



DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES

MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES

RESIDENTIAL STUDENT PROGRAM GUIDE

ATSU DPAS MSPAS Residential Student Program Guide – 6/2/2025

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How This Guide is Organized

This guide provides students with information to describe and prescribe how to succeed in the program. The first section describes the program and its relationship to the University and the physician assistant (PA) profession. The second section describes the courses students will complete and the competencies that a successful graduate can demonstrate. The third section details policies and procedures for the program overall first, then provides policies and procedures specific to the didactic and clinical components of the program. Unless stated otherwise, program level policies and procedures apply to the entire program.

Changelog

The following is a record of the changes made to this date after initial publication 6/2/2025:

- 8/7/2025, pg 33, Academic Progression, academic dismissal process updated
- 8/7/2025, pg 37, Student Leave Policy, additional detail added
- 8/7/2025, pg 40, Program Withdrawal, additional detail added
- 8/7/2025, pg 73, Appendix I, Testing Procedures, minor updates

Orientation to the Program

DPAS Mission

The A.T. Still University Department of Physician Assistant Studies provides a learning-centered education that develops exemplary physician assistants who deliver whole person healthcare with an emphasis on underserved populations.

DPAS Values

- A commitment to service
- Personal honesty and integrity
- Professionalism in practice
- Motivation to excel
- Compassion and caring
- Teamwork

DPAS educates physician assistants with a philosophy that patients come first. We instill in students the concept of addressing the entire patient through the body, mind, and spirit. This philosophy has, at its core, the tenant that healing is more than treatment of a medical diagnosis. Our practitioners recognize the interconnection of the body (physical nature), the mind (psychological and emotional) and the spirit (spiritual and/or religious). Our graduates address the “whole patient” through competent medical treatments, application of educational and preventive strategies, psychological support, and value of each individual’s spiritual beliefs.

Definition of a PA

Physician Assistants/Physician Associates (PAs) are academically and clinically prepared to practice medicine in teams with doctors of allopathic medicine or osteopathic medicine and other healthcare professionals. In May 2021, the AAPA approved the change of title from Physician Assistant to Physician Associate; however, the state of Arizona currently does not recognize Physician Associate as the primary title for PAs. The physician/PA team relationship is fundamental to the PA profession and enhances the delivery of high quality healthcare. Within the physician/PA relationship, PAs practice with defined levels of autonomy and exercise independent medical decision making within their scope of practice including, but not limited to, 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.

Core Professionalism Attributes

Emblematic of our mission and values, the Core Professional Attributes (CPAs) are a set of five cross-curricular meta-skills inherent to all A.T. Still University graduates. The CPAs enable graduates to select, adapt and apply their discipline-specific knowledge and skills to varying situations, enhancing competence and improving outcomes across all aspects of their roles as healthcare professionals.

An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional behavior exhibited during training is a predictor of future problems with state regulatory boards and the need for disciplinary actions (Papadakis, Hodgson, Teherani and Kohatsu, 2004). Unprofessional behavior presents a potential danger to the provision of good patient care and relates to the credibility of the profession. Professionalism therefore shares equal importance to content knowledge and manual skills at ATSU. The DPAS considers violation of professional conduct a significant deficiency.

Recognizing the responsibility for professional behavior, the DPAS sets expectations for and evaluates students on their professional conduct. Students must demonstrate acquisition of these important behaviors.

Three “key elements” have been identified for each CPA. They are a select subset of measurable examples that may be used as indicators confirming achievement of the CPAs by students.

Critical Thinking:

Definition: Finding, appraising and applying evidence in conjunction with best practice in the process of healthcare decision making.

Key Elements

- Evidence-based Decision-making
 - Defines the issue or problem and gathers evidence to inform decision making in selecting options for the best healthcare outcomes and/or conclusions.
- Critical Appraisal
 - Assesses evidence used for decision-making and draws inferences and conclusions based on valid, reliable and relevant information.
- Evaluation and Reflection
 - Analyzes consequences of decisions and reflects on implications for future decisions.

Interprofessional Collaboration:

Definition: Working effectively on an interprofessional team to deliver high quality whole person healthcare and improve health outcomes.

Key Elements

- Scopes of Practice
 - Recognizes the scopes of practice and values the unique roles and responsibilities each profession contributes to whole person healthcare.
- Collaboration and Consultancy
 - Includes other healthcare professionals, patients and family members in planning and implementing care to achieve the best healthcare outcome.
- Teamwork/Teambuilding
 - Applies concepts of teamwork and shares responsibility for team actions.

Cultural Proficiency:

Definition: Valuing differences, respecting others and demonstrating behavior that enables effective interactions in all situations.

Key Elements

- Cultural Knowledge
 - Demonstrates understanding of the complex elements inherent to cultural differences and their impact on health and healthcare delivery.
- Cultural Differences
 - Applies understanding of cultural differences through active participation in diverse cultural experiences and opportunities.
- Adaption to Diversity
 - Mitigates differences by communicating and acting in a supportive manner and recognizing other cultural group perspectives.

Social Responsibility:

Definition: Engaging in initiatives and activities that positively impact the health and wellbeing of the individuals, communities and professions served.

Key Elements

- Engagement
 - Advocates for health and wellness through engagement with and participation in community, professional and/or scholarly endeavors.
- Responsibility and Accountability
 - Advocates for equal access to quality and cost effective healthcare, and participates in projects focusing on the underserved locally, nationally and/or globally.
- Ethics and Code of Conduct
 - Demonstrates an understanding of the ethical standards and codes of conduct governing their profession.

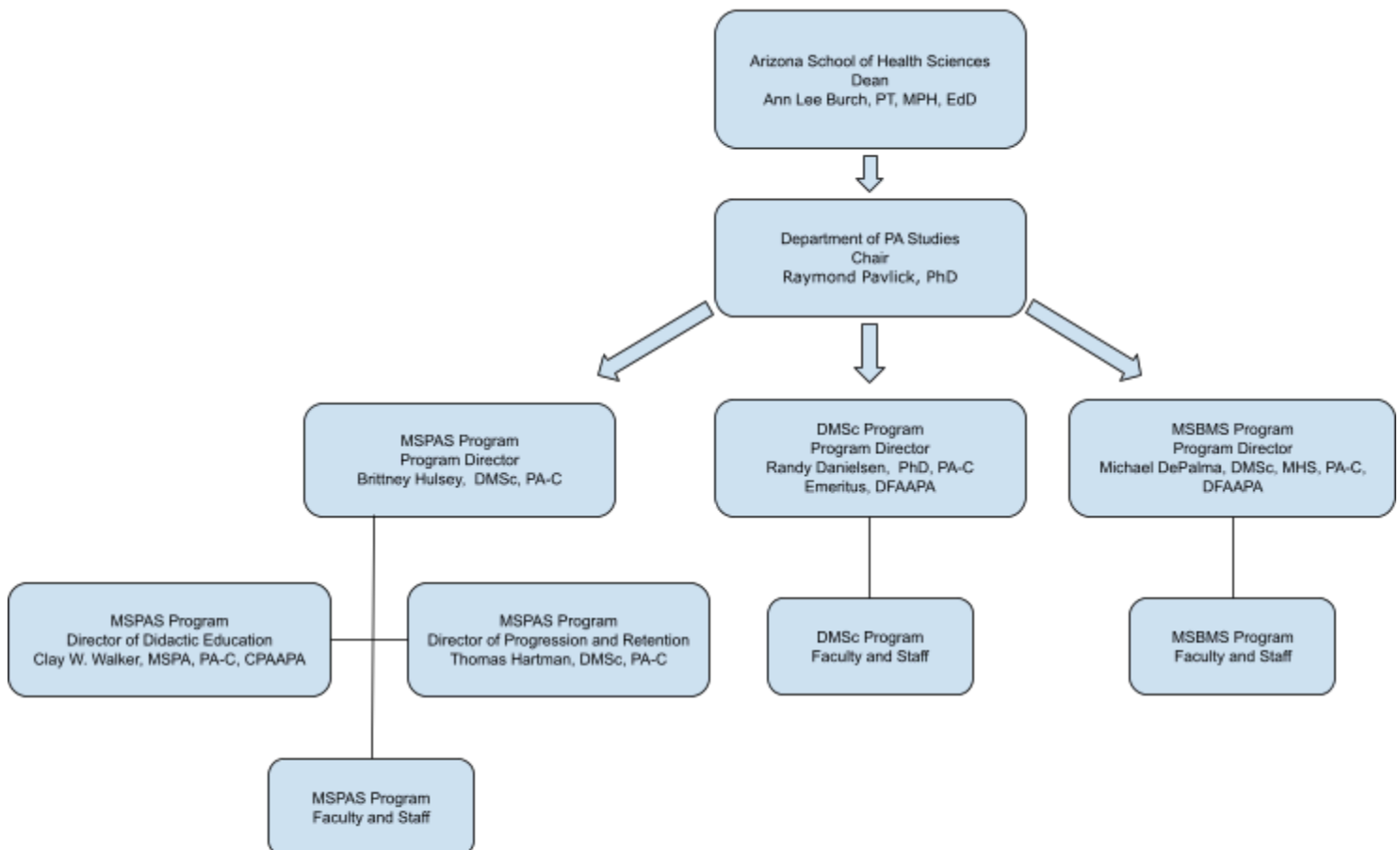
Interpersonal Skills:

Definition: Communicating and interacting successfully with patients, families, colleagues and other professionals in the healthcare delivery process.

Key Elements

- Communication Skills
 - Utilizes appropriate oral/written/non-verbal presentation skills to communicate effectively.
- Active Listening and Questioning
 - Listens, responds and asks questions to improve and promote mutual understanding.
- Conflict Management/Resolution
 - Identifies the basic issues in a conflict and develops an effective approach to achieve resolution.

Structure of the Department of PA Studies (DPAS)



Roles and Responsibilities

Below are descriptions for some of the specific roles faculty and staff have in the program. The list below is not comprehensive; it is designed to help students understand who, by way of role, may be able to address a specific concern.

Department Chair

The Department Chair is responsible for the oversight and organization of the administration, fiscal management, continuous review and analysis of curriculum, and planning/development of each of the three programs (Master of Science in Physician Assistant Studies, Master's of Science in Biomedical Sciences, and Doctor of Medical Science).

Program Director

The Program Director is responsible for all aspects of the MSPAS program, including academics, faculty and staff performance, and student experience.

Director of Progression and Retention

The Director of Progression and Retention is responsible for oversight of the admissions process for the MSPAS program.

Director of Didactic Education

The Director of Didactic Education is responsible for MSPAS curriculum, assessments, instruction, scheduling, and related matters for the didactic component.

The Didactic Team

The Didactic Team is comprised of the Director for Didactic Education, didactic faculty, and administrative staff. Questions, concerns, and requests pertaining to the didactic component are best directed to the didactic team.

The Clinical Team

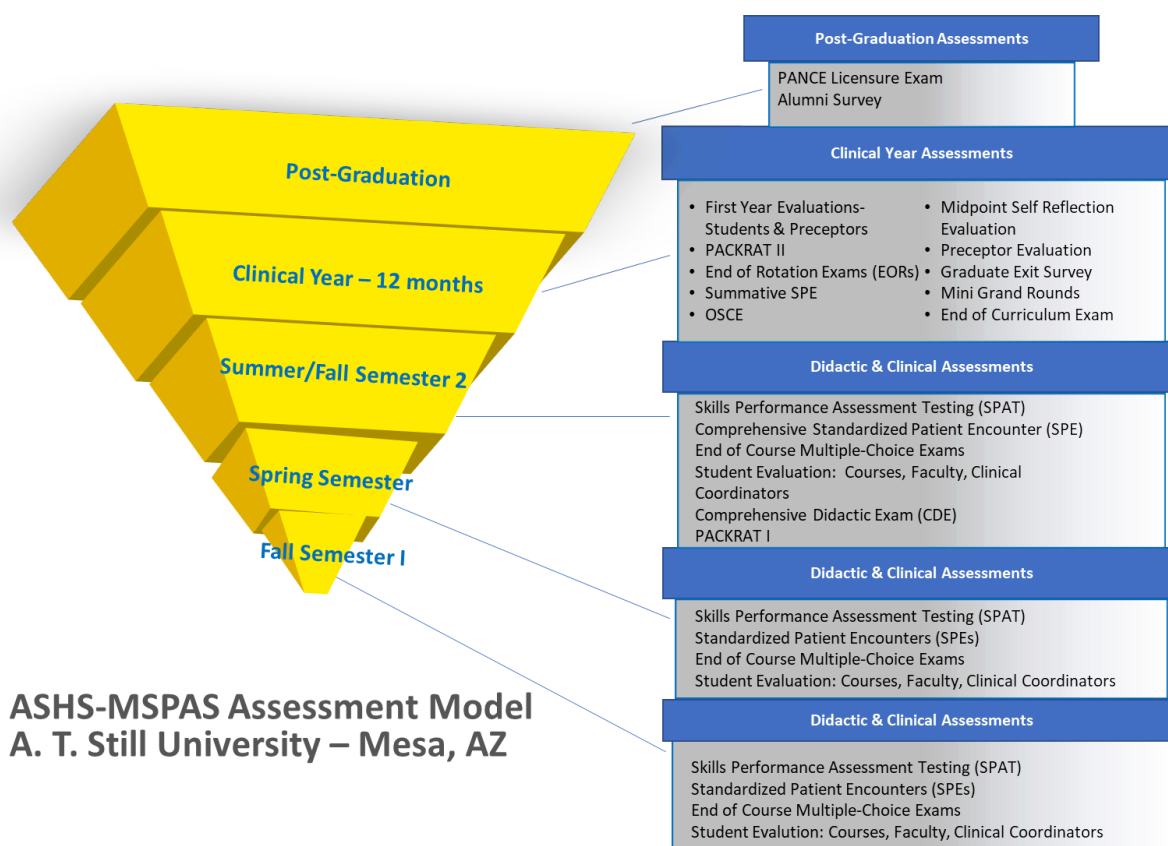
The Clinical Team is comprised of clinical coordinators and administrative staff. They are responsible for curriculum, assessments, instruction, scheduling, and related matters for the clinical component. Questions, concerns, and requests pertaining to the clinical component are best directed to the clinical team.

Curriculum

Academic Assessment Model

The A.T. Still University Mesa PA Program (ASHS-MSPAS) utilizes a comprehensive and longitudinal assessment model designed to evaluate student competency across didactic and clinical phases, culminating in post-graduation outcomes. This inverted pyramid framework emphasizes the progressive development and

demonstration of clinical, academic, and professional skills from matriculation to post-graduation.



Graduate Competencies

Graduates from the MSPAS program will have acquired the competencies described below.

PA Program Graduate Competencies

Competency Domain	Competency Description	Summative Assessments
A. Clinical and Technical Skills (CTS)	1. Gather essential and accurate information about patients and their health status through history taking, physical examination, and the use of laboratory data, imaging, and other diagnostic modalities	Summative SPE, Mini Grand Rounds

	2. Demonstrate the ability to safely and accurately perform medical technical skills appropriate to the clinical setting.	Summative SPE
B. Clinical Reasoning and Problem-Solving Abilities (CRPS)	1. Distinguish between acute, chronic, and emergent disease states across the lifespan.	Summative SPE, Mini Grand Rounds, End of Curriculum Exam
	2. Apply evidence based and emerging principles of clinical science to diagnostic and therapeutic decision making, and clinical problem solving.	Summative SPE, Mini Grand Rounds, End of Curriculum Exam
	3. Recognize the social determinants of health affecting the individuals and community being served, and incorporate them into prevention, evaluation, management, and health maintenance of the patient.	Mini Grand Rounds, End of Curriculum Exam, Capstone Master's Project
	4. Demonstrate the ability to identify, assess, and interpret genetic risk factors in patients to inform clinical decision-making, patient education, and personalized care plans.	End of Curriculum Exam
	5. Provide timely and safe patient care.	Summative SPE
	6. Identify etiologies, risk factors, pathophysiology, and epidemiology for diagnosis, management, and patient education.	Summative SPE, Mini Grand Rounds, End of Curriculum Exam
	7. Based on medical history, physical examination, and diagnostic findings, formulate a plan for management of general medical and surgical conditions, as they present across the lifespan, including pharmacologic and non-pharmacologic treatment modalities.	Summative SPE, Mini Grand Rounds, End of Curriculum Exam

C. Interpersonal Skills (IPS)	1. Demonstrate interpersonal and communication skills that result in effective patient education, and intentionally collaborate with members of the healthcare team.	Summative SPE, Mini Grand Rounds
	2. Demonstrate the ability to provide effective verbal and nonverbal communication with patients, avoid discipline-specific terminology when possible, and check to ensure patient understanding.	Summative SPE
	3. Counsel and educate patients to empower them to participate in their care and enable shared decision making.	Summative SPE
	4. Provide medical care that is respectful, ethical, considerate, empathetic, and equitable.	Summative SPE
	5. Review medical records, complete written documentation, and communicate diagnostic findings and management strategies in a timely manner.	Summative SPE, Mini Grand Rounds
D. Medical Knowledge (MK)	1. For patients of all ages, recognize the difference between the normal and the abnormal health states across all organ systems.	Summative SPE, Mini Grand Rounds, End of Curriculum Exam
	2. Demonstrate knowledge of the anatomy, disease etiology, pathophysiology, clinical manifestations, differential diagnoses, management, and appropriate interventions for general medical and surgical conditions across the lifespan.	Summative SPE, Mini Grand Rounds, End of Curriculum Exam
	3. Order and Interpret appropriate laboratory data, imaging studies, and other diagnostic tests for general clinical practice	Summative SPE, Mini Grand Rounds, End of Curriculum Exam
	4. Describe and apply appropriate interventions for prevention of disease and health promotion/maintenance	Summative SPE, End of Curriculum Exam

	5. Describe, order, and/or perform appropriate screening methods to detect conditions in an asymptomatic individual.	Summative SPE, End of Curriculum Exam
	6. Make appropriate informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	Summative SPE, Mini Grand Rounds, End of Curriculum Exam
E. Professional Behaviors (PB)	1. Show respect for the patient's dignity and privacy while maintaining confidentiality during the examination.	Summative SPE
	2. Accurately articulate one's role and responsibilities to the patient, their family, and other professionals.	Summative SPE
	3. Apply the core principles of medical ethics to medical and health care decisions.	Summative SPE, End of Curriculum Exam
	4. Demonstrates effective time management by keeping clinical interviews or tasks on track.	Summative SPE
	5. Provides empathetic support by expressing concern, demonstrating understanding, and offering appropriate assistance to patients.	Summative SPE

Didactic Component Courses

Didactic Component Schedule

Students will complete six sessions across 3.5 academic semesters of coursework, organized thematically. Each semester will typically have two sessions with a one week break from classes between each session. The first session of the first semester will lay the foundations of medicine, then begin systems-based studies. During a system module, curricular material will be synchronized across the clinical medicine, history & physical exam, and clinical skills courses. Modules will vary in length based on the breadth of the curriculum. Concurrent with systems-based study, two course series will expose and instruct students in the human side of medicine. The Body, Mind, and Spirit course series will present seminars exploring a

variety of topics in the medical humanities and practice as a medical professional. The Clinical Medicine Practicum course series will enable students to interact with patients in clinical settings, practicing patient communication and history-taking skills, and providing time for students to develop their understanding of the role and conduct of a provider in a clinic.

Students are not used to substitute for or function as instructional faculty. In instances in which a student may have expertise in a certain area they may assist a principal or instructional faculty member in demonstrating a skill or technique.

Please refer to the [ATSU catalog](#) for individual course descriptions in the didactic curriculum.

Foundations of Medicine Series

MSPA5010 Clinical Anatomy (2 credit hours)
MSPA5015 Introduction to Biomedicine & Clinical Medicine (4.5 credit hours)
MSPA5040 Introduction to Patient Assessment (3.5 credit hours)
MSPA5026 Introduction to Clinical Skills (1 credit hour)

History & Physical Examination Series

MSPA5060 History & Physical Examination I (2 credit hours)
MSPA5090 History & Physical Examination II (2 credit hours)
MSPA5125 History & Physical Examination III (2 credit hours)
MSPA5155 History & Physical Examination IV (1 credit hours)

Clinical Medicine Series

MSPA5035 Clinical Medicine: Endocrinology (4 credit hours)
MSPA5045 Clinical Medicine: Ears, Eyes, Nose, Throat (4 credit hours)
MSPA5050 Clinical Medicine: Pulmonology (4 credit hours)
MSPA5055 Clinical Medicine: Cardiology (8 credit hours)
MSPA5080 Clinical Medicine: Gastroenterology (7 credit hours)
MSPA5085 Clinical Medicine: Dermatology (2 credit hours)
MSPA5110 Clinical Medicine: Musculoskeletal (5 credit hours)
MSPA5115 Clinical Medicine: Neurology (5 credit hours)
MSPA5120 Clinical Medicine: Behavioral Health (4 credit hours)
MSPA5145 Clinical Medicine: Women's Health (3.5 credit hours)
MSPA5150 Clinical Medicine: Nephrology & Urology (3.5 credit hours)
MSPA5175 Clinical Medicine: Healthcare for Special Populations (2 credit hours)
MSPA5190 Clinical Medicine: Infectious Disease (1 credit hour)

Body-Mind-Spirit Series

MSPA5030 Introduction to Body-Mind-Spirit Seminar (2 credit hours)
MSPA5065 Body, Mind and Spirit I (1 credit hour)
MSPA5095 Body, Mind and Spirit II (1 credit hour)
MSPA5130 Body, Mind and Spirit III (1 credit hour)

Clinical Medicine Practicum Series

MSPA5070 Clinical Medicine Practicum I (1 credit hour)
MSPA5100 Clinical Medicine Practicum II (1 credit hour)
MSPA5135 Clinical Medicine Practicum III (1 credit hour)
MSPA5165 Clinical Medicine Practicum IV (.5 credit hour)
MSPA5180 Clinical Medicine Practicum V (.5 credit hour)

Clinical Skills Series

MSPA5026 Introduction to Clinical Skills (1 credit hour)
MSPA5075 Clinical Skills I (1 credit hour)
MSPA5105 Clinical Skills II (1 credit hour)
MSPA5140 Clinical Skills III (1 credit hour)
MSPA5170 Clinical Skills IV (.5 credit hour)
MSPA5185 Clinical Skills V (.5 credit hour)

Clinical Component Courses

Clinical Component Schedule

The clinical portion of the program is a 12-month series of experiences designed to expose the student to patients in a variety of clinical settings. The setting, assigned tasks and schedule will vary depending on the clinical site. Per the ARC-PA accreditation standard A3.03, students may not solicit clinical rotations.

The Class of 2027 clinical year will consist of ten Supervised Clinical Practice Experiences (SCPE) and a Transition to Practice five-course series:

- Two 8-week core SCPEs: Family Practice and Internal Medicine, not necessarily back-to-back
- Five 4-week core SCPEs: Pediatrics, Emergency Medicine, Women's Health, Surgery, Behavioral Health
- Two 4-week Selective SCPEs: chosen from a list provided by the clinical team
- One 4-week Elective SCPE: chosen from a list provided by the clinical team
- Transition to Practice I-V (scheduled for the duration of the clinical component)

Please refer to the ATSU catalog for individual course descriptions in the clinical curriculum.

Required Supervised Clinical Practice Experiences

MSPA6074 Family Medicine (6.68 credit hours)
MSPA6075 Internal Medicine (6.68 credit hours)
MSPA6076 Pediatrics (3.33 credit hours)
MSPA6077 Emergency Medicine (3.33 credit hours)
MSPA6078 Women's Health (3.33 credit hours)
MSPA6079 Surgery (3.33 credit hours)
MSPA6080 Behavioral Health (3.33 credit hours)

Elective Supervised Clinical Practice Experience

MSPA6081 Elective (3.33 credit hours)
MSPA6082 Selective 1 (3.33 credit hours)
MSPA6083 Selective 2 (3.33 credit hours)

Other Clinical Component Course(s)

MSPA6073 Transition to Practice I (.25 credit hour)
MSPA6084 Transition to Practice II (.25 credit hour)
MSPA6085 Transition to Practice III (.25 credit hour)
MSPA6086 Transition to Practice IV (2 credit hour)
MSPA6087 Transition to Practice V (.25 credit hour)

Policies and Procedures

The policies and procedures listed below apply through all components (didactic and clinical) of the program.

Communication

Communication between Arizona School of Health Sciences (ASHS) faculty and staff and PA students can be accomplished through a variety of modes that include personal/virtual visits, phone calls, voice mail, and ATSU email. The ATSU email address is the official means of communication at the University. **Email communication between students and all ATSU personnel must occur via ATSU assigned email accounts. ATSU personnel are not permitted to respond to student emails originating from non-ATSU assigned email accounts.** Students are required to check ATSU email and respond on a daily basis.

PA students are cautioned against the use of social media while enrolled as a student. All public communications while a student of ATSU can be construed as a message on behalf of ATSU or reflective of ATSU's values, policies, or actions. Considerable thought should be given to the implications of sharing any information via social media. Any information a student distributes through a social media platform becomes public information (even when the platform purports to limit access to the information being shared).

Postings/pictures/videos or other material that violates the professionalism standards DPAS students are held to may be cause for disciplinary action, even if said postings are not on ATSU maintained platforms.

Students are not permitted through social media to connect to and/or communicate with faculty or staff while they are matriculated (including "liking", "connecting", or "friending"). Faculty and staff are not permitted through social media to connect to and/or communicate with matriculated students. The only exception is the ATSU DPAS Class Facebook page set up by ATSU. Staff and faculty may monitor this site to answer questions from incoming students.

Please take special note: It is a violation of the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) for students to distribute ANY information related to patient care via social media.

ATSU/ASHS/MPAS names are branded. As such use of the ATSU/ASHS/MPAS name or logo requires pre-approval from the Chair and Communications and Marketing.

Academic Assistance

Faculty Academic Advising

A team-centered approach will be utilized to provide any needed academic support with the faculty advisor as the centerpiece of the effort. Faculty academic advisors are assigned to each student at matriculation and follow them through to graduation. While it is the program's intent to provide all available support to students who are experiencing academic difficulty, this policy is not intended to undermine the basic tenet that it is ultimately the learner's responsibility to seek out and utilize the resources made available to meet the requirements of ATSU and DPAS.

Tutoring: Peer-Assisted Learning (PAL) Program

Learning Resources provides peer tutoring and academic mentoring free of charge to ATSU residential program students through the Peer-Assisted Learning (PAL) Program.

PALs:

- Are second-year students who have demonstrated academic success
- Can provide program-specific advice

- Offer individual, group, walk-in, and virtual sessions
- For more information, please email PALProgram@atsu.edu.

Students with Disabilities

ATSU is committed to complying with Section 504 of the Rehabilitation Act and Title III of the Americans with Disabilities Act, federal laws that prohibit discrimination on the basis of disability, and relevant state law. Learning Resources and Accommodation Services supports qualified students with disabilities by determining eligibility and providing necessary and reasonable accommodations.

Any student seeking accommodations due to disability is required to register with Accommodation Services. Requests for academic adjustments/accommodations should be submitted to accommodations@atsu.edu.

Additional information on ATSU's Policy and Procedures for Students with Disabilities can be found in the University Student Handbook in the Learning Resources & Accommodation Services section at <https://www.atstu.edu/student-affairs>.

To register, or to discuss adjustments and services as they may apply to your individual situation, please contact (Arizona campus, California campus, and online students):

Marty Allison, Accommodation Specialist
480.245.6248

<https://www.atstu.edu/department-of-student-affairs/learning-resources>

In addition to registration Accommodation Services, any student who feels that they have a disability or condition which might jeopardize the safety of patients or prohibit their participation in classroom, laboratory, or clinical activities must notify the appropriate faculty and/or program director so that reasonable accommodations can be made.

Student Access to Faculty

In addition to teaching, PA faculty members have administrative, University, and clinical responsibilities. The time students spend with faculty should be for academic counseling, advisement, academic questions or other concerns related to the PA program. PA faculty members are available to meet with students in person or via virtual meetings. Students wishing to meet with individual faculty members should email the faculty with a request to meet and preferred times they are available. Please use good judgment and respect faculty members' time. If extended periods of time are needed, please consult the faculty member to make appointments.

Although students have significant access to program faculty, please remember that faculty, the program director, and the medical director are not allowed to provide medical care to PA students except in an emergency situation.

Fair Practices

PA students have equal access to facilities and programs of ATSU as do students of other programs. ATSU is committed to equality of opportunity and does not discriminate against applicants, students, or employees based on race, religion, color, creed, national origin, gender, age, sexual orientation, or disability. All policies concerning discrimination, harassment, and retaliation are found in the ATSU University Student Handbook, Appendix C: Prohibition of Discrimination, Harassment, and Retaliation which can be found on the Student Affairs website at <https://www.atsu.edu/titleix>.

Conflict Resolution

An important aspect of professional conduct in an organization is working within the organizational hierarchy to address conflict and concerns. Though rare, conflict, challenges, and unsatisfactory interactions may occur during didactic and/or clinical training. These may be academic, professional, or personal in nature. Students with concerns are expected to act professionally at all times, and to follow the steps below to resolve conflict with course directors/program faculty, clinical preceptors, University and clinical training site staff, and colleagues.

Didactic Component

1. Contact the course director or course faculty (if applicable) *first*. If this does not resolve your concern or if the problem does not relate to a specific course:
2. Contact your assigned faculty advisor. If the issue is not resolved:
3. Contact the Director of Didactic Education. If the issue is not resolved:
4. Contact the Program Director.

Clinical Component

1. Attempt to resolve problems with the appropriate individual directly. If this does not resolve your concern:
2. Contact the clinical preceptor. If this does not resolve your concern:
3. Contact the RME (if applicable)
4. Contact the appropriate clinical coordinator. If this does not resolve your concern:
5. Contact the Program Director.

Only students who have exhausted the conflict resolution pathways above may bring their unresolved concerns to the Department Chair. If the conflict has not been resolved, concerns are brought to the ASHS Dean. The Dean's office is located on the second floor of the 5850 building on the Arizona campus.

If a student is experiencing personal problems, the student should speak with their faculty advisor. The advisor will guide the student to appropriate ATSU resources

(See University Student Handbook, Vice President for Student Affairs, Student Complaint Procedures).

Classroom Etiquette

Activities that distract from the classroom environment and interfere with the conduct of the educational process are prohibited. Students are expected to abide by the following professional standards:

- **ELECTRONIC DEVICES:** The use of electronic devices during scheduled educational activities should be limited to activities that enhance the learning experience without causing distractions to the student or others in attendance. All electronic devices should be set to "silent mode" during these activities. This includes, but is not limited to, browsing the internet, instant messaging, online shopping, watching videos, and texting.
- **INTERNET USE:** Sending emails or instant messages, playing games, browsing the internet, shopping, or working on other assignments during lectures or class meetings is prohibited. Failure to comply with this policy will result in disciplinary action.
- **GUESTS:** Guests are not permitted in class without prior approval from the course director and the director of didactic education.
- **PLAGIARISM:** Plagiarism is strictly prohibited and includes, but is not limited to, buying, receiving, using generative AI, or obtaining another individual's work or ideas through any means and submitting them as your own.
- See [University Catalog](#), [Student Policies](#), [Code of Academic Conduct](#)

Frequent breaks are given during the day. Please make every attempt to limit your exit and entry during class by using break time appropriately.

Student Health

Counseling Services

The University provides licensed behavioral health and wellness counseling services to students. Students may access personal counseling and additional mental health resources by contacting [Behavioral Health and Wellness](#). Students also have access to a free 24/7 telephonic counseling service called TimelyCare. TimelyCare is available to students regardless of where they are physically located. Go to: <http://timelycare.com/atsu> and create your free account. The TimelyCare 24/7 Customer Service Line is: 833-4-TIMELY.

Other methods of intervention for students mental health support include the The ATSU CARE (Campus Assessment Response and Education) Team. The CARE Team is a university-wide, proactive, and holistic approach to enhancing the safety and retention of students by recognizing early signs of distress and connecting students to support during times of difficulty through a referral process.

ATSU CARE TEAM Referral Process:

- Use the [CARE Team Referral Form](#)
- If you have any questions or need more information, please contact Jessica Jones, Care Manager, at jessicarjones@atsu.edu or 660-626-2156 or Sarah Thomas, Director of Behavioral Health & Wellness at snthomas@atsu.edu or 660-626-2751.

ASHS Assessment of Immunity, Screening & Certification Information

ATSU-ASHS requires all residential students to provide documented proof of completion of all required ATSU-ASHS immunizations, immunity, screenings and certifications, and maintain compliance with the requirements in this section for the duration of enrollment in ATSU-ASHS. Students are responsible for all costs associated with being in compliance with these requirements.

Failure to comply with the health requirements defined below is considered unprofessional conduct and may impact course grades, clinical experience attendance, and graduation date.

Please refer to the ATSU catalog section entitled "Immunizations, Immunity, Screening, and Certification for ATSU-ASHS Residential Programs" for specific details.

The Student Risk Management Record supplied electronically MUST be filled in and signed by your personal healthcare provider (MD, DO, PA or NP). ALL verifying documentation must be included.

Pre-matriculant students should mail, fax or email the Student Risk Management Record and documentation to:

Gina Hirrill-Torres
PA Admissions Coordinator
A.T. Still University
Arizona School of Health Sciences
5850 E. Still Circle
Mesa, AZ 85206
O: 480-265-8064
F: 480-219-6100
paadmissions@atsu.edu

Matriculated students should mail, fax or email proof of continued compliance with these health requirements to:

Sheree Fiske
Clinical Affairs Officer
A.T. Still University
Arizona School of Health Sciences
5850 E. Still Circle
Mesa, AZ 85206
O: 480-219-6141
F: 480-219-6103
ASHSClinicalAffairs@atsu.edu

and

Sunna Khokhar
Clinical Student Liaison
Coordinator

A.T. Still University
Arizona School of Health Sciences
5850 E. Still Circle
Mesa, AZ 85206
O: 480-265-8032
F: 480-219-6144
pacredentiaing@atsu.edu

Program Preventative Health Requirements

1. Students are required to maintain compliance with the ASHS Assessment for Immunity, Screening & Certification rules (as above).
 - a. Students are required to submit the Student Risk Management Record prior to matriculation (provided to students electronically to complete).
 - b. Students are required to maintain continued compliance with immunity and certification rules.
2. Students are responsible for obtaining any clinical experience or Didactic Clinical Experience (DCE) site specific immunization or certification requirements (in addition to those required by the ASHS Clinical Affairs office) in a timely manner and maintain compliance throughout the duration of the clinical or DCE experience.
3. Students are responsible for the costs for maintaining continued compliance with all immunization requirements.

Maintaining Continued Compliance with Health Requirements

4. ASHS Clinical Affairs office will email each student a reminder for upcoming immunization compliance expiration(s) both 2 months and 1 month prior to the expiration of the requirement(s).
 - a. The program is also notified by ASHS Clinical Affairs in the 1 month reminder sent to students.
5. Students are required to submit proof of continued compliance with all immunization requirements to the ASHS Clinical Affairs office via email to ASHSClinicalAffairs@atsu.edu AND Sunna Khokhar pacredentiaing@atsu.edu prior to coverage/certification expiration(s).
6. ASHS Clinical Affairs office will notify the program in the event a student is out of compliance.
 - a. The program will notify a student when they are out of compliance.
 - b. The program director or designee will issue the student a professionalism violation.
 - c. The program will notify appropriate faculty, clinical experience, and/or DCE sites that the student will be absent from the assigned educational experience until compliance is fulfilled. This may lead to delayed graduation.
 - d. A program faculty member will privately instruct the student to leave campus and/or any required or elective educational activities if the student is found to be out of compliance during a scheduled activity.
7. Students are not allowed to participate in required or elective educational activities, either on campus or off, while out of compliance.

- a. Student absences from required educational activities due to non-compliance are considered unexcused absences.
 - b. Students absent from a required educational activity due to non-compliance may be required to, at the discretion of appropriate faculty, forfeit some or all of the professionalism points from missed activities.
 - c. Students absent from a required educational activity due to non-compliance may, at the discretion of appropriate faculty, be granted the opportunity to make-up missed assignments/exams on a timeline established by the faculty person(s).
 - d. Absences from required educational activities because of non-compliance may result in a course grade of incomplete, a course grade of F, a modified clinical experience schedule, and/or delayed graduation.
 - e. Students who remain out of compliance for more than 14 consecutive days will be placed on probation and called before a SPB for unprofessional conduct.
8. Students out of compliance are required to submit appropriate documentation of compliance to ASHS Clinical Affairs office to return to compliance.
 - a. Didactic component students are required to also notify their advisor and the director of didactic education of return to compliance.
 - b. Clinical component students are required to also notify their advisor and the clinical team of return to compliance.
 9. All Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) certifications and recertifications must be obtained through the American Heart Association (AHA) to ensure consistency with program standards and clinical site requirements.

Dress Code

The PA program dress code has been designed to assist students in presenting a professional appearance in order to inspire confidence in both colleagues and patients, as well as to comply with health and safety standards that promote effective patient care and minimize the possibilities for body fluid exposure or the spread of infectious disease. Students should maintain a professional appearance and dress appropriately whenever they are representing ASHS and the PA profession in any setting. This includes the campus, all clinical sites, meetings, and special events. Being neatly dressed and well-groomed exemplifies professionalism and courtesy toward your colleagues and patients. Attire should not distract from the educational effort.

Professional Dress for Class Attendance on the ATSU Campus

The rules below apply to classroom, laboratory, and campus events Monday-Friday between the hours of 8:00 am and 5:00 pm.

- School identification badge with first and last name must be worn and visible at all times on campus.
- Clothing must be clean and free of wrinkles, rips, tears, and stains.
- Clothing must fit appropriately. It should not be loose, as this can promote disease transmission through accidental contact, nor should it be tight, as it may restrict range of motion.
- Clothing must not expose the back, midriff, cleavage, or undergarments.
- Sweaters or sweatshirts should be plain or feature only ATSU branding, without any additional designs.
- These garments may be worn:
 - Dress shirts
 - Blouses
 - Cardigans
 - Business slacks
 - Dress khaki pants
 - Dress capri pants
 - Dresses or skirts which cover at least a majority of the thigh
 - Closed-toed dress shoes, clean and in good repair, with heels less than two inches high.
 - Sneakers (only with scrubs)
 - Program scrubs (in classroom or in lab only)
 - Head coverings for religious observance
- These garments may not be worn:
 - Tank tops
 - Halter tops
 - Spaghetti straps
 - Crop tops
 - Slippers/Slipper boots (etc. UGGs)
 - Jeans
 - Sandals
 - Open-toed shoes
 - Any perforated design footwear (etc. Crocs)
 - Work-out attire
 - Leggings
 - Sweatpants
 - T-shirts
 - Non-religious head coverings
- Dangling ear jewelry of any size is not permitted.
- Fingernails should be kept trimmed and, when in surgical settings or clinical experiences, without polish. Artificial nails are prohibited.
- Perfume, cologne, or aftershave, if worn, must be kept to a minimum.
- Hair must be clean and arranged to avoid interference with providing patient care. Facial hair should be neatly trimmed. Hair may not have unnatural colors, hues, highlights, or dyes.
- Good personal hygiene is to be maintained at all times. This includes regular bathing/showering, use of deodorants/antiperspirants, and regular dental hygiene.

Professional Dress for Patient Encounters and Attendance at Off-Campus Conferences

This section covers dress for all patient encounters including simulated patient encounters, DCE, history-taking experiences, clinical experiences, and off-campus professional conferences.

All of the rules in the above section apply to patient encounters and off-campus conferences with the following modifications/additions:

- Established dress codes at health fairs and clinical experience sites supersede those of the program (except required ATSU ID badges with first names only).
- Business professional attire must be worn.
- White coats must be worn, except during professional functions (eg conferences)
- Scrubs may only be worn at a clinical site if authorized by the site or preceptor.

Attendance

Program Attendance Expectations

- Students are expected to attend all scheduled educational activities.
- Students are expected to arrive with sufficient time (15 minutes) prior to activity start time to be prepared to participate immediately when the activity begins. Arriving at the start time is not professional behavior.
- Students are responsible for all materials (instructions, curricular content, assessments, etc.) presented in or discussed during scheduled educational activities, whether or not they are in attendance.
- Students are expected to arrange for appropriate care for home, family, and/or pet obligations prior to and during the program to avoid foreseeable barriers to attendance.
- Students are expected to arrange for reliable transportation to and from all program activities to prevent any foreseeable barriers to attendance.
- Absences are approved through the Physician Assistant Absence Request form (PAAR) (see below) and will not be retroactively approved, except in verifiable emergent situations. Students must file a PAAR within 24 hours of the emergency.

Tardiness & Unexcused Absences

Promptness is an important trait that students are expected to display during all parts of the program. Repeated tardiness and/or absence from scheduled educational activities, any unexcused absence, and failure to submit a PAAR for each day of absence, are all considered unprofessional behavior. At the discretion of the appropriate instructor(s):

- a professionalism report may be submitted for the repetitively tardy or absent student,

- the student may receive grade-related penalties, up to a failing grade, in the course or courses affected by the repetitive tardiness or absence,
 - grade-related penalties will be described in course syllabi
- the student may be delayed in completing the didactic or clinical component of the program or the program as a whole, and/or the student may be referred to the SPB.
- Additional assignments may be given at the discretion of the course director.

Religious Observance and Practice

ATSU policy forbids discrimination because of religious beliefs or practices or any absences resulting from them. In addition, the student cannot be discriminated against for seeking a religious accommodation pursuant to this policy. A refusal to accommodate is justified only when undue hardship would result from each available alternative of reasonable accommodation. **Students must submit a PAAR prior to an anticipated absence for religious observance and/or practice preferably at least 14 days prior.**

Didactic Year PAARs

The Program strives to ensure all scheduled educational activities are necessary and valuable for promoting and supporting student learning. **As a result, attendance is mandatory for all scheduled educational activities.** The Program realizes, however, that special occasions arise that are personally important to students.

Hence, all didactic year students are allotted 5 PAAR days. Only one PAAR day can be used per didactic course block time period (e.g. cardiology and all other courses occurring during that 8-week period). PAAR days cannot be split into half days or hours. PAAR days cannot be transferred or rolled over from the didactic year to the clinical year. A submitted PAAR can be redacted if plans change. To cancel a PAAR, please email the director of didactic education. The only exceptions to the one-day rule are for the elected Kettel Assembly of Representatives student or students accepted to present at a PA-related conference. Students in these situations are still required to notify the program director and director of didactic education, can take 2 days off for the AAPA or other PA-related conference, and these days will not be counted against their allotted five days.

All absences require submission of a Physician Assistant Absence Request form ([2027 PAAR Form](#), [2026 PAAR Form](#)) 14 days prior to the missed day. Unplanned absences (illness, emergencies) require contacting the director of didactic education and applicable course directors immediately, and a PAAR must be filed within 24 hours of the absence. The submitted PAAR must be approved by the director of didactic education in order for the absence to be excused. Hence, it is required that travel plans be arranged AFTER the PAAR is submitted and approved. Once the request is reviewed, an email will be sent stating if the absence was approved.

During the didactic year, students must notify the course director and director of didactic education immediately via email or office phone number in the event of an

emergency. An absence of two or more consecutive days due to illness requires a written excuse from a healthcare provider on official letterhead. An absence of three or more consecutive days due to illness requires completion of the Extended Leave of Absence form. For absences greater than five academic days see ATSU University Catalog, ATSU Policies:, Absence Policies.

Repeated absences may result in review by the Student Progress Board (SPB), grade-related penalties, other disciplinary action, and delayed graduation.

PAAR days cannot be used under any circumstance during the following dates and times:

- scheduled exams, quizzes and other assessments (both written and practical)
- scheduled laboratory and training activities (e.g., Matter of Balance, confirmed scheduled DCE, etc.)
- interactive classroom activities which participation is required
- any "blackout dates" published by the Department of Physician Assistant Studies (DPAS)

Clinical Year PAARs

The Program strives to ensure all clinical experience activities are necessary and valuable for promoting and supporting student learning. **As a result, attendance is mandatory for all scheduled clinical experiences, scheduled testing, and events listed on the Blackout Dates document.** The Program realizes, however, that special occasions arise that are personally important to students.

Hence, all clinical year students are allocated 5 personal days off per year, but no more than 2 days per clinical experience.

In order to use personal time off, the student must obtain written approval from the preceptor and Regional Director of Medical Education (RDME), if applicable for the associated clinical experience prior to submitting a PAAR. With written approval, a PAAR must then be submitted at least 14 days prior to the date of the planned absence. The submitted PAAR must be approved by the clinical team in order for the absence to be excused. Hence, it is strongly advised that travel plans be arranged AFTER the PAAR is submitted and approved. Once the request is reviewed, an email will be sent stating if the absence was approved. Whenever possible, students are expected to arrange make-up hours for any absence during a clinical experience or this will result in delay of graduation.

PAAR days cannot be split into half days or hours. PAAR days cannot be transferred or rolled over from the didactic year to the clinical year. A submitted PAAR can be redacted if plans change. To cancel a PAAR, please email the director of didactic education.

The elected Kettel House of Delegates student representative is allowed to attend the AAPA conference and have three days off to attend and these days will not be

counted against the five allotted days. Requests to attend other professional conferences will be taken into consideration on a case by case basis and may not interfere with the current clinical experience. Requests must be made to the clinical team **at least** 14 days prior to the scheduled event and a PAAR must be submitted along with approval obtained by the preceptor and Regional Director of Medical Education (RDME), if applicable. PAAR time will **not** be deducted for these activities but students must be able to demonstrate they meet the minimum number of hours needed to pass the rotation.

Students are expected to contact the clinical team (and RDME, if applicable) **immediately** if a clinical preceptor is absent for any reason or any reduction in clinical hours arises. Failure to do so may result in reduction of professionalism points for that clinical experience and referral to the Student Progress Board (SPB).

Recording and Photographs

Recording (audio and video) or photographs of educational activities, including clinical rotations, is not permitted without express written consent of the course director, clinical facility or presenter in advance. The program video captures most lectures, except those that violate HIPPA or other privacy issues. The program also photographs students during lab activities, and will share with the students. Failure to abide by this policy will result in referral to the SPB, and possible dismissal.

Grading

Course Score and Grade Calculation

Grades for assessments will be calculated to two decimal points. Course grades will be rounded to the nearest whole percentage; and using the following rounding convention: grades ending 0.5 will round up to the nearest whole number and grades < 0.5 will round down. For example 89.1 becomes 89 and 89.99 becomes 90. The transcribed course score and letter grade will be official, even when rounding results in the transcript and Canvas showing different letter grades.

Competency on course objectives must be achieved at a minimum level of 70.00% to pass the course. Final course letter grades will be calculated using the grading scale below.

Grading Scale

Grades for each PA student will reflect the evaluation criteria as stated in the course syllabi. Final course grades for ASHS PA program didactic courses will be expressed using the following scale:

A=90-100
B=80-89
C=70-79

F= < 70

I=Incomplete

Incomplete Grades

PA students whose academic work at the end of a course is incomplete may be given, at the course director's discretion, a grade of I (incomplete). An Incomplete Grade Agreement will be drafted, reviewed, and signed by the student and course director issuing the incomplete, which will define the terms and timeline for completing the course and converting the I to a letter grade. Incomplete grades for which there is not a signed Incomplete Grade Agreement form will become failing grades two weeks after being issued. When the terms of an Incomplete Grade Agreement are not fulfilled, the incomplete grade will be converted to an F.

Academic Standing

A student who is in good standing in the program will have met the following criteria:

1. Maintain an overall grade point average (GPA) of 2.0 or higher and achieve a "C"/passing or better letter grade in all didactic and clinical courses required by the ASHS DPAS.
2. Meet the defined DPAS Professionalism Expectations and be in compliance with all program and University policies and procedures.
3. Earn a passing score on all didactic and clinical summative assessments.
4. Students with an academic warning will be in good academic standing, whereas students on academic probation will not currently be in good academic standing.

Academic Progression

Progression in the program is contingent on maintaining good academic standing, continued mastery of program objectives, course content, and demonstration of behaviors consistent with a healthcare professional.

Failure to meet the standards of academic performance will result in one of the following actions, Academic Warning, Academic Probation, Academic Dismissal as defined below:

Academic Warning

Students who are at-risk of not fulfilling expected academic standards, may be given an academic warning. Academic warnings serve as an opportunity to address difficulties with the goal of preventing a student from being placed on academic probation. Warnings will not appear on the official transcript, but will be placed in the student's program file. When an official warning is issued to the student, the terms to which the warning is bound and the expiration date and/or terms will be explained.

- Academic warning as determined by the Student Progress Board (SPB) may occur from any one of the following:
 - Failing two or more Major Unit Assessments (MUA [midterm, final, SPE, SPAT, EOR])
 - Failing a Live patient OSCE or Clinical SPE
 - Failing a component of the Clinical Summative OSCE but passing the complete OSCE.
 - Failing to meet program defined professionalism expectations on two or more occasions.
 - Missing assignments
 - Missed deadlines
 - Repeated tardiness
 - Unexcused absence
 - Failure to follow PA Program policies
 - Receiving a '1' or '2' on any component of the preceptor evaluations during the clinical year
 - Students not necessarily meeting any of the above criteria, but are of significant concern to current program faculty and/or program partners

Academic Probation

A student identified as at risk of successfully meeting academic progression may be placed on academic probation. When students are placed on academic probation, a written notification by the program chair (or designee) will specify:

- the reason(s) for academic probation
- the requirements for restoration of good standing, and
- the prescribed methods for completing those requirements

Probation and/or failure of Courses may affect a student's financial aid status and/or funding opportunities. Probationary status may be reported or discoverable by future employers or state boards during background checks, credentialing, or licensure reviews

- Academic probation as determined by the Student Progress Board (SPB)
 - Failing a course
 - Failing four or more MUAs (Didactic or Clinical)
 - Failing to pass the Comprehensive Didactic Exam (CDE) on the first attempt.
 - Failing to pass the End of Curriculum Exam (EOC) on the first attempt.
 - Failing the Clinical Summative SPE.
 - Students who are dismissed from a clinical experience by a site or preceptor.
 - Repeated professionalism violations (four or more occurrences) or a single violation of a serious nature (ie, academic dishonesty).

Academic Dismissal

Academic dismissal occurs when a student fails to meet the Program's Standards for Academic Progression. Students will receive written notification of dismissal from the Program Director. Dismissal decisions are made on an individual basis, reflecting professional judgment, academic progress, and consideration of all pertinent circumstances.

The Program Director decision is based on:

- Recommendations from the Student Progress Board (SPB)
- The student's academic record
- Department standards for progression
- Input from the student and faculty and staff.
- Professionalism record

The student, the Department Chair, and the Dean will be notified of the dismissal decision in writing, including a summary of the significant facts and reasons. Students have the right to appeal to the Dean, following the procedures outlined in the ATSU University Catalog and ATSU Policies: Academic Appeals.

A student may be dismissed for the following reasons as determined by the SPB:

- Failure of any three PA program courses, across the didactic and/or clinical phases.
- Accumulation of six or more failures on Major Unit Assessments (MUAs), including midterms, finals, Summative Practical Examinations (SPEs), Summative Performance Assessment Tools (SPATs), and End-of-Rotation (EOR) exams, across the didactic and/or clinical phases.
- Failure to pass a summative remediation exam (e.g., Comprehensive Didactic Exam).
- Failure to complete a Special Topics course assigned for Rosh Remediation or after an EOR failure.
- Continued professionalism violations while on probation (six or more documented occurrences of minor issues such as tardiness, missed deadlines, or unprofessional communication), or a single serious professionalism violation.
 - Failure to complete all program requirements within the designated program timeline of 26 months.

Remediation

Remediation is a program-defined and applied process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.

Remediation assignments and assessments provide opportunity for students to demonstrate comprehension of the course content and be directed toward the content areas within the course in which the student was found to be deficient. Remediation plans may include additional assignments, written or practical examinations, quizzes, case studies, projects, oral or slide presentations and/or typed papers. Students must complete all required remediation assignments and tasks within the timeframe identified in the remediation plan, in order to sit for the remediation exam as outlined by the course director. Students will be notified in advance of their remediation schedule. Depending on remedial complexity, students may be scheduled to complete the remediation process outside of scheduled educational activities. This may include administering assessments during breaks from regular class time.

All students earning a failing grade in a course (unless receiving a grade of incomplete) are required to remediate that course failure to continue in the program. Students who successfully complete the remediation process for a course failure will receive a final grade of "RC" (remediated C) for the course.

If all course remediation requirements are not successfully completed in accordance with ASHS-DPAS program policies, the final individual course grade will remain an "F" on the student's transcript. A failure of course remediation will result in a course failure and a referral to a SPB. Students may, in exceptional circumstances, be allowed to repeat courses while in PA school. Students are required to successfully complete all didactic coursework prior to entering the clinical phase of the program. Additionally, completion of all program courses (both didactic and clinical) is mandatory for eligibility to graduate.

Dismissal Appeal Process

Dismissal by a program may be appealed, in writing, to the Dean no later than seven calendar days following receipt of notification of the department chair's decision of dismissal. Such notice of appeal from the student shall include a statement of reasons why dismissal is inappropriate. The Dean shall review the notice of dismissal, notice of appeal, significant facts and reasons for dismissal in light of the department's standards of progression, academic norms and professional judgment. The Dean may meet in person with the student, if indicated, and shall notify the department chair and student of the decision no later than seven academic days following receipt of the student's appeal. Such notice shall describe the basis for the decision.

The Dean's decision may be appealed in writing by the student to the President of Arizona & California campuses only if new and significant information has been discovered. A written appeal to President of Arizona & California campuses must occur within seven calendar days of the Dean's decision and must specifically state the new and significant information forming the basis for reconsideration of the Dean's decision. The written appeal must contain a signature of the student (faxes are acceptable). The President of Arizona & California campuses will review the appeal and issue a decision, which shall be final and without further appeal, within seven academic days of receipt of the student's appeal. See ATSU University Catalog, ATSU Policies, Academic Appeals.

Professionalism Expectations

As a mechanism to assist students in the acquisition of professional skills, a monitoring system has been established to identify unprofessional behaviors and to provide mentoring and guidance. Professionalism deficiencies are completed by faculty or staff for infractions of the DPAS policies. These can include, but are not limited to recurrent tardiness, unexcused absences, failing to follow PA Program policies, missed assignments and deadlines for required paperwork.

Students identified as exhibiting unprofessional behavior through a professionalism deficiency form will be provided with corrective guidance from their faculty advisor for a first violation.

- Students who reflect a pattern of unprofessional behavior (two or more deficiencies identified) will be called to appear before the Student Progress Board (SPB) and may be given an academic warning.
- Four or more professionalism violations will lead to an SPB and the student may be placed on academic probation.
- Six or more violations or a single severe infraction of professional behavior may be grounds for academic dismissal.

Professionalism violations are reportable to the Arizona Regulatory Board of Physician Assistants and may impact future licensure.

At-Risk Student Policy

Identifying Students At Risk of Failing the PANCE

Each learner is ultimately responsible for their own success. The program is committed to supporting students, including monitoring for early-warning signs of struggle. After each cohort completes the PANCE, the previous three cohorts' PANCE scores are analyzed against the following eleven criteria and a benchmark level is set for the incoming class. Students are tracked to determine the need for additional remediation to successfully complete the PANCE. The eleven criteria and benchmarks for at-risk are as follows:

1. GPA below 3.07 at the end of the didactic year

2. GPA below 3.31 at the end of the program
3. Failure of the CDE
4. Any course failure
5. Two or more MUA failures in the didactic year
6. PACKRAT I <125
7. EOR score > 1 standard deviation below the national mean
8. PACKRAT II <151
9. EOC score <1491

At-Risk Student Intervention

At the end of the didactic year, students are notified of the number of risk factors and identification of those risk factors with recommendations for improvement if necessary. Once a student has been identified as being at risk (based on the number of risk factors, improvement or decline in performance, and discussion with didactic faculty), the program director (or their designee) will contact the student in writing. A student determined to be at-risk at the end of the didactic year will be placed in a 1 credit hour Special Topics course (MSPA5820): Blueprint Remediation. Blueprint Remediation requires the student to build and complete a rotation specific 100 question mock exam. These questions are in addition to other Blueprint assignments that all students are required to complete. In addition, students must complete four block exams and a mock PANCE exam, and achieve a score of 70% or higher on each exam.

At the end of the clinical year, a student who fails the End of Curriculum exam on the first attempt will be required to delay their program completion and take a Directed Studies (MSPA6820) Course with required course remediation assigned by the program, including two NCCPA practice exams, a mock PANCE exam, followed by a repeat EOC exam.

Student Progress Board

A Student Progress Board meeting is a formal review conducted by a designated faculty committee to evaluate a physician assistant student's academic, clinical, and professional performance. The purpose of the meeting is to assess whether the student is meeting program expectations and competencies, and to make recommendations regarding resources, remediation, continuation, probation, or dismissal based on the student's progress and overall standing in the program.

If a student is required to appear before the SPB, the student will be informed of the date and time of the SPB in writing. The SPB will be in person or by video-conference. The student is allowed to submit a written statement to explain any mitigating reasons for the poor performance and to discuss steps taken to correct the poor performance. Students who fail to respond to contact attempts by the program will have documentation of failure to respond entered into the student's file, which could adversely affect any professional recommendation.

Each SPB will be convened by the Program Director (or designee) and the board will include the program director, the director of didactic education (if didactic student), the student's advisor, the instructor(s) of any of the courses with failed

assessments, and any other appropriate faculty and staff. When available, a member of the Student Affairs department will attend as the student advocate. When a specific member of the board is unavailable, a pro temp may be designated. A minimum of four faculty members are required to constitute a quorum.

The student is not allowed visitors or legal representation during the SPB meeting.

The SPB will consider each case individually, and will render a decision that may include (but is not limited to) any of the following:

- Mandatory advisor meetings
- Review of faculty & standardized patient feedback (SPE)
- Mandatory tutoring
- Counseling referral
- Remediation and Re-testing
- Repeat a course
- Meeting with learning specialist
- Re-submit missed/failed assignments
- Mandatory special topics course
- Mandatory directed studies course
- Extended plan of study (e.g. repeat of clinical experience course, deceleration to the next cohort)
- Academic warning
- Academic probation
- Dismissal from the program

In the event a student fails to meet academic or professional standards, the student will be subject to dismissal from the program by the SPB.

Operational Definitions of Program Withdrawal and Deceleration

Student Leave Policy

Short Term Absence

Students who anticipate missing class due to a scheduled medical or personal event, or who experience an unexpected emergency resulting in an absence of five or less consecutive class days, must contact the Dean's Office to obtain approval and coordinate arrangements to make up missed coursework.

Extended Absence

A student who misses more than 6-15 consecutive days must request an extended absence in accordance with University Absence Policies. The request must be submitted using the University's Extended Absence Request Form and approved first by the Program Director, then by the ASHS Dean.

Acceptable reasons for a leave may include:

- Anticipated personal or medical events
- Emergency absences
- Surgical or medical recovery requiring more than five consecutive days of absence

If an extended absence is approved and accommodations can be made for missed coursework, the student may continue in the program, possibly with a delay in graduation. If any coursework missed during the absence cannot be made up, the student may need to decelerate into the next cohort and restart at the beginning of the course or rotation they left. Students must be in good academic standing to request an extended absence unless an exception is granted by the ASHS Dean. Please note that a signed Extended Absence Contract is required to complete the approval process. This contract ensures structure, consistency, and clear communication among the student, faculty, program administration, and Student Services departments.

- The contract must be signed and approved by all parties:
 - At least 14 days prior to the anticipated absence, or
 - Within 48 hours of an emergency or unforeseen circumstance.
 - Only one Extended Absence Contract is allowed within a 30-day period.
 - Multiple requests for extended absences within the same academic term will require additional review and approval by the Program Dean.
 - Any absence extending beyond 15 days must be submitted for review under the Student Leave Policy.

Additional Extended Absence Policies:

- Failure to return within the designated timeframe will result in administrative withdrawal, requiring re-application to the program.
- If a student extended absence request is not approved, and the student does not return within the timeframe outlined in the Extended Absence Contract, the student will be administratively withdrawn from the program and must reapply for admission. See Financial Information→ Tuition & Fees in the University Catalog for how a leave might impact Title IV funds and Financial Aid.

Student Leave Policy (Extended Absence Beyond 15 Consecutive Class Days)

Students who anticipate being unable to participate in all course requirements or activities for more than 15 consecutive class days must submit a formal petition for a leave of absence. A Dean may petition on the student's behalf for a leave for students who are experiencing personal or medical circumstances but refuse to

petition for a leave and they believe it is in the best interest to go on leave when they have been determined to be a potential threat to themselves or others.

Acceptable Leave Categories:

- Medical leave (physical or mental health, including maternity)
- Personal leave
- Military deployment (a copy of official military orders is required)
- Other (must be clearly specified in the petition)

Medical Leave Requirements:

- Must include documentation from a healthcare provider.
- The documentation must state the nature of the condition and the anticipated duration of the leave.
- Upon return, students must submit a medical release from their provider before rejoining academic or clinical activities.

Duration and Return:

- If approved, a leave may be granted for up to one year.
- Students must notify Enrollment Services in writing of their intent to return, within the time frame specified by the Dean.
- Enrollment Services will coordinate with the program to facilitate the student's return to classes or clinical rotations.

Important Considerations:

- Students who do not return within the approved leave period will be administratively withdrawn from the program and must reapply for admission.
- Students on leave are not eligible for financial aid, and no enrollment will be reported for loan deferment purposes.
- An appointment with a financial aid advisor is strongly recommended prior to initiating a leave request.

Transcript Notation:

Approved leaves longer than 15 days will result in a leave notation on the student's academic transcript for the term in which the leave began.

Program Withdrawal

Students wishing to withdraw from the MSPAS/ASHS-DPAS program must complete the Program Withdrawal Form, located on the ATSU student portal (search Withdrawal Form).

Process:

- After submission, the program director will contact the student within two business days to discuss the reasons for withdrawal.
- The official withdrawal date will be recorded as the form submission date.
- For tuition refund information, see the ATSU University Catalog under Financial Information: Refund Information.

Deceleration

Deceleration, as defined by the ARC-PA, refers to the loss of a student from the entering cohort who remains matriculated in the program. Deceleration refers to a student leaving their current cohort, with the intention of rejoining a later cohort to complete their studies. This differs from withdrawal or program dismissal, as the student is not leaving the program entirely. Deceleration may occur due to:

- Academic failure
- Approved extended absence
- Personal, health, family, or academic concerns impacting progress

Key Points:

- Deceleration allows repetition of a portion of the curriculum (didactic and/or clinical) for students who fail to meet progression standards.
- Students must return to the program within one year.
- Deceleration is permitted only once during the program.
- Deceleration is not a disciplinary action, such as probation or dismissal.
- Deceleration students are administratively withdrawn until they start with the next cohort.

Types of Deceleration:

- Didactic Phase: The student must rejoin the next incoming cohort at the beginning of the last didactic course they did not complete due to the deceleration.
- Clinical Phase: See extended student section below.

Conditions:

- Final approval for deceleration rests with the Program Director.
- The maximum entering class size is approved by the ARC-PA. Any increase above the ARC-PA approved maximum entering class size, for any reason

(including a decelerated student), requires program notification to the ARC-PA.

- Students must comply with any updated curriculum or policies if they join a new cohort.
- Financial responsibility for additional tuition, fees, and potential changes in tuition rates rests solely with the student.
- Deceleration may delay graduation and impact financial aid eligibility. Students are advised to consult the University Financial Aid Office before making decisions related to deceleration.

Extended Students

An Extended Student is one who takes more than 26 months to complete the program but finishes before the next cohort graduates.

Reasons for delayed graduation may include:

- Failure of a clinical rotation course requiring remediation.
- Leave of absence during the clinical year.
- Delay in entering the clinical year due to incomplete didactic requirements.
- Failure to report to an assigned clinical rotation.

Degree Completion

Students are expected to complete their degree by passing all required courses within the program's standard plan of study. Completion of the program is described and assessed using the Program Completion Form. In circumstances where additional time is needed, and with approval of the program chair, students will have a maximum degree completion timeline of five (5) years from the time of initial enrollment. Failure to complete the degree program within the specified period will lead to a loss of some or the entire student's previously earned course credits, or dismissal from the program. See ATSU University Catalog, Master of Science in Physician Assistant Studies, Graduation Requirements.

Academic Dishonesty

The Code of Academic Conduct and the Code of Behavioral Standards are outlined in detail in the ATSU [University Catalog](#). Students are expected to be familiar with this code. Additionally, the [University Student Handbook](#) outlines the procedure for reporting and investigating violations of the codes. See ATSU University Catalog, ATSU Policies, Student Policies.

Didactic Component Specific Policies & Procedures

Student Evaluation

There are many characteristics that are desirable in a PA. These include comprehensive medical knowledge, skill in applying knowledge through the provision of medical care, and professionalism in conduct. A PA must possess attention to detail, reliability, punctuality, and the ability to work as a team player.

In the didactic component of study, PA students are expected to demonstrate these traits, and at progressively higher levels, as they move towards completion of didactic training. Thus, the evaluation of PA students includes consideration of knowledge, skill, and professionalism. Knowledge is assessed through oral, written and practical testing. Skill is assessed via MSPAS faculty evaluation. Professionalism is assessed through cooperation with the program faculty and staff, attendance in class and at mandatory functions, participation in conferences and group exercises, and adherence to the guidelines of this program guide.

MSPAS students are evaluated by a number of methodologies to ensure they are meeting the expected competencies. The following are examples of methods that may be used for formative or summative evaluation of student performance.

- Examinations (either written or computer based), quizzes and assignments
- Observation of head-to-toe physical exam
- Observation of problem specific physical exams
- Performance of clinical procedures
- Performance at clinical experiences
- Behavioral performance evaluation
- Comprehensive end-of-year examinations
- Faculty advisory reviews
- Evaluation of medical documentation
- Observation of patient presentations
- Standardized Patient Encounters (SPEs)
- Clinical Examination Exercise

Assessments

Assessment content is derived from course objectives and complemented by assigned readings, classroom, and lab experiences.

Student Expectations During Assessments

MSPAS students are expected to exhibit the highest degree of intellectual honesty in the completion of examinations and assignments given by the School. Behaviors that are not consistent with this standard include, but are not limited to, having or seeking access to assessment materials before the assessment, impersonating an examinee or engaging someone else to take the assessment by proxy, copying answers from someone else or allowing one's answers to be copied, altering or

misrepresenting scores, possessing unauthorized items during an assessment (e.g. recording or photographic devices, reference material, etc.).

The content of MSPAS assessment and assignments is proprietary and strictly confidential. Unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any assessment question, in whole or in part, by written, electronic, oral or other form of communication (including but not limited to e-mailing, copying or printing of electronic files and reconstruction through memorization and/or dictation) before, during, or after an assessment, is strictly prohibited.

Such behaviors as defined above are subject to disciplinary actions and sanctions outlined in this document, the ATSU [University Catalog](#), and [University Student Handbook](#).

Assessment Scheduling

Assessments will not be administered early. If you cannot attend an assessment, you are required to follow the procedure outlined in the [Attendance](#) section of this document. A make-up assessment may be given at the discretion of the instructor, who will determine the date, time, content, and format of the make-up exam.

In extreme circumstances (i.e. death of an immediate family member) and at the discretion of the course director, an assessment may be given late (after the scheduled date and/or time indicated in the syllabus).

The DPAS reserves the right to assess students for the cost of reproducing assessments or clinical competency demonstrations (i.e. pelvic exams) where the reproduction of a particular exam or demonstration would be excessive (for example, require special scheduling of a standardized patient). Missing an assessment or assignment is not consistent with the Professional Expectations and may be cause for referral to the SPB.

Assessment Procedures

All work on assessments, exercises and assignments are to be completed individually unless direction is given by the faculty member that an assignment may be completed as a group project or with the assistance of others.

To provide for a consistent and secure test environment, the guidelines presented in [Appendix I](#) will be followed by all MSPAS students in preparation for and during written major unit assessments.

Students are responsible for being prepared for exam day. Students are expected to be seated in their assigned seat with the examination software open and ready by the scheduled start time of the exam. Failure to comply with this expectation will result in a score of zero on the exam, and the student will be required to remediate at a separate time designated by the course director. The program will communicate to students the window of time during which they must download

exams from Exemplify. A professionalism report will be filed for those students who have not downloaded all parts of the quiz/exam in Exemplify by the end of the download window. This applies to all written quizzes/exams delivered in Exemplify. In order to ensure downloads will be available on exam day, students should not update their Exemplify software between the successful download of quiz/exam files and the upload of the completed quiz/exam files. If students do update after successful downloads, and thus lose their downloaded quiz/exam files, a professionalism form will be filed.

Standardized Patient Encounters (SPEs)

These proctored graded simulations, given during the History and Physical Examination courses, focus on aspects of patient encounters and may include: history taking, physical exam skills, critical thinking, developing differential diagnoses, developing management plans, patient education, technical skills, proctor presentation, and written and oral communication skills.

Skills Performance Assessment Testing (SPAT)

These proctored graded skills demonstrations focus on hands-on performance of procedural skills taught in the Clinical Skills courses.

Comprehensive Didactic Examination

A written comprehensive didactic examination assessing progress in achieving mastery of program competencies of didactic knowledge will be administered to first year PA students near the end of the didactic component of the curriculum and will be included in the Clinical Medicine Practicum V course grade calculation. The written exam is modeled after the PANCE blueprint. Additionally, comprehensive standardized patient encounters (SPEs) will be administered and included in the H&P IV course grade calculation. Students must successfully pass all comprehensive assessments before beginning clinical year courses. Unsatisfactory performance on these assessments may result in course failure and will require remediation as directed by the program which may delay entry into the clinical component of the program by four weeks.

Additionally, students will take the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) examination at the end of the didactic year, and near the end of the clinical year. This statistically referenced exam will be used by students for self-assessment purposes only.

Course and Instructor Evaluations

Students are expected to complete evaluations of each course and instructor. Evaluations will be made available to students at the end of each course electronically, and students will be given a due date for completion of these evaluations. This due date will fall before the due date the program has for reporting course grades to Enrollment Services. Students who do not submit course and instructor evaluations by the due date will have a professionalism report filed.

Requirements for Completing the Didactic Component

1. Follow all rules and regulations published by ATSU and the DPAS
2. Complete all didactic courses with a passing grade (C or better)
3. Submit documentation of and maintain compliance with the ATSU and program [Health Requirements](#)
4. Maintain BLS and achieve ACLS certification prior to beginning the clinical component
5. Comply with the [Professionalism](#) section of this program guide
6. Attend all program-designated scheduled educational activities
7. Successfully complete the comprehensive didactic SPE and written examination
8. Submit all required paperwork and background check requirements by the deadline, prior to beginning the clinical component.

Clinical Experience During the Didactic Component

The didactic clinical experience (DCE) program, part of the Clinical Medicine Practicum course series is designed to provide students with the opportunity to experience the real-life application of the information they are being exposed to in the didactic curriculum. The program is also a chance for students to emulate experienced providers as role models in the application of effective interpersonal skills and patient education techniques to patient care. Students will be expected to attend clinical experiences during the didactic year which may be scheduled during evenings, overnights, and/or weekends.

Clinical Policies & Procedures

Program Responsibilities

1. The program is responsible for coordinating (identifying, contacting, and evaluating) and assigning all student clinical experiences.
2. The program will provide clinical experience learning objectives to preceptors and students.
3. The University is committed to serving the medically underserved population. The program strives to place students in clinical experiences that will expose them to the needs of the underserved.
4. The program will protect the student and their educational learning experience if it is deemed they are in danger or in an environment that is not conducive to learning.
5. The program will withdraw any student from a clinical experience at the request of the preceptor when it is deemed that the student's work, conduct, or health is considered unsafe or detrimental to patients or the practice site.
6. The program will determine the final grades for students in the clinical year.

Affiliation Agreements

Affiliation Agreements (AAs) must be established between all clinical sites/preceptors and the University before students can begin their clinical experience. The AA is a legal document that addresses liability, malpractice and issues pertinent to the site location and practice type. These agreements are obtained by the program.

Clinical Year Campus Assignment Policy

Students are assigned to a community campus partner for their clinical year training. Just as with clinical rotation assignments, clinical year campus assignments take into consideration many variables. One such consideration is student preference. In the spirit of fairness, the department allows for a matching process or “spin” that uses a software program to impartially assign campuses based on student input. The only preference made for campus assignments is our Hometown Scholars, P2P Scholars and Still Scholars as delineated: Hometown Scholars will be assigned to his or her endorsing campus if DPAS has a partnership agreement with the endorsing CHC. If the endorsing CHC is not a partner site, the student will enter the spin as with the other students. For the P2P Scholars and Still Scholars, if the partner University or College is in the same town as a partner CHC site, the student will be given preference for that CHC. If the partner University or College is not in close proximity to a CHC partner site, the student will enter the spin as with other students.

Any physical or mental impairment that would preclude a student from completing rotations at an assigned campus must be disclosed to the clinical team 8 weeks prior to the spin. In addition, a written request for accommodation must be submitted to Learning Resources & Accommodation Services (accommodations@atsu.edu) at least 4 weeks prior to the spin. Personal situations such as mortgage status, marital status, financial status, and family status are not considered special circumstances.

Clinical Experience Scheduling Process

Clinical experiences are scheduled and arranged by the program and the CHC partners (not the student). Multiple factors are considered in creating student schedules including, but not limited to the following:

- Quality of the learning experience
- Preceptor availability
- Requirements of the preceptor and/or clinical site
- Satisfaction of requirements outlined in the ARC-PA accreditation standards
- Satisfaction of the mission and vision of the ATSU DPAS

Once the clinical experience schedule is published, clinical experiences will not be changed to accommodate student preferences or requests. Only extreme

circumstances (i.e. a severe health emergency) will be considered for a potential change in the schedule, and this is at the discretion of the clinical team and CHC partners.

There are circumstances which may necessitate a change in a student's scheduled clinical experience (i.e. the preceptor/clinical site requests a change in schedule, preceptor or CHC partner terminates partnership), and these situations are managed by the clinical team on a case-by-case basis. Given the multiple variables in creating a student's schedule these circumstances may require the clinical team to rearrange a student's clinical experience schedule, to ensure that the student receives all experiences required to meet program graduation expectations. Clinical faculty understand the inconvenience schedule changes may cause and do their best to minimize these types of changes, but must be flexible in working with the available preceptors' schedules. Students are expected to be flexible and professional in such matters.

Students are not permitted to participate in two different clinical experiences during the same rotation block.

Clinical experiences are scheduled in various geographic locations and are coordinated to provide quality learning experiences, satisfy accreditation standards, and align with the DPAS and University mission. Travel and residence outside of the Phoenix metropolitan area may be required.

Shadowing

Students may take advantage of shadowing opportunities during the clinical year. Shadowing requirements are as follows:

- The student is NOT to represent themselves as a student of the ATSU PA program, nor function in the capacity of a PA student. The student is NOT to wear their school assigned white coat, their ATSU scrubs, nor their ATSU badge during the shadowing experience.
- The program will not schedule, nor arrange for shadowing experiences.
- Any shadowing experience must take place on the student's own time. A student is not allowed to miss time from their assigned clinical experience, for a shadowing opportunity.
- Given that shadowing experiences are not sanctioned by the PA program and are considered a student driven private activity, the student will assume full responsibility and liability for their actions and consequences of such actions.

Student Request for Specific Clinical Experiences

Students are not permitted to arrange their own clinical experiences, but may suggest potential opportunities to the clinical team. The program is committed to developing new relationships with quality preceptors and clinical sites. Students may NOT train with preceptors who are relatives, but may train with a different practitioner in the setting where their relative works. Additionally, they may suggest

healthcare provider relatives as a potential preceptor for other students. Students should recognize that it may take months to arrange such an experience, and must observe the following:

1. Students should allow at least six months for the necessary paperwork to be completed.
2. The student is prohibited from contacting the clinical site directly. In order to suggest a clinical site, the student is to complete the [Clinical Site Development Request Form](#).
3. Using information from the Clinical Site Development Request Form, the clinical faculty will evaluate the potential site/preceptor to determine whether or not the site meets program expectations.

Travel, Transportation, Housing

Completion of clinical experiences will require travel to clinical sites. Therefore, students are required to have reliable transportation and bear the cost of all transportation during the clinical year. The program makes every effort to schedule clinical experiences at sites within a 60-mile radius of the ASHS campus. Our CHC partners make every effort to schedule clinical experiences at sites within a 60-mile radius of the CHC main headquarters. However, there are extenuating circumstances that may occasionally require a student to be assigned to a site that is outside of this 60-mile radius. Flexibility with regard to travel distance to clinical experience sites will be required during the clinical year.

Housing during clinical experiences, regardless of location, is the responsibility of the student. In some situations, limited stipends or subsidized housing may be available to assist with certain core Arizona rural track clinical experiences assigned outside of the Phoenix metropolitan area. Housing accommodations provided by the program may be occupied by both male and female students simultaneously. Where housing is provided, the program does not provide internet services nor phone service. These are the responsibility of the student. Housing provided by the program is for students only, and it is prohibited for the student to have pets, family or friends residing within the home.

Preceptor Evaluation of Student

Preceptors assess student performance during each clinical rotation using standardized student evaluation forms. In addition, students are required to complete a mid-rotation self-evaluation, which is reviewed and discussed with the preceptor to support formative feedback and ongoing professional development. Only the final evaluation will be factored into the final course grade. Students who fail to meet professionalism and/or clinical performance standards during a clinical experience may trigger an SPB. Refer to the At-Risk and [Professionalism Expectations](#) sections of this guide for more information.

Each aspect of student performance is graded on a Likert scale, and all grades are calculated to two decimal points.

*A minimum score of 70 percent is required on the final student evaluation to achieve a passing grade for an individual clinical experience, even if the average of all grading components are equal to or greater than 70 percent. If a student achieves a passing grade on the EOR exam, but falls below 70 percent on the preceptor evaluation, the student will be issued a failing grade and the clinical experience course must be repeated. In this case, the final course grade for the remedial clinical experience course will be based on the final preceptor evaluation, assignments (SOAP notes, etc) and professionalism components, in addition to the previously achieved EOR exam score.

The following actions are considered a violation of the University academic code of conduct:

- Failure to submit a completed mid-point evaluation
- Withholding a mid-point or final Preceptor Evaluation of Student and submitting a separate evaluation in lieu of the original
- Tampering with marks or comments made by the preceptor on either a completed mid-point or final Preceptor Evaluation of Student

The above actions will result in referral to the Student Progress Board. Resultant action that could be taken includes, but is not limited to, academic failure of the clinical experience course, being placed on probation for unprofessional behavior, or dismissal from the PA program.

Evaluation Due Dates

Evaluations are to be completed and returned to the program as delineated in the course syllabi. Evaluations received later than 8:00 am the first Monday following these deadlines are considered late. There will be a 2.5 professionalism point deduction from the faculty professionalism component of the grade for late evaluations in the current rotation.

EOR Exam

At the conclusion of each core clinical experience, students will be assessed using an End-of-Rotation (EOR) exam. No EORs are required for elective or selective clinical experience courses. EOR exams are aligned with the learning objectives as stated in the syllabus for each clinical experience. Students may also reference the PAEA EOR content blueprints and topic lists at www.endofrotation.org. A minimum z-score of greater than or equal to -1.5 standard deviations below the national mean is required to pass the exam. The student's EOR exam grade is reported as a **scale score**, and a percent grade is assigned based on the student's national percentile rank for each course. If a student does not achieve a passing score on the first attempt they will be allowed one additional attempt, at a time to be determined by clinical faculty. Please see information regarding academic progression above. Keep in mind, regardless of the remediated scale score, the student will receive a 70 for their EOR course grade.

If a passing score is not achieved on the second attempt, the student will be issued a failing grade for the course and will be required to repeat the clinical experience course, which may result in a delay of graduation.

Professionalism Grading in the Clinical Year

Students are expected to consistently demonstrate the highest level of professionalism, adhering to all ATSU and DPAS policies. The professionalism component of the final course grade is determined using items required by the program (i.e. patient logging, communication and paperwork deadlines) as well as items evaluated by preceptor(s).

In addition to the professionalism section of the preceptor evaluation, the program evaluates professional conduct during the clinical year using the following items:

1. Communication (i.e. responds to program communication within 2 business days, professional tone in communication, check-in during week one of clinical experience).
2. Paperwork (submission of evaluations and other program-required documents by published deadlines)
3. Typhon logging (logging within 7 days of patient encounters)
4. Attendance (clinical experiences, testing, and mandatory lectures)
5. Dress code adherence

Failure to comply with requirements is considered unprofessional conduct and constitutes an unprofessional behavior infraction. Each infraction will result in the loss of professionalism percentage points in the currently enrolled clinical experience course and possibly a SPB.

Notable “Not observed” marks or scores below benchmark in preceptor evaluations of student will be grounds to review with the faculty advisor, but consistently low scores may lead to an SPB. Please refer to the At-Risk and [Professionalism Expectations](#) sections of this program guide for further details.

Summative Evaluation

Prior to the completion of the clinical year, each student is required to successfully complete a summative evaluation consisting of a written and a practical examination (SPE). These assessments are scheduled toward the end of the clinical year, typically during the last two clinical experiences. A minimum z-score of greater than -1.0 standard deviations below the class mean is required to achieve a passing grade for the written exam. The practical portion is graded according to the same manner as all other practicals over the course of the clinical year.

Students who do not pass the EOC after the first attempt will be required to take a Directed Studies course ending in a repeat EOC and delay in program completion. Students who do not pass the summative SPE with a cumulative score of 70% or higher will need to repeat the summative SPE which may lead to a delay in program completion. Students who fail one section of the summative SPE, but otherwise achieve a 70% cumulative score, will meet with their advisor to remediate the failed section prior to graduation.

PACKRAT Exam

Students will take a second PACKRAT towards the end of their clinical year. The timing of this exam is during Summative Exam week immediately after Clinical 9. The PACKRAT is used as an assessment tool to help the students gain an appreciation as to their individual knowledge base, and is not a graded assessment.

Live Patient Objective Structured Clinical Examination (OSCE)

A faculty (or adjunct faculty) member will evaluate each student at least one time during clinical training. OSCEs provide the program with the opportunity to assess the student in a clinical environment. Additionally, these visits provide faculty with an opportunity to evaluate student progress as well as address any questions or feedback from the student and/or preceptor. The faculty member will observe the student during a patient encounter and during the oral case presentation to their preceptor. After the completion of the OSCE, the student will receive immediate feedback on their performance. Additionally, a student evaluation form will be completed and placed in the student's file.

Students must "pass" their OSCE by attaining a status of "knowledge and skill level appropriate for level of training." If a student does not "pass" an OSCE they will be required to remediate the failed OSCE and may be identified as "at-risk."

Site Visits

Faculty (or adjunct faculty) members periodically visit all clinical sites and CHC partners. Site visits provide the program with the opportunity to assess each clinical site to ensure they are sufficient and equipped to provide a quality learning environment for our students so that they may meet the Learning Goals and Outcomes of the program. Site visits may occur at the same time as OSCEs

Failure of Required Clinical Experience

One of the requirements for successful completion of the clinical year is that students need to pass eight 4-week and two 8-week (Family Medicine and Internal Medicine) clinical experiences. Students who fail a required clinical experience will be required to repeat it. Depending on the cause of the course failure, the student

may lose the opportunity to choose one or more selective, as the student will be required to repeat the failed course during the time of the selective(s).

Student Check-in Process

All students are required to complete a check-in by the Wednesday (midnight MST) of the FIRST week of each clinical experience. The check-in process is designed to ensure that the student is not encountering any difficulties with the clinical experience/preceptor(s) or site, to confirm the preceptor of record's contact information for student evaluations, and to monitor professionalism of the student. Failure to check in by the designated time will result in a loss of 2.5 pts from the clinical experience faculty professionalism grade.

Student Responsibilities/Expectations

The following is a list of responsibilities to which the student must adhere during their participation in the clinical year. These are in conjunction with or in addition to student expectations covered elsewhere in this program guide, the [ATSU University Catalog](#), and the [University Student Handbook](#), the "Expectations for Clinical Year Physician Assistant (PA) Students" document signed by the student prior to the start of the clinical year, and [Minimum Requirements of Clinical Patient Encounters](#).

1. The student's conduct will be courteous, respectful, and professional at all times.
2. The student will wear proper identification as an A.T. Still University Physician Assistant Student while on campus and while participating in program assigned clinical experiences.
3. The student will be conscientious and accountable.
4. The student will be responsible for taking an active role in their clinical education.
5. The student will demonstrate awareness of professional limitations and will only perform activities assigned by, and under the supervision of their preceptor.
6. On the first day of the clinical experience, the student will discuss educational goals with the preceptor and review clinical experience objectives and evaluation form with the preceptor.
7. The student will adhere to the regulations and policies of DPAS student guides.
8. The student will follow the rules and regulations of the hospital or other institutions in which they work and agree to complete any additional training and/or testing required by the facilities. The student will comply with requests for information needed for credentialing in clinical facilities.
9. The student will complete all assignments (as assigned by DPAS or preceptor(s)) and submit site and preceptor evaluations to DPAS by stated deadlines.

10. The student will be responsible for discussing a mid-evaluation (as required) and final clinical evaluation with their preceptor(s) for each clinical experience.
11. The student will handle all confidential information in a professional and ethical manner in accordance with all applicable federal and state regulations, including HIPAA laws.
12. If a student is removed from a clinical experience either by the program or at the request of a preceptor, the student must be available to meet in-person with the clinical team and/or the Student Progress Board. The student may be placed on academic probation, dismissed from the program, and/or the graduation of the student may be delayed.
13. Students are required to keep a timely program specified clinical log of each patient encounter (updated at least every 7 days). These records are monitored by the program using the Typhon electronic tracking system. Failure to adhere to logging deadlines will result in a reduction of the student's professionalism grade.
14. If a clinical experience requires that a student participate in supervised call time, the student is expected to do so.
15. At no time during the clinical experiences should a student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where a student is asked to perform in a role other than that of student or to substitute for a staff member, the student must contact the clinical team, and the Regional Director of Medical Education (RDME) if at a CHC, for immediate guidance.

Students are required to meet all defined policies and procedures included in this program guide. Failure to meet requirements will be considered a professional conduct infraction/violation and may result in disciplinary action including but not limited to removal from the clinical site, referral to the Student Progress Board, and dismissal from the program.

Student Requirements for Completing the Clinical Component

1. Follow all rules and regulations published by ATSU and the DPAS.
2. Successfully complete all required, selective, and elective clinical experiences and Transition to Practice series (MSPA6073, MSPA6084, MSPA6085, MSPA6086, MSPA6087)
3. Successfully complete courses, examinations and assignments as directed by the program.
4. Submit documentation of compliance with the ATSU Health and Immunization policy and other site-specific requirements as needed. Keep current throughout the clinical year and update records as applicable. See ATSU University Catalog, Arizona School of Health Sciences, Immunizations, Immunity, Screening and Certification.
5. Maintain BLS and ACLS certification throughout the clinical year.

6. Comply with the [Professionalism Expectations](#) as stated in [the ATSU University Catalog](#) and the [University Student Handbook](#) and this student program guide.
7. Attend all mandatory lectures.
8. Adhere to the policies of ATSU, ASHS, and DPAS as stated in the [University Student Handbook](#) and this student program guide.

Technical Standards

A candidate for the doctorate or master's degree at ASHS must possess abilities and skills in seven identified categories including observation; communication; motor; sensory; strength, mobility, and endurance; intellectual, (conceptual, integrative, and quantitative); and behavioral and social. These abilities and skills are defined in the section, "Minimal technical standards for admission and matriculation" available in the ASHS section of the ATSU [University Catalog](#).

In addition, the DPAS has additional technical standards that a student must meet, which include:

1. Students must be able to observe and participate in all demonstrations, visual presentations in lectures and laboratories, and computer assisted instruction. In addition, students must be able to observe laboratory evidence and microbiologic cultures, microscopic studies of microorganisms and tissues in normal and pathologic states.
2. Students must be able to observe patients accurately and completely, both at a distance and closely. This ability requires functional vision, hearing and somatic sensation.
3. Students must be able to problem solve, collect, organize, prioritize, analyze and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings. Students must be able to analyze, integrate, and apply this information appropriately for problem solving and decision-making.
4. Students must be able to comprehend three dimensional relationships and the spatial relationships of structures.
5. Students must have sufficient use of the senses of vision, hearing and smell necessary in order to elicit information, perceive nonverbal communications, and describe changes in mood, activity and posture in addition to the psychomotor abilities to allow the performance of all skills/tests in the physical exam. Students must be able to perform inspection, palpation, auscultation and percussion.

6. Students must be able to relate to patients and family members and establish an empathetic, professional and effective relationship with patients and families including not only speech but reading and writing.
7. Students are expected to be able to communicate the results of the examination to the patient and to their colleagues with accuracy, clarity, and efficiency in oral, written and electronic formats.
8. Students are expected to possess the ability to work collaboratively with all members of the healthcare team.
9. Students must have motor function sufficient to execute movements reasonably required to provide general care and emergency treatment to patients. Such skills require coordination of gross and fine muscular movements, equilibrium and sensation.
10. Students should be able to manipulate equipment and instruments to perform basic laboratory tests and procedures required to attain curricular goals (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel).
11. Students must be able to transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and to receive educational training.
12. Students must have the emotional health to fully use their intellectual ability, exercise good judgment, and complete all responsibilities attendant to the diagnosis and care of patients.
13. Students must be able to tolerate physical, mental, and emotional stress in training and continue to function effectively.
14. Students must possess qualities of adaptability, flexibility and be able to function in the face of uncertainty. He/she must have a high level of compassion for others, motivation to serve, integrity, and a consciousness of social values.
15. Students must possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.
16. Students must be able to accept criticism and respond by appropriate modification of behavior.
17. Students are expected to be able to display appropriate judgment in the assessment and treatment of patients. In addition, students must be able to learn and demonstrate the ability to recognize limitations in their knowledge, skills and abilities and to seek appropriate assistance with their identified limitations.

18. Students are expected to possess perseverance, diligence, and consistency to complete the physician assistant curriculum and enter into the practice of medicine as a certified and licensed physician assistant.

Student Contact Information

Students are expected to provide the program with current address and phone number information at all times. If your address and/or phone number change, please contact:

1. Program Manager - Rashida Grayson (rashidagrayson@atsu.edu)
2. [Contact information](#)

Background Checks and Substance Use Testing

Students were required to undergo a background check prior to matriculation into the PA program. See ATSU University Catalog, ATSU Policies, Criminal Background Checks. Some clinical sites may have additional requirements including but not limited to: a more recent background check and/or urine drug screen, fingerprinting, and mask fit. In these cases, students shall be responsible for paying any and all associated costs.

Final approval for clinical experience placement is contingent upon satisfactory review (by the program and clinical site) of information contained in the criminal background check report and/or drug screen, as required by individual clinical sites. If a student is using prescribed medication(s) that would result in a positive result in a drug screen, the program will require an official statement (on letterhead) from the prescribing provider verifying that they prescribe said medication(s) for the student. This must be furnished prior to the sample collection in a sealed envelope, and will only be opened by the program if the drug screen result is positive.

Please note that some clinical experience sites may have requirements beyond those stated in this document (eg. tobacco screening). Students who do not meet these additional requirements may not be able to be placed on those clinical experiences. This may affect the ability of the program to assign the student to required clinical experiences.

The DPAS reserves the right to prohibit progression in the Physician Assistant Studies program based upon the results of such testing, or the refusal to submit to such testing.

Patient Privacy

Prior to beginning clinical experiences, all students are trained in the Health Insurance Portability Accountability Act (HIPAA) medical privacy regulations. Students will not be permitted to begin clinical experiences without HIPAA training.

Students must demonstrate continuous compliance with these regulations throughout the didactic and clinical year. Failure to do so may result in suspension or dismissal from the program.

OSHA Training for Students

During the didactic component of the program, each student receives training in accordance with the requirements of the Occupational Health & Safety Administration on Universal Precautions and learns about the appropriate methods of handling blood, tissues, and bodily fluids as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student's responsibility to become familiar with the policies and procedures for applying these precautions during all ATSU/DPAS sanctioned volunteer activities, and at each of the clinical sites to which the student is assigned.

Needlestick and Exposure Policy

Methods of preventing infections and environmental exposures are covered within the OSHA component of the Introduction to Clinical Skills course. Each student has access to the outlined policies and procedures to follow in the event of an exposure. Please refer to the ASHS policy, procedures, and forms for additional information (view ASHS [policy, procedure and forms](#) for additional information).

Should a student sustain an injury, exposure, or other unexpected and unintended adverse event at a clinical site or during program activities, the student should follow the steps as listed below:

1. At the time of exposure, the student should immediately stop the procedure in progress, move the instrument or needle away from the treatment area and do not use it again. **DO NOT DISMISS THE PATIENT until Steps 1 – 5 have been completed.**
2. Go to the sink, Remove gloves and scrub the skin with soap and water. If stick is felt, but not sure if it penetrated the skin, fill the glove with water to determine if the glove has a hole. Splashes in the eye or mucous membranes should immediately be washed with copious amounts of cool water.
3. Notify the Supervisor or Course Director for Didactic year and Preceptor for the clinical year immediately. If an exposure occurs on-campus, you must notify security first.
4. The attending faculty (supervisor, course director, preceptor), student and patient will complete the required incident report form.
5. There is a two-hour window for optimal treatment, testing, and possible therapy following a contamination injury. The injured student must make every effort to seek appropriate treatment within this timeframe. Recommended sites for care include the nearest Urgent Care facility, the clinic or hospital for the current rotation. If class will be missed the student must file a PAAR, but this will be honored in order to receive care in a timely fashion.

6. In the event that a blood pathogen exposure occurs and the patient has already left, every effort should be made to contact them as soon as possible. They should be asked to return to clinic in order to complete the necessary reports, and have appropriate blood work drawn, counseling, etc.
7. In addition to submitting the incident report form, notify the Director of Didactic Education and Chair for the didactic year and Director of Clinical Education and Chair for the clinical year within 24 hours of the incident.
8. The student must contact their personal health insurance to file a claim and for details regarding financial reimbursement obligations.
9. The student must contact Zurich American Insurance Company 877-287-4805 to receive and complete the accident coverage claim form: Part A, B, & C (page 1) are completed by the student and forward to ASHS Clinical Affairs Office (ashsclinicalaffairs@atsu.edu) for Dean's signature. The completed form will then be returned to the student. Upon receipt, please forward the accident coverage claim form along with the Explanation of Benefits (EOB) from the student's primary healthcare provider (if available) and any billing statement the student might have already received to Zurich American Insurance Company. Based on HIPAA requirements, the student will correspond directly with Zurich American Insurance Company for insurance purposes.
 - a. **Zurich American Insurance Company preferred communication method: Phone** 877-287-4805
 - b. Mail Claims to: Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041
10. Additional mental health resources for PA students can be found [here](#).

Liability Insurance Coverage

ATSU maintains a malpractice insurance policy for students in the clinical setting. When applicable, the program will provide clinical sites/preceptors with a certificate of coverage.

Student Employment

Because of the intensity of the PA program, students are strongly discouraged from seeking or maintaining employment during the entire program. If a PA student chooses to work during the program, it is their responsibility to ensure that employment does not interfere with or hinder academic progress.

Students are not required to work for the PA program. Students eligible for Federal Work-Study at A.T. Still University may choose to work for any other program within the University. More information on Federal Work-Study is available [here](#).

Textbook Policy

It is expected that students will obtain textbooks as listed in the course syllabus and on the program's [website](#). Many texts are available electronically through the [A.T. Still Memorial Library](#).

Consent for Educational Research

DPAS tracks student data, (admissions data, grades, standardized test scores and other metrics), not only to track student progress, but as an accreditation requirement for program self-study and possible performance improvement. To this end, the program would like your consent to utilize this data for analysis and research. The results of this research may be published. Any research reports or publications resulting from this research will not reveal your name or identity and will provide results in aggregate. Your participation is completely voluntary and you can withdraw at any time. You have the option to opt out during the program orientation in writing, and at any time during the program by requesting an [opt out form](#) from program staff.

Appendices

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Appendix A: Immunization Release Form

ATSU | Arizona School of Health Sciences Student Risk Management Record

*****CHOOSE ONE OPTION*****

Release of Information Permission to Release Immunizations Screenings, Certifications and Background Check Information

I, _____ (Print Name), give A.T. Still University Health Sciences - Arizona School of Health Sciences, Department of Physician Assistant Studies permission to release information pertaining to my immunizations, screenings, certifications and criminal background check results to other institutions for the purpose of securing clinical experiences as requested and appropriate. This permission will be enforced through the duration of my enrollment as a student at ASHS. I may withdraw my permission at any time in writing to the Department of Physician Assistant Studies Clinical Director.

I allow the release of my information as stated above:

Signature _____

Date _____

OR

I, _____ (Print Name), DO NOT give A.T. Still University Health Sciences - Arizona School of Health Sciences, Department of Physician Assistant Studies permission to release information pertaining to my immunizations, screenings, certifications and criminal background check results to other institutions for the purpose of securing clinical experiences as requested and appropriate. *I understand that by choosing not to give permission, the program may not be able to secure clinical experiences on my behalf and/or my graduation may be delayed.* I may grant my permission at any time in writing to the Department of Physician Assistant Studies Clinical Director.

I DO NOT the release of my information as stated above:

Signature _____

Date _____

Appendix B: Professionalism Performance Evaluation

Professional Performance Evaluation

Department of Physician Assistant Studies – A.T. Still University

Student: _____ Advisor/Evaluator: _____

Evaluation Date: _____

5 = Exemplary	4 = Very Good	3 = Satisfactory	2 = Needs Improvement	1 = Unsatisfactory
----------------------	----------------------	-------------------------	------------------------------	---------------------------

Check Rating:

1	2	3	4	5	Reliability and Responsibility
					Strives for the highest standards of competence in skills and knowledge
					Takes personal responsibility for own learning
					Fulfills course/clerkship responsibilities in a reliable manner
					Fulfills administrative responsibilities in a reliable manner, e.g. EXXAT logging
					Assumes personal responsibility for choices
					Is on time for learning activities
					Submits assignments on time and in professional format
					Maintains confidentiality standards and is HIPAA compliant
					Exhibits ethical behaviors and conduct, is truthful
					Committed to ethical principles of the PA profession
					Adheres to institutional policies and procedures
					Adheres to negotiated decisions
					Uses professional language and is mindful of the environment
1	2	3	4	5	Self Improvement and Adaptability
					Able to accept and offer constructive criticism
					Incorporates feedback to make positive behavioral change
					Recognizes limitations of own knowledge and seeks help when necessary
					Asks questions in a constructive manner
					Demonstrates respect, empathy and compassion for patients and colleagues

					Exhibits flexibility in dealing with needed changes
					Maintains professional appearance and hygiene
					Maintains composure during adverse interactions or situations
					Committed to ongoing professional development
1	2	3	4	5	Relationships with Students, Faculty, Staff and Patients
					Able to effectively relate to patients, peers, and colleagues
					Honors the choices and rights of others
					Respects faculty and their teaching endeavors
					Understands and respects cultural differences
					Uses appropriate verbal and nonverbal communication
					Resolves conflicts in a manner that respects the dignity of every person involved
					Appropriately engaged in learning process
					Responds to the needs of others without regard to self-interest
					Exhibits the attributes of a team player
					Contributes to creating an atmosphere conducive to learning and the practice of medicine
					Strives to maintain healthy lifestyle and balance
					Uses respectful demeanor in discussions and in using learning tools

Professional Performance Evaluation
Department of Physician Assistant Studies – A.T. Still University

Student: _____ Advisor/Evaluator: _____

Evaluation Date: _____

Comments and suggestion/correction plan offered by advisor and/or student:

Evaluation has been reviewed with the student: Yes/No

Page 2 of 2

Appendix C: Learner Self-Assessment

(A, Strongly Agree; B, Agree; C, Neutral; D, Disagree; E, Strongly Disagree)

- | | | | | | | |
|-----|--|-----|--------|------|---|---|
| 1. | I am punctual. | A | B | C | D | E |
| 2. | My appearance represents a positive image for the profession. | A | B | C | D | E |
| 3. | I am prepared for my assigned classes. | A | B | C | D | E |
| 4. | I accomplish things on time. | A | B | C | D | E |
| 5. | I understand the School's expectations. | A | B | C | D | E |
| 6. | I can keep up with School expectations. | A | B | C | D | E |
| 7. | I understand the School's educational objectives. | A | B | C | D | E |
| 8. | I complete my assigned readings. | A | B | C | D | E |
| 9. | I do self-initiated readings on topics I am interested in. | A | B | C | D | E |
| 10. | I do self-initiated readings on topics I am weak in. | A | B | C | D | E |
| 11. | I take advantage of opportunities that are appropriate to my level of training. (i.e. clinical experiences) | A | B | C | D | E |
| 12. | My history taking skills are appropriate for my level of training. | A | B | C | D | E |
| 13. | My physical examination skills are appropriate for my level of training. | A | B | C | D | E |
| 14. | My clinical knowledge base is appropriate for my level of training. | A | B | C | D | E |
| 15. | My differential diagnoses are appropriate for my level of training. | A | B | C | D | E |
| 16. | My pharmacology knowledge base is appropriate for my level of training. | A | B | C | D | E |
| 17. | My patient education skills are appropriate for my level of training. | A | B | C | D | E |
| 18. | I am able to organize and communicate my findings verbally. | A | B | C | D | E |
| 19. | I am comfortable with my overall level of ability as it relates to my role as a student physician assistant. | A | B | C | D | E |
| 20. | My present stress level is (circle one): | Low | Medium | High | | |

My strengths are:

My opportunities for improvement are:

My professional goals are:

Signature of Learner

Date

Page 1 of 1

Appendix D: Routine Advising Form

Learner: _____

Date of Review: _____

		Expectations		
		Data Not Available	Meets	Doesn't Meet*
1	Behavior Performance: (Professional dress, Attendance and Interactions with Faculty, Staff and Peers)	_____	_____	_____
2	Performance on practice quizzes	_____	_____	_____
3	Performance on exams	_____	_____	_____
4	Participation in small groups	_____	_____	_____
5	Practical Examinations	_____	_____	_____
6	H&P Write-up/ SOAP Note Grades	_____	_____	_____
7	Patient Encounters	_____	_____	_____
8	OSCEs	_____	_____	_____

Recommendations:

**Signature of Student

Signature of Advisor

Date

* Any ranking of 'doesn't meet' must be accompanied by written recommendations for improvement.

**My signature does not signify my agreement with the statements, just my review.

Page 1 of 1

Appendix E: Professionalism Report Template and Example

Note: This template is used to prepare a report for advisors using data collected from faculty and staff using a form. Where you see text wrapped in double-carets (<< >>), the specific information from the form would be inserted.

Template

Greetings <<advisorname>>,

<<reportingfaculty>> submitted a report about your mentee, <<studentname>> on <<timestamp>>. This report describes the student demonstrating proficiency or deficiency in <<professionalismcategory>> (one of the facets of professionalism described in the Residential Student Program Guide).

<<proficientprofessionalconduct>> or <<deficientprofessionalconduct>>

This report will be included in the student's file.

<<advisorname>>, please provide this information to <<studentname>> and document via the Student Contact Form.

Example of Completed Professionalism Report

Greetings Mr. Black,

Dr. McMullen submitted a report about your mentee, Maria Björkman on 5/17/2016. This report describes the student demonstrating proficiency or deficiency in Responsibility and Accountability (one of the facets of professionalism described in the Residential Program Guide).

Proficiency in Professional Conduct:

This student came to my office today to inform me they had not completed the pre-class work I had assigned for yesterday's class. The student explained why they had not completed it, and asked for guidance on how to avoid this problem in the future.

Deficiency in Professional Conduct:

This report will be included in the student's file.

Mr. Black, please provide this information to Maria Björkman and document via the Student Contact Form.

Appendix F: Clinical Site Development Request

Student Name: _____ Date: _____

Clinical Experience Requested: 1 2 3 4 5 6 7 8 9 10 11 12 Unknown at this time

Site Name: _____

Preceptor: _____ Specialty: _____

Address: _____

Street _____

City/State/Zip _____

Phone: _____ Extension: _____

Contact Person: _____

Email Address: _____

Preferred Method of Contact: _____ Phone _____ E-mail _____

Setting(s) in which the student will be involved (check all that apply):

_____ Outpatient _____ Hospital

_____ Inpatient _____ Emergency Department

_____ Operating Room _____ other (specify) _____

If student will have experiences in a hospital setting:

Hospital Name _____

Contact person for contracts _____ Phone _____

Has this site worked with students before? _____ Yes _____ No

Information that you feel is important for us to know about this site

For MSPAS Clinical Team Use Only

Date Received _____

Reviewed by _____

Check One: Approved _____ or Rejected _____

Reason _____

Appendix G: Minimum Requirements of Clinical Year Patient Encounters

(Adapted from Touro University - California Physician Assistant Program, used with permission)

The following minimum requirements (MRs) for patient encounters must be completed by each student by the end of the clinical year in order to graduate from the program. These requirements will be achieved throughout the course of the student's supervised clinical practice experiences. More than one requirement can be claimed per patient encounter. For example, if you see a female patient, who presents with abdominal pain and you perform a pelvic exam as well as order radiology studies, you may claim each of those requirements for that individual encounter.

A few things to note, many patient encounters will be in the settings of outpatient, emergency department and surgical but please note that students are expected to gain inpatient exposure as well. A minimum of 10 inpatient visits are required. Also, note that certain diagnostic, routine exams and counseling requirements have specific age stipulations to ensure students are seeing patients across the lifespan.

Diagnostic Minimum Requirements

Students are expected to document all of their interactions with patients, and the associated procedures. The following is the definition of the categories that may be logged:

- **Observed:** The student is not involved in any hands-on care of the patient.
- **Assisted:** The student assists their preceptor with the procedure or patient encounter.
- **Performed:** The student performs >70% of the procedure or patient encounter.

All patients and procedures that are logged as Assisted or Performed provide credit for Minimum Requirements. Although patients and procedures that are logged as Observed do not provide credit for Minimum Requirements, it is important that the student log all patient encounters and procedure experience to accurately document the depth and breadth of the clinical experience.

General/Other

- | | |
|---|--------------------------|
| 1. Medication management
(evaluating efficacy of treatment plan for a pt with > 2 medications for >2 chronic diseases) | 3(1 pt age 65 or older) |
| 2. Chronic pain | 2 (1 pt age 65 or older) |
| 3. End of life
(DNR orders, power of attorney issues or will, or transitions to higher levels of assisted care) | 1 |
| 4. ETOH/Drug/Tobacco | 2 |
| 5. Altered mental/Cognitive status | 3 (1 pt age 65 or older) |

(Neurological – trauma, alcohol, drugs, Alzheimer’s, CVA) (Non-psychiatric reasons)

6. Physical/Emotional abuse 2 (1 pt age 65 or older)

Respiratory/ENT

1. Viral URI 10
2. Otitis media (OM) 10 (2 pts age 10 or younger)
3. Otitis externa (OE) 2
4. Sinusitis 5
5. Allergic rhinitis 2
6. Acute bronchitis/pneumonia 10
7. Asthma 10
8. COPD 10

Cardiovascular

1. Hypertension 30 (5 pts age 65 or older)
2. Hyperlipidemia 10 (1 pt age 65 or older)
3. CHF 4 (1 pt age 65 or older)
4. Arrhythmia 4
5. Heart murmur 4
6. Peripheral vascular disease (PVD) 2
(includes deep vein thrombosis DVT)

Neurology

1. Dizziness/Vertigo 3 (1 pt age 65 or older)
2. TIA/Stroke 3
3. Seizure disorder 1

Gastrointestinal

1. Diarrhea 2 (1 pt age 10 or younger)
2. GERD 5
3. Rectal bleeding 1
4. Constipation 1
5. Liver disease 1

Genitourinary

1. STI/STD 4
2. UTI 5 (1 pt age 65 or older)
3. Prostate/rectal exam 3
4. Hernia/testicular exam 2
5. Erectile dysfunction (ED) 1
6. Urinary incontinence 2 (1 pt age 65 or older)
7. Vaginitis (any etiology) 5
8. Pelvic pain – female 4
9. Menstrual irregularities 4
10. Contraception management 3
11. Prenatal visit 3

12. Postnatal visit	1
Renal	
1. Chronic kidney disease	1
2. Nephrolithiasis	1
Musculoskeletal	
1. Osteoarthritis or rheumatoid arthritis	5 (2 pts age 65 or older)
2. Upper extremity problem	5 (1 pt age 17 or younger)
3. Lower extremity problem	5 (1 pt)
Dermatology	
1. Rash or lesions (contact dermatitis, skin ca, etc.)	5 (1 pt < 10 y/o, 1 pt > 65 y/o)
2. Skin infection (bacterial, fungal)	5 (1 pt < 10 y/o, 1 pt > 65 y/o)
3. Acne	2
Hematology	
1. Anemia	3
2. Anticoagulant management	2
Ophthalmology	
1. Vision change	1
2. Red eye	3
Psychiatry	
1. Mood disorders	5 (1 pt > 65 y/o)
2. Anxiety disorders	5 (1 pt > 65 y/o)
3. Sleep disorders	2 (1 pt > 65 y/o)
4. Cognitive disorder (ADD/ADHD, dementia, etc.)	2
Endocrine	
1. DM	15
2. Thyroid disorder	3
3. Osteoporosis	3
Surgery	
1. Pre-op management	5
2. Intra-op management	5
3. Post-op management	5
4. Operating Room experience	5
Undifferentiated	
1. Chest pain	5
2. Fatigue	2
3. Headache	5
4. Cough	5

5. Unintentional weight gain/loss	2
6. Fever/chills	5
7. Abdominal pain	5
8. Neck pain	3
9. Back pain	5
10. Dyspnea	3
11. Neuropathy	2

Routine Examination Minimum Requirements

To receive credit, the student must have actively participated in patient care.

Routine Examinations

1. Well child check < 24 months	3
2. Well child check 2-11 y/o	3
3. Well child check 12-17 y/o	3
4. Well visit 18-64 y/o	3
5. Well visit >65 y/o	3

Counseling Minimum Requirements

To receive credit, the student must perform 100% of all counseling.

Patient Education/Counseling

1. Immunization counseling (across the lifespan)	3
2. Nutrition counseling (across the lifespan)	5
3. Pediatric Anticipatory guidance	5
4. Sexual Health Counseling	4
5. Menopause	2
6. Contraception/Family planning/HRT	1
7. Smoking cessation	5
8. Counseling for Healthy Lifestyle	5

Procedure Minimum Requirements

To receive credit, the student must perform 100% of the procedure.

Procedures/Diagnostics

1. Pap smear	3
2. Pelvic exam	5
3. Breast exam	4
4. Injections	5
5. Suture placement	5
6. Suture/staple removal	2
7. EKG interpretation	5
8. Imaging interpretation – CXR	2
9. Imaging interpretation – skeletal	2

Appendix H: Program Completion Form

DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES PROGRAM COMPLETION FORM

Students must successfully complete these items in order to complete the program and progress to graduation.

Student Name: _____

- ☐ Successfully completed all aspects of the didactic curriculum
- ☐ Achieved passing score on didactic comprehensive evaluation
 - Was the student required to repeat any training? ☐ yes or ☐ no
If yes, please explain below:
 - Any actions (including probation), restriction or limitations? ☐ yes or ☐ no
If yes, please explain below:

Director of Didactic Education

Date

- ☐ Successfully completed all aspects of the clinical curriculum
- ☐ Achieved passing score on end of program summative evaluation
- ☐ Successfully completed the Transition to Practice course (Capstone)
 - Was the student required to repeat any training? ☐ yes or ☐ no
If yes, please explain below:
 - Any actions (including probation), restriction or limitations? ☐ yes or ☐ no
If yes, please explain below:

Director of Clinical Education

Date

- ☐ Successfully completed the program in good academic standing
 - Does the student have any medical condition that impairs or limits the ability to safely practice? ☐ yes or ☐ no
- ☐ Fulfilled program professionalism expectations
- ☐ Reviewed and approved by program faculty

Program Director

Date

Appendix I: Testing Procedures

These procedures apply when preparing for a didactic written exam delivered in Exemplify.

1. You will be notified via email when your exams are available for download. All exams are taken in Exemplify and must be downloaded before the download window closes. Any student who fails to download all exams before the close of the download window will receive a professionalism report.
2. All exams must be downloaded to the computer on which you will take your exam. The exams, once downloaded, are no longer sitting in the cloud. They are on the actual computer you will test on; therefore, once you download an exam to a computer, you will not be able to download it to a different device.
3. All exams must be taken on a laptop. Our department does not support testing on iPads, tablets, or phones.
4. All students are expected to keep their Exemplify versions current. You will be notified when there is a new update to the software. You must update your version prior to downloading any exams and you should not update it again until after your downloaded exams have been taken and uploaded. If you fail to maintain a current version of Exemplify, or if you download an exam and then update your version, you run the risk of losing your downloaded exams.
5. Exam days typically consist of one exam in the morning with a 45 minute review session. You will receive a separate password to access the review session.
6. When you arrive for exam day, enter the testing classroom and check the seating chart for your testing seat assignment for that day. The chart will be posted near the classroom entrance. Once you determine your seating assignment, locate your seat, indicated by numbered cards on the desks. These seating assignments will change each testing day.
7. Students who are not in their assigned seat with personal belongings properly stowed, computer powered on with certain applications closed or disabled, and having previously downloaded the assessment prior to entering the exam room, and ready to receive the password to the assessment (exam or quiz) at the appointed start time for the assessment, will be considered late and unable to sit for the exam. The student will receive a '0' for that exam or quiz.
8. Place all of your belongings at the side of the room or at the front of the room. You may not have anything at your desk other than a writing utensil, earplugs, and a bottle of water. Earphones and other electronic ear devices are not permitted. You may not have any notes with you unless the instructor has indicated it is an open-note exam. You are responsible for bringing your own writing utensil and earplugs.
9. There will be colored scratch paper at the end of each row of desks at the beginning of each exam. Do not touch the paper until told to do so. When instructed, pass the paper down the row, each student taking one paper. You may not write on this paper until you have begun the exam.

10. Open your exams to the password screen and wait for the password to be given. Once given, enter the password and begin the exam.
11. If you are unable to view an image in a question, notify a proctor. Proctors will have printed copies of each image in all exams. You may view the images at the front of the room in the proctor's presence. The printed images may not be taken back to your testing seat.
12. If you have to use the restroom during an exam, sign-out and flip up the restroom pass. Only one restroom is allowed to be in use at a time. Please note: Your testing time will not stop while you are in the restroom. The exam clock will continue to run and you will not be able to recover this time.
13. Once you have completed an exam using Examplify, upload it to ExamSoft. Make sure you get the green screen confirming the upload. Once you get the green screen, you must close your computer and leave the room. Your computer must remain at your seat. You must turn your colored scratch paper into the proctor. You may take your other belongings with you when you leave the room, but they must be returned to the side or front of the room when you return for your review session. Please be considerate of those still testing and be as quiet as possible.
14. When you return to the room for your review session, return your belongings to the side or front of the room, return to your assigned seat, and open your review session to the password screen. You may not have any items with you during the review session other than a water bottle. No notes may be with you unless the professor or proctor have indicated it is OK to have them.
15. If you feel you need academic adjustments for testing, you must contact Student Affairs - Learning Resources & Accommodation Services and request such adjustments. Once you have been notified that you have been approved for testing adjustments, you must contact Nick Cross and Bobbi Catton, via email, and let them know you have been approved and how you wish to use them (ex. for all exams, only certain exams, etc). We cannot offer you adjustments unless you inform us that you have them and wish to use them.
16. If you have academic adjustments, you will take your individual exams and reviews in the Testing Accommodations Center in the 5845 building. Students with academic adjustments for testing may be on a different individual exam testing schedule in order to allow them to review at the same time as the rest of the class; therefore it is imperative that you pay attention to the testing schedules on the Google calendar.
17. If you encounter an emergency or a problem with your exams during testing or upload, please inform the proctor immediately. If you encounter a problem downloading your exams, please contact either Nick Cross or Bobbi Catton immediately.

Appendix J: Episodic Advising Form

This form will be used by faculty advisors after each advising session unless the Routine Advising Form is completed instead.

Meeting Date: _____
Student Name: _____ Class of: _____
Faculty Member: _____

Concern:

Plan of Action:

Follow-up Meeting Date: _____

All parties have received copies of the form. For any discrepancies, please contact the faculty member.

Updated 8/10/2023 NC

Appendix K: Program Guide Attestation

ACKNOWLEDGMENT OF UNDERSTANDING OF THE A.T. STILL UNIVERSITY, DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES, MASTER OF PHYSICIAN ASSISTANT STUDIES RESIDENTIAL STUDENT PROGRAM GUIDE, AND THE PROGRAM TECHNICAL STANDARDS

I acknowledge that I have received and understand the Master of Physician Assistant Studies Residential Student Program Guide and agree to adhere to all policies, procedures, and requirements as set forth within the preceding document. I specifically acknowledge that I have read the Clinical Year Campus Assignment Policy and understand that *“Any physical or mental impairment that would preclude a student from completing rotations at an assigned campus must be disclosed to the clinical team 8 weeks prior to the spin. In addition, a written request for accommodation must be submitted to Learning Resources & Accommodation Services (accommodations@atsu.edu) at least 4 weeks prior to the spin.”*

Print Name: _____

Signature: _____

Date: _____

Appendix L: Clinical Year Attestation

ACKNOWLEDGMENT OF UNDERSTANDING OF THE A.T. STILL UNIVERSITY, DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES, MASTER OF PHYSICIAN ASSISTANT STUDIES RESIDENTIAL STUDENT PROGRAM GUIDE, CLINICAL YEAR CAMPUS ASSIGNMENT POLICY

I acknowledge that I agree to adhere to all policies, procedures, and requirements as set forth within the MSPA Residential Student Program Guide. I specifically acknowledge that I have read the Clinical Year Campus Assignment Policy and understand that:

Initials:	
1. Any physical or mental impairment that would preclude me from completing rotations at an assigned campus must be disclosed to the clinical team at least 8 weeks prior to the spin.	
2. In addition, a written request for accommodation must be submitted to Learning Resources & Accommodation Services (accommodations@atsu.edu) at least 4 weeks prior to the spin, and I will cooperate to fulfill all documentation requirements for an accommodation.	
3. If the accommodation request is approved prior to the spin, the placement request will be honored by the clinical team.	
4. If the accommodation is denied prior to the spin, the placement request will not be honored.	
5. Once the spin has been completed and the assignments provided, I understand that my placement will be final.	
6. If I refuse to go to the assigned campus and wish to hold out for another campus placement, I understand that my only option may be to take a Leave of Absence for one year and be placed in the spin in the following year.	

Print Name: _____

Signature: _____

Date: _____