    - In example, if a student arrives 30 minutes late for a 60-minute test, the student will only have 30 minutes to complete the test.
- If a student believes the tardiness resulted from a legitimate and unforeseen event, that student has two choices on how to proceed:
    - The student may go to the testing site and take the test in whatever time remains for that examination – extended time will not be given, even if the tardiness is later excused.
    - The student may inform the Course Director as soon as possible, and preferably prior to the test, for a determination as to whether the tardiness is, indeed, representative of an excused absence.
        - In such cases, the student will not be permitted to sit for the test as planned.

- Notifying the Course Director in no way guarantees that the tardiness/absence will be excused, and that postponement of a test will be permitted. If not formally excused, the student will receive a grade of zero on the missed tests.

- If the Course Director does not recognize the tardiness as representative of an excused absence, the student will not be allowed to make-up the test, resulting in a grade score of zero for that test. Please see "Professionalism Exhibited Through Attendance" for more information.
- At the discretion of the Course Director, tardiness due to legitimate and unforeseen reasons may be considered an excused absence, permitting a student to take a make-up test. Please see the policies above regarding Absence at Time of Examination.
    - Repeated episodes of tardiness (i.e., >3 episodes in either the didactic or clinical phase of the program) is considered to represent an issue with student conduct, professionalism, and or the meeting of technical standards and, as such, may result in consequences as specified other sections of this handbook.

Late Assignments

Some courses include student assignments with due dates. Due dates will be specified in the course syllabus. The following policies apply to late assignments:

- Unless otherwise specified in the course syllabus, all assignments are due on the due date by midnight North American Eastern Standard Time (NAEST) and, when applicable, North American Eastern Daylight Time (NAEDT).
- Unless otherwise indicated in course syllabi or approved by the course director, the final grade for late assignments will be further reduced by 25% for each day the assignment is past deadline (including weekends, holidays, and trimester breaks).
- Repeated episodes of submitting late assignments (i.e., >3 episodes in either the didactic phase or clinical phase of the program) is considered to represent an issue with student conduct, professionalism, and or the meeting of technical standards and, as such, may result in consequences up to an including dismissal from the program.

Policies and Procedures Regarding Immunizations, Tuberculosis Testing and Health Screening

For immunizations and tuberculosis (Tb) testing, the PA program adheres to the Centers for Disease Control and Prevention Recommendations for Healthcare Workers and the New York State Department of Health recommendations for Health Care Personnel. All students are required to provide proof immunizations and Tb testing prior to matriculation in the PA program*, providing documentation that the following have been completed prior to matriculation and maintain immunizations and complete annual Tb testing throughout their training. Students are responsible for all expenses related to immunizations and proof of immunizations. Importantly, many clinical sites require proof of immunity via serologic testing rather than certification of immunization delivery. Therefore, the program requires all students to show serologic testing as proof of immunization when applicable.

- Flu (Influenza): All students are required to receive and maintain annual influenza immunization. For incoming students, proof of immunization, or evidence of contraindication*, must be received prior to matriculation and annually thereafter.
- Hepatitis B Series: Documented evidence from a medical practitioner of serologic proof of immunity, or evidence of contraindication*. Please note the Hepatitis vaccination is a series of 3 vaccines completed over 6 months' time. At a minimum, the series must be initiated prior to matriculation and, if not fully completed by time of matriculation, completed within 6 months of matriculation and prior to any clinical experiences.
- MMR (Measles, Mumps, & Rubella): Documented evidence from a medical practitioner of serologic proof of immunity, or evidence of contraindication*
- Varicella (Chickenpox): Documented evidence from a medical practitioner of serologic proof of immunity or evidence of contraindication*.
- Tdap (Tetanus, Diphtheria, Pertussis): Documented evidence from a medical practitioner of TdaP vaccine within last 10 years or contraindication to vaccination*.
- Meningococcal: Recommended for those who are immunocompromised (e.g., asplenia, inhibited complement system) or routinely exposed to isolates of N. meningitidis per CDC recommendations. Not required by program but may be required by some clinical sites.
- Tuberculosis Testing: Documented evidence from a medical practitioner of negative two-step PPD testing and, if needed, negative Chest X-Ray results if PPD positive, or evidence of contraindication*. Following initial two-step PPD, one-step PPD required annually.

*Contraindications to the above will be considered on a case-by-case basis, only with documentation from a medical provider, and must be discussed prior to matriculation. Personal/Religious reasons for declining immunizations will be considered on a case-by-case basis and must be discussed prior to matriculation. It is important to understand that participating in some

clinical experiences may be prohibited by some institutions/practices without completion of immunization requirements, even on the basis of personal/religious reasons.

For Health Screening, the program requires students to submit documentation, via the program-specific form, of medical clearance and immunization and testing completion to participate in program activities. This form only includes information that the student is cleared for participation. No other health record information is included. The form must be completed prior to matriculation and must be signed by the student's primary care medical provider.

Policies and Procedures Regarding Refunds of Tuition and Fees

Details on refunds of tuition and fees can be found in the Payment Policies section of the Graduate Catalog, the most recent version of which can be found on the Northeast College of Health Sciences website --> Info for --> Current Student.

Policies and Procedures Regarding Student Records (ARC-PA Standards A3.16, A3.17, A3.18)

Student academic records are readily available to authorized program personnel only. Unauthorized individuals do not have access to academic records or confidential information of other students or faculty. Student health records are confidential and not accessible to or reviewed by program faculty or staff, except for immunization and screening results, which may be maintained and released with the student's written permission. Student records are retained by the college and PA program in accordance with college policy. All FERPA policies are followed regarding student records – students and other unauthorized persons do not have access to the academic records or other confidential information of other students. Specific to PA program students, other than all course grades, GPAs, and degree awarded which are housed by the college's registrar, records are kept in electronic form in the program's student files with restricted access, including the following materials:

- Admissions materials, including CASPA records, background checks, and drug screens (if applicable) indicating that the student has met published admission criteria.
- Advising/Encounter forms
- Certificates (e.g., BLS, ACLS, HIPAA, OSHA)
- Disciplinary action materials (if applicable) including summaries of any formal academic/behavioral disciplinary action taken against a student, and that the student has met requirements for program completion
- Health screening and immunization materials indicating that the student has met institution and program health screening and immunization requirements.
- References and applications (e.g., licensing applications, residency applications) written by the program
- Remediation effort and outcome materials
- Trimester progression and graduation materials detailing student performance while enrolled in the program and that the student has met requirements for program completion.

Policies and Procedures Regarding Students Participating in Care of School/Program Faculty and Staff

If students are completing clinical activities in facilities that faculty and staff may be utilizing for their own medical care, at no time are students permitted to participate in the care of the faculty or staff person, including but not limited to, accessing the individual's medical record or participating in discussions regarding the individual's medical care. Students are responsible for immediately notifying their clinical preceptor(s) once they become aware of such a conflict.

Policies and Procedures Regarding Teaching Out Currently Matriculated Students

In the event of program closure and/or loss of accreditation, the College will either matriculate out the remaining students or assist students in obtaining matriculation at another institution. In the event that the program will need to matriculate out students, it is the program director's responsibility, with oversight from the college's provost, to ensure that the students' education is completed or transferred.

Policies and Procedures Regarding Timely Access/Referral of Students to Services Addressing Personal Issues

The PA program is committed to the personal and academic success and well-being of all students, including timely access to services addressing personal issues which may impact progress in the PA program.

In the case of an urgent or emergent medical need, students should pursue medical services emergently regardless of program activities. Although, other than in the case of a true emergency, faculty are not permitted to provide healthcare to students, they may assist students in securing referral for appropriate care if needed.

Importantly, students do not need faculty/program referral for any College services, including but not limited to, Health Services, Counseling and Psychology Services, Academic Support Services, and Student Support Services.
Although it is ideal if students receive non-emergent/non-urgent services outside of their classroom hours, and time is built into the weekly schedule for such activities, given the high course load in the program this is not always possible. In such cases when timely access is otherwise not possible due to severity/emergent nature of issue, the PA Program permits students class release time to receive services, including services from healthcare providers and student support services. The following policies apply to such instances:

- For planned absences, students must contact the Director of Didactic Education (DDE), if in the didactic-phase, or the Director of Clinical Education (DCE), if in the clinical phase, to receive an excused absence.
- For unplanned absences, students must contact the above-named individuals as soon as possible.
- Regular or repetitive (i.e., excessive absences) may result in consequence up to and including deceleration or dismissal from the program.

If a student has an emergency or urgent need, the student is required to reach out to the Director of Didactic Education (DDE) or designated individual if in the didactic phase of the program, or Clinical Coordinator (DCE) or designated faculty member if in the clinical or summative phase of the program. Students should reach out to the designated individual within 24 hours if possible and, if not possible, as soon as possible. In such cases, the student should send an email to the designated individual as follows:

- In the subject line of the email type, "EMERGENCY" or "URGENT NEED"
- In the body of the email:
- Concisely describe the concern or incident without specifically stating any sensitive personal or medical information
- List a phone number where you may be contacted (the designated individual will attempt to contact you at this number).

Policies and Procedures Regarding Transportation to and from Campus/Clinical Sites

Policy Prohibiting Driving with Faculty/Staff

For safety reasons, and in circumstances other than an emergency, students are not permitted to drive with program faculty, including the Program Director, Medical Director, Principal Faculty, and Instructional Faculty (including but not limited to clinical preceptors) or staff of the Department or Program.

Transportation to and From Campus and Clinical Sites

Students are responsible for their own transportation and any related expenses to and from campuses, clinical sites, conferences, and other educational activities. If students are unable to secure their own transportation to program-required activities, they must immediately inform the Program Director. In rare circumstances, students may be provided with an excused absence for a maximum of one day due to non-weather-related transportation issues. Other circumstances (e.g., loss of vehicle, loss of driving license) extending beyond one day may require a leave of absence, program deceleration, or dismissal from the PA program.

Policies and Procedures Regarding Faculty/Staff Recommendations and References

For all requested recommendations and references, regardless of written or verbal form, students must complete and sign a FERPA release for letter of recommendation or reference. Importantly, state licensing boards, credentialing agencies, residencies/fellowships, and employers have been requiring more and more specific and comprehensive information detailed on program and faculty references, letters or recommendation, and verification of education forms. Frequently requested details include information pertaining to remediation, academic progress, probation, deceleration, and professionalism.

Policy and Procedures for Videoconference Classes/Meetings

For security reasons, students need to sign into their college Zoom account and must ensure their Zoom application is up to date. Unless otherwise directed by the course director, students should not be driving or participating in other activities when attending a remote class/activity. Doing so is not only potentially hazardous but considered unprofessional. Additionally, and again, unless otherwise directed by their course director, students are requested to have their microphones muted when joining a meeting and required to have their videos on and be in frame with their whole face viewable throughout all class activities. For privacy and security reasons, student recording of any portion of a virtual meeting is expressly prohibited. All policies related to student conduct and professionalism apply to remote learning/videoconferencing/teleconferencing just as if on-campus for in-person activities.

Policy Regarding Maintaining Up-to-Date Personal Records in the Program's Record Keeping Platform/System
It is the student's responsibility to upload required items in PDF form (not images) in the program's system by the deadline dates indicated. Failing to maintain up-to-date records in the system as requested is considered a professionalism issue. Required items include:

- Resume/CV
- Proof of Required Immunizations and/or Immunity, and Testing for Specific Conditions/Diseases
- Proof of Medical Clearance for Participation in Program
- Proof of Certifications (e.g., BLS, ACLS)
- Proof of Background Checks and Drug Screening (as applicable)
- Proof of Completed Training Courses (e.g., FERPA, OSHA, Bloodborne Pathogens, Universal Precautions)

When uploading documents, students should use the following format for identifying the document: Last Name_First Initial_Document Name_Date.pdf (e.g., Richards_Kora_MedicalClearance_Nov2024).

Policies Regarding Student Conduct & Professionalism and Use of the Professional Assessment Development Tool

Introduction
College and program policies are set forth in writing to give students general notice of prohibited conduct; they are not designed to define misconduct in exhaustive terms, so they should be read broadly. Student Conduct includes all college student conduct and honor code policies/standards and program specific professionalism policies/standards as outlined in this handbook, the graduate catalog, and the student guide. The most recent versions of the Northeast College of Health Sciences Graduate Catalog and Student Guide can be found on the college website --> Info for --> Current Student. Violations of student conduct and professionalism standards and policies are grounds for consequences up to and included dismissal.

In accepting admission to the PA program, each student agrees to review and to abide by all policies and procedures of Northeast College of Health Sciences and the PA program. Additionally, each student also agrees to abide by all policies and procedures outlined by individual clinical sites/organizations with which they may be assigned for supervised clinical practice experiences. Further, all **enrolled students are required to review and, when applicable to the PA student, continuously abide by the Guidelines for Ethical Conduct for the PA Profession.**

In keeping with standards of medical professionalism, in addition to controlling their own behavior, students are expected to do their utmost to help maintain a high level of conduct among fellow students.

Professionalism and the PA Student
One of intentions in the M.S. in PA program is to graduate healthcare providers who are not only clinically sound, providing the highest quality of care within their scope of practice, but also well-respected professionals within the medical community. Each student must demonstrate the ability to work effectively within a professional environment among various types of healthcare settings.

The PA student must demonstrate sound judgment, intellectual honesty, and privacy and confidentiality standards in accordance to HIPAA protocols. Breaching professionalism, particularly when exhibiting any behavior that might pose a threat to the student or to others, may lead to dismissal from the program. PA students must be aware that even as students they are viewed - by both patients and medical providers - as part of the medical community. As such, PA students are expected to display the highest standards of professionalism. It is critical, therefore, that the development of professional behavior be assessed just as academic and clinical skills are measured.

Importantly, many state licensure agencies, credentialing agencies, and facilities require the program to report professionalism issues of applicants who completed the PA program. Reporting such issues, which, again, is a requirement placed on the program, may delay licensure and credentialing and potentially cause issues securing employment. It is vital that all students understand this issue to help ensure they maintain professionalism throughout their studies in the program.

Professionalism Exhibited Through Attendance
See the PA Program Policies on Attendance.

Professionalism Exhibited Through Professional Attire and Appearance
The PA program is a graduate professional program and, as such, students are expected to dress appropriately when participating in class activities, bother in-person and remotely, when participating in any clinical activities.

Dress Code for Clinical Activities

- Business casual attire is the general rule. However, different clinical environments require different attire – the dress code may be determined by clinical sites and students will be required to follow clinic-specific dress codes (e.g., scrubs).
    - Business casual is attire that is clean, with limited wrinkles, and appropriate to present a professional appearance (including for a chance meeting with your clinical preceptor, professional colleague, potential employer, or a patient).
    - Clothing such as slacks, khakis (chino-style pants) or a skirt, a blouse, button-down or polo shirt with a collar; sweaters are also appropriate. Suitcoats, blazers, and neckties are not required.
    - Closed-toe shoes are required for skills lab, research lab and clinic environments. Open toes shoes cannot be worn in skills labs, simulation areas, or clinical facilities.
    - Jeans are not considered business casual; however, the program may have special 'jeans' day and events when jeans are permitted.
    - Skirts, if worn, must be knee length.
    - Certain jewelry is inappropriate in lab and clinical settings (e.g., necklaces outside of shirt or blouse, nose rings, hanging earrings, bangles, non-medical bracelets, sharp-edged or large protruding rings). Additionally, gauge earrings may need to be removed or covered.
- Regardless of attire, during any clinical encounters, PA students must have visible identification that clearly indicates they are a Northeast College of Health Sciences PA student and differentiates themselves from other students and practitioners. (**ARC-PA Standard A3.04**)
    - Such identification includes wearing the program issued name tag that clearly identifies themselves as a Northeast PA student, and, when supplied by clinical sites, wearing their facility issued identification badge.
    - Additionally, and when appropriate and permitted by clinical sites and based on activities, students should also wear their white lab coats with their embroidered name, title (i.e., PA Student), and college (i.e., Northeast College of Health Sciences).

Dress Code for Didactic Activities

- The dress code for the PA program non-lab class-related activities requires adherence to either business casual attire or dark blue scrubs – 'jump suit' scrubs are not permitted. If wearing scrubs, the scrub top must have the approved student identification (i.e., first and last name followed by "PA-S") and PA program logo on the upper left chest.
- For some but not all lab activities (e.g., clinical skills lab), students must wear appropriate attire for the activity that permits the specific clinical examination to be performed (e.g., cardiovascular exam). Such attire includes PA program approved scrubs or, at the discretion of the course director, gym shorts, t-shirts, and, as applicable and appropriate, sports bras or similarly approved attire.
- Outside of college, program, or medical/PA professional organization logoed attire, no attire should have logos, images, messages, or advertising.
- Attire for Remote Activities (e.g., Zoom Meetings)
    - Students should follow the Professional Attire and Appearance guidelines for all remote meetings just as they would for in-person class meetings.
- Nails, Nail Length and Nail Coloring:
    - Nails must be short so as not to cause discomfort to patients during exams and procedures.
    - You should not be able to visualize the nail edge when looking at the finger from the palmar surface.
    - Colored nail polish that prevents the performance of capillary refill examination is inappropriate during peripheral vascular examinations, practical examinations, and competency-based performance evaluations (e.g., OSCEs).
    - Acrylic and gel fingernails are prohibited in didactic and clinical settings.
- Hair Length and Appearance:
    - The hair should not fall forward to touch a patient or contaminate a sterile field when examining or treating patients.
    - From a clinical perspective, long hair poses a safety risk. In certain settings, hair must be off the face and, if long, in a ponytail or similar configuration.
    - Facial hair, if present, should be neat, clean, and well-groomed.
    - Due to personal infectious disease risk, some facilities may not permit mustaches or beards.
- Perfume and Cologne:
    - Given the potential patient and classmate sensitivities, perfume and cologne are to be avoided in all settings.
- Tattoos:

- Tattoos considered offensive, as determined by course instructor, patients and/or site supervisors, must be covered. Additionally, some clinical sites may require students to cover all tattoos on exposed surfaces. Students must follow the policies of clinical sites.

- Covering the 4 'B's
  - It is vital that, at all times - regardless of movement or positioning and regardless of the setting - chosen attire covers the 4 'B's (i.e., belly, breasts, back, and buttocks).
- Inappropriate Attire includes:
  - Clothing inappropriate for the activity/setting
  - Clothing or lack of clothing that is, as determined by faculty, staff, and clinical preceptors to be too-revealing, too-tight, or too-transparent
  - Baseball hats
  - Flip-flops or similar footwear
  - Open-toed shoes when in a clinical, lab, or research environment
  - Other attire that is deemed inappropriate by principal faculty and/or instructional faculty (e.g., preceptors).
  - In some clinical settings, scrubs are considered professional attire and appropriate in those settings. Each clinical facility differs in this regard, and many require certain types or colors of scrubs to be worn. As with other policies, students must comply with Facility-specific policies in this regard.

Professionalism Exhibited Through Professional Conduct

The PA student should show respect to all other individuals (e.g., faculty, preceptors, patients, peers) by:

- Remaining attentive.
- Arriving on time and not leaving early thereby not disturbing class or clinic by entering after a presentation or patient encounter has begun or leaving before a presentation or patient encounter has been completed.
- Observing all policies and procedures of the program student handbook and the college's graduate catalog and student guide.
- Observing all policies and procedures specific to SCPE sites.
- Using personal electronic communication devices, including, but not limited to cell phones, tablets and laptops, for educational purposes only during class, lab, or clinical activities.
- Laptops/tablets must be fully charged before arriving to class.
- Whether in person or virtual, always demonstrating professional behavior in classrooms, campus, and clinical settings.
- Seeking and following instructional input from faculty/preceptors.
- Audiovisual and/or AI recording of program lectures and activities is not permitted unless previously approved by the course director/presenter.
- When emailing the program or faculty, only Northeast College emails should be used and email signatures should follow the following format: First Name Last Name, PA-S1 (if a didactic phase student) or PA-S2 (if a clinical phase student).

Professionalism Exhibited Through Maintaining Patient Confidentiality and Privacy

The PA student is expected and required to always adhere to health information privacy for all clinical encounters, including but not limited to, clinical skills courses, simulation lab activities, and all SCPE activities, in accordance with HIPAA guidelines. Maintaining confidentiality towards classmates, standardized patients, simulated patients, and 'real-world' patients is equally important and required at all times. Failure to adhere to this policy will result in consequences up to and including dismissal from the PA program.

Professionalism Exhibited Through Following Social Media Guidelines and Guidelines of Use of Electronic Information

Social media are internet-based applications which support and promote the exchange of user-developed content. Electronic social mediums can take the form of websites, blogs or online journals. The principle aims of these guidelines are to identify your responsibilities to the PA program in relation to social media and to help you represent yourself, the College, and the program in a responsible and professional manner.

Everyone who participates in social media activities should understand and follow these simple but important best practices:

- You are responsible for the material you post on personal blogs or other social media. Be courteous, respectful, and thoughtful about how other individuals and organizations may perceive or be affected by postings. Incomplete, inaccurate, inappropriate, threatening, harassing or poorly worded postings may be harmful to others. They may damage relationships, undermine the program's reputation, discourage teamwork, and negatively impact the program's commitment to patient care, education, research, and community service.
- Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Future employers can often have access to this information and may use it to evaluate you. Take great

care and be thoughtful before placing your identifiable comments in the public domain.

- Protect patient privacy. Disclosing information about patients without formal institutional and individual written permission, including photographs or potentially identifiable information is strictly prohibited. These rules also apply to deceased patients and to posts in the secure sections of your social media pages that are accessible by approved friends only.
- If you post content, photos or other media, you are acknowledging that you own or have the right to use these items and could be violating copyright or trademark materials.
- Code of conduct, technical standards, and professionalism policies apply to student use of social media. Violations of these codes, standards, and policies will result in consequences up to and including dismissal from the program.

Professionalism and the Professional Development Assessment Tool (PDAT)
Students are expected to achieve and maintain the highest level of professionalism. Given the dramatic importance of professionalism in the PA profession, the PA program includes a professionalism component to every final course grade.

The Professional Development Assessment Tool (PDAT) is the assessment tool that is used by the PA Program to assess competency in professionalism. The PDAT provides as objective a rubric as possible for assessing multiple components of professionalism; the combined score of each component in the rubric results in a final score called the Professional Demeanor Multiplier (PDM).

- Satisfactorily meeting all areas of professionalism, the expectation for all students, results in a PDM of '1.0'. Failing to meet all areas of professionals, results in a reduced PDM of '0'.
- Some of the PDAT professionalism items may not pertain to all courses. If a particular course does not include one or more professionalism items as indicated in the PDAT, an automatic 'satisfactory' score will be awarded for those specific items.

Course grades consist of two major final components: (a) the Pre-PDM Grade, the result of a student's combined work during the course (e.g., scores on papers, quizzes, exams); and (b) the Final Course Grade, the result of the Pre-PDM Grade multiplied by the PDM.

- A student's course grade will be negatively affected if that student does not meet expectations of professionalism in one or more areas.
- A student's course grade will be unaffected if a student meets expectations in all PDAT areas.

College and program policies, including but not limited to professionalism and student conduct and use of the professional development assessment tool (PDAT) are reviewed in the first week of the program. Given this, students are fully expected to abide by all professionalism and student conduct policies and expectations throughout the program beginning on the first week of class. The program, course directors, advisors, and faculty are not required to review issues with students prior to awarding a negative PDAT score. However, course directors and faculty advisors may choose to do so at their discretion. As with other grading components, PDAT scores are final once submitted.

Professional Development Assessment Tool (PDAT)		
Professionalism Ideal	**Satisfactory (0.063 points)**	**Unsatisfactory (0 points)**
1. Adheres to institutional policies and procedures, including upholding the honor code as published in the student handbooks and catalogs		
2. Adheres to program policies and procedures, including all policies related to academic integrity, honesty, and professionalism		
3. Maintains professional behavior throughout the duration of all scheduled activities		
4. Communicates respectfully and professionally in all forms of verbal and nonverbal communication (e.g., live interactions, postings, email, body language)		
5. Attends and arrives on time for all scheduled activities, unless approved in advance		
6. Submits all required documents and assignments on time and by posted deadlines		
7. Adheres to the program dress code requirements for all activities		
8. Admits to errors, assumes responsibility for mistakes, and conveys information honestly and tactfully		
9. Modifies behavior based on feedback		

10. Maintains composure during difficult interactions		
11. Maintains thoroughness and attention to detail		
12. Requests help when needed		
13. Responds promptly to communication requests		
14. Acknowledges limits of one's own knowledge		
15. Responds receptively to diverse opinions and values		
16. Demonstrates humility		
Total points (professional demeanor multiplier)		

Policy Regarding Program Faculty Participating as Healthcare Providers for Enrolled Students (ARC-PA Standard A3.06)

Principal faculty, the program director, and the medical director are not permitted to participate as healthcare providers for students in the program, except in an emergency situation.

Student Participation in Leadership and Evaluation of the PA Program

As part of our student-centric mission and drive to have transparency and student shared ownership in the program, in addition to encouraging PA-specific leadership roles, opportunities are provided for students to participate in program and institutional committees, admissions processes, program policies and processes, and in the continuous evaluation of the program.

Student Officer Roles

The PA program has several student leadership and mentorship roles including class officer, committee chair, and mentorship roles. Class officers are elected by their classmates during the first trimester but must be approved unanimously by the faculty team. Class officers remain in those roles until graduation. To ensure the roles do not interfere with academic success, only students with a 3.0 in all past and present coursework and only students who have had no conduct professionalism issues are eligible for officer roles. Roles are cohort specific (i.e., each cohort will have different class officers). Students can voluntarily resign from leadership/committee and mentorship roles at any time. Students not achieving a 3.0 in all coursework and students with conduct/professionalism issues will be removed from leadership/committee and mentorship roles. If a student resigns or is removed from a leadership/committee role, class elections will be reconducted. The program has the following class officer roles:

- Class President
    - Presides over student class meetings for their cohort.
    - Sets meeting agendas and submits them for distribution to the cohort and program.
    - Oversees community service activities for the cohort in collaboration with the Class Vice President.
    - Coordinates activities of the membership and keeps members informed of the activities.
    - Regularly attends portions of program faculty meetings to receive program updates that may be distributed to the cohort and inform the program of student experiences as they progress through the program.
- Class Vice President
    - Assists the president, presides in their absence, and informs the membership of various student issues and activities.
    - Oversees community service activities for the cohort in collaboration with the Class Vice President.
    - Also serves as class secretary with a primary role of taking and distributing meeting minutes in collaboration with the class president.
    - Regularly attends portions of program faculty meetings to receive program updates that may be distributed to the cohort and inform the program of student experiences as they progress through the program.
- Class Historian
    - Keeps a photographic record of the cohort's journey from matriculation to graduation
    - Assists in the development of a cohort 'yearbook'
    - Shares photos with the program for publishing on the website, in social media, and in brochures by the college's marketing department.

Standing Program Committees with Student Membership:

In addition to student officer roles, the program also includes student members on the following program-specific

committees:

- M.S., in PA Program Admissions Committee
- M.S. in PA Program Curriculum and Policy Committee
- M.S. in PA Program Inclusion & Diversity Committee
- M.S. In PA Program Continuous Self-Assessment Committee

M.S. in PA Program Admissions Committee

- **Charge -** The role of the Admissions Committee is as follows:
    - To evaluate entry criteria and admissions processes for appropriateness, effectiveness, and compliance to ARC-PA accreditation standards
    - To formulate evidence-based admissions selection processes that attempt to best select student candidates based on background qualifications, motivations, intentions, and individual goals which promote success in the program and future practice as PAs
    - To review applications within CASPA, answer applicant questions, and make recommendations at each program faculty meeting regarding interview invitation decisions (student members excluded from this role).
    - To develop, implement, and evaluate student candidate interview sessions.
    - To ensure student and alum (when possible) involvement with the Admissions Committee processes.
    - To ensure that the program information, advertisements, and website accurately reflect entry criteria and student candidate selection preferences and competitiveness guidelines in accordance with program mission and ARC-PA accreditation standards.
    - To participate in candidate interview sessions, including participating in open-house and admission interview presentations, providing campus tours, speaking to student candidates about the program, and recruiting classmates for participation in student candidate interview sessions.
    - To make recommendations at the program faculty meetings to propose or revise admission policies and procedures.
    - To review and evaluate the program's compliance to ARC-PA accreditation standards as outlined in the program's Accreditation Compliance Spreadsheet.
    - Assist in writing program self-study reports regarding admissions processes and outcomes.
- **Membership:** The committee consists of one or more principal faculty, two student members, and one or more alum (as available). Members are appointed by the committee chairperson. The student and alum member roles are to review and provide input on admissions rubrics and processes for candidate selection and participate, when possible, in student candidate interview processes.
    - Student and Alum Members
        - Students and alum volunteer for membership but must be approved unanimously by the faculty team.
        - Student members may remain in those roles until graduation.
        - To ensure the roles do not interfere with academic success, only students with a 3.0 in all past and present coursework and only students who have had no conduct/professionalism issues are eligible for membership.
        - At no time are students or alum permitted to see the candidate admission files or be privy to personal, financial, or academic information of candidates - unless that information is freely and voluntarily (i.e., without request) disclosed by candidates during interview sessions.
- **Chair:** The chair must be a principal faculty member who has been assigned the role of Admissions Coordinator for the program, appointed by the Program Director. The Chair is responsible for coordinating committee activities and ensuring minutes are taken for each session and reporting on the committee's activities at each program faculty meeting.
- **Meeting frequency:** The committee will meet no less than once every trimester. Meeting frequency increases during program admission cycles as necessary.

M.S. in PA Program Curriculum & Policies Committee

- **Charge -** The Curriculum Committee is charged with:
    - Assisting in the design, mapping and monitoring of the didactic and clinical education curriculum, course evaluations, and the development, implementation, and evaluation of program policies and procedures that are consistent with the program goals, values, and learning outcomes and the program-specific mission, all in concert with the ARC-PA accreditation standards. Specifically, the committee:
        - ☐ Gather data from course evaluations, student performance in the academic course, faculty member's self-assessment of the course effectiveness and feedback from the Curriculum Committee are

analyzed as part of the continuous review process of the Curriculum Committee (student and alumni members excluded from this role).

- ☐ Gather data related to student performance in clinical education phase courses; data may be mined from rotation logs, outcomes on rotation exams, clinical site visits, and preceptor and student evaluation of clinical sites on a continuous basis. Topics encountered by the Clinical Education Committee requiring full faculty discussion and action will be referred to the general faculty meeting through direct communication with the Chair/Program Director (students and alum are excluded from this role).

  - Annually review student and preceptor handbooks to ensure compliance with policies, including but not limited to, ensuring the safety and welfare of the students and program compliance with ARC-PA standards.
  - Review and evaluate the program's compliance to ARC-PA accreditation standards as outlined in the program's Accreditation Compliance Spreadsheet.
  - Make recommendations at the program faculty meetings to propose or revise curricular components and program policies and procedures.
  - Assist in writing program self-study reports pertaining to the didactic and clinical curriculum and outcomes.
- **Membership:** The committee is comprised of a minimum of two principal faculty appointed by the Program Director, two student members, and one or more alum (as available).
- Student and Alumni Members
  - Student and alum members volunteer for membership but must be approved unanimously by the faculty team.
  - Student members may remain in those roles until graduation.
  - To ensure the roles do not interfere with academic success, only students with a 3.0 in all past and present coursework and only students who have had no conduct/professionalism issues are eligible for membership.
  - At no time should non-faculty members ever be privy to student specific information (e.g., FERPA protected information such as grades, progression, academic standing).
  - Student members must be in good academic standing and not have been placed on behavioral/professional probation at any time in the program. Student members cannot also serve on the Admissions Committee but may also serve on the Inclusion and Diversity Committee. Student membersof the Admissions Committee are appointed by class election as noted in the program Student Handbook.
- **Chair:** The chair must be a principal faculty member appointed by the Program Director. The Chair is responsible for coordinating committee activities and ensuring minutes are taken for each session and reporting on the committee's activities at each program faculty meeting.
- **Meeting Frequency:** The committee will meet on a no less than once per trimester basis.

Inclusion and Diversity Committee

- **Charge** - The role of the Student Activities Committee is as follows:
  - Identifying and evaluating policies, procedure and curriculum that directly addresses issues of inclusion and diversity to specifically promote the development and implementation of initiatives promoting greater inclusion and diversity in the program including:
  - Evaluating program admissions criteria and processes and program policies and procedures with a goal of promoting greater inclusion and diversity within the program
  - Evaluating, developing, and enhancing curricular components addressing issues of inclusion and diversity in healthcare, including but not limited to:
    - Current and past healthcare disparities and inequalities.
    - History of discriminatory and prejudicial practices in healthcare.
    - Practices promoting inclusion and diversity for all persons resulting in Improved healthcare outcomes.
    - Cultural awareness including but not limited to identifying, acknowledging, and addressing personal biases and prejudices Identifying, acknowledging, and eliminating microaggressions in healthcare.
    - Evaluating, developing, and recommending curricular and extracurricular student activities (e.g., clinical experiences during the didactic phase) with a goal of enhancing greater cultural awareness regarding diverse patient populations, the underserved, and persons at risk of abuse and mistreatment.
  - Make recommendations at the program faculty meetings to propose or revise curricular components and program policies and procedures.
  - Assist in writing program self-study reports pertaining to the didactic and clinical curriculum and outcomes.
- **Membership:** The committee consists of a minimum of one principal faculty member and an unlimited number of students and alum (as available). Staff members and advisory board members are also invited to be members.
  - All interested program faculty, students, alum, and advisory board members are invited to join the

committee.

- **Chairs:** The committee will have up to two chairs. One Chairperson must be a principal faculty member. The other chair role may be filled by any other member. Both chairs work collaboratively and are appointed by the Program Director. The Chairpersons are responsible for coordinating committee activities and ensuring minutes are taken for each session and reporting on the committee's activities at each program faculty meeting.
- **Meeting frequency:** The committee will meet on a no less than once per trimester basis.

Program Continuous Self-Assessment Committee

- **Charge** - The role of the Program Continuous Self-Assessment Committee is as follows:
    - Reviewing, critically analyzing, and interpreting deidentified tabulated results from admissions processes and outcomes on an annual basis.
    - Reviewing, critically analyzing, and interpreting deidentified tabulated results from course and SCPE rotation evaluations on a trimester-by-trimester basis.
    - Reviewing, critically analyzing, and interpreting deidentified tabulated results from program evaluations on a trimester-by-trimester basis.
    - Reviewing, critically analyzing, and interpreting deidentified tabulated cohort course grade outcomes on a trimester-by-trimester basis.
    - Reviewing, critically analyzing, and interpreting deidentified tabulated cohort overall didactic and clinical phase grade outcomes on an annual basis.
    - Reviewing, critically analyzing, and interpreting deidentified tabulated cohort PACKRAT and PANCE outcomes on an annual basis.
    - Identifying and evaluating student, faculty, course, and program outcomes
    - Making recommendations to propose new or revise current curricular components and program process based on evaluation of the above.
    - Assist in writing program self-study reports pertaining to the didactic and clinical curriculum and outcomes.
- **Membership:** The committee consists of a minimum of one principal faculty member and an unlimited number of students and alum (as available). Staff members and advisory board members are also invited to be members.
    - All interested program faculty, students, alum, and advisory board members are invited to join the committee.
- **Chairs:** The Program Director serves as the chair of the Program Continuous Self-Assessment Committee and is responsible for coordinating committee activities, ensuring minutes are taken for each session, and reporting on the committee's activities at each program faculty meeting.
- **Meeting frequency:** The committee will meet on a no less than once per trimester basis.

Continuous Program Self-Assessment Processes

Annually, the program completes a self-study report to document the process, application, and results of ongoing program assessment, with applicable portions of the report completed on a trimester-by-trimester basis to help ensure any potential issues are identified and addressed in a timely manner. Program self-assessment is an ongoing, continuous process focused on program effectiveness to help ensure continuous and timely program improvement. The self-assessment progresses from data collection to data analysis to application of results includes three steps including: conducting data collection; performing critical analysis of collected data; applying results leading to conclusions identifying program strengths and areas in need of improvement and deployable action plans.

Via regular student, faculty, and preceptor evaluations, the self-study report specifically addresses the following:

- Administrative aspects of the program and institutional resources
- Effectiveness of the didactic curriculum
- Effectiveness of the clinical curriculum
- Preparation of graduates to achieve program defined competencies
- PANCE performance
- Sufficiency and effectiveness of principal and instructional faculty and staff
- Success in meeting the program's goals

Student Evaluation of Program Curriculum, Faculty, Instructors and Overall Program

In our commitment to the process of continuous quality improvement, students are involved in anonymous* course, faculty, and program evaluations. We consider it a student's professional responsibility to complete these evaluations when requested. Evaluations are an integral part of the PA program's continuous self-analysis processes and serve to evaluate the program's success in meeting its objectives and outcomes across the curriculum.

Evaluations will include, but not be limited to:

- Student Evaluations of Personal Wellbeing and Potential Burnout: Completed multiple times throughout both the didactic phase and the clinical phase of the program.
- Student Evaluations of Faculty and Guest Lecturers: Completed in the last week of every trimester.
- Student Evaluations of Courses and Course Directors: Completed in the last week of every trimester.
- End of Didactic Phase Student Evaluation of Program: Completed in the last week of the didactic phase
- Clinical Site and Preceptor Evaluations Completed by Students (not anonymous): Completed in week two and in the final week of each clinical rotation.
- End of Program Student Evaluation of Program: Completed in the final week of year two.
- Post-Graduation Evaluations Completed by Graduates and Employers: Completed 6 months following graduation.

*Unless otherwise noted, evaluations are blinded from the respondents identifying information to help ensure anonymity. However, if the response includes any egregiously inappropriate statements (e.g., blatantly offensive and/or remarks threatening the safety and wellbeing of individuals, the program, or the college), the Program Director, only in this circumstance, has the ability to unblind the name of the individual submitting the evaluation to address any concerns.

Faculty Evaluation of Program Curriculum, Faculty, Instructors and Overall Program

In addition to student evaluations, program faculty are also involved in anonymous course, instructional faculty, staff, and program evaluations as part of the program's continuous self-analysis process. Evaluations will include:

- Faculty Evaluations of Personal Wellbeing and Burnout: Completed multiple times throughout both the didactic phase and the clinical phase of the program.
- End of Trimester Course Director Evaluations of Guest Lecturers: Completed in the last week of every trimester.
- End of Trimester Course Director Evaluations of Courses: Completed in the last week of every trimester.
- Annual Faculty Evaluation of Program Director, Staff, and Program, including but not limited to evaluation of the didactic and clinical phases of the program: Completed in the last week of each academic year.
- Annual Faculty Self-Evaluations: Completed in the last week of each academic year.

SCPE Site and Preceptor Evaluations

As part of the SCPE site development, the program reviews every site for physical facilities, patient populations, and preceptor supervision of clinical rotation students to ensure all sites meet program expectations and ensure students can meet all program learning outcomes at each clinical site. All sites and preceptors are visited and vetted prior to sending any students to participate in clinical rotations at those sites. A comprehensive reevaluation of all sites and preceptors is completed by the Director of Clinical Education on at least an annual basis with opportunities for more frequent and, as needed, immediate review during SCPE student and site visits, completed on every student at every rotation throughout the clinical phase of training. Additionally, and as noted above, student complete evaluations of SCPE sites and preceptors at week 2 and week 5 of every clinical rotation.

Health and Safety

Please also refer to health and safety guidelines noted throughout this handbook, including but not limited to the section on infection control and prevention.

Campus Safety (ARC-PA Standard A1.02e)

Specifics on campus safety and security, including the campus safety reports, bullying & harassment policy, nondiscrimination and Title IX policies and procedures, and hate crime reporting are detailed on the college's Campus Safety & Security website.

Safety and Security When on Clinical Clerkships

Specific to Supervised Clinical Practice Experience (SCPE) clerkships, newly developed sites are evaluated for safety on a minimum of three occasions: (a) by program faculty prior to establishing clinical rotations, via the SCPES Site Visit Evaluation Report form including the facility safety checklist (or similar tool); (b) by students, via the mid- and end-of-rotation Student Evaluation of Clinical Rotation Site form (or similar tool); (c) by program faculty when performing site visits with students via the SCPE Site Visit with Student Evaluation Report form (or similar tool). Per program policy, every student is visited in person or virtually by the Program Director, Director of Clinical Education, and/or program faculty advisor in the second week of each clinical rotation to assure appropriateness and safety of the clinical site. Students will not be placed or permitted to

continue experiences at sites having any identified safety concerns until those issues have been fully rectified.
Students are always encouraged to reach out to the program for any urgent issues. During the didactic phase of training, this normally would be done by calling or emailing the program administrative or, if a course-related issues, by emailing the course director. However, should an urgent or emergent issue arise when out on clinical rotations, students and preceptors are provided with the cell numbers for both the Program Director and the Director of Clinical Education so they can text the program and get an immediate or near immediate response.

Campus Counseling Services
The college offers no-cost counseling services to all students to facilitate and promote the well-being, mental health, and academic success of students within a safe and confidential environment. Details on campus counseling services are included in the Student Guide.

Campus Health Center
Students, faculty, and staff can receive care at the Seneca Falls Health Center located right on campus. This facility offers a wide range of services that include medical care provided via Finger Lakes Health and holistic integrative care including chiropractic care, acupuncture, and massage therapy. Additionally, the facility provides medical infirmary services to residential program students while taking courses on campus. Details on the campus health center and all provided services can be found on the college's Seneca Falls Health Center website.

Student, Faculty, and Staff Identified Contact for Emergencies
All students, faculty, and staff provide the program with the name and contact information for their chosen emergency contact. The program reserves the right to contact the identified emergency contact in the event of a student crisis.

Immunizations and Tb Testing
See admission requirements for information on immunizations and Tb testing.

Student, Faculty, and Staff Incident and Injury Form
For all incidents resulting in injury, students are required to first immediately contact the program and, within 24 hours, complete and email the Student Incident and Injury Form (or similar document) to the Program Director, Director of Didactic Education, and Director of Clinical Education.

OSHA, HIPAA, and FERPA Training

As part of their first trimester Professional Practice and Special Topics I course, all students are required to complete and successfully test out on OSHA, HIPAA, and FERPA trainings including the following:

- OSHA Safety and Health Topics*
  - OSHA Healthcare website
  - All modules of the OSHA Worker Safety in Hospitals web site
- HIPAA Topics*
  - Summary of the HIPAA Privacy Rule
  - Summary of the HIPAA Security Rule
  - HIPAA Breach Notification Rule
  - HIPAA PHI: Definition of PHI and List of 18 Identifiers
  - HIPAA Compliance and Enforcement
  - Special Topics in Health Information Privacy
  - Understanding Patient Safety Confidentiality
  - Covered Entities
  - HIPAA FAQs for Professionals
- FERPA Topics
  - FERPA 101 For Colleges and Universities

*Students should be aware that many clinical facilities require their own OSHA and HIPAA training for clinical rotation students. Even though students complete the program-specific trainings, they may be required to take facility-specific trainings for one or more SCPE sites throughout their clinical phase of training.

Appendix I: Program's Clinical Medicine Topics Content Blueprint

As can be seen throughout the blueprint tables below, the program's curriculum covers all organ systems, taught in modules throughout the didactic phase of the program. Combined, courses address each of the task areas with standalone courses in clinical medicine, pharmacology, biomedical sciences (including physiology, pathophysiology, genetics and molecular mechanisms of disease), and behavioral medicine and psychiatry.

Cardiovascular System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Cardiomyopathy	• Dilated • Hypertrophic • Restrictive • Stress	Procedures: • ECG Placement (test) • ABI (test) • Doppler (test) • TTE • TEE	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Conduction Disorders & Dysrhythmias	• Atrial fibrillation • Atrial flutter • Atrial tachycardia • Atrioventricular block • Bradycardia • Bundle branch block • Idioventricular rhythm • Junctional rhythms • Premature contractions • QT prolongation • Sick sinus syndrome • Sinus arrhythmia • Torsade de pointes • Ventricular fibrillation • Ventricular tachycardia		
Congenital Heart Disease	• Atrial septal defect • Coarctation of aorta • Patent ductus arteriosus • Patent foramen ovale • Tetralogy of Fallot • Transposition of the great vessels • Ventricular septal defect		
Coronary Artery Disease	• Acute coronary syndrome • Angina pectoris • Non–ST-segment elevation myocardial infarction • ST-segment elevation myocardial infarction • Unstable angina • Atherosclerosis		
Heart Failure	• Right Heart Failure • Left Heart Failure • Systolic Heart Failure • Diastolic Heart Failure		

Hypertension	• Primary hypertension • Secondary hypertension • Hypertensive urgency and emergency		
Hypotension	• Orthostatic hypotension • Vasovagal hypotension		
Lipid Disorders	• Hyperlipidemia • Dyslipidemia		
Shock	• Cardiogenic • Distributive • Hypovolemic • Obstructive		
Traumatic, Infectious, & Inflammatory Heart Conditions	• Cardiac tamponade • Infective endocarditis • Myocarditis • Pericardial effusion • Pericarditis		
Valvular Disorders	• Aortic Stenosis/Regurgitation • Mitral Stenosis/Regurgitation • Pulmonary Stenosis/Regurgitation • Tricuspid Stenosis/Regurgitation		
Vascular Disease	• Aortic aneurysm/dissection • Arterial embolism/thrombosis • Arteriovenous malformation • Deep venous thrombosis • Giant cell arteritis • Peripheral artery disease • Phlebitis/thrombophlebitis • Varicose veins • Venous insufficiency		

Dermatologic System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Acneiform eruptions	• Acne vulgaris • Folliculitis • Perioral dermatitis • Rosacea	Procedures: • Foreign Body Removal (review) • Punch Biopsy (test) • Cryosurgery/Cryotherapy (review) • Local Anesthesia (test) • Suturing (test) • Wound Debridement (test) • Wound Dressing (test) • Shave biopsy • I&D with Iodiform • KOH Wet Prep • Wound vac • Silver nitrate • Woods Lamp • Wound culture • Surgicel	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Desquamation	• Erythema multiforme • Stevens-Johnson syndrome • Toxic epidermal necrolysis		
Diseases/Disorders of the Hair and Nails	• Alopecia • Onychomycosis • Paronychia/felon		
Envenomations and Arthropod Bite Reactions	• Rocky Mountain Spotted Fever • Ehrlichiosis • Lyme • Hymenoptera • Fleas • Bedbugs • Lice • Black widow spider • Brown recluse spider • Venomous snake bite		
Infectious Diseases	• Bacterial • Cellulitis • Erysipelas • Impetigo • Necrotizing fasciitis • Fungal • Candidiasis • Dermatophyte infections • Sporotrichosis • Blastomycosis • Histoplasmosis • Coccidiomycosis • Cryptococcosis • Mycetoma • Parasitic • Lice • Scabies • Viral • Condyloma acuminatum • Exanthems		

	• Erythema infectiosum (fifth disease) • Hand-foot-and-mouth disease • Measles • Herpes simplex • Molluscum contagiosum • Mpox • Varicella-zoster virus infections • Verrucae		
Keratotic Disorders	• Actinic keratosis • Seborrheic keratosis • Keratoacanthoma		
Neoplasms	• Benign • Lipoma • Dermatofibroma • Pyogenic Granuloma • Malignant • Basal Cell Carcinoma • Squamous Cell Carcinoma • Melanoma • Kaposi Sarcoma • Premalignant • Dysplastic nevi • Actinic keratosis		
Papulosquamous Disorders	• Atopic dermatitis • Contact dermatitis • Drug eruptions • Eczema • Lichen planus • Pityriasis rosea • Psoriasis • Seborrheic dermatitis		
Pigment Disorders	• Melasma • Vitiligo • Skin tag (acrochordon • Café- au-lait macules • Port wine stains		
Skin Integrity	• Burns • Lacerations • Pressure ulcers • Avulsions		
Vascular Abnormalities	• Cherry angioma • Hemangioma • Purpura • Stasis dermatitis • Telangiectasia		

Vesiculobullous Disease	• Pemphigoid • Pemphigus		
Other Dermatologic Disorders	• Acanthosis nigricans • Hidradenitis suppurativa • Lipomas/epidermal inclusion cysts • Photosensitivity reactions • Pilonidal disease • Urticaria		

Endocrine System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Adrenal Disorders	• Cushing syndrome • Pheochromocytoma • Primary adrenal insufficiency	Procedures: • Fine needle aspiration Special topics: • Tanner stages • Transgender hormonal treatment	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular Mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Diabetes Mellitus	• Type 1 • Type 2 • Gestational diabetes		
Hypogonadism	• Primary Hypogonadism • Secondary Hypogonadism		
Neoplasms	• Multiple endocrine neoplasia • Neoplastic syndrome • Primary endocrine malignancy		
Parathyroid Disorders	• Hyperparathyroidism • Hypoparathyroidism		
Pituitary Disorders	• Acromegaly/gigantism • Cushing disease • Diabetes insipidus • Dwarfism • Pituitary adenoma • Prolactinoma • SIADH • Pituitary hypofunction disorders		
Thyroid Disorders	• Goiter • Hyperthyroidism • Hypothyroidism • Thyroid Nodules • Thyroiditis		
Other:	• Tanner Stages		

Eyes, Ears, Nose, and Throat Systems			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Eye Disorders	• Conjunctivitis • Allergic • Viral • Bacterial • Subconjunctival hemorrhage • Corneal disorders • Cataract • Corneal ulcer • Infectious • Keratitis • Pterygium • Inflammatory disorders • Iritis • Scleritis • uveitis • Lacrimal disorders • Dacryoadenitis • Dacryocystitis • Dacryostenosis • Keratoconjunctivitis sicca • Lid disorders • Blepharitis • Chalazion • Ectropion • Entropion • Hordeolum • Neuro-ophthalmologic Disorders • Nystagmus • Optic neuritis • Papilledema • Orbital disorders • Orbital cellulitis • Periorbital cellulitis • Retinal disorders • Macular degeneration • Retinal detachment • Retinopathy • Retinal vascular occlusion • Vision abnormalities • Amaurosis fugax • Amblyopia • Glaucoma • Strabismus • presbyopia	Procedures: • Eval for Corneal Abrasion/Foreign Body (review) • Cerumen Removal • Nasal Foreign Body Removal • Packing for Epistaxis • Testing/Culture Swabbing – Nasal (test) • Testing/Culture Swabbing – Oropharyngeal (test) • Otic Foreign Body Removal (review) • Dix-Hallpike • Epley Maneuver	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention

Ear Disorders: External	• Cerumen impaction • Otitis Externa • Trauma		
Ear Disorders: Internal	• Acoustic neuroma • Dysfunction of eustachian tube • Labyrinthitis • Vertigo • Vestibular neuritis • Middle ear • Cholesteatoma • Otitis media • osteosclerosis • Tympanic membrane perforation • Hemotympanum • Bullous myringitis • Tympanosclerosis • Hearing impairment • Conductive • Sensorineural • Other abnormalities of the ear • Mastoiditis • Meniere disease • Tinnitus		
Foreign Bodies of the eyes, ears, nose and throat	• Metal vs. Non-metal		
Trauma of the eyes, ears, nose, and throat	• Barotrauma of the ear • Blowout fracture • Corneal abrasion • Globe rupture • Hyphema • Septal hematoma		
Neoplasms	• Benign • Malignant		
Nose/Sinus Disorders	• Epistaxis • Nasal polyps • Rhinitis • Sinusitis		
Oropharyngeal Disorders	• Infectious/inflammatory disorders • Angioedema • Aphthous ulcers • Candidiasis • Deep neck infection • Dental abscess • Dental caries • Epiglottitis • Gingivitis • Herpes simplex		

	• Laryngitis • Peritonsillar abscess • Retropharyngeal abscess • Pharyngitis • Mucoceles • Other oropharyngeal disorders • Leukoplakia • Oral signs of systemic infection*: • Koplik spots • Chancre • Angular stomatitis • Cheilitis • Hutchinson tooth • Xerostomia • Salivary disorders • Sialadenitis • Parotitis		

Gastrointestinal System/Nutrition System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Biliary Disorders	• Acute/chronic cholecystitis • Cholangitis • Cholelithiasis • Choledocolithiasis	Procedures: • NG tube (test) • FOBT • Incision of thrombosed hemorrhoid	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Colorectal Disorders	• Abscess/fistula • Anal fissure • Constipation • Diverticular Disease • Diverticulitis/diverticulosis • Fecal impaction/incontinence • Hemorrhoids • Ileus • Inflammatory bowel disease • Irritable bowel syndrome • Ischemic bowel disease • Obstruction • Polyps • Rectal prolapse • Toxic megacolon		
Diarrhea	• Campylobacter • Shigella • Salmonella • E. Coli (O157:H7) • Listeria • Bacillus cereus • Staphylococcus aureus • Clostridium difficile • Vibrio • Aeromonas • Giardia • Norovirus • Coronavirus		
Esophageal Disorders	• Esophagitis • Gastroesophageal reflux disease • Mallory-Weiss tear • Motility disorders • Strictures • Varices • Zenker diverticulum • Boerhaaves Syndrome		
Gastric Disorders	• Gastritis • Gastroparesis • Peptic ulcer disease • Pyloric stenosis • Zollinger- Ellison Syndrome		
Gastrointestinal Bleeding	• Upper and lower GI bleeds		

Hepatic Disorders	• Acute/chronic hepatitis • Cirrhosis • Fatty liver • Portal hypertension • Non-alcoholic fatty liver disease		
Hernias	• Hiatal • Umbilical • Incisional • Inguinal • Femoral • Diaphragmatic		
Ingestion of Toxic Substances or Foreign Bodies	• Acetaminophen • Aspirin • Other		
Metabolic Disorders	• G6PD deficiency • Paget disease • Phenylketonuria • Rickets		
Neoplasms	• Benign • Malignant • Cholangiocarcinoma • Hepatic carcinoma • Colorectal cancer		
Nutrition	• Food allergies and food sensitivities • Hypervitaminosis/hypovitaminosis • Malnutrition • Malabsorption • Refeeding syndrome		
Obesity	• Obesity and related conditions		
Pancreatic Disorders	• Acute/chronic pancreatitis		
Small Intestine Disorders	• Appendicitis • Celiac disease • Intussusception • Obstruction • Polyps		

Genitourinary System (Male and Female)			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Benign prostatic hyperplasia	• BPH and related conditions	Procedures: • Bladder Catheterization (test) • Urinalysis dip • Urodynamic testing	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Bladder Disorders	• Incontinence • Overactive bladder • Prolapse • Interstitial cystitis		
Congenital and Acquired Abnormalities	• Cryptorchidism • Peyronie disease • Trauma • Vesicoureteral reflux		
Human Sexuality	• Normal Development • Issues Related to Human Sexuality		
Infectious Disorders	• Cystitis • Epididymitis • Fournier gangrene • Orchitis • Prostatitis • Acute • Chronic • Pyelonephritis • Urethritis		
Neoplasms	• Bladder • Penile • Prostate • Testicular		
Nephrolithiasis/Urolithiasis	• Nephrolithiasis • Urolithiasis		
Penile Disorders	• Erectile dysfunction • Hypospadias/epispadias • Paraphimosis/phimosis • priapism		
Testicular Disorders	• Hydrocele/varicocele • Testicular torsion		
Urethral Disorders	• Prolapse • Stricture		

Hematology/Oncology System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Autoimmune Disorders	• Idiopathic Thrombocytopenic Purpura (ITP) • Autoimmune Hemolytic Anemia • Autoimmune Neutropenia • Antiphospholipid Syndrome	Procedures: • Universal precaution and PPE (test) • Aseptic technique (test) • Phlebotomy (test) • IV (test) • Bone marrow biopsy (review) • Lumbar puncture (review) • Central Lines (review) • Blood Culture Procedure(review) Special topics: • Alternative to blood transfusions in patients with religious exemptions • Hemoglobin makeup in newborns vs adults • Hemoglobin pre, intra and post op with indications for transfusion • Oncology treatment with curative intent vs. Palliative treatment	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Coagulation Disorders	Clotting factor disorders • Protein C Deficiency • Protein S Deficiency • Von Willebrand Factor Deficiency • Hemophilia A • Hemophilia B		
	Thrombocytopenias • Disseminated Intravascular Coagulopathy (DIC) • Hemolytic Uremic Syndrome (HUS) • Thrombocytopenic Purpura (TTP) • Idiopathic Thrombocytopenic Purpura (ITP)		
Cytopenias	Anemia • Iron Deficiency Anemia • B12 deficiency Anemia • Pernicious Anemia • Folate Deficiency Anemia • Anemia of Chronic Disease • Aplastic Anemia • Hemolytic Anemia		
	• Leukopenia		
Cytoses	Polycythemia • Polycythemia Vera		
	Thrombocytosis • Factor V Leiden		
Hereditary Disorders (Other)	• G6PD deficiency		
	• Hemochromatosis		
	• Sick cell disease		
	Thalassemia • Alpha thalassemia • Beta thalassemia		

Immunologic Disorders	• Immunologic Disorders & Related Conditions		
Premalignancies, and malignancies	• ALL/CLL		
	• AML/CLL		
	• NHL • Diffuse Large B-cell • Follicular • Burkitt • Mantle cell • Marginal zone • Adult T-cell		
	• HL		
	• Multiple Myeloma		
	• Myelodysplasia		
Transfusion Reaction	• Mast Cell Activation Syndrome		
Oncology Management	• Stem Cell Transplants • Central Line Management • Neutropenia Management • Tumor Lysis Syndrome • Common chemotherapy side effects • Common late term effects		

Infectious Diseases			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Bacterial Diseases	• Actinomycosis • Bacillus anthracis • Bartonella • Botulism • Bordetella pertussis • Brucella • Campylobacter jejuni infection • Chlamydia • Clostridium species • Cholera • Clostridioides difficile infection • Coagulase negative staphylococci • Diphtheria • Escherichia coli • Gonococcal infections • Gonorrhea* • Methicillin-resistant staphylococcus aureus • Group A streptococci • Haemophiles influenza • Legionella species • Listeria • Moraxella catarrhalis • Neisseria meningitides • Neisseria gonorrhea • Rheumatic fever • Rocky Mountain spotted fever • Salmonellosis • Shigellosis • Staphylococcus aureus • Streptococcus pneumococcus • Tetanus • Tularemia • Vibrio species • Yersinia pestis	Procedures: • I&D (test) • ID/SQ/IM Injections (test) Special topics: • Fever in infant <3 months	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention

Fungal Diseases	• Blastomycosis • Candidiasis • Coccidiomycosis • Cryptococcosis • Histoplasmosis • Pneumocystis		
Mycobacterial Diseases	• Atypical mycobacterial disease • Tuberculosis		
Parasitic Diseases	• Amebiasis • Giardia • Helminth infestations • Malaria • Pinworms • Toxoplasmosis • Trichomoniasis		
Perinatal Transmission of Disorders	• Congenital varicella • Herpes simplex virus • Human papillomavirus • Zika virus • Group B streptococcus		
Prion disease	• Prion disease and related conditions		
Sepsis/Systemic Inflammatory Response Syndrome	• SIRS • Sepsis • Septic Shock		
Spirochetal Diseases	• Lyme disease • Syphilis		
Viral Diseases	• Coronavirus infection • Colorado Tick Fever • Cytomegalovirus infections • Dengue Fever • Epstein-Barr virus infections • Erythema infectiosum • Herpes simplex virus infections • HIV/Aids • Human papillomavirus infections • Influenza • Measles • Mumps		

	• Polio • Rabies • Roseola • Rubella • Varicella-zoster virus infections • West Nile Virus • Western and Eastern Equine • Encephalitis • Yellow Fever		

Musculoskeletal/Rheumatologic System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Chest/Rib Disorders	• Deformities • Fractures • Costochondritis	Procedures: • Joint Reduction (review) • Joint Aspiration/Injection (review) • Splinting (test) • Casting (test) • Tx Ingrown Toenail (review) • Tx Subungal Hematoma (review)	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Compartment Syndrome	• Compartment syndrome and related conditions		
Degenerative Diseases	• Osteoarthritis		
Infectious Diseases	• Osteomyelitis • Septic arthritis • Epidural abscess		
Lower Extremity Disorders	• Avascular necrosis • Developmental dysplasia • Extensor mechanism injuries • Fractures/dislocations • Osgood-Schlatter disease • Piriformis syndrome • Slipped capital femoral epiphysis • Soft-tissue injuries		
Neoplasms	• Benign • Malignant • Paget disease of bone		
Rheumatologic Disorders	• Connective tissue diseases • Dermatomyositis • Ehlers-Danlos Syndromes • Fibromyalgia • Gout/pseudogout • Granulomatosis with polyangiitis • Juvenile idiopathic arthritis (formally Juvenile rheumatoid arthritis) • Osteoporosis • Polyarteritis nodosa • Polymyalgia rheumatic • Polymyositis • Psoriatic Arthritis • Reactive arthritis • Rheumatoid arthritis • Sjogren syndrome		

	• Systemic lupus erythematosus • Systemic sclerosis (Scleroderma) • Temporal arteritis		
Spinal Disorders	• Ankylosing spondylitis • Cauda equina syndrome • Herniated nucleus pulposus • Kyphosis • Scoliosis • Spinal stenosis • Spondylolisthesis • Spondylolysis • Sprain/strain • Torticollis • Trauma		
Thoracic outlet syndrome	• Thoracic outlet syndrome and related conditions		
Upper Extremity Disorders	• Fractures/dislocations • Scaphoid fracture • Common fractures • Salter-Harris Eipiphyseal Fractures • Soft-tissue injuries • AC joint separation • Adhesive Capsulitis • Epicondylitis • Carpal tunnel syndrome • Cubital tunnel syndrome • Dupuytren's contracture • Felon • Ganglion cysts • Impingement syndrome • Rotator cuff tear/tendonitis • Tenosynovitis • Hand injuries • Nursemaid's elbow		

Neurologic System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Cerebrovascular disorders	• Arteriovenous malformation • Cerebral aneurysm • Coma • Hydrocephalus • Intracranial hemorrhage • Stroke • Syncope • Transient ischemic attack	Procedures: • Lumbar Puncture (review)	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Closed Head Injuries	• Concussion • Post-concussion syndrome • Second impact syndrome • Traumatic brain injury		
Cranial Nerve Palsies	• Cranial nerve palsies		
Encephalopathic Disorders	• Encephalopathy and related disorders		
Autonomic Nervous System Disorders	• ANS Disorders		
Headaches	• Cluster headache • Migraine • Tension headache • Cerebrospinal fluid disorder related headache • Trigeminal Neuralgia • Bell's Palsy		
Infectious Disorders	• Encephalitis • Meningitis		
Movement Disorders	• Essential tremor • Huntington disease • Parkinson disease • Restless legs syndrome • Tourette disorder • Tardive dyskinesia (covered in pysch)		

Neoplasms	• Benign		

	• Malignant • Neuroblastoma • Glioblastoma Multiforme • Primary CNS tumors		
Nerve disorders	• Complex regional pain syndrome • Guillain-Barré syndrome • Mononeuropathies Peripheral neuropathies		
Neurocognitive Disorders	• Delirium • Cognitive impairment • Dementia		
Neuromuscular Disorders	• Amyotrophic lateral sclerosis • Cerebral palsy • Multiple sclerosis • Myasthenia gravis		
Seizure Disorders	• Focal seizures • Generalized seizures • Status epilepticus		
Spinal cord syndromes	• Cauda equina syndrome • Epidural abscess • Spinal cord injuries		

Psychiatry/Behavioral Medicine			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Abuse and Neglect	• Child Abuse • Child Neglect • Child Physical Abuse • Child Psychological Abuse • Child Sexual Abuse • Intimate Partner Violence • Spouse or Partner Violence – Neglect • Spouse or Partner Violence – Physical • Spouse or Partner Violence – Psychological • Spouse or Partner Violence – Sexual • Elder Abuse • Physical Abuse • Emotional Abuse • Neglect • Abandonment* • Sexual Abuse • Financial Abuse • Physical abuse • Psychological abuse • Sexual abuse	Procedures: • Mental Status Exams • Cognitive assessment for dementias • Suicidality assessment, evaluation, and prevention Special topics: • Neurobiology • Psychotherapies • ECT • rTMS and similar modalities	• Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Anxiety Disorders	• Agoraphobia • Generalized Anxiety Disorder • Panic Attack • Panic Disorder • Phobias • Selective Mutism • Social Anxiety Disorder • Separation Anxiety Disorder • Substance/Medication-Induced Anxiety Disorder		
Bipolar and Related Disorders	• Bipolar I Disorder • Bipolar II Disorder • Bipolar Depression • Cyclothymic Disorder • Substance/Medication-Induced Bipolar and Related Disorder		

Depressive Disorders	• Major Depressive Disorder • Persistent Depressive Disorder (dysthymia) • Premenstrual Dysphoric Disorder • Suicidal/homicidal behaviors • Substance/Medication-Induced Depressive Disorder		

Disruptive, Impulse-Control, and Conduct Disorders	• Conduct Disorder • Intermittent Explosive Disorder • Oppositional Defiant Disorder • Kleptomania • Pyromania		
Dissociative Disorders	• Depersonalization/Derealization Disorder • Dissociative Amnesia • Dissociative Identity Disorder		
Elimination Disorders*	• Enuresis • Encopresis		
Feeding and Eating Disorders	• Anorexia Nervosa • Avoidant/Restrictive Food Intake Disorder • Binge Eating Disorder • Bulimia Nervosa • Pica • Rumination Disorder		
Human sexuality and gender dysphoria	• Gender Dysphoria and Related Issues		
Human Development	• Normal Lifespan Development • Abnormal Lifespan Development		
Human Sexuality	• Human Sexuality and Related Issues		
Obsessive-Compulsive and Related Disorders	• Obsessive Compulsive Disorder • Body Dysmorphic Disorder • Hoarding Disorder • Trichotillomania • Excoriation Disorder • Substance/Medication-Induced Obsessive • Compulsive and Related Disorder		
Neurocognitive Disorders	• Delirium • Major and Mild Neurocognitive Disorders		
Neurodevelopmental Disorders	• Attention-Deficit/Hyperactivity Disorder • Autism spectrum disorder • Communication Disorders • Intellectual Disabilities • Motor Disorder • Specific Learning Disorder		

Personality Disorders	• Cluster A Personality Disorders • Cluster B Personality Disorders • Cluster C Personality Disorders • Personality Change Due to Another Medical Condition		
Psychogenic nonepileptic seizure	• Conversion Disorder		
Paraphilic Disorders	• Exhibitionistic Disorder • Fetishistic Disorder • Frotteuristic Disorder • Pedophilic Disorder • Sexual Masochism Disorder • Sexual Sadism Disorder • Voyeuristic Disorder		
Schizophrenia Spectrum and Other Psychotic Disorders	• Brief Psychotic Disorder • Delusional Disorder • Schizoaffective Disorder • Schizophreniform Disorder • Schizotypal Disorder • Substance/Medication Induced Psychotic Disorder		
Sexual Dysfunctions	• Female Orgasmic Disorder • Female Sexual Interest/Arousal Disorder • Genito-Pelvic Pain/Penetration Disorder • Male Hypoactive Sexual Desire Disorder • Substance/Medication Induced Sexual Dysfunction		
Sleep-Wake Disorders	• Hypersomnolence Disorder • Insomnia Disorder • Narcolepsy • Parasomnias • Substance/Medication-Induced Sleep-Related Disorder		
Somatic Symptom and Related Disorders	• Conversion Disorder • Factitious Disorder • Illness Anxiety Disorder • Somatic Symptom Disorder • Psychological Factors Affecting Other Medical Conditions		

Substance-related and Addictive Disorders	• Alcohol-Related Disorders • Caffeine-Related Disorders • Cannabis-Related Disorders • Hallucinogen-Related Disorders • Inhalant-Related Disorders • Opioid-Related Disorders • Stimulant-Related Disorders • Tobacco-Related Disorders • Non-Substance Related Disorders		
Trauma- and Stressor-Related Disorders	• Acute Stress Disorder • Adjustment Disorders • Bereavement • Disinhibited Social Engagement Disorder • Post-traumatic stress disorder		
Psychiatric Emergencies	• Acute Depression • Acute Anxiety and Panic • Acute Psychosis • Acute Agitation • Delirium • Homicidality • Mania • Suicidality		
End-of-Life Care	• Caregiver considerations • Hospice Care • Palliative Care		
Psychopharmacology	• Alpha-Adrenergic Agonists • Antipsychotics • Anxiolytics • Antihistamines • Anticonvulsants • Antidepressants • Hypnotics • Mood Stabilizers • Non-Benzodiazepine Hypnotics • Stimulants • Drugs for neurocognitive diseases • Substances of Abuse		
Counseling and Non-psychopharmacological Interventions	• Counseling • Electroconvulsive Therapy • rTMS and Similar Procedures • Mindfulness Practices • Other Therapeutic Interventions • Psychotherapy		

Psychopharmacology Adverse Effects and Movement Disorders	• Acute Dystonia • Medication Induced Postural Tremor • Neuroleptic-Induced Parkinsonism • Neuroleptic Malignant Syndrome • Serotonin Activation Syndrome • Serotonin Syndrome • Tardive Akathisia • Tardive Dyskinesia		
Treatment-Related Issues	• Motivational Interviewing • Psychiatric Interview and Examination • Screening Tools • Treatment Adherence • Treatment non-adherence		

Pulmonary System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Acute respiratory distress syndrome	• ARDs and related conditions	Procedures: • Intubation (review) • PFTs (review) • Spirometry (test) • Thoracentesis (review) • Sputum culture • Chest tube placement (review)	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Foreign body aspiration	• FB aspiration and related conditions		
Hyaline membrane disease	• Hyaline membrane disease and related conditions		
Infectious Disorders	• Acute bronchiolitis • Acute bronchitis • Acute epiglottitis • Croup • Empyema • Influenza • Pertussis • Pneumonias • Bacterial • Fungal • HIV-related • Viral • Respiratory syncytial virus infection • Tuberculosis		
Neoplasms	• Benign • Malignant • Carcinoid tumors • Lung cancer • Pulmonary nodules		
Obesity hypoventilation syndrome	• Obesity hypoventilation syndrome and related disorders		
Obstructive pulmonary diseases	• Asthma • Chronic obstructive pulmonary disease • Cystic fibrosis		
Pleural Diseases	• Pleural effusion • Pleural edema • Pneumothorax		

Pulmonary Circulation	• Cor pulmonale • Pulmonary edema • Pulmonary embolism • Pulmonary hypertension		

Restrictive Pulmonary Diseases	• Idiopathic pulmonary fibrosis • Pneumoconiosis • Silicosis • Sarcoidosis • Restrictive lung diseases associated with rheumatic conditions		
Sleep Apnea			
Other Pulmonary Disorders	• Atelectasis • Diaphragmatic paralysis • Transient tachypnea of the newborn		

Renal System			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Acid-base disorders	• Primary, secondary, and mixed acid-base disorders	Procedures: • ABGs/VBG	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Acute kidney injury and acute renal failure	• Intrinsic • Prerenal • postrenal • Glomerulonephritis • Nephrotic syndrome • Pyelonephritis		
Chronic Kidney Disease/end-stage renal failure	• CKD • ESRD • Dialysis		
Congenital or Structural Renal Disorders	• Horseshoe kidney • Hydronephrosis • Polycystic kidney disease • Medullary sponge kidney		
Electrolyte disorders	• Electrolyte disorders and related conditions		
Fluid imbalances	• Dehydration • Hyperkalemia/hypokalemia • Hypervolemia • Hyponatremia		
Neoplasms	• Renal cell carcinoma • Wilms tumor		
Renovascular disease	• Renovascular disease and related conditions		
Rhabdomyolysis			

Reproductive System (Male and Female)			
Topic	**Subtopic**	**Procedures / Special Topics List**	**Task Area**
Breast Disorders	• Abscess • Fibroadenoma • Fibrocystic changes • Galactorrhea • Gynecomastia • Mastitis	Procedures: • EMB (review) • PAP (test) • Wet Mount (review) • Fetal Heart Monitoring (review) • Leopold's Maneuvers (review) • Fetal Measurement (review) • Cervical / Group B Strep culture • Breast Exam	• Applying Foundational Scientific Concepts: Anatomy • Applying Foundational Scientific Concepts: Physiology, Pathophysiology, Molecular mechanisms • Applying Foundational Scientific Concepts: Definition • Applying Foundational Scientific Concepts: Etiology, Genetic Predisposition • History Taking and Performing Physical Examination: Patient Presentation • History Taking and Performing Physical Examination; Using Diagnostic and Laboratory Studies: Diagnostic Workup • Formulating the Most Likely Diagnosis: Dfdx and Key Differentiating Features • Managing Patients- Clinical Intervention, Pharmaceutical Therapeutics: Pharmacological/Non-Pharmacological Treatment and Evidence-Based Guidelines • Managing Patients- Health Maintenance, Patient Education, and Prevention: Health Promotion/Disease Prevention
Cervical Disorders	• Cervicitis • Dysplasia • Cancer		
Contraceptive Methods	• Barrier methods • Oral contraceptives • Long- acting progestins • Intrauterine devices • Spermicides • Emergency contraception • Sterilization		
Human Sexuality	• Human sexuality • Gender identity		
Infertility	• Fertility Treatments		
Menopause	• Pre-menopause • Peri-menopause • Post-menopause		
Menstrual Disorders	• Amenorrhea • Oligomenorrhea • Menorrhagia • Premenstrual syndrome • Premenstrual dysphoric disorder • Dysfunctional uterine bleeding • Dysmenorrhea		
Neoplasms of the Breast and Reproductive Tract	• Benign • Malignant • Gestational trophoblastic neoplasia		
Ovarian Disorders	• Cysts • Polycystic ovarian syndrome • Torsion		

Pelvic Inflammatory Disease	• Human papilloma virus • Condyloma		
Infectious Disease	• Herpes simplex • Gonorrhea • Chlamydia • Trichomonas • Syphilis • Human Immunodeficiency Virus/Acquired • Hepatitis B • Hepatitis C • Bacterial vaginosis • Candidiasis		
Trauma in pregnancy	• Physical • Psychological • Sexual		
Pregnancy	• Abruptio placentae • Breech presentation • Cervical insufficiency • Classifications of abortion • Cesarean delivery • Cord prolapse • Eclampsia • Ectopic pregnancy • Fetal distress • Gestational diabetes • Gestational trophoblastic disease • Hypertension disorders in pregnancy • Incompetent cervix • Multiple gestation • Placenta previa • Postnatal/postpartum care • Postpartum hemorrhage • Postpartum pituitary disorders • Postpartum psychiatric disorders • Pre-eclampsia* • Pre-labor rupture of membranes • Rh incompatibility • Shoulder dystocia • Umbilical cord prolapse • Normal labor/delivery		
Uterine Disorders	• Adenomyosis • Endometriosis • Leiomyoma • Prolapse		

Vaginal/Vulvar Disorders	• Bartholin duct abscess • Cystocele • Dyspareunia • Prolapse • Rectocele • Vaginitis		