

Student Policy Manual

Updated May 2025



Students are expected to abide by the Student Policy Manual. It is the student's responsibility to read the manual and become familiar with the policies and principles detailed within the document.

The manual is to be used as a reference, along with faculty advisors, other faculty, and the Program Director, as needed throughout the student's tenure with the Program. This resource manual is a program document and is subject to revision or update at any time.

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MESSAGE FROM THE PROGRAM DIRECTOR

Welcome to the Towson University Physician Assistant Studies Program. I encourage you to take full advantage of this opportunity to participate in one of the oldest PA Programs in the the United States! This program is dedicated to preparing individuals to care for patients in a wide variety of settings.

As a PA Student, you are an important part of the Towson community. The leadership, faculty, and staff, along with our colleagues strive to create an environment in which each of you will grow and thrive. We are committed to supporting your professional development and academic success.

Lastly, we are excited for your future as a PA in the State of Maryland! Gov. Wess Moore signed the PA Modernization Act that went into effect in 2024. Under the revised law, patients will see fewer disruptionis of their care with changes in physician colleagues. It has been 25 years since the law was updated. Congratulations Maryland!

Daniel O'Donoghue, PA-C Emeritus, PhD, DFAAPA
Department Chair and Program Director
Towson University Physician Assistant Studies Program

INTRODUCTION AND STUDENT WELCOME

The faculty and staff enthusiastically welcome you to the PA Program and wish you success in your academic journey to become a Physician Assistant.

The Towson University Physician Assistant Studies Program **Student Policy Manual** provides students information on available resources as well as administrative policies related to Towson University and the Towson University Physician Assistant Studies Program.

Students should carefully read this publication and bring all questions to your assigned faculty advisor. Adherence to policies and guidelines contained in this document is expected of all students.

Year I refers to the first summer, fall, winter and spring semesters of the PA Program. Students in Year I use the designation PA-SI. *Year II* refers to the second summer, fall, winter, spring, and third summer semesters. Students in Year II use the designation PA-SII.

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HISTORICAL BACKGROUND

The title *Physician Assistant* refers to individuals who are licensed to practice medicine with other professional including licensed physicians. The first physician assistants graduated from Duke University on October 6, 1967. Currently, rapid growth has led to the development of more than 311 programs nationwide. More than 168,318 graduates practice as PAs in the U.S. Internationally, more and more countries are looking to the U.S. Physician Assistant model to meet their citizen's healthcare needs.

Towson University is the largest university in the Baltimore region and the second largest university in the University System of Maryland. Approximately 20,000 students are enrolled at the university, 3,000 of them graduate students. The university is situated on a beautifully landscaped 328-acre campus in the suburban community of Towson, just eight miles north of downtown Baltimore. For additional information about the university, including a [map](#) of the campus, visit its website at <http://www.towson.edu>.

DESCRIPTION OF THE PA PROGRAM

The curriculum is written to comply with the Accreditation Review Commission on Education for the Physician Assistant's (ARC-PA) standards. Towson University is responsible for assuring that ARC-PA standards are met. The PA Program Director is responsible for all curriculum, instruction, and program administrative matters. Students with concerns about any aspect of the program, including financial aid and graduate courses, must meet first with the Program Director for assistance or resolution.

The program is a 26-month course of study that requires full-time, year-round attendance. Students must complete all 98 credits in the required sequence to meet the specified time limits to qualify for graduation. A Master of Science degree in PA Studies will be awarded at the time of graduation. Individuals who successfully complete the program will be eligible for certification by the National Commission on Certification of Physician Assistants (NCCPA).

PA PROGRAM MISSION

Our PA program educates and empowers resilient graduates to practice collaborative, evidence-based medicine in the ever-changing and diverse health care environment.

PA PROGRAM VISION

Our PA program is renowned for excellence in PA education, leadership, and innovative approaches to interprofessional practice.

PA PROGRAM VALUES

- Cultural Humility
- Collegiality
- Integrity
- Interprofessionalism
- Life-long Learning
- Leadership

PA PROGRAM GOALS

Goal 1: For each student cohort, the program will provide the highest level of PA education, medical competencies, and professionalism. This is benchmarked by results on the 5 program learning outcomes.

Goal 2: The program will maintain a PANCE 1st time pass rate at or above the national average with each graduating class. This is benchmarked by students' mean performance on each content area and the mean performance on all organ systems and task areas.

Goal 3: With each admissions cycle, the program will continue to enhance and strengthen the admission process to create a diverse student population that is reflective of the communities we serve. This is benchmarked by current region census data, reflective of diverse student population admission.

Goal 4: The program will provide each student with opportunities for interprofessional collaborative experiences (IPE) and a foundation for leadership, clinically oriented research, and continued life-long learning. This is benchmarked by participation in at least 2 IPE educational activities per year, participation with the Institute of Healthcare Improvement (IHI), collaborative learning simulation with other healthcare students, and student-lead volunteering.

PA STUDIES PROGRAM OVERVIEW

PA PROGRAM COMPETENCIES

Throughout the program, students acquire skills in the following areas:

1. Medical Knowledge
2. Interpersonal and Communication Skills
3. Patient Care
4. Professionalism
5. Systems Based Practice

The program ensures that during students' training and professional careers, they abide by:

1. The Physician Assistant PA Values (Appendix A)
2. The Physician Assistant Essential Functions (Appendix B)
3. The Competencies for the Physician Assistant Profession jointly set forth by NCCPA, ARC-PA, AAPA, and PAEA (Appendix C)

AAPA SCOPE OF PRACTICE OF THE PHYSICIAN ASSISTANT

Each Physician Assistant's (PA's) scope of practice is defined by education and experience, state law, facility policy, and clinical site delegation. PAs seek and embrace a setting driven scope of practice. State laws allow physicians broad delegatory authority, which fosters customized team care. Educated in this medical model, PAs practice with physicians and teams in every specialty and setting. In facilities, PAs are usually credentialed and privileged through the medical staff office. The boundaries of each PA's scope of practice are determined by four parameters: education and experience; state law; facility policy; and the needs of the medical team.

Each boundary must be adequately constructed in order to promote effective patient-centered care. (Reference: www.aapa.org/wp-content/uploads/2017/01/Issue-brief_Scope-of-Practice_0117-1.pdf)

The PA Studies Department/Program Seeks To:

1. Ensure that the education provided to its graduates meets expectations of the medical community and complies with the ARC-PA *Standards*.
2. Promote the continuing education of program graduates.
3. Provide career opportunities to individuals from all socioeconomic backgrounds, regardless of gender, race, religion, sexual orientation, or national origin.

PA Studies Program Graduates Will:

1. Promote the public's interest and the patient's needs before any other considerations.
2. Act as ethical health care professionals who advocate for patient needs.
3. Provide patient education and preventive health care services.
4. Demonstrate a commitment to lifelong learning.
5. Work with other health care professionals in providing coordinated health care.
6. Demonstrate their commitment by assuring that health care services are accessible and compassionate.

OVERARCHING EDUCATIONAL OBJECTIVES

EDUCATIONAL OBJECTIVES

With the collaboration of physicians, program graduates will be able to do the following:

1. Conduct health assessments and provide preventive health services.
2. Perform histories and physical examinations.
3. Evaluate health status and diagnose disease.
4. Formulate management plans for routine health maintenance, acute and chronic illness, and emergent conditions.
5. Perform clinical procedures and surgical skills in a safe and efficacious manner.
6. Provide counseling and health education.
7. Evaluate outcomes of care.
8. Demonstrate awareness of cultural diversity and sensitivity to multicultural healthcare issues.
9. Provide leadership in medical ethical decision-making across a variety of practice settings.
10. Effectively advocate for the enhancement of health care delivery in the public arena using a variety of strategies.
11. Provide leadership in health care organizational systems.
12. Analyze research literature for use in the practice of evidence-based medicine.
13. Participate in research studies designed to contribute to the knowledge base in medicine.
14. Contribute to the education of health care professionals in academic and clinical settings.

CLINICAL PRACTICE OBJECTIVES

Graduates will be prepared to practice medicine in a team-based model in collaboration with licensed physicians to complete the following:

1. Screen patients to determine the need for medical attention.
2. Review patient records to determine health status.
3. Elicit comprehensive or focused medical histories.
4. Perform complete physical and screening examinations on patients of all age groups.
5. Make initial diagnoses based on patient complaints, physical findings, and laboratory study results.
6. Assess the patient's problem(s), identify the appropriate diagnostic procedures, and discuss differential diagnosis based on signs, symptoms, and initial laboratory results.

7. Interpret routine hematological, cytological, bacteriologic, and chemical tests, CBC, differential platelet counts, granulocyte counts, and serum electrolyte levels, etcetera.
8. Identify the diseases with which abnormal findings are most often associated.
9. Identify tests needed to monitor a patient's condition and/or effectiveness of the therapy.
10. Order, interpret, and as appropriate, perform diagnostic studies.
11. Perform follow-up evaluation of previously diagnosed illnesses.
12. Perform clinical procedures as required.
13. Perform basic skills and a variety of clinical procedures.
14. Assist in surgery.
15. Formulate and implement patient management plans including writing prescriptions and issuing medical orders and referrals.
16. Evaluate and initiate management for emergency situations.
17. Provide counseling, patient and family health education, and health risk assessment including:
 - a. Report communicable diseases.
 - b. Initiate requests for patient services including home health care, school testing and evaluation, and public health services.
 - c. Teach patients the procedures for recommended self-examinations.
18. Provide ethical healthcare.
19. Demonstrate critical evaluation skills; demonstrate proficiency in evidence-based medicine and life-long learning skills.
20. Demonstrate effective written and oral communication skills. Report and record patient data. Write prescriptions and medical orders.
21. Possess a sense of responsibility to medically underserved communities.
22. Demonstrate awareness of issues of cultural diversity.
23. Demonstrate sensitivity to diverse cultures.

LEARNING OUTCOMES AND EXPECTATIONS

Upon completion of the PA Studies Program, the PA student will be prepared to:

1. Investigate and evaluate the care of patients.
2. Appraise and assimilate scientific evidence.
3. Continuously improve patient care based on constant self-evaluation and life-long learning.
4. Identify strengths, deficiencies, and limits to one's knowledge and expertise.
5. Set learning and improvement goals.
6. Identify and perform appropriate learning activities.
7. Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement.
8. Incorporate formative evaluation feedback into daily PA practice.
9. Locate, appraise, and assimilate evidence from scientific studies and other reliable resources related to the patients' health problems.
10. Use information technology to optimize learning.
11. Participate in the education of patients, families, students, and other health professionals, as documented by evaluations by faculty and/or other learners.

Students will learn to express their ideas, analyses, and clinical reasoning methods in the performance of direct patient care utilizing the following skills:

1. Comprehensive clinical data gathering by selecting the appropriate historical information; physical examination; selecting appropriate cost-effective diagnostic studies.
2. Compiling a logical problem list and applying clinical reasoning.
3. Demonstrating problem solving abilities in each patient scenario.
4. Discerning the most likely differential diagnoses.
5. Demonstrating knowledge of the application of management techniques and follow-up.

Students will develop the ability to communicate their comprehension of medical knowledge during the program's evaluation process through the following activities:

1. Oral presentations from selected topics (e.g., grand rounds, clinical practicum sessions, capstone project presentations).
2. Participation in group collaboration.
3. Completion of tutorial sessions, written reports, assigned tasks, practice examinations, and graded examinations of general medical knowledge.

Students will demonstrate an awareness of the larger context of healthcare through their ability to participate in the following:

1. Work effectively in various healthcare delivery settings.
2. Coordinate patient care within the various assigned healthcare settings.
3. Incorporate considerations of cost awareness and risk benefit analysis in patient care.
4. Demonstrate advocacy for quality patient care and optimal patient care systems.
5. Work in inter-professional teams to enhance patient safety and improve patient care quality.
6. Participate in identifying system errors and implementing potential systems solutions.

Students will incorporate knowledge of interpersonal communication skills while interacting with professional colleagues, patients, and their families as they engage in the following endeavors:

1. Build a provider-patient relationship through discussion.
2. Gather and share information.
3. Seek to understand the patient's perspective.
4. Reach an agreement on problems and plans.
5. Provide closure.

At all times, students will strive to exhibit the characteristics and qualities of a distinguished, confident, and competent healthcare provider through the following actions:

1. Express the concept of **excellence** in a life-long commitment to the maintenance of competence in medical knowledge.
2. Demonstrate a concern for **humanity** by incorporating concepts and behaviors such as respect for patients, their rights, and their choices with regard to their medical care.
3. Demonstrate the ability to express **empathy** and convey **compassion** to the sick and their families as the backbone of the provider-patient relationship.
4. Critically appraise the concept of **accountability** as it refers to taking responsibility for one's actions, whether in decision-making in medical care, the adherence to ethical principles or to the acknowledgement of conflict of interest.
5. Through interaction with patients and colleagues, communicate the understanding of **altruism** as a principle that connotes behavior designed to benefit others.

PA PROGRAM EXPENSES (APPROXIMATE)

ESTIMATED COSTS BREAKDOWN

Estimated Costs for PA Students in Addition to Tuition and TU Academic Fees ¹	
Towson University Seat Deposit ² due upon acceptance	\$900
Program Fee ³ due upon first tuition payment	\$2,200
Personal Laptop and Smartphone ⁴	\$5,500
TU Parking Permit ⁵	\$902
Personal Health Insurance prior to orientation	Varies widely
Textbooks ⁶	\$3,300
Membership/ Certificate Costs ⁷	\$410
Equipment ⁸	\$2,500
Personal Student Medical Liability Insurance	Varies widely
Towson University Graduation Fee	See TU Catalog
Estimated Post Graduate Expenses	
NCCPA Certification Exam	\$550
Maryland State License (Initial)	\$310

The costs presented are estimated, may be subject to change, and are not inclusive.

¹ Tuition and academic fees are subject to change, visit [Student and University Billing's Tuition, Fees, and Other Costs](#) for more information.

² Applied to Towson University graduate tuition (not an additional expense.)

³ Covers: Standardized patients, standardized testing (PACKRAT), ACLS expenses, online study assistance, hospital jackets, ID badges and name tags, surrogate patients and genital exam training, skills lab supplies (surgical sutures, casting materials, parenteral medication, and venipuncture equipment, etc.)

⁴ Students who need to purchase a laptop should consider a lightweight model for easy transport to and from the program. Minimum requirements for the laptop: Multimedia package; Windows or MAC compatible operating systems; latest version of Microsoft Word; Internet Service; Wi-Fi capable. The smartphone is to be used throughout the program's duration. Smartphone initial costs and monthly fees vary widely. Students will want to shop for the best possible price. Phone and home internet services, including any fee for individual text messages, as applicable, are to be borne exclusively by the student.

⁵ Permit prices can vary, visit [student parking rates](#) for additional transportation options. The estimated cost is for entire program duration. Students will need to renew permits every semester/ year.

⁶ Students are encouraged to shop for the best prices. Low-cost textbooks may be available through Amazon or other online services. Students must obtain textbook editions specified by the instructor or course syllabus. Students may purchase required textbooks prior to the beginning of classes; however, textbooks should not be marked, and receipts should be saved until final verification with the instructor or course syllabus. Students are advised not to sell textbooks prior to the conclusion of the first year since textbooks are used as reference materials throughout the duration of the program.

⁷ Membership in the Towson University PA Program Student Society/ SAAAPA and the Maryland Academy of Physician Assistants will cost approximately \$150 for two years of membership benefits (payable during the beginning of the first fall semester). Although students have many expenses facing them with limited resources at hand, most students will find membership dues for these organizations well worth the investment in a professional future. Active professional membership and participation is a part of demonstrating professionalism.

⁸ Additional equipment may be required as the program progresses, but the medical equipment required at the start of the program is:

1. Cardiology Grade Stethoscope with Bell/Diaphragm such as the Littman Cardioscope IV or equivalent (be sure that you can hear breath and heart sounds)
2. Sphygmomanometer (aneroid in hand type)
3. Diagnostic Set (Oto-ophthalmoscope) PanOptic Optional
4. Rosenbaum Visual Acuity Chart (Handheld)
5. Percussion Hammer
6. Tuning fork (128 HZ)
7. Tuning fork (512 HZ)
8. Penlight
9. Tape Measure

TRANSPORTATION

Transportation expenses to and from clinical sites, conferences, and end of rotation sessions are the responsibility of the student. These expenses may include tolls, parking fees, gas, automobile upkeep, and license and registration.

CPR CERTIFICATION

Contracts with clinical sites require that all students are CPR certified. To maintain this status, PA Studies students are required to complete the Cardiopulmonary Resuscitation (CPR) for Healthcare Professionals with the American Heart Association. **Students must provide verification by the beginning of the program, as a prerequisite to remaining in the program.** If at any time the certification lapses, the student will not be allowed to continue with clinical rotations.

PROFESSIONAL LIABILITY INSURANCE

According to the AAPA, professional liability insurance is *“insurance against loss due to claims for damages alleging malpractice...in the exercise of the profession. Establishing individual professional liability protection early in one’s career and maintaining it until retirement is a practical way to reduce some of the risk of malpractice.”*

A common way of handling professional liability risk is to transfer it contractually through the purchase of liability insurance. The program carries liability insurance for all students to protect the university and its affiliates from damage claims involving the alleged malpractice of students. Many legal authorities recommend that students are best protected personally by carrying an individual policy. Such liability insurance is available to student members of the AAPA.

The program requires all physician assistant students to carry individual liability insurance coverage prior to the start of Year II clinical rotations. **Verification of individual liability insurance must be submitted to the program by January 15th of Year 1 and must be maintained through the conclusion of the program.** Students who fail to provide verification to the program will not begin rotations. Information about approved student liability may be obtained by contacting [CM&F Group, Inc.](#), by email info@cmfgroup.com or phone (800) 221-4904.

PERSONAL HEALTH INSURANCE COVERAGE

Students are required to carry some form of health care insurance while attending the Program and must provide the Program with verification of coverage by the start of Program. **Allowing health insurance coverage to lapse at any time while in the program will result in immediate removal of the student from clinical site or classes and may ultimately result in program dismissal.**

HEALTH AND IMMUNIZATION RECORDS (SUBJECT TO CHANGE)

Students are to comply with all university and program required immunizations. Documentation of the student's immunization status may be required for supervised clinical practice experiences (SCPE). When requested, students must be able to prove that they are current on all of their required immunizations.

Verifications

1. Student Health Profile must be returned directly to the TU Health Center, or students may make appointments to have the form completed at TU Health Center by calling (410) 704-2466.
2. Immunization Record must be filled out by a qualified health practitioner.
3. Current PPD (or, if positive, chest x-ray), and tetanus toxoid within the last ten years, is required for all students entering the program. Annual PPDs are required for all continuing PA students. Year II students must provide verification of current PPD or chest x-ray before attending summer Year II clinical rotations.
4. MMR and chicken pox inoculation or adequate rubella titer is required for all PA students.
5. Hepatitis B vaccination or a signed waiver must be provided by Year I students with the Physical Examination Form. Immunizations can be obtained for a very modest fee at the TU Health Center.
6. Some clinical sites may require a yearly influenza vaccination.

INCIDENT REPORTS AND NEEDLE STICK ACCIDENTS

Accidents will occur on the clinical site or in the laboratory. If any student, patient or other staff member is injured as a result of an accident involving a student, the responsible student must first comply with all accident and injury protocols established by the institution at which it occurred.

In the case of a needle stick injury or other blood-borne pathogen exposure for the student, an incident report form must be completed (Appendix R). Immediate medical care must be sought from the student's private physician or from the TU Health Center. For known HIV exposure, immediate care is critical to successful management of the incident.

If the injured student accepts medical care offered at the institution where the incident occurs, he or she will be responsible for any charges for care that may be assessed. **Students are responsible for the cost of their medical care, and they are required to seek appropriate care in a timely manner.**

Once the student injury is acutely addressed, students must notify the Director of Clinical Education and program director by telephone or email of the incident, as soon as possible. The Incident Report must be filed with the program no later than the next business day.

DRUG AND ALCOHOL TESTING

Program clinical sites may require routine random drug and alcohol screening or may require testing based on inappropriate student behavior in the clinical setting. Students required by a clinical setting to undergo screening or testing who test positive for drugs or alcohol are subject to dismissal from the program. The expense of any required drug or alcohol testing is the responsibility of the student. Dismissal from the PA program will occur if the student refuses to comply with the required drug and alcohol testing. The Towson University substance abuse policy can be found in Appendix K.

PROGRAM PROGRESSION

Students must successfully complete all course requirements for the Year 1 curriculum before they will be permitted to progress to the Year 2 course of study. **Due to the full-time, sequential nature of the program, there is no opportunity to repeat Year 1 courses while continuing into Year II.**

Students who underperform in Year 1 courses or who are unable to complete their studies due to personal reasons (i.e., military service, prolonged medical illness, mental health issues, significant family issues) may, with the permission of the Program Director (PD), decelerate to the next beginning Year 1 cohort. If granted deceleration, the student must restart the program with the incoming cohort. Decelerated students must take for credit any course in which a grade of “C” or lower was earned. Students will be required to attend and audit courses for which an “A” or “B” was earned.

YEAR I PROGRESSION TO YEAR II REQUIREMENTS

To progress from Year 1 to Year II, students must maintain a GPA of 3.0 and earn no more than two “C” grades. Completion of any course with a grade lower than a “C” is considered a failure to meet program standards and may constitute grounds for dismissal from the program. Students must also achieve the following milestones:

1. Earn a passing grade on the Year 1 summative exam given at the end of the first spring semester.
2. Achieve the established minimum grade for standardized patient OSCEs/clinical simulator testing (see syllabus).
3. Avoid any persistent demonstrations of unprofessional behavior.
4. Successfully complete all didactic courses.

REQUIRED PROGRAM SEQUENCE OF STUDY

Summer – Year 1 – 14 Credits ¹			
2	PAST 603 Medicine I	2	PAST 625 Human Pathophysiology
2	PAST 612 Public Health & Preventative Medicine	2	PAST 631 Diagnostic Studies II
2	PAST 614 Psychosocial Issues in Medicine I	2	PAST 636 Basic Physical Diagnosis
2	PAST 624 Gross Anatomy		
Fall – Year 1 – 16 Credits			
6	PAST 604 Medicine II	2	PAST 616 Psychosocial Issues in Medicine II
2	PAST 606 Pediatrics I	2	PAST 630 Diagnostic Studies I
2	PAST 609 Pharmacology I	2	PAST 637 Advanced Physical Diagnosis
Winter – Year 1 – 5 Credits			
2	PAST 605 Medicine III	3	PAST 626 Ethics, Issues, & Trends in PA Practice
Spring – Year 1 – 19 Credits			
3	PAST 601 Research Methods in PA Practice	2	PAST 610 Pharmacology II
2	PAST 607 Pediatrics II	2	PAST 632 Diagnostic Studies III
6	PAST 608 Medicine IV	4	PAST 650 Introduction to Clinical Practice
Summer – Year 2, Session I – 6 Credits ²			
6	PAST 651 Clinical Practicum I		
Fall – Year 2 – 15 Credits			
6	PAST 652 Clinical Practicum II	2	PAST 730 Clinical Management I
6	PAST 653 Clinical Practicum III	1	PAST 801 PA Graduate Seminar
Winter – Year 2 – 3 Credits			
3	PAST 654 Clinical Practicum IV		
Spring – Year 2 – 14 Credits			
11	PAST 655 Clinical Practicum V	1	PAST 802 PA Graduate Project
2	PAST 731 Clinical Management II		
Summer – Year 2, Session II – 6 Credits			
6	PAST 756 Final Clinical Practicum		
98 Total Credits Required for Graduation			

¹ Students are required to attend orientation week the first week of Year 1 Summer Semester.

² Students are required to attend transition week the first week of Year 2 Summer Semester.

COURSE DESCRIPTIONS

PAST 601	Research Methods in Physician Assistant Practice	3 credits
Interpretation, critique, and application of qualitative and quantitative research for clinical practice will be explored. Students will select a research topic.		
PAST 603	Medicine I	2 credits
The first of four courses is designed to prepare the physician assistant student for management of disease in adult patients. The disease process, diagnostic criteria and management options are presented. Includes the standard lecture format as well as case-based learning.		
PAST 604	Medicine II	6 credits
This is the second part of four courses designed to provide physician assistant students with exposure to the mechanism and natural course of disease process. Signs, symptoms, and laboratory findings are presented along with differential diagnoses and management options.		
PAST 605	Medicine III	2 credits
The third of four courses is designed to prepare the physician assistant student in management of disease in the adult patient.		
PAST 606	Pediatrics I	2 credits
This is the first of a two-part course designated to provide physician assistant students with exposure to the mechanism and natural course of the disease process in the pediatric patient.		
PAST 607	Pediatrics II	2 credits
This is the second of a two-part course designated to provide physician assistant students with exposure to the mechanism and natural course of the disease process in the pediatric patient.		
PAST 608	Medicine IV	6 credits
The fourth of four courses designed to prepare the physician assistant student in management of disease in the adult patient.		
PAST 609	Pharmacology I	2 credits
This is the first of two courses covering the basic principles of pharmacology and pharmacokinetics. The basic principles of prescribing are a major focus in this course. Also covered in this course is the clinical use of antibiotics, analgesics, hypoglycemic agents, insulin, and medications used for treatment of peptic ulcer disease.		

PAST 610	Pharmacology II	2 credits
Specific topics include drugs affecting the autonomic nervous system, cardioactive drugs, antiarrhythmic, anesthetics, diuretics, antifungal, asthmatics, and drugs used for the treatment of various neurological and psychiatric disorders.		
PAST 612	Public Health and Preventative Medicine	2 credits
An introduction to the dynamics of health and disease in human populations, the course covers healthcare services and facilities for the maintenance of health and prevention of illness. Current clinical prevention standards, public health methods, clinical epidemiology and relevant public health models for clinicians will be taught in detail and demography, epidemiology, environmental health, provision of medical services, preventive medicine and infectious disease will be explored. Basic principles of health policy making will also be addressed.		
PAST 614	Psychosocial Issues in Medicine I	2 credits
This course will provide an understanding of the psychological processes underlying human behavior in medical settings. Emphasis is placed upon the dynamics of the patient-health provider relationship. Topics include communication skills, approaches to patients, working with special populations, cross-cultural communication, stress and disease, chronic illness, adherence, domestic violence, human sexuality issues, and death and dying.		
PAST 616	Psychosocial Issues in Medicine II	2 credits
This course is designed to provide the student with an understanding of the psychological process underlying human behavior and psychiatric disorders. An emphasis is placed upon the importance of psychiatric principles in primary care. The course examines concepts in the diagnosis and treatment of the major classes of psychiatric disorders, psychiatric emergencies in primary care, special issues in geriatric mental health as well as prevention, recognition and intervention of child abuse and sexual assault.		
PAST 624	Gross Anatomy	2 credits
Introduces and covers the inter-relationship of anatomical structures and the influence of one on the other in health and disease; includes a virtual cadaver laboratory; prepares the entering physician assistant student for future courses in medicine.		
PAST 625	Human Pathophysiology	2 credits
Provides the basic structural, functional, and pathological foundations needed for the understanding of disease processes in humans; covers the reaction of the human body to disease from the cellular to the multi-system level; prepares the entering physician assistant student for future courses in medicine and prevention.		

PAST 626	Ethics, Issues, and Trends in Physician Assistant Practice	3 credits
This course examines professional and ethical issues, as well as legal implications confronting the physician assistant. The effects of social, political, and economic changes are also explored, together with the physician assistant role in the health care team.		
PAST 630	Diagnostic Studies I	2 credits
This course provides students with proficiency in performance, ordering and interpretation of diagnostic studies. Covers ordering and interpretation of radiographs, ultrasound studies, and electrocardiograms. Students also perform 12 lead EKG studies.		
PAST 631	Diagnostic Studies II	2 credits
This course is designed to prepare students to interpret basic diagnostic and laboratory tests. Emphasis is placed on those tests necessary to assess complaints common to the ambulatory, hospitalized and emergency medicine patient.		
PAST 632	Diagnostic Studies III	2 credits
This course is designed to prepare students to perform and interpret basic diagnostic and laboratory tests, and to perform clinical skills such as medicine administration, surgical assisting, etcetera. Emphasis is placed on those skills necessary for the physician assistant to perform which are common to the ambulatory, hospitalized and emergency medicine patient.		
PAST 636	Basic Physical Diagnosis	2 credits
Introduces the diagnostic process focusing on the proper methods of obtaining, performing, recording, and presenting patient histories and physical examinations; emphasizes interpersonal communication skills; presents a system-by-system approach to performing the physical exam and an overview of common symptoms.		
PAST 637	Advanced Physical Diagnosis	2 credits
Advances the diagnostic process focusing on specific systems' examination techniques and special populations including obtaining, recording, and presenting patient histories and physical examinations; advancing interpersonal communication skills; presenting a system-by-system approach to performing the physical exam and neurologic exam with problem-focused symptomatology; and reviewing physically evident pathophysiology.		

PAST 650	Introduction to Clinical Practice	4 credits
A focus on the diagnostic process with exposure to elements of clinical management. Students are assigned to the clinical setting for one or two eight-hour days per week and meet in small groups with faculty members for two hours each week. Emphasis is placed on eliciting the patient history, physical assessment, recording patient data and case presentation, diagnosis, and basic management plans, and performing basic clinical skills with actual patients in the clinical setting.		
PAST 651-655	651: Clinical Practicum I (6 credits) 652: Clinical Practicum II (6 credits) 653: Clinical Practicum III (6 credits) 654: Clinical Practicum IV (3 credits) 655: Clinical Practicum V (11 credits)	32 total credits
These five clinical practicum courses provide rotations in family medicine, emergency medicine, internal medicine, pediatrics, behavioral and mental health care, women's health, community medicine, general surgery, and elective areas.		
PAST 670	Special Topics in Physician Assistant Studies	1-6 credits
A study of contemporary topics in Physician Assistant studies. The specific requirements and prerequisites will vary with each topic and will be designated by the program. May be repeated for a maximum of 10 units provided a different topic is taken each time.		
PAST 730	Clinical Management I	2 credits
Selected clinical management topics are presented in a group format. Students meet at the conclusion of each clinical rotation. Topics include current management of the major disease entities encountered in primary care. Principles of management including the diagnostic process, the selection of current medical interventions, and the management of patient education are expected of the students. A current interpretation of the literature addressing changes in current clinical management is expected of the students.		
PAST 731	Clinical Management II	2 credits
A continuation of Clinical Management I. Selected clinical management topics are presented in a group format. Students meet at the conclusion of each clinical rotation. Topics include current management of the major disease entities encountered in primary care. Principles of management including the diagnostic process, the selection of current medical interventions, and the management of patient education are expected of the students. A current interpretation of the literature addressing changes in current clinical management are expected of the students.		

PAST 756	Final Clinical Practicum	6 credits
The Primary Care Preceptorship, the final clinical experience, provides the student with an opportunity to apply principles of the practice of medicine covered throughout the program. The student will act as a functional member of the medical team and be responsible for patient care from presentation through follow-up including diagnostic evaluation and patient management.		
PAST 801	Physician Assistant Graduate Seminar	1 credit
During the Graduate Seminar students work with the research project coordinator to design a project and submit it for approval.		
PAST 802	Physician Assistant Graduate Project	1 credit
During Graduate Project students work with a mentor and the research coordinator to compose a formal report of the research study conducted during Year II.		

FACULTY ADVISING

FACULTY COMMITMENT

PA Studies Program advisors are assigned to each Towson PA Studies student at the start of the program. Their roles are to provide for the following:

- **Facilitate communication** regarding the student's progress when meeting program requirements.
- **Act as interpreters** of the program's, department's, college's, and university's policies, procedures, and requirements.
- **Recommend strategies** for improved study habits.
- **Assist the student in developing** suitable educational plans, decision-making skills, and an awareness of educational resources available through Towson University.
- **Evaluate the student's progress** toward established goals as defined in program policy or probationary contracts.
- **Make referrals** to other institutional and community support services, where appropriate (such as academic/clinical/emotional support), for students experiencing problems beyond the scope of the advisor's role. The advisor will also notify appropriate others, as deemed necessary, to safeguard the health and welfare of everyone involved.
- **Identify materials** needed to meet educational objectives and the requirements of the PA Program.

ACADEMIC ADVISEMENT POLICIES

The advisement process is an effective tool to help you develop as a health professional, but the process must be an active one to be effective. The program recognizes that PA students are adult learners. However, students are required to meet with their advisor at least once a semester. Academic Advisement will be documented using the Student Advisement Form (Appendix Q). The Advisor may also direct the PA student to additional resources (Appendix D).

STUDENT ADVISEMENT RESPONSIBILITIES

1. PA students are required to meet with their advisor at least once each semester at a mutually arranged time to map progress toward successful completion of the program.
2. Candidly and honestly discuss areas of strengths and areas for improvement.
3. Actively participate in an action plan to remediate deficiencies and capitalize on strengths.
4. Meet with their advisor promptly on an as-needed basis when issues arise.
5. Follow the plans devised from the session.

FACULTY ADVISOR RESPONSIBILITIES

1. Be readily available by appointment or contacted by email and/or voicemail. **For emergency needs, another faculty member or the Program Director will be made available to address the issue.**
2. Review pertinent student information prior to advising session.
3. Make written records of advising meeting for the student's file.
4. Candidly apprise the student of options, areas of strengths, and areas of improvement.
5. Assist and/or plan with the student an action plan to remediate deficiencies and capitalize on strengths.
6. Schedule meetings with the student on an as-needed basis when issues arise.

THE ADVISOR WILL NOT AND MAY NOT:

1. **Act as a go-between for students and other faculty members.** Students experiencing difficulty in a specific course or feel they have been treated unfairly must first go to that instructor for a resolution.
2. **Resolve the student's problem.** Advisors will discuss the problem; help clarify options and help with a plan of action. The rest is the responsibility of the student.
3. **Act as a medical provider.** It is inappropriate for any of the program faculty to provide student health care. Students with medical problems must seek assistance from TU's Health Center or personal provider.
4. **Act as a counselor.** Students with problems that require counseling outside of the PA academic realm need the help of a professional counselor. The advisor will refer the student to the TU Counseling Center.
5. **Act as a parent.** The advisor will not "track down" any student who does not make an appointment after initial notification by the PA Program. It is also the student's responsibility to act on the plan devised during the session.

EXAMINATION POLICIES

GENERAL GRADING POLICIES

A (94-100%) A- (90-93%) B+ (87-89%) B (80-86%) C (70-79%) F (below 70%)

Grades below 70% or equivalent are considered failures for all PA program courses. Examination grades equal to or below 75% require Student Success Intervention, with the exception of quizzes and final course examinations.

The student is referred to individual course syllabi for course descriptions, grading policies, and procedures. The specific content of PA courses is subject to change due to the dynamic nature of Physician Assistant practice and the program faculty's efforts to provide the most effective and up-to-date classroom and clinical experiences. Specific criteria for calculation of final grades for each individual course will be included as part of the course syllabus.

ACADEMIC DISHONESTY

Academic dishonesty is defined and governed by the [Towson University Academic Integrity Policy](#). Any breach of the academic dishonesty policy, once confirmed, will be documented in the student's permanent record.

A major breach in academic conduct will be considered if there is the chance of cheating and will be fully investigated. If cheating or plagiarism is determined by the proctor/faculty, action will be taken with the consultation of the faculty, the Program Director, and the Department Chairperson. Disciplinary action will include at least one of the following: **1) Failure of the exam/ assignment, 2) Failure of the course, or 3) Dismissal from the program.** Allegations of cheating made to any faculty member will be completely investigated by the SPRC with recommendation made to the Program Director. Appropriate action will be taken, as recommended or deemed appropriate.

ADMINISTRATION OF EXAMINATIONS

During administration of examinations, all personal belongings, notebooks, texts, and papers must be placed in the front of the room. If these items are seen during the test or exam, they will be collected by the test proctor, and an investigation will follow. A blank piece of paper will be provided at the start of examination and collected at the end of examination.

Many examinations are given electronically and require students to use their own computers for such examinations. Students may not have other tablets, calculators, smart phones/watches or any other electronic or communications devices during the examinations. Students found to be using such devices—while excused from the testing room to use the restroom, for example, they will be considered cheating and dealt with accordingly.

Once the test has begun there will be no talking. Any procedural questions must be directed to the test proctor, only. No questions should be directed to the proctor that have to do with the content of test items. Students are expected to communicate with the exam proctor if they need to leave the exam room for any reason.

Once a student has completed the exam, the student should verify with the proctor that their exam has been uploaded successfully. After verification, the student is asked to quietly leave the room and not return until all of the remaining classmates complete testing. Students are discouraged from congregating near the exam room.

SPECIAL TESTING ACCOMMODATIONS

Students with special needs must contact the Towson University Accessibility and Disability Services for all courses at www.towson.edu/accessibility-disability-services/ or 410-704-2638 (leave a voicemail). The following paragraph is from the Towson University Accessibility and Disability Services.

Students who are granted accommodations are required to do the following:

- At the beginning of each term, log in to Accommodate to submit a semester request for your letter of accommodation. Memos document your registration and specify approved accommodations.
- Give your memo to **each of your professors** as early as possible each term and request time to discuss it privately by scheduling an appointment or visiting during office hours.
- Maintain regular contact with your ADS specialist. Your ADS specialist is available to assist both you and your professors in implementing accommodations as they relate to specific course or program requirements. They can also discuss your academic progress and refer you to other resources if/when needed.
- **Students who have accommodations through ADS must take all exams and certain quizzes at the ADS testing center.**

PROFESSIONAL CONDUCT

Success in the Physician Assistant Studies program and the PA profession is dependent upon achieving and maintaining a professional demeanor. Students must remain cognizant that their individual behavior reflects on the program, fellow students, and the profession as a whole. Students must always conduct themselves in an appropriate and professional manner while in the program and continually inspire confidence on the part of their patients, instructors, and other clinical staff observing their behavior. For a more definitive definition of these expectations for the **didactic year**, refer to the Code of Classroom Conduct (Appendix E).

PA Studies students must adhere to the Physician Assistant Statement of Values (Appendix A), all PA program policies including the honor code and academic honesty (Appendix S), and all policies of Towson University including the academic honesty and plagiarism policies outlined below. **All PA students must sign the handbook attestation form.**

TOWSON UNIVERSITY ACADEMIC POLICY

Towson University policies apply to student conduct and academic honesty. Students are referred to the [Towson University Policy on Academic Integrity](#) and the [Towson University Graduate catalog](#) for more detailed information. Issues of non-compliance with academic honesty policies that occur will be referred to the appropriate disciplinary body at Towson University.

PLAGIARISM

The plagiarism policy for Towson University, as described in the above referenced documents, is strictly enforced. Plagiarism is presenting or representing the work of another individual as one's own. This includes using a single sentence or whole paragraphs written by someone else—from an internet source, book, journal, or the work of a fellow student—without acknowledging and giving credit to the source of the information.

CLINICAL ROTATIONS

While on **clinical rotations and sites**, this program expects professional behavior from students at all times. Any professionalism issues reported to the Director of Clinical Education (DCE) by a preceptor (via email, phone, or evaluation form) may result in the student being removed from the site, immediately. This may result in failure of the rotation, failure of the course, and/or progression issues in the program.

Clinical Rotation and Site Representation

1. Students must always represent themselves as a “Physician Assistant Student” when in a clinical setting, regardless of any prior degrees or certifications held.
2. Students are required to wear a visible, program approved nametag at all times during their clinical rotation. This may be removed if required by the nature of the clinical experience. For example, it may be removed while in the Operating Room or during the performance of minor surgical procedures in the ER.

3. Some clinical sites will issue students additional name badges that will provide access to various departments and sections of their facility. Students must comply with any site-specific name badge requirements.
4. All clinical documents and chart entries must be signed with the student's full name followed by PA-SII.

Patient Care

Ethical care of every patient is required at all times and students must always observe strict patient confidentiality. Guidelines for Ethical Conduct for the Physician Assistant Profession can be found at: www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf

Disrespect or insensitivity to a patient's rights, privacy, and privileges (i.e., HIPPA violation) will be considered a serious breach and may be cause for immediate action by the program.

1. Students must provide medical care to patients regardless of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health.
2. Students may not independently order, modify, or prescribe any treatment, nor initiate, modify, or manage or any type of patient care unless under the direct supervision of the preceptor or delegated clinical team.
3. The preceptor (i.e., an assigned physician, PA, or NP) must be on site at all times while supervising a student and must be physically involved in any procedures or activities involving patient care.
4. Students may refuse to follow preceptor instructions if they do not feel qualified or comfortable performing any tasks, or if the student believes patient safety is at stake. The Director of Clinical Education and Program Director must be notified of such via phone and in writing within 24 hours.
5. Students must recognize their professional, personal, and legal limitations and not exceed them at any time. Furthermore, a student may not perform any medical task without the direction and supervision of their preceptor.
6. Students may never arrive or stay on a clinical site while impaired due to substance use or abuse or health issues. Remember, a preceptor or site reserves the right to require any student to provide an immediate drug screening if there is concern that a student may be impaired and/or may impact patient safety. Failure to comply will result in the student being removed from the site immediately and may result in progression issues and actions by the program.
7. Any paper notes about patient encounters may not have patient identifiers and must be shredded to avoid potential HIPAA violations. Students may not record or save patient encounters or experiences in any format (including cell phone, thumb drives, etc.)

Failure to adhere to any of these requirements is a significant professionalism violation. The incident will be brought to the attention of the SPRC and may result in further program sanctions.

Serious Breaches of Professional Conduct May Lead to Dismissal

1. Behavior which compromises or interferes with the delivery of safe patient care in the clinical setting.
2. Use of any cooperating agency to procure or distribute illegal substances.
3. Initiating exploitative student-patient relationships which are:
 - a. Incongruous with the student role,
 - b. Results in financial gain,
 - c. Any illegal transactions, or
 - d. Involvement in any professionally unacceptable behavior.
4. Failure to report errors and accidents promptly and appropriately.
5. Violation of patients' rights to privacy and confidentiality of information (HIPAA).
6. Criminal behavior, felony, or misdemeanor.
7. Rendering patient care while impaired by alcohol, illegal drugs, prescribed medication/over the counter medication.
8. Attending classes or clinical rotations, professional functions, or program activities while impaired as above.
9. Failure to adhere to Towson University Substance Abuse Policies or violation of any local, state, or federal laws.
10. A positive drug screen, taken at any time, may prevent you from completing the program.
11. Use of vulgar, profane, obscene, or abusive language of any kind in the classroom, clinical area or while participating in program, college, university, or professional activities.
12. Creating a disturbance by raising one's voice, arguing with the instructor or other personnel, slamming doors or furniture, or acting in a menacing fashion in the classroom or clinical setting, which disrupts student learning or impedes clinical/school operation.
13. Insubordination is defined as failure to recognize and respect the authority of faculty and preceptors, acting outside the student role, and acting with disrespect to authority.
14. Repeated unexcused absence, tardiness, or not attending scheduled classes, labs, or other scheduled activities as stated in the Attendance Policy (Appendix F).

Minor Breaches of Professional Conduct Cause for Probation/ May Lead to Dismissal

1. Failure to comply with the Dress Code Policy (Pg. 56).
2. Failure to adhere to the representation and appearance requirements.
3. Failure to provide the program with required health, immunization records, personal insurance information, and/or professional liability.
4. Failure to provide necessary proof of CPR and ACLS certification.
5. Failure to comply with Incident Reporting Policy (Appendix R).
6. Failure to adhere to the Program's Code of Classroom Conduct (Appendix E).
7. Failure to open Towson University email every 24 hours and respond as appropriate.
8. Failure to comply with program phone (class and lab) use policies, see Communication Guidelines (Pg. 59).

PROGRAM STANDING

PA PROGRAM PROBATION

Every effort should be made to prevent program failure or probation through Student Success Intervention (Appendix L). Should a student demonstrate poor performance at the midterm or finals, a plan of action should be set in place to avoid any level of probation.

- Probation is a change in student status. Poor grades, written and/or verbal warnings, unsatisfactory clinical evaluations, and/or failed summative evaluations serve to notify the student that there is significant danger of program dismissal for academic or professional conduct reasons. Students in the Towson PA program are graduate students and as such, are expected to maintain vigilant awareness of their current academic standing.
- Students are notified of their status through PeopleSoft, Blackboard, and ExamSoft regarding their GPA and course performance. Therefore, there should be no further requirement for the faculty or program director to provide additional notification of the student's academic progress. Students are required to monitor their own progress throughout the course with careful attention to their GPA and distribution of "C" grades.
- The Towson University Office of Graduate Studies will automatically send a probationary statement to students who have a GPA that falls below 3.0. The student progress review committee (SPRC) will review the individual student performance and take into consideration the student's overall academic performance and any extenuating circumstances. Based upon that review, the SPRC will make a recommendation to the program director that the student should be either retained in the current class, decelerated into the incoming class, or dismissed from the program.
- The student's academic advisor will provide the initial counseling and facilitate the student's understanding of their academic status.

Students on probation must comply with all recommendations made by the course instructor, advisor, and/or the program director. Formal documentation of probation becomes part of the student's permanent file.

There are two levels of probation—program probation and Office of Graduate Studies probation. PA program probation may involve either academic or clinical course issues including professional behavior problems.

Students are Placed on Program Probation for Any One of the Following Criteria:

- A single grade of "C" in the program.
- Inappropriate behaviors, lack of professionalism, absenteeism, or tardiness.
- A GPA which falls below 3.0.
- Failure to restore a GPA above 3.0 during the semester following the semester in which the deficient GPA was recorded.

- Substandard performance on any standardized academic test.
- Substandard performance on any summative evaluation (e.g., OSCE or PAST 730/ 731 comprehensive exam).
- Students on program probation will be notified by their advisor and/or program director and will be provided with a pathway for returning to good standing.

Office of Graduate Studies probation occurs when the graduate student's GPA falls below 3.0. Probation must be remedied by restoring their GPA within the published guidelines of the Office of Graduate Studies (Appendix L).

Deceleration may be used to restore a student to good standing if on probation. Students should understand that deceleration is not guaranteed. A student's overall academic performance, professionalism, and personal circumstances are considered during the SPRC deliberation process. Deceleration can only be initiated after the SPRC review and a subsequent recommendation by the SPRC to initiate the process of deceleration.

PROBATION, STUDENT SUCCESS INTERVENTION, AND REMEDIATION OVERVIEW

Students are encouraged to review the entire set of guidelines for probation and Student Success Intervention (Appendix L) found in this handbook. **Students should note that deceleration is the only form of course remediation**, however, deceleration may only be granted under special circumstances **and** requires the **recommendation of the Student Progress Review Committee (SPRC) and/ or the Program Director**.

The goals of a Student Success Intervention are as follows:

1. Determining a plan of action that will facilitate student success.
2. Ensure that the student has mastered the requisite knowledge and/or has taken steps to correct behavioral and/or professional issues.
3. Reassess the students' ability to perform at a satisfactory level and continue in the program.
4. Provide evidence the student has demonstrated mastery of the material through a predetermined testing method with a predetermined mastery level.

Student Success Intervention is required every time a student's performance on a major examination or major task evaluation falls below 75% or the equivalent. The method of Student Success Intervention is determined by the **instructor** or **course coordinator** and will be based upon a grade of "unsatisfactory" or less than or equal to "75%" on a single test or assignment or imminent failure of the course. **Student Success Intervention is not offered for quizzes or for final examinations.**

A failed **course** can only be remediated through deceleration; therefore, attempts to salvage a course grade must be initiated prior to failure. Students should refer to the course syllabus to determine the definition of "unsatisfactory" or the "75%" level. No grades will be changed if the score before the Student Success Intervention was 70% or better.

MINIMAL FORMAL STUDENT SUCCESS INTERVENTION GUIDELINES

A Student Success Intervention resulting in a grade change may be used only **once** per course per semester to the minimum passing score. For further details refer to the Student Success Intervention Policy (Appendix L) and form (Appendix M).

DECELERATION

Students who are unsuccessful with Student Success Intervention plans or who are performing at a substandard level in one or more areas of the didactic program, or clinical rotations may be offered deceleration on the recommendation of the Student Progress Review Committee and Program Director. **No further “C” grades may be earned by a decelerated student, and deceleration will be granted only once.**

Deceleration guidelines include but are not limited to the following:

- Deceleration in Year I require that the student restart the program with the next class, repeating any course where a “C” was earned and auditing all courses for which grades of “A” or “B” were earned. Graduation is delayed until all course requirements are met.
- Deceleration may occur when a student’s GPA falls to a level where it becomes mathematically impossible to earn a final 3.0 GPA as required for graduation from the Graduate School.
- Students granted a program leave of absence during the didactic year for medical purposes, military service, etc., may be decelerated once proper application is made. This may require a copy of military orders or a physician note. SPRC reviews and makes a recommendation for deceleration to the Program Director.

PA PROGRAM DISMISSAL

ACADEMIC DISMISSAL

The PA Studies Program Director may dismiss students from the program in consultation with SPRC and other concerned parties if a student fails to meet the requirements for successful program completion.

Cause for academic dismissal includes but is not limited to:

- Students with two “C” grades are considered “at risk” for academic dismissal. Earning a third “C” constitutes failure to meet academic standards and represents grounds for dismissal.
- Breaches of academic or professional conduct.
- Failure to follow directive from the program faculty and staff.
- Three referrals to the SPRC for academic or professional concerns.

Academic Dismissal Procedure

- If a student has met any of the above criteria for dismissal, the student will be referred to the SPRC to review the student’s performance.
- If the SPRC finds that the student meets grounds for dismissal, the SPRC will make a formal written recommendation to the Program Director.
- The Program Director will notify the student of the recommendation.
- The Program Director will consider the facts surrounding the referral to SPRC and the facts as described in the formal SPRC recommendation and will either uphold or modify that recommendation.
- A student may appeal against the Program Director’s decision.
- The appeal process must be initiated within seven business days of notification of dismissal. Details concerning the appeals procedure can be found in the [Academic Policies and Procedures](#) section of the [Graduate School Catalogue](#).

PROFESSIONAL CONDUCT (DISCIPLINARY) DISMISSAL

Breaches in professional conduct usually result in failure of the course in which they occur. Cause for professional conduct dismissal relating to a course or outside of coursework includes, but is not limited to:

- Breaches of academic or professional conduct.
- Misrepresentation or falsification of any program or clinical documents.
- Failure to follow professional conduct directives from the program/ clinical faculty.
- Two referrals to SPRC for professionalism concerns.
- Impairment due to substance abuse.

Professional Conduct (Disciplinary) Dismissal Procedures

- If a student has met any of the above criteria for dismissal, the student will be referred to the SPRC to review the student's conduct.
- If the SPRC finds that the student meets grounds for dismissal, the SPRC will make a formal written recommendation to the Program Director.
- The Program Director will notify the student of the recommendation.
- The Program Director will consider the facts surrounding the referral to SPRC and the facts as described in the formal SPRC recommendation and will either uphold or modify that recommendation.
- A student may appeal against the Program Director's decision.
- The appeal process must be initiated within seven business days of notification of dismissal. Details concerning the appeals procedure can be found in the [Academic Policies and Procedures](#) section of the [Graduate School Catalogue](#)

STUDENT APPEALS

GRADUATE LEVEL COURSES

A student appealing a **course grade** must make all reasonable efforts to resolve the matter informally in the following sequence:

1. **He or she must meet with the instructor.**
2. **If not satisfied, the student must meet with the Director of Didactic Education.**
3. **If not satisfied, the student must then meet with the Associate Program Director.**
4. **If still not satisfied, the student can then meet with the chair of the Physician Assistant Studies Department and the Program Director.**

If the problem is not resolved to the students' satisfaction, they may appeal in writing to the Graduate Studies Committee. The appeal will be received only after the above steps have been taken. The Graduate Studies Committee will review the appeal.

STUDENT RESPONSIBILITIES

STUDENT EMPLOYMENT GUIDELINES

All students are strongly discouraged from employment during the course of the program. This course of instruction consists of an intense classroom and clinical workload. Students who choose to ignore this recommendation will **not** be given any special consideration regarding assignments, deadlines, scheduling, exam times, or clinical placements. If they choose to work in the medical setting, they may not identify themselves as physician assistant students while carrying out the duties of that employment (i.e., the name badge and/ or program emblem may not be worn).

Students may not work for the Program in any capacity (including work-study or graduate assistant positions), regardless of the student's background or level of specialty knowledge. They **must not** serve or substitute as instructional faculty, assistants, or clerical/administrative staff in any setting during which professional instruction is occurring.

Students **may not** be employed as clinical staff or in any other capacity for a Program preceptor during clinical placements. If the student undertakes work outside the PA Program, the student is not covered by the liability insurance offered for clinical work associated with the education experience of the program.

STUDENT VOLUNTEER GUIDELINES

Students who are involved in, or who commence, volunteer or paid medically-related work during their course of study **cannot do so by virtue of their affiliation with the PA program or skills attained as a result of PA student training.**

CHART ENTRY SIGNATURE

All clinical documents and chart entries must be signed with the students' full name followed by PA-SI (Year I) or PA-SII (Year II and Graduating students use the PA-SII designation). Students who fail to identify themselves appropriately may be dismissed from the program.

HEALTH SERVICES

Health care services are available from the Towson University Health Center. Students must go to the health care provider of their choice. Students are responsible for all medical fees incurred while attending the Towson University PA Studies Program. This includes medical care for accidents or injuries which may occur on Campus or at any of the College's affiliated institutions.

DRESS CODE

The dress code for the **didactic year** classes will be business casual, unless otherwise noted. Clothing that would meet the dress code standard includes dress shirts with collars, polo shirts, blouses, sweaters, cardigans, slacks, dresses, or skirts. Skirts and dresses must fall just above the knee at a minimum. All accessories, such as scarves, belts, and jewelry should be simple and professional. All students must avoid tank tops, jeans (regular and cutoff), yoga pants, leggings (unless worn under tunic, dress, or skirt), shorts, mini-skirts, sweatpants, hoodies, sweatshirts, athletic attire, flip flops, and athletic footwear.

The dress code for the **clinical year** is as follows:

1. Students must always be well-groomed while on site.
2. **While on a clinical site, students must wear their program-approved short white lab coat** with the appropriate school logo **and** student nametag, unless directed otherwise by the preceptor.
3. Students may not add any additional personal pins or tags to their white coat.
4. Scrubs may not be worn unless the student is given permission by their preceptor. Students are to wear scrubs that comply with the color-coding systems specific to each particular site. They are also reminded that these color-coding systems may vary between healthcare systems.
5. PA students should be professionally dressed (slacks or skirt) with clean, business-casual shirts, sweaters, or tops and closed toe, professional shoes. Any jewelry or make-up should be tasteful and professional.
6. Avoid strong scented perfumes and colognes as these can be a detraction, especially for stroke patients.
7. The student must follow any site-specific dress code or policies.
8. When possible, tattoos should be covered. Body piercings should be minimal. Preceptors have the right to require a student to remove piercings or cover tattoos while on site.

First offense will consist of an advising note and notification to the Director of Didactic Education for Year I students or to Director of Clinical Education for Year II students. Second offense, student will be issued an unexcused absense, advising note, and sent home. Third offense, student will be referred to the SPRC for breach of professional conduct.

MISSED WORK POLICIES

Classroom attendance is mandatory and students are expected to arrive for class promptly and prepared for the day's lectures. Faculty are not obligated to provide make-up work for students who have an unexcused absense. All missed work must be submitted by the assigned due date for the student to remain in the program in good standing. **The responsibility for making up missed work rests entirely upon the student.**

ATTENDANCE POLICIES

Students are expected to attend and participate in all program activities. All program schedules are subject to change, with or without advanced notice, and may occur to best meet student and/or program requirements. Students will be notified of schedule or requirement changes via assigned TU email addresses with as much notice as possible.

Due to the intensive nature of the program, all students are required to make themselves available to attend all program events/activities and make appropriate arrangements should there be any schedule adjustments (i.e., childcare, transportation, rescheduling non-urgent medical appointments, etc.).

There may be differences between the didactic and clinical year attendance policies, and students are expected to follow all requirements. See Appendix F for full attendance policy, requirements, and expectations.

PA PHYSICAL EXAM PRACTICE

PA Studies students are required to act as surrogate patients for fellow students for history taking and physical examinations (with the exception of the breast and genitalia). **All students must be willing to allow themselves to be examined by both male and female fellow students and be examined with full body exposure (with the exception of breasts and genitalia).** Full exposure of the abdomen is required as well as exposure of the chest (with the exception of the areas covered by the sports bra for examination of the heart and lungs).

Women must wear a sports bra and gym shorts (leaving most of the anterior and posterior thorax exposed). Men must wear gym shorts. Exceptions to this policy may be granted by the program director based on religious or cultural tenets.

CONFERENCE ATTENDANCE

The program faculty encourages and supports student attendance of the annual conferences of the AAPA/SAAAPA and MdAPA (see PA Organizations on pg. 89) for students in good program standing. Conferences are opportunities to meet clinical instructors, students from other programs, and potential employers.

The fall schedule is planned so that students can attend the MdAPA conference. The conference is often held out of town and students need to be prepared to pay for at least one night's lodging.

Year II students are encouraged to attend the conference with the permission of their preceptor. For conferences other than the MdAPA Annual Conference, students in good standing who provide proof of registration no later than three weeks prior to the conference may be excused from classes with the permission of the involved instructor(s) and the program director.

CLASS OFFICERS

Each new physician assistant class elects class officers in September of Year I. This gives the students an opportunity to get to know each other before deciding who should be in leadership positions. Each class is appointed a class advisor by the program director.

Before mid-September, the class advisor will announce the election date and select a member of the class who is not interested in running for office to take nominations and conduct the election. Elections will be conducted in the manner prescribed by SAAAPA for the Student Society.

Class officer positions are President, Vice President, and Secretary/Treasurer. Each officer also serves on the board of the SAAAPA Student Society. Additionally, the officers may appoint committees and committee chairs.

Class goals include:

1. Supporting the program's Student Society by designating 60% of all income to the Student Society (for community service efforts).
2. Participating in and supporting all Student Society fundraisers and activities.
3. Supporting the program's and Student Society's PA Day Celebration activity.
4. Planning class activities and events.
5. Attending SAAAPA (AAPA recommended regional conferences)
6. Others identified by the class.

COMMUNICATION/ ELECTRONICS GUIDELINES

CELL PHONE ETIQUETTE

Except for emergency situations, students should not accept text messages or phone calls while attending classes, labs, or small group seminars. In the case of an emergency, students should quietly dismiss themselves from the group setting, manage the situation, and return to the group setting as soon as possible.

Cell phones that are brought into the classroom must be turned off or set on silent alert!

In emergencies, family members may also reach students through the program administrative offices (410-704-3339).

When on clinical rotations or during “off-site” events, students are expected to carry phones at all times unless prohibited by the clinical affiliate or preceptor. In these circumstances, students will always follow the rules and policies of individual sites regarding cell phones.

Recording classroom lectures is prohibited. There are two exceptions to this rule:

1. Exception one requires that the student obtain prior written consent from the individual lecturer. Students are reminded that many courses are taught by a team of instructors under the guidance and direction of the course coordinator. Written consent must be obtained from each instructor, not from the course coordinator.
2. Exception two requires that a student has a TU Accommodation through the Accessibility and Disability Services (ADS) and that the terms of that accommodation are documented with the University and with the program.

EMAIL ETIQUETTE

Students should check their Towson University e-mail on a regular basis (daily) for announcements related to classes or assignments, and for messages from faculty. However, students should refrain from sending emails during class or scheduled activities. This should be reserved for breaks, lunch, or after classroom hours. Schedule changes, and other important messages, are only sent from the program to students via e-mail to their Towson account. Any difficulty accessing your e-mail should be brought to the attention of the Office of Technology Services (OTS) and/ or PA faculty. Students are expected to follow the Towson University Information Technology rules and regulations regarding computer and e-mail policies.

FACULTY VOICEMAIL AND E-MAIL

All core Physician Assistant faculty members have telephone voicemail and e-mail addresses where students may leave messages at anytime. Students needing to meet with a faculty member, outside scheduled office hours, should make an appointment.

BLACKBOARD

Physician assistant program faculty make extensive use of BlackBoard for communication with students. Most documents distributed to students will be made available online. In order to have ready access to documents, PowerPoint presentations, and lecture outlines, students are requested to bring their laptops to the classroom. Students who prefer hard copies of documents must print them from home.

INTERNET ETIQUETTE

You should maintain confidentiality when dealing with information that is shared in online discussions. Please, do not publish class related online discussions for non-class members to read. **Realize that information once shared online is no longer private.** It can be read by anyone who has access to the discussion areas, including administrators.

Maintain the privacy of participants, including the privacy of comments made during electronic conversation that is to be shared only with those participating in the course. Abide by the Family Educational Rights and Privacy Act rules, which define academic information as confidential and forbid disclosure of academic information without the participant's consent. Be respectful. Each person is entitled to his or her own beliefs, opinions, and ideas. You may certainly disagree with them but do so with respect and consideration.

Participating in online discussions requires the same common courtesies that you would observe in a face-to-face setting. Substantive postings contribute to the understanding and application of ideas by one or more of the following:

1. **Elaboration:** Build on ideas that others have presented by adding details, examples, different viewpoints, other sources, or other relevant information.
2. **Reflection:** Describe thoughtfully what something means, new insights it provides, questions it raises, need for clarification or further discussion.
3. **Analysis:** Discuss relevant themes, concepts, main ideas, components, or relationships among ideas. Identify hidden assumptions or fallacies in reasoning.
4. **Application:** Use concepts to answer a question or solve a problem in actual practice or discuss the implications of a new theory to practice.
5. **Synthesis:** Integrate multiple ideas to provide a new perspective or summary or refashioning of ideas.
6. **Evaluation:** Assess accuracy, reasonableness, or quality of ideas.

CLINICAL ROTATION ELECTRONIC DEVICE ETIQUETTE

Students should avoid use of their cell phones while actively working during rotations except in the following circumstances:

1. Emergency phone calls
2. Accessing medical apps
3. Accessing medical reference materials

Students should ask permission from their preceptor before accessing their phone. Laptops may be used for similar purposes with the permission of the preceptor.

SOCIAL MEDIA

Social media posts or photographs of any kind are strictly prohibited while on a clinical site as these may be violations of patient's privacy. Students are strictly forbidden from making any negative social media posts regarding preceptors, facilities, colleagues, classmates. Any social media post about patients will be considered a violation of patient privacy and may result in immediate disciplinary action from the program.

Remember: Your online conduct is a representation of your professional image!

FACULTY SNAIL MAILBOXES

Papers, assignments, and messages for the program director, didactic director, clinical director, and other faculty members should be left with any of the PA administration staff (HP 4100).

TEST RESULTS NOTIFICATION

Tests and other graded assignments are generally available on Blackboard. Students are encouraged to check Blackboard and their electronic Towson University email inbox frequently for messages from instructors and graded assignments.

JCAHO MANDATES

Towson University has put into place the following policies to comply with the dominant accrediting body for healthcare organizations and programs, JCAHO (Joint Commission on Accreditation of Healthcare Organization). As some affiliate clinical sites require student criminal background checks, all Towson University PA Program students are required to submit to, and pay for, criminal background checks prior to the program's start date and prior to clinical rotations. Students assigned to a clinical site where criminal background checks are required and who are denied access to any clinical site based on the criminal background check may be dismissed from the program.

CRIMINAL BACKGROUND CHECK AND DRUG TEST PROCEDURE

This will be covered in further detail during orientation. JCAHO has mandated criminal background checks be performed on all persons having any opportunity for patient interaction at its accredited organizations. This includes employees and volunteers as well as students. A criminal background check revealing a conviction for certain crimes could result in a ban from participation in clinical rotations and thus prevent graduation/completion.

1. All students entering the Towson University PA Studies Program will be subjected to criminal background check and drug screening prior to the beginning of professional coursework when participating in clinical rotations. This may also be the case if a drug screening is requested by the clinical site.
2. **Students will be directed to use a specific vendor identified by the PA Program** when submitting to a criminal background check. The following stipulations exist for criminal background checks and drug screening:
 - a. Students may not request to be assigned to sites that do not require a criminal background check and/or drug screening.
 - b. Students are responsible for all costs incurred with the criminal background check and drug screening.
 - c. A positive test on the drug screening could result in dismissal from the clinical site with the result of preventing completing of the course/clinical objectives and ultimately graduation.
 - d. A criminal record discovered during a background check may affect a student's eligibility to participate in a clinical rotation, practicum, or other clinical experience and ultimately the ability to graduate from or complete a professional program.
3. Currently, the Towson University PA Studies Program maintains that these screenings can be performed once during a student's enrollment in an academic program. However, depending upon the specific program sequencing and each student's individual situation, a second background check may be required.
 - a. All stipulations for the first background check and drug screening remain in place for the second background screening and drug testing.

CRIMINAL BACKGROUND CHECK AND DRUG TEST PROCESS

1. The specific vendor being used is **Certified Background Check/ CastleBranch**.
2. The cost of the background check is the student's responsibility. You will be asked for a credit card payment at the time you order the background check, or you can mail a money order for a payment.
3. Certified Background Check/ CastleBranch will inform you of any review or appeal process.

If you have specific questions about the background check, you can call Certified Background/ CastleBranch at (888) 723-4263.

CLINICAL YEAR INTRODUCTION

ARC-PA STANDARDS

The ARC-PA (Accreditation Review Commission on Education for the Physician Assistant) has published standards that all PA programs must abide by to maintain accreditation. As valued by the Towson University program, and in accordance with the ARC-PA 5th Edition Standards (www.arc-pa.org/entry-level-accreditation/accreditation-process/standards-of-accreditation/), students will have clinical rotations encompassing the following:

1. Types of populations and care:
 - a. For preventive, emergent, acute, and chronic patient encounters B3.03a
 - b. Across the life span, to include infants, children, adolescents, adults, and the elderly, B3.03b
2. Types of rotations (B3.07a-g):
 - a. Family medicine
 - b. Emergency medicine
 - c. Internal medicine
 - d. Surgery
 - e. Pediatrics
 - f. Women's health (including prenatal and gynecologic care), and
 - g. Behavioral and mental health care
3. Types of clinical settings (B3.04a-d):
 - a. Emergency department
 - b. Inpatient
 - c. Outpatient
 - d. Operating room (including conditions requiring surgical management, pre-operative, intra-operative, postoperative care)

SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPE) - LEARNING OUTCOMES

The program's Clinical Experience learning outcomes are built-upon by instructional objectives from the didactic year which incorporate AAPA Competencies and ARC-PA Standards. This allows students to transition from a focus from knowledge and skill acquisition to performance and application which would require information synthesis and problem-solving. In addition, some of the specific program clinical experience learning outcomes (i.e., assessment areas) are based upon those set by the PAEA for their End of Rotation (EOR) Content, Topic Lists, and Exams (www.paeaonline.org/assessment/end-of-rotation/content).

The learning experiences and outcomes expected of each student will be measured by several means of assessment throughout the year. Each rotation-type, including the core seven (7) rotations, will have an accompanied list of learning outcomes that will provide examples of the skills and knowledge to demonstrate during that rotation.

As prioritized by the TU PA program, and integrated with the ARC-PA 5th ed. Standards and PAEA, the required application and performance skills set each student is expected to perform adequately and appropriately included, but is not limited to, the following:

History Taking and Physical Examination

1. Ability to take and document comprehensive patient histories across the lifespan and diverse populations.
2. Ability to perform a technically correct, complete, comprehensive, and focused physical exam based on recognition, extraction, and interpretation of a patient's pertinent history and corresponding physical exam findings.
3. Synthesize patient histories, corresponding physical exam findings, conceptualize and prioritize patient's care based upon assessment, and design appropriate medical/treatment-plan.
 - a. Ability to create and accurately document corresponding patient assessment information into a progress note (e.g., SOAP), pre-/peri-/post-operative notes, psychiatric evaluation, and discharge summary.

Diagnostic Studies

1. Order, identify and interpret normal/abnormal values for routine laboratory, radiologic, and ancillary testing studies (i.e., lab results, EKGs, chest X-rays).
2. Demonstrate provision of appropriate education to patient(s) and families, as it relates to diagnostic studies.
3. Formulate indications, techniques, and potential risks and benefits associated with diagnostic studies.
4. Identify and determine appropriate follow-up studies (if warranted), based upon condition, risk stratification, patient factors, and diagnostic study accessibility.

Diagnosis

1. Demonstrate critical thinking and medical decision making by:
 - a. Generating a complete and accurate list of differential diagnoses, including most likely, least likely, and potential conditions of acute nature.
 - b. Demonstrate the ability to integrate patient history, physical exam findings, laboratory results, and diagnostic studies for treatment planning.
 - c. Formulate an appropriate treatment plan, using evidence-based medicine and current recommended guidelines, with consideration for individual patient factors.
 - d. Identify underlying processes and pathophysiology associated and/or causative for certain disease states or conditions.

Health Maintenance

1. Demonstrate professionalism, proficient and empathetic patient care skills, and effective communication across settings (i.e., oral case presentations, patient/family communication skills, obtain patient consent, and deliver patient-appropriate education).
2. Identify and provide appropriate education and patient counseling regarding disease prevention, transmission, immunizations, and lifestyle routines for health promotion (e.g., exercise, nutrition) as it relates to a patient's individual factors, comorbidities, risk, environmental support, resource access, and intervention/treatment risks, benefits, and accessibility across the lifespan.
3. Perform appropriate history and physical examinations for health screenings and well-care visits across the lifespan as a component of public health prioritization.
4. Recognize, determine appropriate intervention(s) and/or referrals for, and educate the patient regarding stress levels' impact on health, maladaptive behavioral patterns, coping strategies, family dynamics, signs and symptoms of abuse/neglect, aging-related issues and effects, other psychosocial stressors.
5. Identify typical/atypical growth, maturation, and developmental milestones.
 - a. Link age-appropriate anticipatory guidance with condition (or sequelae) for risk reduction and early intervention.

Clinical Intervention

1. Perform any procedures or tasks with proper indication and procedural technique (e.g., suturing, I&D, stapling, wound care, splinting/casting).
2. Determine other resources required to better manage patient care (i.e., patient risk-levels and intervention urgency, specialty or general patient referral, clinical consultation, or other connection to treatment services required and/or recommended).
3. Select appropriate clinical interventions and recognize any treatment limitations.
4. Construct a treatment plan and appropriately educate patients and/or families regarding the recommended treatment course and its implications on the patient's health condition(s) and other associated outcomes.
5. Identify and select appropriate pharmacological and/or non-pharmacological treatment modalities based on individual patient factors.
 - a. Monitor pharmacotherapy:
 - i. Recognize indications, contraindications, risks, benefits, drug interactions, appropriate populations.
 - ii. Determine routine or ongoing diagnostic studies (e.g., laboratory) for therapeutic treatment and organ function monitoring.

- iii. Recognize side effects and/or when a modification is necessary for a therapeutic treatment (e.g., pharmacological therapeutic window for reduction of and minimization of risk for toxicity).
6. Establish appropriate follow-up appointment scheduling regimen.

While each rotation is a different and new encounter, students are encouraged and reminded to remain cognizant of a wide range of differential diagnoses, as there can be significant overlaps in rotation setting types and certain medical condition presentations. Based upon elective rotation and final preceptorship sites, and variance in encounters, conditions organ system(s) and conditions outlined below for expected outcomes are not exhaustive.

The outlined performance skill set, as reviewed above, is required in all rotations and is applied to the following topics (see [PAEA Topic List Content](#)) for a detailed topic list relative to the learning outcomes/expectations and associated organ systems, based on the rotation setting:

1. Emergency medicine (see [Emergency Medicine Topic List \(PAEA\)](#))
2. Family medicine (see [Family Medicine Topic List \(PAEA\)](#))
3. General surgery (see [General Surgery Topic List \(PAEA\)](#))
4. Internal medicine (see [Internal Medicine Topic List \(PAEA\)](#))
5. Pediatrics (see [Pediatrics Topic List \(PAEA\)](#))
6. Psychiatry and behavioral health (see [Psychiatry & Behavioral Health Topic List \(PAEA\)](#))
7. Women's health (see [Women's Health Topic List \(PAEA\)](#))

CLINICAL YEAR CURRICULUM

SCHEDULE AND REQUIRED ROTATIONS

The clinical year begins in June, after Transition Week, and continues through the following July. Each rotation is 5 ½ weeks in length, with the whole class together (“on campus”) the last two days (Thursday and Friday) of the 6th week at Towson University.

The required Clinical Year rotations are:

1. Internal Medicine
2. Behavioral and Mental Health Care
3. Emergency Medicine
4. Family Medicine
5. General Surgery
6. Women’s Health
7. Pediatrics
8. Community Medicine
9. Elective
10. Final preceptorship (FP)

The final preceptorship rotation will be the last rotation during the clinical year. Students must have completed all required core rotations before beginning their Final Preceptorship. The goals of the Final Preceptorship include expanding or strengthening the student’s knowledge and skillset in a particular area of medicine, and/or as a possible pathway for employment. However, the program reserves the right to utilize the elective rotation and the Final Preceptorship rotation for Student Success Intervention of required rotations in which a student has underperformed.

CLINICAL ROTATION OVERVIEW

SITE ACQUISITION AND AFFILIATION AGREEMENTS

The Program is responsible for locating and securing appropriate preceptors and sites for clinical year rotations. All potential/ new sites are thoroughly evaluated to ensure student safety, appropriate licensed preceptors, and the ability to reasonably provide the program's clinical learning objectives to the student. This process includes a site visit and meeting with the preceptor. If the site is deemed appropriate, an Affiliation Agreement (a legal contract between Towson University and the site) is signed by both parties and a copy is kept on file at TU.

Students will not be allowed on any site where an active Affiliation Agreement is not in place. Students must notify the Director of Clinical Education immediately if a preceptor requests that a student be in a different location other than the location to which they were originally assigned.

REQUIRED PAPERWORK

In addition to standard documentation, some settings require additional paperwork in advance. This may include onboarding, parking, identification badges, online videos and training, and other signed documents. This might also include paperwork that was previously completed but may need updated information or signatures. Students must complete and submit any paperwork as requested or required by the program or any clinical site in a timely manner. Failure to do so may result in a student not being placed at a site as scheduled and may therefore delay graduation.

STUDENT PLACEMENT

The Director of Clinical Education is responsible for the placement of each student for every required rotation, with the intention of matching students with the best fit. Although students may be asked about preferences for electives, the final decision of placement rests solely on the Director of Clinical Education.

The Director of Clinical Education matches students with licensed and actively practicing health care providers (usually physicians, PA-Cs, and sometimes Nurse Practitioners) who serve as preceptors. These preceptors, who volunteer their time, will primarily take responsibility for supervising student-patient interactions, as well as determining the schedule of the student.

Students may be expected to participate in other learning experiences besides direct patient care, such as attendance at Grand Rounds, assigned readings, and working collaboratively with other members of the health care team (nurses, medical residents, PT, OT, respiratory therapists, social workers, etc.) while on site.

ON-ROTATION SCHEDULE

Each student will have their own individual Clinical Rotation schedule. There is no specific or necessary order for these placements. All students will have met their rotation-type requirements at the completion of the clinical year, before beginning a Final Preceptorship. Students may not change their assigned site for any reason; However, the Director of Clinical Education may need to adjust due to preceptor/ site situations, and the student will be notified appropriately.

Students will be expected to follow the clinical (work) schedule given by the lead preceptor, which may include overnights, weekends, and some holidays. The expectation is that students will be on site for a minimum of 40 hours per week but maybe more based on the preceptor's expectations/schedule. *If, for any reason, you are unable to complete the 220 hours expected for each rotation, you must notify the Director of Clinical Education immediately to determine a plan of action.*

Each rotation is 5 ½ weeks (unless otherwise noted on the schedule) with the entire class returning to campus on the last Thursday and Friday of the 6th week. These days will include taking the PAEA End of Rotation Exam, group SOAP note presentations, Grand Rounds, additional didactic courses, Capstone meetings, topic-specific lectures, and/or any program-required activities.

ELECTIVE ROTATIONS

The Director of Clinical Education will send students a “Wish List” form to complete regarding preferred placements for their Elective rotation. These are usually areas of specialty, such as dermatology, orthopedics, or neurosurgery. While every attempt will be made to meet these requests, the Director of Clinical Education will determine the final placement.

CLINICAL YEAR EXPECTATIONS AND REQUIREMENTS

STUDENT CONTACT INFORMATION

All students must complete and update as necessary all personal contact information, to include emergency contact information, in EXXAT prior to beginning clinical rotations.

INDIVIDUAL REQUIREMENTS TO BEGIN CLINICAL YEAR ROTATIONS

The PA program utilizes *CastleBranch* (discover.castlebranch.com) for required screenings. Please, contact the clinical Program Specialist if you require help.

Students are responsible for ensuring these are all up to date and submitted appropriately, as failure to do so may preclude a student from starting on or completing a rotation. *Students are responsible for all fees for these requirements incurred while attending the PA Program.*

Health Screening

Each year, students must complete a health screening exam. A licensed healthcare provider must complete this exam. A copy of that exam must be on file with the program.

Required Immunizations and Screenings

All students must be up to date on the following immunizations, unless otherwise contraindicated, as required by the university and recommended and updated by the CDC (<https://www.cdc.gov/vaccines-adults/recommended-vaccines/index.html>), but may include the following and others:

- COVID-19
- Hepatitis B
- Influenza (Flu)
- Meningococcal (Meningitis)
- MMR (Measles, Mumps, and Rubella)
- Polio
- Tdap (Tetanus, Diphtheria, and Pertussis)
- Tuberculosis Screening (TB/ PPD)
- Varicella (Chicken Pox)

Background Check and Drug Screening

A yearly background check and drug screening are required for the clinical year, and is also maintained in CastleBranch. The student must ensure all testing and documentation are up to date.

A preceptor or site reserves the right to require any student to provide an immediate drug screening if there is concern that a student may be impaired and/or may impact patient safety. Failure to comply will result in the student being removed from the site immediately and may constitute grounds for dismissal from the program.

Liability Insurance

Students must carry liability insurance throughout the clinical year. The American Academy of Physician Associates (AAPA) website provides a link to the CM&F group for students to obtain this required coverage. (www.cmfgroup.com/about-cm-f/cmf-partners/aapa-malpractice-insurance-services/)

The student is responsible for ensuring that all required documents are uploaded into EXXAT once verified by CastleBranch. This will allow the student (and program) to send site-specific documents in a timely fashion as required by the individual clinics and/or facilities.

Site Visits

Site visits serve several purposes, including initial and ongoing personal faculty contact with preceptors and sites, ongoing evaluation of both against program standards, and/or any concerns or questions regarding the student or site. Further, regular site visits are mandated by ARC-PA standards.

The Clinical Team will contact the preceptor(s) to arrange the date and time of the visit. Any student currently placed on that site should expect to be available to meet with the visiting faculty member as requested, as an active student input is also a valuable part of the site visit.

GOING ON ROTATIONS

STARTING A NEW ROTATION

Students and preceptors will be assigned in advance of their clinical rotation start date. Any site-specific requirements or documents will be communicated via EXXAT. The student will be responsible for sending all necessary documents to each site. If there are additional documents or signatures required, they must let the Director of Clinical Education know immediately. Untimely submission of required documents may result in a cancellation of that rotation and lead to a delayed course completion for the student.

Students must contact each of their preceptors by email (contact information is in EXXAT) to confirm start date, work schedule, and to obtain any additional information necessary (e.g., parking pass, ID, orientation, required online training, dress code, etc.). If the student is unable to reach the preceptor, or if the preceptor is not responding to emails, the Director of Clinical Education should be notified immediately.

MID-ROTATION EVALUATION FORM

Halfway through the rotation, the student must request a face-to-face discussion with the preceptor to complete the Mid-Rotation Evaluation form in order to obtain timely feedback. This is done to ensure there are no significant issues that may preclude the student from passing the rotation (in which case the Director of Clinical Education should be notified immediately). The mid-rotation evaluations will be submitted through EXXAT.

PRECEPTOR EVALUATION OF THE STUDENT (PES)

At the end of each rotation, the student will request a meeting with the preceptor to review and discuss the Preceptor Evaluation of the Student (PES) form. This form is submitted through EXXAT and is due the Friday after the last day of the rotation; if the preceptor delays completing the form, the student should notify the Director of Clinical Education.

Please note that the preceptor of record might not be the preceptor the student works with on site. Additionally, students may work with multiple preceptors during their time on site. The preceptor the student works with most should complete the form. However, we need to have all preceptors at the site documented as instructional faculty. Also, the evaluation should be based upon input from additional preceptors as appropriate.

THANK YOU NOTE

At the end of each rotation, students are required to give their preceptor(s) a handwritten thank you note as a token of appreciation.

STUDENT EVALUATION OF PRECEPTOR/SITE FORM (SEP)

The student must complete and submit a Student Evaluation of Preceptor/Site (SEP) form in EXXAT. These are rotation-type-specific so students must take care to ensure they are completing the correct version.

SAFETY AND SECURITY

Students, faculty, and clinical faculty are responsible for ensuring appropriate security and personal safety measures are addressed in all locations where instruction occurs. Everyone is responsible for reading and observing policies on safety and security for each institution that you are assigned to or entering. **Weapons of any kind are prohibited from being carried by our students.** This includes firearms of any kind, knives of any size, chemical sprays, or anything that could be identified as a weapon.

If at any time a student does not feel safe on a rotation, they are to notify the Director of Clinical Education immediately.

PROBLEMS / ISSUES

Students are expected to accept directions, feedback and even criticism from preceptors and respond by modifying their behavior appropriately. However, inappropriate, and unprofessional actions or statements (including bullying) towards a student or a classmate is **unacceptable**.

If at any time a student is made to feel uncomfortable by a preceptor's actions or statements, and/or the student does not feel safe on site, the student must **contact the Director of Clinical Education immediately by phone and email**.

The Director of Clinical Education will inform the Program Director and, if deemed appropriate, the student will be removed from the site immediately. There will be **no repercussions or academic consequences directed towards the student for reports of concerns**. The Director of Clinical Education and Program Director will determine the most appropriate action. The student will be allowed to make up any missed time due to these circumstances. Students are reminded that reporting their concerns promptly helps to ensure your safety, security, and well-being, as well as that of your classmates.

STUDENT LOGGING REQUIREMENTS

EXXAT LOGGING REQUIREMENTS

The PA program has partnered with EXXAT, a multi-function online platform that includes contact information for preceptors and sites, communication with students, and most importantly, data collection. Students must familiarize themselves with the use of EXXAT before they begin the clinical year.

The program has specific requirements for patient experience. The patient logs in EXXAT will be used to document patient encounters and clinical procedures for each rotation. The student is responsible for ensuring the required data on every patient interaction is entered correctly and in a timely manner. Ideally, this will occur at the end of every day or at the end of every shift. If a student has multiple encounters with the same patient during a shift, the data is only logged once.

The EXXAT log must be completed no later than 4 days after the last day on site. Failure to update, complete and correct logging may require remedial rotation in place of the Final Preceptorship.

Time Log (Hours on Site)

Students must log all hours on-site for every shift/day and must have an average of 40 hours per week. These hours may be a combination of patient care and on-site learning experiences such as Grand Rounds attendance. If hours are missed, every attempt must be made to make them up during the time on that rotation. If that is not possible, the student will notify the Director of Clinical Education and may be assigned augmented learning modules.

Specific Types of Patient Encounters

To best achieve a variety of patient experiences, including those across the lifespan and in addition to the minimal number of logged hours on-site, the program requires students to have the following specific patient-type encounters logged in EXXAT for every patient encounter:

- Age of patient
- Infants (0-12 months)
- Children (1-12 years)
- Adolescents (12-18 years)
- Adults (18-65 years)
- Elders (>65 years)

Additional required patient experiences include:

- Prenatal (anytime during pregnancy)
- Pre-operative
- Peri-operative (in OR)
- Post-operative
- Behavioral Medicine

Skills Log

PAs are also expected to perform safely medical, diagnostic, and surgical procedures considered essential to their area of practice. In addition to completing ACLS training (provided by the program), students should see and log the following competencies, as either “observed,” “assisted,” or “done” in EXXAT. Students will also log skills in the Student Passport (see below). Both the Passport and EXXAT logs are reviewed by faculty during the rotation cycle. Students are advised to ensure their logs are up to date and that both the Passport and EXXAT accurately reflect their clinical encounters.

STUDENT PASSPORT

Each student will be issued a student passport skills log. This log should be carried with them on every rotation. Students will be required to record the skills listed in the passport and have their preceptor sign the passport to verify that they have performed that procedure or demonstrated a particular skill. Each program required skill is listed in the Passport. The following information should be recorded for each entry:

- Date
- Rotation type
- Preceptor printed name
- Preceptor signature
- Performed, Assisted, or Observed

Students must log at least 1 of each of the listed skills and have it signed by a preceptor. Students may choose to log more than one occurrence for each skill within Exxat, but it is not required in the passport. Students will bring their passport with them during “back on campus” days at the end of each rotation. The Director of Clinical Education will review each passport regularly to ensure students are on track to meet the required competencies. Students should have a conversation with the preceptor, so they are aware of the skills needed at the beginning of each rotation and can best enable achievement of the competencies.

Please note, students must actively seek opportunities to perform these skills!

ROTATION EVALUATIONS, ASSIGNMENTS, AND EXAMS

Students will be evaluated throughout the Clinical Year to ensure program expectations are being met and students are progressing successfully. These include the following:

- **Preceptor Evaluations: Mid-Rotation and Preceptor Evaluation of Student (PES)**
- **SOAP notes**
 - For each rotation, students will write a SOAP note based on a case seen during rotation and will email the assigned SOAP Advisor no later than 10 days before returning to campus.
 - An alternative case may be used if necessary and approved in advance by the advisor.
 - Students will present the case to their advisor and groupmates while on campus, using the grading rubric found in the course syllabus.
 - The written note (graded by the SOAP advisor) will count towards the final course grade.
 - Special Requirement for Community Medicine rotation.
 - Students who have completed the Community Medicine rotation will do a Community Project *in lieu of a SOAP note* (see below).
- **PAEA End of Rotation Exams**
 - The 7 “core” rotations each have a rotation-type specific End of Rotation (EOR) exam given on the first day back on campus.
 - This is a 2-hour exam taken on student laptops and will count towards the final course grade.
 - Students are encouraged to use the PAEA website to review Core Tasks and Objectives (<https://paeasonline.org/assessment/core-tasks-and-objectives>) and Exam Blueprints.
 - Students must score within one standard deviation of the national mean to pass the EOR exam.
 - Any student who scores below this threshold will be required to complete rotation specific exams through the Rosh Review.
 - Students with approved Academic Accommodations are required to take their exams in the TU Testing Center.
 - Students are responsible for scheduling in advance with the testing center.
- **Special Community Medicine Requirement**
 - Students completing their Community Medicine rotation will not take an EOR exam.
 - In lieu of a SOAP note, a Community Medicine project will be submitted.

- The student will complete a community-based service project, ideally based on their experiences on that site (if placed off campus).
- The preceptor should be made aware of this requirement and approve the project before it is started.
- Some examples of these projects include:
 - A printed pamphlet or handout with patient education about a topic relevant to the population served,
 - A public service announcement (PSA),
 - Or a patient education video that can be referred to or played by the site.
- A larger community-based project will also be considered, such as a volunteer project for veterans, school-aged students, or shelter.
 - This type of project must be submitted in writing and approved by the Director of Clinical Education in advance.
- The project should demonstrate an awareness of economic or social issues, and/or cultural influences that may affect health care beliefs, practices, or the delivery of health care in that community.
- If the student's Community Medicine rotation is on campus, detailed information regarding project requirements will be given at the beginning of the rotation.
- The project must be submitted in the same timeline and manner as a written SOAP note and should be presented to the SOAP group as well.
- This project will be pass/fail, with a pass being worth 50 points (the same as SOAP notes).

• **Final Course Grade**

- Generally, each course's final grade is based on the above evaluations.
- Some program courses include one rotation, while others contain two.
 - For those courses that include two, the grades of each rotation will be totaled and averaged.
- Unless otherwise specified in the syllabus, grading for each rotation is as follows:

Deliverable	Total Rotation Grade %
Preceptor Evaluation of Student (PES)	10%
PAEA End of Rotation Exam	50%
Patient Log & Clinical Skills Documentation (by DCE)	20%
SOAP note grade (or Comm Med Project)	20%
Total	100%

- For **Community Medicine rotations**, the Community Medicine project will count as the SOAP grade.
- For **Elective rotations**, where there is no EOR exam, the grade will be based on the PES (Preceptor Evaluation of Student) and the SOAP note only.
- **Failing a Rotation**
 - Students must earn a “C” or better to pass any rotation, but any “Cs” earned during the Clinical Year fall under the same consequences as in the didactic year.
 - Students must not earn more than 2 “C” grades total (combined didactic and clinical years) to complete the program.
 - If a student fails a rotation, a meeting will take place between the student and the Director of Clinical Education to discuss the cause of the failure.
 - The student’s advisor will be made aware of the failure as well.
 - Failure due to professionalism will be reported to the SPRC for a recommendation of the appropriate consequences.
 - Failure due to the combined scores of the deliverables (see above) will require remediation of the rotation.
 - Repeated remediations may delay the student’s graduation date or be grounds for discussion of progression in the program.

PANCE / PANCE PREPARATION

STUDY PLAN

After the **PACKRAT I** exam is taken at the end of the didactic year and scores are released, all students must develop a well-thought-out, detailed, PANCE Study Plan that considers their individual scores and feedback regarding strengths and weaknesses. This Study Plan will detail what resources the student plans to use and a potential schedule for PANCE study during the clinical year. This may also include consideration, with the Director of Clinical Education, of a particular rotation setting to help give students additional exposure. Most PANCE preparation would be accomplished when students are not on site. The student is responsible for scheduling this meeting before the completion of the first clinical rotation. The final version of this Study Plan must be discussed with and approved by the advisor and the Director of Clinical Education.

Suggested resources may include course lectures and discussions, texts available through Access Medicine, Rosh Reviews, and practice exams (online and in textbooks), digital cases, the Bate's Guide to Physical Examination and History Taking and Harrison's textbook used in the didactic year.

Additionally, the Content Blueprint for the Physician Assistant National Certifying Examination ([link: PANCE Blueprint](#)) is an excellent resource to guide students on different medical content and task categories that have been deemed important for entry-level practice as certified physician assistants.

PANCE REVIEW COURSE

If the program offers a formal PANCE review course, attendance will be mandatory without exception. Students and preceptors will be informed in advance of the dates as soon as possible, and dates missed from site will be excused.

CLINICAL YEAR REQUIRED STANDARDIZED TESTING

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCEs)

Although the Preceptors evaluate Program defined competencies, we use OSCEs to demonstrate students' history-taking and focused exam skills on a standardized patient. The standardized patients will complete a standardized grading form developed with input from individual programs and all results are reviewed by the Director of Clinical Education and clinical team. Clinical phase students complete an OSCEs in the fall and another during the spring semester. Each OSCE will consist of two patient encounters, each. As part of the evaluation, clinical year students will be expected to form a differential diagnosis based on the history and PE and develop management plans.

As a program requirement, OSCEs are considered Pass/Fail, but students must earn a minimum of 80% to pass. If a student scores below 80%, they will be required to remediate with the Director of Clinical Education (or other faculty member) with a 1:1 review of the SP's scoring and comments and may include a review of the video. The student will then be assigned a digital case of a similar chief complaint and must score a minimum of 80% to successfully complete the Student Success Intervention.

If the student does not pass the OSCE Student Success Intervention (i.e., scores <80% on the assigned digital case), the student may be required to repeat a rotation in internal medicine or family medicine to demonstrate knowledge and competency of history-taking and PE skills required of a new PA.

The OSCEs are taken at the University of Maryland in the School of Nursing Building. Dates and times will be assigned by the Director of Clinical Education and students will be excused from clinical sites to participate.

Successful completion of both the Year 1 and Year 2 final OSCEs is an important aspect of the Programs verification of our defined competencies and therefore a requirement for completion of the PA program.

PACKRAT II

The PAEA Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) is an objective, comprehensive self-assessment tool for students and curricular evaluation. Didactic phase students take it at the end of the didactic year (PACKRAT I), and clinical phase students take the test again (PACKRAT II) at the end of the clinical year. The results help guide the students for the PANCE Study Plan as part of preparation for the certifying exam. All students take both PACKRAT exams to provide them with formative feedback on gains made in the clinical year. PACKRAT II is part of PAST 731 but in no way contributes to a grade for that course.

END OF CURRICULUM EXAMINATION

The PAEA End of Curriculum Exam is given to all students within 4 months of graduation. This standardized test evaluates the student's medical knowledge as one component of their readiness to graduate. The EOC falls under course PAST 731.

Students approved for Academic Accommodations are required to take the PACKRAT and EOC exams in the TU Testing Center and are responsible for arranging that in advance.

FINAL CLINICAL SKILLS EVALUATION

In accordance with ARC-PA standards, within 120 days of graduation, students will be required to successfully complete a scenario-based clinical skills evaluation that is designed to verify acquisition of clinical skills encountered during the Program and listed in the Clinical Year Passport.

DIRECTOR OF CLINICAL EDUCATION COMMUNICATION

The Director of Clinical Education should be made aware of any concerns, issues, or potential problems that occur while on site, ideally before they become more serious or with greater consequences. However, this can only be done if students communicate effectively in a timely manner.

The Director of Clinical Education must be notified immediately (via both text and email, regardless of time or day) if any of the following occur:

1. Personal emergencies that may urgently affect the student's clinical year.
2. Injury on site.
3. Lateness or absence from site (student must also notify the preceptor)
4. Need to leave the site early due to an emergency.
5. Illness that precludes site attendance.
6. Any situation on site or involving a preceptor that makes the student uncomfortable or unsafe.

The Director of Clinical Education must be notified within 24 hours (by email) if any of the following occur:

1. Any feedback from the preceptor that indicates the student is at risk of failing the rotation (including mid-rotation evaluation).
2. Any personal situation that may affect the student's clinical year.
3. Any other issue that the student believes the Director of Clinical Education should be aware of within 24h.

While the Director of Clinical Education may choose to make their personal cell phone available to students, **please be considerate and reserve this form of communication for urgent matters only.**

PA PROFESSIONAL ORGANIZATIONS

THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA)

NCCPA is the only professional certification organization for physician assistants in the United States. Established as a not-for-profit organization in 1975, NCCPA is dedicated to assuring the public that certified physician assistants meet established standards of knowledge and clinical skills upon entry into practice and throughout their careers. Every U.S. state, the District of Columbia and the U.S. territories rely on NCCPA certification as one of the criteria for licensure or regulation of physician assistants. www.nccpa.net.

THE ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT (ARC-PA)

The ARC-PA is the accrediting agency that protects the interests of the public, including current and prospective PA students, and PA professionals by defining the standards for PA education and evaluating PA educational programs within the territorial United States and Puerto Rico to ensure their compliance with those standards. www.arc-pa.org.

THE PA EDUCATION ASSOCIATION (PAEA)

PAEA is the national organization in the United States representing physician assistant educational programs. Their mission is to pursue excellence, foster faculty development, advance the body of knowledge that defines quality education and patient-centered care, and promote diversity in all aspects of physician assistant education. The Towson PA Program is a member of the PAEA. www.paeaonline.org.

THE AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES (AAPA)

Established in 1968, the AAPA is organized to promote the PA Profession and facilitate the recognition of physician assistants. Key to their mission, the AAPA ensures the quality of care delivered by members of the profession. Students are eligible for membership in the Student Academy of the AAPA (SAAAPA). Members receive a number of publications, have access to a job service and are eligible to compete for scholarships. www.aapa.org.

THE MARYLAND ACADEMY OF PHYSICIAN ASSISTANTS (MdAPA)

Formed in 1976, MdAPA is a constituent chapter of the AAPA. Each year a student from one of the Maryland programs is elected by MdAPA member students from all of the programs to be the student board member. Each year, MdAPA awards one or more scholarships to Maryland registered PA students, and supports student projects in a variety of ways. <https://mdapa.wildapricot.org/>

PI ALPHA (THE NATIONAL HONOR SOCIETY FOR PHYSICIAN ASSISTANTS)

Pi Alpha is the national PA honor society organized for the promotion and recognition of both PA students and graduates. Membership signifies the inductees' significant academic achievement and honors them for their leadership, research, community/professional service, and related activities. The society also encourages a high standard of character and conduct among students and graduates.

Student membership in Pi Alpha is an honor bestowed upon a graduating student in recognition of **not only** scholastic achievement (minimum professional GPA of 3.5 on a 4.0 scale) **but also** demonstrated excellence in research, publishing, community professional service, or leadership activities. GPA alone is not an indication for induction. The total number of student members cannot exceed 15% of graduating class. <https://paeaonline.org/our-work/pi-alpha-honor-society>

THE STUDENT ACADEMY OF THE AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES (SAAAPA)

As a constituent chapter of the Student Academy of the American Academy of Physician Associates (SAAAPA), the Towson University Physician Assistant Student Society exists to promote the physician assistant profession through public education and community service projects in close cooperation with the Physician Assistant Program, the Maryland Academy of Physician Assistants (MdAPA) and the American Academy of Physician Associates (AAPA). SAAAPA bylaws, rules and directions for registered student societies are available at www.aapa.org/governance/student-academy/.

Student Society Members (**who must also be members of AAPA**) will elect society officers in accordance with Society Bylaws approved by AAPA, a nominee to represent the society to the MdAPA board of directors, the assembly of representatives of SAAAPA, and the AAPA House of Delegates.

GRADUATION PLANNING

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF PROGRAM

1. Completion of all clinical and academic required forms and paperwork, including but not limited to preceptor evaluations, evaluations of clinical sites, completion of course evaluations and exit interviews or surveys within the acceptable timelines set by the faculty.
2. Successful completion of the PA Program courses on a full-time basis in the outlined sequence.
3. Achievement of an overall 3.00 GPA for physician assistant courses with no more than two “C” grades.
4. Achievement of a minimum score as defined in course syllabi.
 - a. Year I summative evaluation tests
 - b. Successful completion/ passing of the nine program-required rotations, which include the following:
 - i. PAEA End of Rotation Exam
 - ii. Preceptor Evaluations of Student (PES)
 - iii. Timely submission of all paperwork
 - c. Observed Structured Clinical Examinations (OSCEs)
 - d. Scenario-based summative evaluation of Clinical Skills
5. Completion of program-specific patient data experiences (logging)
6. Completion of the Year II PACKRAT exam.
7. Completion of the EOC with a recommended score within one standard deviation of the national mean.
8. Full compliance with all Physician Assistant Program and Towson University policies.
9. Successful demonstration of professionalism.
10. Completion of all program requirements within 36 months of beginning the physician assistant program.

APPLYING FOR GRADUATION

Students are responsible for registering for graduation and all associated graduation fees. Deadlines can be found on the Registrar’s Office Graduation [page](#). All students must register to graduate and pay fees whether or not they elect to participate in TU’s commencement ceremony.

LONG WHITE COAT CEREMONY

The PA Program hosts a ceremony for the awarding of the long white coat prior to the fall semester, following program completion. The date, time and place of the ceremony are set by the program faculty and announced by the end of Year I. Graduating students are encouraged to submit guest speaker recommendations to the program director by May 1st in the year of graduation. It is customary for the

Year I class to form a committee to assist with the Long White Coat Ceremony and reception. Year I members assist with the Long White Coat Ceremony, act as ushers, and may serve at the reception.

STUDENT AWARDS

PA's PA

The student awardee is nominated and selected by the graduating class as a student who best epitomizes the values of the PA Program and the PA profession through demonstrated commitment to excellence, selflessness, and professionalism.

Faculty's Professionalism

The student awardee is selected by the PA Program faculty for their demonstration of overall and exceptional professionalism throughout their time as a student both in the classroom and in clinical settings.

APPENDICES

APPENDIX A

STATEMENT OF VALUES OF THE PHYSICIAN ASSISTANT PROFESSION

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

Guidelines for Ethical Conduct for the PA Profession - [American Academy of Physician Associates](#)

APPENDIX B

PHYSICIAN ASSISTANT ESSENTIAL FUNCTIONS

Physician assistants (PAs) are academically and clinically prepared to provide health care services as a member of collaborative health care teams. PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is centered on patient care and may include educational, research, and administrative activities.

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

2023 ARC-PA: <https://www.arc-pa.org/about/pas/>

APPENDIX C

COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION

(Adopted 2005, reaffirmed 2010, 2018, amended 2013, 2021)

Introduction

This document defines the specific knowledge, skills, and attitudes that physician assistants (PAs) in all clinical specialties and settings in the United States should be able to demonstrate throughout their careers. This set of competencies is designed to serve as a roadmap for the individual PA, for teams of clinicians, for healthcare systems, and other organizations committed to promoting the development and maintenance of professional competencies among PAs. While some competencies are acquired during the PA education program, others are developed and mastered as PAs progress through their careers.

The PA professional competencies include seven competency domains that capture the breadth and complexity of modern PA practice. These are: (1) knowledge for practice, (2) interpersonal and communication skills, (3) person-centered care, (4) interprofessional collaboration, (5) professionalism and ethics, (6) practice-based learning and quality improvement, and (7) society and population health. The PA competencies reflect the well-documented need for medical practice to focus on surveillance, patient education, prevention, and population health. These revised competencies reflect the growing autonomy of PA decision-making within a team-based framework and the need for additional skills in leadership and advocacy.

As PAs develop greater competency throughout their careers, they determine their level of understanding and confidence in addressing patients' health needs, identify knowledge and skills that they need to develop, and then work to acquire further knowledge and skills in these areas.

This is a lifelong process that requires discipline, self-evaluation, and commitment to learning throughout a PA's professional career.

Background

The PA competencies were originally developed in response to the growing demand for accountability and assessment in clinical practice and reflected similar efforts conducted by other healthcare professions. In 2005, a collaborative effort among four national PA organizations produced the first Competencies for the Physician Assistant Profession. These organizations are the National Commission on Certification of Physician Assistants (NCCPA), the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the American Academy of Physician Associates (AAPA), and the PA Education Association (PAEA). The same four organizations updated and approved this document in 2012.

Methods

This version of the Competencies for the Physician Assistant Profession was developed by the Cross-Org Competencies Review Task Force, which included two representatives from each of the four national PA organizations. The task force was charged with reviewing the professional competencies as part of a periodic five-year review process, as well as to “ensure alignment with the Core Competencies for New PA Graduates,” which were developed by the PA Education Association in 2018 to provide a framework for accredited PA programs to standardize practice readiness for new graduates.

The Cross-Org Competencies Review Task Force began by developing the following set of guiding principles that underpinned this work:

1. PAs should pursue self- and professional development throughout their careers.
2. The competencies must be relevant to all PAs, regardless of specialty or patient care setting.
3. Professional competencies are ultimately about patient care.
4. The body of knowledge produced in the past should be respected, while recognizing the changing healthcare environment.
5. The good of the profession must always take precedence over self-interest.

The task force reviewed competency frameworks from several other health professions. The result is a single document that builds on the Core Competencies for New PA Graduates and extends through the lifespan of a PA’s career.

The competencies were drawn from three sources: the previous Competencies for the Physician Assistant Profession, PAEA’s Core Competencies for New PA Graduates, and the Englander et al article Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians which drew from the competencies of several health professions.¹ The task force elected not to reference the source of each competency since most of these competencies were foundational to the work of multiple health professions and are in the public domain. The task force acknowledges the work of the many groups that have gone before them in seeking to capture the essential competencies of health professions.

1. Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, Aschenbrener CA. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Academic Medicine*. 2013 Aug 1;88(8):1088-94.

Competencies

1. Knowledge for Practice

Demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. PAs should be able to:

- 1.1 Demonstrate investigative and critical thinking in clinical situations.
- 1.2 Access and interpret current and credible sources of medical information.

- 1.3 Apply principles of epidemiology to identify health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for individuals and populations.
- 1.4 Discern among acute, chronic, and emergent disease states.
- 1.5 Apply principles of clinical sciences to diagnose disease and utilize therapeutic decision-making, clinical problem-solving, and other evidence-based practice skills.
- 1.6 Adhere to standards of care, and to relevant laws, policies, and regulations that govern the delivery of care in the United States.
- 1.7 Consider cost-effectiveness when allocating resources for individual patients or population-based care.
- 1.8 Work effectively and efficiently in various healthcare delivery settings and systems relevant to the PA's clinical specialty.
- 1.9 Identify and address social determinants that affect access to care and deliver high quality care in a value-based system.
- 1.10 Participate in surveillance of community resources to determine if they are adequate to sustain and improve health.
- 1.11 Utilize technological advancements that decrease costs, improve quality, and increase access to healthcare.

2. Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. PAs should be able to:

- 2.1 Establish meaningful therapeutic relationships with patients and families to ensure that patients' values and preferences are addressed and that needs and goals are met to deliver person-centered care.
- 2.2 Provide effective, equitable, understandable, respectful, quality, and culturally competent care that is responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- 2.3 Communicate effectively to elicit and provide information.
- 2.4 Accurately and adequately document medical information for clinical, legal, quality, and financial purposes.
- 2.5 Demonstrate sensitivity, honesty, and compassion in all conversations, including challenging discussions about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.

- 2.6 Demonstrate emotional resilience, stability, adaptability, flexibility, and tolerance of ambiguity.
- 2.7 Understand emotions, behaviors, and responses of others, which allows for effective interpersonal interactions.
- 2.8 Recognize communication barriers and provide solutions.

3. Person-Centered Care

Provide person-centered care that includes patient- and setting-specific assessment, evaluation, and management and healthcare that is evidence-based, supports patient safety, and advances health equity. PAs should be able to:

- 3.1 Gather accurate and essential information about patients through history-taking, physical examination, and diagnostic testing.
- 3.2 Elicit and acknowledge the story of the individual and apply the context of the individual's life to their care, such as environmental and cultural influences.
- 3.3 Interpret data based on patient information and preferences, current scientific evidence, and clinical judgment to make informed decisions about diagnostic and therapeutic interventions.
- 3.4 Develop, implement, and monitor effectiveness of patient management plans.
- 3.5 Maintain proficiency to perform safely all medical, diagnostic, and surgical procedures considered essential for the practice specialty.
- 3.6 Counsel, educate, and empower patients and their families to participate in their care and enable shared decision-making.
- 3.7 Refer patients appropriately, ensure continuity of care throughout transitions between providers or settings, and follow up on patient progress and outcomes.
- 3.8 Provide healthcare services to patients, families, and communities to prevent health problems and to maintain health.

4. Interprofessional Collaboration

Demonstrate the ability to engage with a variety of other healthcare professionals in a manner that optimizes safe, effective, patient- and population-centered care. PAs should be able to:

- 4.1 Work effectively with other health professionals to provide collaborative, patient-centered care while maintaining a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
- 4.2 Communicate effectively with colleagues and other professionals to establish and enhance interprofessional teams.

- 4.3 Engage the abilities of available health professionals and associated resources to complement the PA's professional expertise and develop optimal strategies to enhance patient care.
- 4.4 Collaborate with other professionals to integrate clinical care and public health interventions.
- 4.5 Recognize when to refer patients to other disciplines to ensure that patients receive optimal care at the right time and appropriate level.

5. Professionalism and Ethics

Demonstrate a commitment to practicing medicine in ethically and legally appropriate ways and emphasize professional maturity and accountability for delivering safe and quality care to patients and populations. PAs should be able to:

- 5.1 Adhere to standards of care in the role of the PA in the healthcare team.
- 5.2 Demonstrate compassion, integrity, and respect for others.
- 5.3 Demonstrate responsiveness to patient needs that supersedes self-interest.
- 5.4 Show accountability to patients, society, and the PA profession.
- 5.5 Demonstrate cultural humility and responsiveness to a diverse patient population, including diversity in sex, gender identity, sexual orientation, age, culture, race, ethnicity, socioeconomic status, religion, and abilities.
- 5.6 Show commitment to ethical principles pertaining to provision or withholding of care, confidentiality, patient autonomy, informed consent, business practices, and compliance with relevant laws, policies, and regulations.
- 5.7 Demonstrate commitment to lifelong learning and education of students and other healthcare professionals.
- 5.8 Demonstrate commitment to personal wellness and self-care that supports the provision of quality patient care.
- 5.9 Exercise good judgment and fiscal responsibility when utilizing resources.
- 5.10 Demonstrate flexibility and professional civility when adapting to change.
- 5.11 Implement leadership practices and principles.
- 5.12 Demonstrate effective advocacy for the PA profession in the workplace and in policymaking processes.

6. Practice-based Learning and Quality Improvement

Demonstrate the ability to learn and implement quality improvement practices by engaging in critical analysis of one's own practice experience, the medical literature, and other information

resources for the purposes of self-evaluation, lifelong learning, and practice improvement. PAs should be able to:

- 6.1 Exhibit self-awareness to identify strengths, address deficiencies, and recognize limits in knowledge and expertise.
- 6.2 Identify, analyze, and adopt new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.
- 6.3 Identify improvement goals and perform learning activities that address gaps in knowledge, skills, and attitudes.
- 6.4 Use practice performance data and metrics to identify areas for improvement.
- 6.5 Develop a professional and organizational capacity for ongoing quality improvement.
- 6.6 Analyze the use and allocation of resources to ensure the practice of cost-effective healthcare while maintaining quality of care.
- 6.7 Understand how practice decisions impact the finances of their organizations, while keeping the patient's needs foremost.
- 6.8 Advocate for administrative systems that capture the productivity and value of PA practice.

7. Society and Population Health

Recognize and understand the influences of the ecosystem of person, family, population, environment, and policy on the health of patients and integrate knowledge of these determinants of health into patient care decisions. PAs should be able to:

- 7.1 Apply principles of social-behavioral sciences by assessing the impact of psychosocial and cultural influences on health, disease, care seeking, and compliance.
- 7.2 Recognize the influence of genetic, socioeconomic, environmental, and other determinants on the health of the individual and community.
- 7.3 Improve the health of patient populations.
- 7.4 Demonstrate accountability, responsibility, and leadership for removing barriers to health.

APPENDIX D

STUDENT RESOURCES

Job Placement

Students may use PA publications and the AAPA online job website. TU Career Center services are also available to PA students. The Career Center can be contacted at (410) 704-2233 and on the web at www.towson.edu/careercenter.

Students in Crisis

The TU Counseling Center (410) 704-2512 is available at any time during the day (Monday – Friday, 8AM to 5PM) to make an appointment, provide you with help, or make arrangements to get you help in an emergency. Immediate crisis support is available by phone at all times even after outside of business hours. Visit them at www.towson.edu/counseling/ for more information.

Financial Aid

Financial aid is available to PA graduate students who are making satisfactory academic progress fulfilling the eligibility requirements of the program. Students must be registered for six or more credits per semester.

Towson University receives a limited amount of money each year from the Federal Perkins Student Loan Program to assist students. The program is need based. To be eligible for consideration for any type of financial aid, a student must file a Free Application for Federal Student Aid (FAFSA) or renewal application.

For full consideration, all application materials should be received in the TU Financial Aid Office by the specified deadline. Students should contact the Financial Aid Office as soon as possible to establish deadlines. More information on financial aid programs and eligibility requirements is available upon request from the Financial Aid Office at (410) 704-4236 or www.towson.edu/admissions/financialaid/.

Cook Library

Available online for all resources and located near the center of the campus. The TU Cook Library serves as the hub of information resources for the university. A cooperative borrowing and delivery agreement with the other University System of Maryland libraries exists to help share library materials. For more information, call (410) 704-2456 or visit <https://libraries.towson.edu/>.

Additional Libraries

Other hospital affiliates allow students assigned to their sites to use in-house library and computer facilities. Students must strictly adhere to the policies of the institutions when using the libraries. Any and all costs or late fees are not the responsibility of the Program, but will be borne in full by the student. Students with outstanding debts to affiliates or other agencies will not receive their certificate of completion until and unless those debts are satisfied.

APPENDIX E

CODE OF CLASSROOM CONDUCT

- Students will at all times demonstrate respect for and courtesy to all faculty, instructors, fellow students, and guests in addition to following all other published guidelines and policies on classroom attendance and behavior.
- Students will arrive sufficiently early for scheduled classes, labs, and other classroom activities to be seated, settled and ready to begin at the scheduled start of the class.
- Students arriving late due to an emergency will enter the back of the classroom, when possible, quietly take the nearest available seat, and settle themselves quickly causing the least possible disruption.
- If a true emergency arises, necessitating that a student leaves the classroom before dismissal, the student will leave and return (taking the nearest available seat to the door) as quietly as possible.
- Once the instructor speaks, students will cease talking and all other activities, become immediately attentive, and will not talk during class unless formally recognized by the instructor or presenter to ask or respond to a question.
- **Students will address faculty, instructors, and guests by their appropriate titles - Dean, Professor, Dr., Ms., or Mr., etc.**
- Students failing to follow the Code of Classroom Conduct may receive a verbal or written warning regarding their conduct and may be asked to leave the classroom upon committing an infraction

RECORDING IN CLASS

Recording classroom lectures is prohibited. There are two exceptions to this rule:

1. Exception one requires that the student obtain prior written consent from the individual lecturer. Students are reminded that many courses are taught by a team of instructors under the guidance and direction of the course coordinator. Written consent must be obtained from each instructor, not from the course coordinator.
2. Exception two requires that a student has a TU Accommodation through the Accessibility and Disability Services (ADS) and that the terms of that accommodation are documented with the University and with the program.

Unless one of these two conditions is met, any student who records a lecture will be in violation of Maryland law and is subject to legal repercussions.

APPENDIX F

PROGRAM ATTENDANCE POLICIES, REQUIREMENTS, AND EXPECTATIONS

Students are expected to attend and participate in all program activities. All program schedules are subject to change, with or without advanced notice, and may occur best to meet student and/or program requirements. Students will be notified of schedule or requirement changes via assigned TU email addresses with as much notice as possible.

Due to the intensive nature of the program, all students are required to make themselves available to attend all program events/activities and make appropriate arrangements should there be any schedule adjustments (i.e., childcare, transportation, rescheduling non-urgent medical appointments, etc.).

There may be differences between the didactic and clinical year attendance policies, and students are expected to follow all requirements, including as outlined as follows:

Didactic Year

- **Academics (Classroom/Lab):**
 - Students must attend all scheduled lectures and assigned labs.
 - May also include evening or weekend requirements.
- **Special Events:**
 - May include evening and/or weekend requirements.
 - Ex: Interprofessional Experiences (IPE), Institute for Healthcare Improvement (IHI), conferences (e.g., MdAPA), volunteer or program-support activities.
- **Absence Form:**
 - Students are required to complete and submit a Didactic Year Absence Form (see Appendix G) for any absence(s).
 - All required documentation must be submitted with this form for an excused absence.
 - See below for examples of excused and unexcused absences.
- **Wellness Day – Wellness Initiative**
 - Each student is allowed two (2) “Wellness Days” per semester during the Summer, Fall, and Spring semesters.
 - These cannot be accrued or carried forward to another semester.
 - They may not be used on the day of an exam or other mandatory program events.
 - Students are responsible for all missed material when absent due to a Wellness Day.
 - Students are required to notify their instructors before the start of the missed class period if they will be using a Wellness Day.
 - Students are required to complete and submit a Didactic Year Absence Form (see Appendix G) for a Wellness Day absence.

Clinical Year

- **Clinical Rotations:**

- Students must attend ALL scheduled shifts, as assigned by the preceptor (or site). The scheduled hours may vary greatly within or between rotation types, including shift length, days/hours per week, and time of day (including evening, overnight, or weekend hours).
- With the exception of an emergency, illness, or inclement weather, the student must obtain permission from the Director of Clinical Education, in writing, in advance of any absence.
- If the student anticipates a late arrival, they must notify the preceptor by phone or email AND email the Director of Clinical Education.
 - Lateness without adequate notification is considered by the Director of Clinical Education for further actions.
- In the event a student will not be able to attend a clinical site due to extenuating circumstances, the student should notify both the preceptor AND Director of Clinical Education, at minimum, prior to the start of shift (and with as much advanced notice as possible).
 - The student must notify the clinical preceptor by phone and email.
 - The student must also notify (by text first, then by email) the Director of Clinical Education.
 - Students may not ask other students on the same site to notify the preceptor of an absence (or tardiness).
- For all absences, whether excused or not, the student is responsible for arranging time to make up missed hours on site with the preceptor. If the hours cannot be made up on site, the student is responsible for using the augmented learning modules to ensure sufficient hours are completed.

- **Academics (Classroom/Lab) “Back-on campus days”:**

- Students must attend ALL program events at the conclusion of each rotation on Thursday and Friday.
- On-campus activities may include, but are not limited to, completion of EOR exams, SOAP note group presentations, Grand Rounds, and clinical year “didactic” course lectures/meetings.

- **Special Events:**

- May include evening and/or weekend requirements.
 - Ex: Interprofessional Experiences (IPE), Institute for Healthcare Improvement (IHI), conferences (e.g., MdAPA), volunteer or program-support activities.

- Absence Form:
 - Students are required to complete and submit a Clinical Year Absence Form (see Appendix H) for any absence(s). A copy of this form can also be found in EXXAT.
 - All required documentation must be submitted with the Clinical Year Absence Form in EXXAT.
 - See below for examples of excused and unexcused absences.
- Use of Augmented Learning Modules:
 - If at any time a student is unable to attend a clinical site for a period of time due to personal or preceptor illness, preceptor vacation, or any other situation discussed with and approved by the Director of Clinical Education, and those hours cannot be made up at other times during the rotation, the student will be provided with augmented learning modules to make up the hours missed.
 - The student is responsible for being aware of and completing the augmented learning modules to reconcile any missed hours.
 - Documentation of the work must be submitted through the appropriate learning module platform no later than 4 days after the last day on the clinical rotation site, unless otherwise approved by the Director of Clinical Education.
- Leave of Absence/ Withdrawal
 - If at any time during the clinical year, a circumstance occurs where the student may need a leave of absence or withdrawal from the program, the student should immediately request a meeting with the Program Director and Director of Clinical Education.
 - Permission for a leave of absence will be determined on a case-by-case basis, and the student may be allowed to return and complete the clinical year's requirements.

Excused and Unexcused Absences

- Excused Absences *may* include:
 - Emergent Illness or Injury:
 - Documentation required
 - Religious Observances or Holidays recognized by TU:
 - Students are required to notify individual course instructors AND either:
 - The Director of Didactic Education (for didactic year students) WITH a minimum of one (1) months' notice; OR
 - The Director of Clinical Education (for clinical year students) must be notified during Transition Week.
 - Personal or Family Emergencies:

- Death of an Immediate Family Member
- Participation in Program-Supported Activities
 - Requires advance notice and prior approval from the course instructor.
- Government Required Activities (e.g., court date)
 - Advanced documentation required
- Unexcused Absences *may* include, but are not limited to:
 - Non-emergent doctor/medical appointments (e.g., routine annual exams, procedures, screenings, etc.)
 - Personal, friend, or family events, travel (local or abroad), and/or vacations
 - Job interviews
 - Other non-program approved, related, or supported activities/events.

Jury Duty

Students are required to request a letter of excusal upon receipt of jury duty notification. Contact the PA Program office immediately upon receiving the summons for jury duty to ensure the letter of excusal can be submitted (by the student!) to the necessary court with enough time to be excused from jury duty.

Consequences of an Unexcused Absences

Unexcused absence may result in a reduction in the final course grade.

APPENDIX G



DIDACTIC YEAR STUDENT ABSENCE FORM

(Please complete all sections)

Student Name: _____ Class of _____

Day/Date(s) of Absence: _____

Date/time Director of Didactic Education notified: _____

REASON FOR ABSENCE:

<input type="checkbox"/> Personal Illness (Doctor's note required)	<input type="checkbox"/> Family Emergency
<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Other (please explain below)
<input type="checkbox"/> Wellness Day (1 of 2 per semester)	<input type="checkbox"/> Wellness Day (2 of 2 per semester)

Explanation: _____

This form must be submitted for all absences from any class. If the Contingency Plan is necessary to meet program requirements, please attach a copy of this to the Cover Sheet when submitted on Blackboard.

Please email this form to the Director of Didactic Education ASAP.

APPENDIX H



CLINICAL YEAR STUDENT ABSENCE FORM

(Please complete all sections)

Student: _____ Class of _____

Day/Date(s) of Absence: _____

Clinical Site name: _____

Preceptor name: _____

Name of person on site notified (include date/time): _____

Date/time Director of Clinical Education notified: _____

REASON FOR ABSENCE:

___ Personal Illness (requires doctor's note)	___ Family Emergency
___ Inclement Weather	___ Site Closed (please explain below)
___ Preceptor Absence	___ Other (please explain below)
___ Wellness Day (1 of 2 per semester)	___ Wellness Day (2 of 2 per semester)

Explanation: _____

This form must be submitted for all absences from any clinical site. If the Contingency Plan is necessary to meet program requirements, please attach a copy of this to the Cover Sheet when submitted on Blackboard.

Please email this form to the Director of Clinical Education ASAP.

APPENDIX I



LETTER OF INTENT FOR FINAL PRECEPTORSHIP

Dear Preceptor,

A Clinical Year student has asked you to accept them for their Final Preceptorship. This last rotation before graduation is chosen and arranged by the student with the intent of obtaining additional experience in your field of medicine before completing the program.

Please complete the following Letter of Intent.

I will be acting as preceptor for _____.
Student Name

- This student will work under my direction during the rotation from _____ through _____.
Start Date End Date
- We have discussed and agreed upon the objectives for this rotation (a printed copy should be provided by the student).
- I understand that the student will attend the clinical site a minimum of 40 hours per week.
- At the end of the rotation, I will complete and sign the student's Final Evaluation form. I also agree to complete a formal affiliation agreement with the Towson PA Program if necessary.

Clinical Site Name: _____

Clinical Site Address: _____ Clinical Site Phone: _____

Preceptor's Cell Phone: _____ Preceptor's Email address: _____

Preceptor's Name (Print): _____

Preceptor's Signature: _____ Date: _____

APPENDIX J

AUGMENTED OR SUPPLEMENTAL LEARNING MODULES

As a Program, we have found that supplemental materials can have a great benefit for all students as they prepare for End of Rotation Exams (EORs). In addition, if a student is unable to complete the required hours for a given rotation due to illness, preceptor's hours/vacation, or other circumstances beyond the student's control, augmented learning through virtual learning platforms will be required. The augmented / supplemental learning modules include, but are not limited to the following:

1. On-line CME Cases (i.e., Medscape; these can and should be discipline related to the rotation, i.e., family medicine for Family Medicine rotation)
2. Digital cases
3. Board-type preparation questions (i.e., Rosh Review, AccessMedicine)
4. Case presentation to instructor +/- classmates

Each week should contain approximately 40 hours. For any hours that come short the student will complete the following: (Please note that this may be pro-rated if missing less than 40 hours)

Activity	Credit	Possible Hours Earned per Week
CME (10 credit hours)	2 hours for every 1 CME credit hour	10 CME credit hours = 20hrs
Cases, SOAP note & Case Presentations (2 are required if missing 40hrs)	5 hours per case	10 hours
Board-type Questions (Rotation Specific)	180 questions = 10hrs	10 hours
Total	Minimum of	40 hours

- SOAP Note/Case Presentation
 - If a student misses 6 or more days from their rotation, a SOAP note, and virtual case presentation must be done.
 - The case presentation will be to a faculty member and classmates who are also not on-site.
 - This case should be taken from either a patient seen earlier in that rotation, or from a digital case.

- Students must contact the Director of Clinical Education to arrange the timing of the presentation.
- If a student is unable to complete 180 questions in their specific rotation type, he/she may choose to do additional CME and/or extra digital cases to ensure the total weekly hours are complete.
- Required:
 - All CME credits, digital cases, and Board-type Questions must be rotation-type specific.
 - For example, if a student is scheduled for Internal Medicine (IM), the student should focus on cases/simulation cases related to IM.
 - Students can use the resources provided by the program, such as AccessMedicine.
- Preferred:
 - Simulation Cases and Patient Assessment Cases.
 - These cases will afford our PA students the opportunity to increase their medical knowledge and strengthen their differential diagnosis, assessment, and management skills.
 - The goal is for the students to remain on track to meet the program's required and expected outcomes to be eligible for graduation.
- Documentation:
 - Hours completed will need to be entered into EXXAT under the current assigned preceptor's name.
 - Students must also complete the Cover Sheet, and include proof of completion (i.e., CME certificate).
- Grading:
 - Pass/Fail
 - The PAEA EOR exam will still be required at the end of the rotation.
 - Students are encouraged to follow the Blueprint to prepare and be successful.

APPENDIX K

TOWSON UNIVERSITY SUBSTANCE ABUSE POLICY

The use of controlled substances and the abuse of alcohol present a serious threat to individual health and everyone's safety. Moreover, the use of illegal drugs and the abuse of alcohol can result in less than complete reliability, stability, and good judgment, which is inconsistent with the standards set for the faculty, staff, and students of Towson University ("University").

Towson University strives to maintain a workplace free from the illegal manufacture, use, distribution, or possession of controlled substances ("Controlled Dangerous Substance Violations"). Controlled Dangerous Substance Violations are considered violations of Towson University's Code of Student Conduct, the faculty contract, and the terms of employment of regular and contingent (exempt/nonexempt) staff. Faculty, students, and employees who commit Controlled Dangerous Substance Violations are subject to discipline, including mandatory counseling, suspension, or dismissal from the University. Persons who commit Controlled Dangerous Substance Violations are also subject to criminal prosecution.

Alcohol abuse is a form of substance abuse. Persons who consume alcohol on the University campus are responsible to civil and University authorities for compliance with State and local laws. It is a violation of Maryland law for persons under 21 to purchase, possess, or consume alcohol. The followings acts are also unlawful: to knowingly and willfully misrepresent one's age to obtain alcohol; to purchase alcohol for a minor; and to possess open containers of alcohol in a public place. Violations of the laws relating to alcohol use will be strictly enforced.

Specific procedures for reporting drug and/or alcohol use by students, and related penalties and procedures are part of the Towson University Student Code of Conduct. Employee disciplinary measures and procedures for violations of this policy are part of the Faculty Handbook, the Part-Time Faculty Handbook, and applicable personnel policies.

In addition to [this policy](#), University employees, including student employees, are subject to the Maryland Governor's Executive Order 01.01.1991.16 which is attached to this policy and incorporated by reference.

In accordance with federal law, the University's substance abuse policy will be distributed annually to all students and employees.

APPENDIX L

STUDENT SUCCESS INTERVENTION, PROBATION, AND REMEDIATION GUIDELINES

The purpose of these policies is to ensure that students graduated from the TU PA program are of the highest caliber and capable of providing quality care as they enter health care. Occasionally, students do not meet expectations required to demonstrate their progress during the program. As a result, the program has implemented a variety of mechanisms and guidelines to assist the student to meet program benchmarks. This will ensure program standards are maintained.

The program has established guidelines for student advisement, student probation (academic or professionalism), and deceleration to provide students the opportunity to achieve Program defined goals and benchmarks. For those students who fall short of expectations, despite these interventional measures, the program has also developed guidelines for student dismissal from the program.

STUDENT SUCCESS INTERVENTION

The process of Student Success Intervention is determined by the course coordinator (or instructor). In cases of program or academic probation, the instructor or course coordinator must be aware that specific program and institutional requirements must be met for Student Success Intervention to be fully effective. The entire process must be documented by the course coordinator or instructor and placed in students' files.

Student Success Intervention must have the following attributes:

- *Be reasonably achievable* (by the student)
- Include specific *goals and outcomes*
- Include specific *tasks to be completed* by the student
- Include the specific *timelines* for completion
- Include documentation and evidence that the student has reached the goals set by the program for progression to good standing.

Student Success Intervention may also include the following if so indicated:

- Suggested referral for professional counseling.
 - If a student discloses issues for which counseling may be appropriate or helpful, or the instructor identifies behaviors suggestive of issues for which counseling could be useful, the instructor may recommend that the student seek counseling and provide information on how to obtain help. Faculty can set expectations for certain behaviors or levels of performance and may help students explore helpful resources to achieve them.
- Suggested requirement for post graduate board preparation.

The student is advised that deceleration is the only form of didactic course remediation. In addition to deceleration, other Student Success Intervention strategies may require additional out of pocket expenses not covered by the program, e.g., the cost of additional OSCEs or PACKRAT Exams.

ADDRESSING PROBATION

The course coordinator will develop and explain the Student Success Intervention process. Documentation of this process and successful completion of the Student Success Intervention tasks must be detailed on the program advising form (Appendix Q).

If Student Success Intervention (academic or professionalism) is unsuccessful, or if the student does not comply with the assigned Student Success Intervention task, the student will be referred to the SPRC.

The SPRC chair will report on the committee's findings and recommendations to the Program Director. The Program Director will review the findings and recommendations and will confirm or modify. Documentation will be made electronically as well as physically. The electronic copy will be filed in the student's electronic file. The physical copy will be placed in the student's binder.

If the student is unable to resolve the probation issue, the SPRC will make a final recommendation to the Program Director regarding the probationary status. The SPRC may recommend remediation through deceleration or, if appropriate, dismissal.

THE PROBATIONARY PERIOD

While a student is on any level of probation, the following conditions are to be enforced:

1. An Incomplete grade until probation has been completed, if applicable.
2. The Director of Clinical Education reserves the right to remove a student from their clinical rotation site or to withhold progression to the next clinical rotation, depending on the nature and severity of the probationary incident.
3. If removed from a site, students may have to be decelerated until a substitute site can be established.
4. The SPRC will review the conditions of probation and assess the success or failure in meeting those conditions and make a recommendation to the Program Director regarding modifications to the student's status in the program.
5. The Program Director will consider all factors involved in the student's situation and either uphold or amend the SPRC recommendation.

DEFINITIONS

Advisement

The advisement process, by which all full-time faculty members meet with students, is intended to determine, and follow student's progress throughout the program. At minimum, this should occur formally once per semester and as necessary depending on faculty-student issues which may include progress, performance, and professional behaviors.

- Each student will be assigned a faculty advisor.

- Formal advisement forms will be placed in the student file and a copy given to the student.
- Both students and faculty will initial or sign the advisement form.
- The student need not agree with the content of the form but will initial it as having been made aware of its existence.

Students are welcome to use their advising time to review and assist in planning their progress and development throughout the physician assistant training.

Official advisement forms are available to all faculty members. Once completed, this document is maintained as part of the student's advisement record in their program documentation file/binders. The advisement forms become part of the student's program record.

Deceleration

Deceleration essentially implies either delaying a course or repeating a course for a variety of reasons:

- Leaves of absence
- Military leave
- Student Success Intervention for a "C" grade earned in a clinical course
- Unresolved GPA less than 3.00 without a failing grade

PA program didactic courses can only be remediated via deceleration. This can only occur on the recommendation of the SPRC and with the permission of the Program Director. Deceleration implies a delay in graduation.

Probation

Probation is a change in student status. Underperformance on assessments, unsatisfactory clinical evaluations and failed summative evaluations will be followed by written and/or verbal warnings and serve to notify the student that there is significant danger of program dismissal for academic or professional conduct reasons. Students in the Towson PA program are graduate students, and as such, expected to maintain vigilant awareness of their current academic standing. Students are notified about their status through formal communication from the program and the university. This communication may be in the form of a letter or email, or both. It should be noted that probation may be a precursor to program dismissal.

There are two levels of probation:

1. Program Probation

Probation in the PA program may be the result of issues and concerns that arise during the didactic year or the clinical year. These issues may be centered on academic performance, or they may involve concerns regarding the student's professionalism.

Students are Placed on Program Probation for Any One of the Following Criteria:

- A single grade of "C" in the program.

- Inappropriate personal conduct including, but not limited to, lack of professionalism, persistent absenteeism, or chronic tardiness.
- Failure to maintain an overall GPA of 3.00 or higher.
- Failure to restore a GPA above 3.00 during the semester following the semester in which the deficient GPA was recorded.
- Substandard performance on any standardized academic test.
- Substandard performance on any summative evaluation (e.g., OSCE or PAST 730/ 731 comprehensive exam).
- Students who are on program probation will work closely with their advisor and/ or the program director to develop a pathway for the student to return to good standing.

2. Graduate School Probation

The following text comes directly from the [TU graduate catalog academic standing](#) section:

- Good academic standing in a degree program requires a minimum 3.00 cumulative grade point average (CGPA) for all courses taken for graduate credit, whether or not they are required for the degree. Good academic standing is necessary to transfer course work and to graduate.
- Should the degree students' CGPA for courses fall below 3.00 (including graduate level and prerequisite courses that are taken after being admitted to the program), a letter will be sent from the Registrar's Office placing the student on academic warning. A student placed on academic warning must restore the CGPA to at least 3.00 within 9 graded graduate units. The 3.00 CGPA may be restored by repeating courses or by taking additional courses. With written approval from the graduate program director, the student may use a maximum of two courses beyond those required in the degree to raise the CGPA.
- Once the CGPA is restored to 3.00, the student must maintain a minimum CGPA of 3.00 throughout the remainder of the program. If the CGPA falls below 3.00 again, the student will be academically dismissed from Towson University and will not be eligible to reapply to the same program.
- All requirements for the program must be completed within the time limitation policy. A student on academic warning who does not restore the CGPA to 3.00 within 9 graded graduate units, or who does not maintain a minimum CGPA of 3.00 for the remainder of the program after returning to good academic standing, will be dismissed from the degree program.

Students on probation must comply with all recommendations made by the course instructor, advisor, and/or the program director. Formal documentation of probation becomes part of the student's permanent file.

SPRC

The Student Progress Review Committee is the Physician Assistant program's committee charged with monitoring student progress, adjudicating student performance and professional behavior issues. The SPRC makes recommendations to the program director regarding probation, Student Success Intervention, remediation through deceleration, and/or dismissal. The SPRC's decisions or recommendations can be amended by the program director.

Student Success Intervention

Occasionally, students fail to meet the established benchmark required to demonstrate competency in a given area. Typically, this is the result of falling short of achieving a minimum score of less than or equal to 75% on an evaluation. The program will make every effort to work with the student to address and resolve this underperformance.

Student Success Intervention is a formal process undertaken by the student, with faculty guidance, to ensure the successful demonstration of competencies and/or improved behaviors.

- The process of a Student Success Intervention does not automatically imply a grade change.
- Students who have not completed their course work and have received an incomplete grade may receive a grade change from an (I) to their earned grade as long as the course has been completed within 180 days.

Students who have earned a grade of less than "C" (below 70%) on any evaluation, other than final examinations or quizzes, may have that grade changed to the lowest passing grade. No grades will be changed if the pre-Student Success Intervention score was 70% or higher. **This can occur only once during a course. Student Success Intervention is not offered for quizzes nor final exams.**

- Students who receive equal to or less than 75% must meet with the course instructor or course coordinator (whoever has the major responsibility for the information being tested) who will assign an appropriate Student Success Intervention exercise.

APPENDIX M



STUDENT SUCCESS INTERVENTION (SSI) FORM

Student Name:		Class of:	
Course Coordinator/Instructor:			
Assigned Faculty Advisor:			
Faculty present at session:			

Reason for SSI:							
75% or Below on Exam (not quiz or final)		Professionalism (# of offenses)		"C" or Below course grade		Other Course Concern	
Specifics:							

Issue as described by Student:
Specific task(s) to be completed, by the student, to demonstrate competency and/or improved behavior:
Goal of SSI:
Due date for completion of SSI:
Date for follow up with student, if needed:
Referral for student, if needed:

Signature of Student:		Date:
Signature of Advisor present:		Date:

APPENDIX N

STUDENT MISTREATMENT POLICY

Purpose

Towson University (TU) is committed to ensuring a positive, safe, and productive learning environment on our campus. The TU community does not tolerate sexual misconduct, including harassment, stalking, sexual assault, sexual exploitation, or intimate partner violence [[Policy 06.01.60](#)]. Likewise, members of the Towson University Physician Assistant Studies Program are dedicated to a positive learning environment. Accordingly, this policy serves several purposes. First, this policy defines a positive learning environment and acknowledges program accountability. Second, this policy defines mistreatment and provides a mechanism to allow individuals to report violations without fear of retaliation. Third, this policy acknowledges faculty, staff, and student responsibility for promoting a positive learning environment and preventing student mistreatment through educational programs.

Standard of Conduct

The Towson University Physician Assistant Studies Program maintains an environment in which community members are supported and encouraged to excel. All members of this diverse community (faculty, clinicians, fellows, residents, professional partners, staff, and students) are expected to maintain a positive and respectful learning environment free of harassment, intimidation, belittlement, humiliation, or abuse. Our members are expected to identify areas needing improvement without demeaning a student. We hold ourselves and each other to this high standard.

Definitions and Examples

The Towson University Physician Assistant Program believes that the cornerstones of a positive learning environment are dignity, justice, civility, courtesy, sensitivity, and respect.

Mistreatment

The Liaison Committee on Medical Education (LCME) states, “Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.” This definition is in alignment with [TU Code of Student Conduct](#) § V. Definitions and § VI. Prohibited Conduct.

Examples:

Aspects that nurture a positive learning environment include:

- Respect for individuals and their views are evident despite sincere differences in beliefs or viewpoints.
- Recognition of differences in culture, ethnicity, background, or sexual orientation, when appropriate, enhances the learning environment.

- Positions in the learning hierarchy are recognized and respected but are not unfairly exploited.
- Individuals are made to feel welcome in the learning environment.
- The intent of all interactions is clearly to promote and advance the knowledge of the individual learner.
- Physical contact and verbal interactions reinforce all of the above in the view of all parties involved.

Actions that could be characterized as mistreatment if they result in interference with the learning process include:

- Situations of physical abuse or violence.
- Threats to fail, give lower grades, or submit a poor evaluation based on gender, race, ethnicity, sexual orientation, religion, or refusal to grant personal favors.
- Subjection to offensive remarks related to gender, race, ethnicity, sexual orientation, religion, etc.
- Unwarranted exclusion from reasonable learning opportunities.
- Requests of students to carry out personal chores.
- Feedback is essential to personal growth, but criticism or other actions that are provided such that it can reasonably be interpreted as demeaning or humiliating.
- Student mistreatment of other students.

Retaliation

Threats, other forms of intimidation, and retaliation are prohibited against a student for bringing a complaint of mistreatment or for assisting another in bringing a complaint. Reporting mistreatment has no impact on Student's Performance Evaluation and retaliation against those reporting mistreatment or participating in an investigation of mistreatment is regarded as a form of mistreatment. Complaints of retaliation will be handled in accordance with the complaint resolution procedures in this policy or, if applicable, may be forwarded to the appropriate University administrator for handling.

Retaliation is a serious offense that can result in disciplinary action for students or instructors. Protection from retaliation applies to any complaint that was made in good faith, even if it is dismissed or found to be lacking in merit. A complaint will be presumed to have been made in good faith unless it is found to be based on a known falsehood or lacking in any factual basis.

Malicious Accusations

Complaints that are lacking in a factual basis or that are determined to be a known falsehood may be considered malicious in nature. This is a serious and egregious action that carries equally serious

implications for the accuser. A complainant or witness found to have been dishonest or malicious in making allegations at any point during the investigation may be subject to disciplinary action.

Procedures for Reporting Mistreatment

For concerns related to mistreatment (i.e., harassment, bullying, discrimination, unprofessional relationship, abuse of authority, etc.), students may meet with and/or file a complaint with the Associate Program Director describing the alleged mistreatment. Upon receiving an allegation of mistreatment, the Associate Program Director will conduct an investigation by interviewing the complainant, the accused, and any other parties associated with the circumstances described in the complaint. The Associate Program Director will summarize their findings within 30 days of receipt of the complaint. If applicable, the Associate Program Director will initiate the corrective action process by forwarding findings to the appropriate University administrative office and/or to the appropriate clinic or facility administrative office. Any complaint that meets the Title IX criteria will be handled in accordance with the [University Title IX policy](#).

For concerns of mistreatment related to the Associate Program Director, students may meet with and/or file a complaint with the Department of Physician Assistant Studies Chairperson/ Program Director, who will respond as indicated above.

Title IX Complaints

For Title IX complaints (i.e., sex discrimination, harassment, violence, or retaliation), students may [submit a report online](#). Further, students may speak to a member of university administration, faculty, or staff who will report Title IX concerns.

APPENDIX O

WITHDRAWAL POLICY

Purpose

This policy provides guidance for those students who wish to withdraw from the Physician Assistant Studies program. It also serves as a source document for faculty and staff members who are charged with the administrative tasks associated with the process of student withdrawal from the program. Please also see [TU Policy 03-14.00 – Withdrawal Policy](#).

Policy

The program expects students to make regular and consistent progress toward graduation and successful completion of the Physician Assistant National Certification Exam (PANCE). However, the faculty understands that students may encounter personal hardships and/or challenges that necessitate withdrawal from the program.

Students who request withdrawal should submit a written request to the Program Director. To the extent that the student is comfortable, this request may describe the circumstances necessitating the withdrawal. Students choosing to withdraw but requesting to continue their PA education in a future cohort may also meet with the Program Director to determine whether a petition to be admitted to the next incoming cohort is feasible. Seat availability and performance to date in the program can influence re-admission. The student's request to join the next class will be reviewed by the Student Progress Review Committee (SPRC) and Program Director; the recommendation and decision will be shared with the student in writing.

Withdrawing from a Course (Selective Withdrawal)

The program of study requires continuous enrollment. A student who withdraws from a course may concurrently withdraw from the program unless the SPRC Review and Program Director propose deceleration and/or an alternate plan of study. (Refer to Appendix L regarding Deceleration Guidelines.)

Withdrawing Before the Withdrawal Deadline

Each semester has an established deadline for withdrawing from a course. This date varies from semester to semester and from year to year. Students who are considering withdrawing from the program are encouraged to consult the Towson University Academic Calendar to determine the deadline for the semester in which they wish to withdraw. This request will be governed by the University's standard withdrawal policy.

Withdrawing After the Withdrawal Deadline

If the circumstances precipitating the withdrawal request occur at a time that prevents the student from meeting the withdrawal deadline, the student's request is governed by the University's late withdrawal policy.

Involuntary Withdrawal

In rare circumstances, a student may be removed from the program under the provisions of an involuntary withdrawal. Circumstances that would constitute grounds for involuntary withdrawal include but are not limited to:

- a) Demonstrated inability to satisfy basic personal needs (hygiene, nutrition, etc.).
- b) Medical conditions that pose a threat to the well-being and safety of self or others.
- c) Behavioral health conditions that pose a threat to the well-being and safety of self or others.

Further details regarding the University policies governing withdrawal requests and processes can be found at the following links:

- <https://www.towson.edu/admissions/financialaid/guide/requirements/withdrawals.html>
- <https://catalog.towson.edu/graduate/procedures-policies/policies-academic-progress/course-withdrawal/>

APPENDIX P

STUDENT GRIEVANCE AND APPEALS POLICY

Purpose

To promote and maintain a safe and productive learning environment, and in accordance with the TU Policies and Procedures, students within the Physician Assistant Studies Program may choose to file a grievance.

Grievances are formal complaints and can occur at many different levels within an institution, department/ program. All grievances, whether related to academic or non-academic contexts are considered serious in nature. Therefore, should there be any accusations warranting further investigation, including but not limited to [Title IX violations](#) or complaints, appropriate protocol must be followed. Depending upon the grievance rationale, students should follow the most appropriate process, relative to their concern.

University Grievance Policies and Procedures

- [Title IX](#): Grievance procedures for the resolution of sexual harassment and other sexual misconduct complaints are addressed at the University level.
- Academic: [Graduate student appeal procedures](#) address academic dismissal, programmatic dismissal, grade appeals, graduation deficiency and time limits to degree; these issues are addressed as described in the University's Graduate Catalog. The student appeals processes for academic issues are defined in the Graduate Catalog, [Student Appeals Processes for Academic Issues](#).
- Student conduct: Student grievances related to other students are governed by the [TU Code of Student Conduct](#).

Procedures for Non-Academic or Title IX Issues

Grievances that are not defined as academic, related to Title IX, student conduct and/or mistreatment are guided by the following procedure.

A student may submit a written grievance to the PA Program Director/Chair. Upon receiving a written grievance, the Program Director will conduct an investigation by interviewing the complainant and any related faculty, staff, or other personnel. The Program Director will summarize their findings within 30 days of receipt of the complaint. If applicable, the Program Director will initiate corrective actions by sharing feedback and defining solutions for corrective action. The Program Director will forward findings to the appropriate University administrative office (e.g., dean, etc.) and/or to the appropriate clinic or facility administrative office.

If a student remains dissatisfied with the resolution and corrective actions, they may appeal to the Dean of the College of Health Professions.

APPENDIX Q

STUDENT ADVISEMENT FORM

Student Advisement Form			
Student Name:		Class of:	
Assigned Advisor:			
Advisor this session:			
Reason for advisor change if different from assigned:			

Nature of Advisement:							
Semester Check-In		Professionalism (# of offenses)		At-risk Academically		Medical	
Course Concern		Probation/ Deceleration		Accommodations		Personal	

Student Performance:							
Good Standing		At risk		Needs Student Success Intervention		On Probation	

Issues as described by Student:							

Issues as described by Advisor this session:							

Plan/Resolution/Outcome of Issues (if applicable):							
Continue in Good Standing		Restored to Good Standing		Need for Student Success Intervention			

Referred to (if applicable):	
Comments:	

Follow Up:	As Needed		Required		Scheduled for:	
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Copy of Advisement Form Given To:	Student		Advisor		Student Binder	
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Student Signature:		Date:	
Advisor Signature:		Date:	

APPENDIX R

INCIDENT REPORTING POLICY

Standard Precautionary Procedures

Students are expected to be familiar with and follow the standard Universal Health Care Practices (see below). However, injuries and accidents may occur. The injuries of greatest concern (other than those which are life threatening) are those associated with blood borne pathogens, sustained by needle sticks and other sharps or through splashes of contaminated body fluids into open wounds or exposed mucosal membranes.

All standard precautions apply to labs, skills training, and clinical experience as they protect the healthcare professionals as well as patients.

Standard Universal Health Care Practices include:

- Hand hygiene; cough and respiratory hygiene
- Needle and bodily fluid safety practices
- Wearing protective equipment (i.e., gloves, masks, eyewear, and gowns) and PPE Certification
- Handling contaminated objects, equipment, or surfaces

All Physician Assistant students are required to have and maintain personal health insurance throughout the clinical year. Beyond initial first aid treatment, neither Towson University nor preceptors/sites are responsible for providing care for injuries sustained on campus or on rotation.

Protocols and Incident Report

The following are program requirements and protocols to ensure that appropriate steps are taken to minimize any long-term effect of accidental injuries.

1. Students must review blood borne pathogen protocols prior to starting each clinical rotation and receive a certificate of completion from Learning Harbor (discussed during Transition Week).
2. Students must carry their medical insurance cards or papers identifying their insurance providers and preferably the name of their personal physician on all rotations.
3. When an injury occurs on clinical site, the office manager, preceptor, and/or clinic supervisor needs to be notified IMMEDIATELY. Any site-specific protocols must be followed.
4. When there is no medical care provided or available at the clinical site, the student must go immediately to the nearest medical provider or the EMERGENCY DEPARTMENT.
5. Once care has been initiated by a medical provider or ED, a detailed and complete Incident Report Form (see #9 below) must be sent to the Director of Clinical Education, Site/ Preceptor, AND TU Environmental Health & Safety (EHS). This report does not have to state the type of care provided nor does it have to state the diagnosis.

6. The PA Program requires documentation that the injury has been evaluated by a medical provider and therapy initiated where appropriate.
7. If the student must miss either clinical time or classroom time because of the injury, medical documentation must be provided to the Program which states that the student may safely return to the clinical site and/or classes.
8. Students must make up all the clinical time lost due to injury and treatment. However, every effort will be made by the program to assist the student to make up time lost to meet program requirements and complete the program on time if possible.
9. The Incident Report Form can be found at www.towson.edu/public-safety/environmental-health-safety/documents/incident-report.pdf. Instructions on how to submit the form to TU EHS can be found at the bottom of page 2 of the form.

The student is responsible for all medical costs incurred as a result of the accident or injury. If the student receives or accepts medical care offered at the institution where the incident occurs, the student will be responsible for any charges or care that may be assessed.

APPENDIX S

PHYSICIAN ASSISTANT STUDENT HONOR CODE AND ACADEMIC HONESTY

Preamble

Academic and professional integrity, professional conduct, and respect for all individuals are crucial to the existence and development of any academic and professional community. We expect students and faculty to live up to the highest standards of integrity and honesty and if this is not maintained, the reputations of the University, the College, the Department of Physician Assistant Studies, and the individual students are compromised. This would be a disservice to the community and society.

The Towson University Physician Assistant Program Honor Code is designed to foster personal and professional integrity and applies to activities that take place on the Towson University campus, or any off-campus event or activity required by or sponsored by the program. The development of an individual who will serve as an exemplary member of the physician assistant profession requires compliance with the Honor Code in all aspects of the student's life.

Honor Code

1. The student will not cheat (including plagiarism or falsification of documents) and will not tolerate those students who do.
2. The student will not steal nor willfully damage the property of the program or its affiliates and will not tolerate those students who do.
3. The student will immediately report any and all violations of the Honor Code that are observed by him/her or reported to him/her.
4. The student will adhere to all tenets delineated in the [*AAPA Guidelines for Ethical Conduct for the PA Profession*](#).
5. Any student found to have violated any provisions of the Honor Code will be subject to disciplinary action including dismissal from the program, university, and/or college.

I have read and agree to abide by the Physician Assistant Program Honor Code. I understand that violations of the honor code may lead to disciplinary action and may include my dismissal from the program, college, or university. I also understand that I am bound to adhere to all codes of conduct for the College of Health Professions and Towson University.

Print

Sign

Date

APPENDIX T

AUTHORIZATION AND VERIFICATION SIGN-OFF SHEET (PAGE 1)

This two-page form must be completed and submitted to the program. **Students will not be allowed to attend class until this page has been signed and returned to the PA Administrative Staff (HP 4100).**

INITIAL EACH STATEMENT **AND** SIGN THE BOTTOM OF THE 2ND PAGE

I have received the **Towson University PA Program Student Policy Manual**, understood its contents, and accepted the responsibility for adhering to the program's policies and procedures. I also understand that failure to adhere to program policies may result in dismissal even though my academic performance may be satisfactory. _____
Initial

I have carefully read, understand, and agree to abide by the **Physician Assistant Program Code of Classroom Conduct**. I fully understand that failure to abide by this Code of Classroom Conduct may result in dismissal from the classroom for the remainder of the session, verbal or written reprimand, reduction in course or assignment grade, or for serious and/or repeated offenses dismissal from the program even though my academic performance may be satisfactory. _____
Initial

I have carefully read, understand, and agree to abide by the **Physician Assistant Essential Functions**. I fully understand that failure to abide by the Essential Functions may result in dismissal from the classroom for the remainder of the session, verbal or written reprimand, reduction in course or assignment grade, or for serious and/or repeated offenses dismissal from the program even though my academic performance may be satisfactory. _____
Initial

I have carefully read, understand, and agree to abide by the **Towson University Substance Abuse Policies**. I fully understand that failure to abide by the Substance Abuse Policies may result in dismissal from the classroom for the remainder of the session, verbal or written reprimand, reduction in course or assignment grade, or for serious and/or repeated offenses dismissal from the program even though my academic performance may be satisfactory. _____
Initial

AUTHORIZATION AND VERIFICATION SIGN-OFF SHEET (PAGE 2)

I have carefully read, understand, and agree to abide by the **Physician Assistant Honor Code and Academic Honesty**. I fully understand that failure to abide by the Honor Code and Academic Honesty may result in dismissal from the classroom for the remainder of the session, verbal or written reprimand, reduction in course or assignment grade, or for serious and/or repeated offenses dismissal from the program even though my academic performance may be satisfactory. _____

Initial

I understand all students admitted to the PA Program must undergo a **criminal background check and drug test** for Maryland and any state of previous residence prior to beginning clinical rotations or clinical experiences. International students must undergo criminal background checks for all countries of prior residence. Affiliate clinical sites may require criminal background checks before accepting a student. The program also reserves the right to dismiss students based on results from criminal background checks conducted at any time during the program. I have read the policy regarding the requirement for criminal background checks and drug testing and understand that the cost of criminal background checks will be my responsibility. _____

Initial

I have carefully read, understand, and agree to abide by the **Probation and Remediation Guidelines**. I fully understand that the policies affecting probation, Student Success Intervention, and deceleration have been instituted for the purpose of student excellence, performance, quality education, and quality of care. I also understand that this policy does not supersede causation for dismissal nor is it to be used for the sole purpose of a grade change. _____

Initial

Print

Sign

Date



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