

# Mississippi College Physician Assistant Program



## Student Handbook 2025 - 2026

*Revised MAY 2023*

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## PROGRAM, FACULTY & STAFF CONTACT INFORMATION

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## INTRODUCTION

The Mississippi College Physician Assistant Program was established in 2010. The educational goal of the Program is to provide a primary care focused training program for Physician Assistants. The educational objectives of the Program are based on the Accreditation Standards for Physician Assistant Education as established by the Accreditation Review Commission on Education for Physician Assistants, Inc. (ARC-PA). The Program strives to prepare graduates to meet competencies expected of our graduates, as outlined by faculty.

Upon matriculation, all students will be provided with a copy of the Mississippi College Student Handbook and Graduate Catalog. Students are expected to review and be familiar with all policies as detailed therein. Policies and guidelines stated in this student handbook may supersede similar Mississippi College policies. Any questions should be directed to the PA Program faculty.

This handbook has been prepared to orient you to current policies and procedures, guidelines, and resources relevant to your participation in the Mississippi College, Master of Science of Medicine. Please read this student handbook carefully as its contents will govern your enrollment in the Mississippi College Physician Assistant Program. Additionally, this student handbook contains information about the Physician Assistant (PA) profession and its professional organizations. Periodically, additional policies and/or procedures may be established or changes made in the Mississippi College Physician Assistant Program's policies and procedures. Policy and/or procedure changes can be made at any time and without advance notice. PA staff seek to keep students informed about changes or additions to policies and procedures as they become effective, but it is your responsibility to stay informed about changes and the effect they may have on you and your program of study. We hope this handbook will be useful to you but keep in mind this handbook is not a contract. Please feel free to contact the Program Director or your faculty advisor if you have any questions. Other policies and procedures regarding enrollment in Mississippi College can be found in the Mississippi College Student Handbook or the Program Catalog or the general policies governing the University.

The Mississippi College Physician Assistant (PA) Program strives to provide educational experiences where faculty, staff, clinical instructors, students, and other healthcare providers work together in an atmosphere of mutual respect, cooperation, and commitment. The Program's focus is on the continuous operation of a quality PA educational program which will prepare graduates to participate in clinical leadership roles in an evolving healthcare system. The Program encourages lifelong learning skills with proficiency in critical thinking, creative problem solving, and information literacy.

## GENERAL PROGRAM INFORMATION

### ***Philosophy and Mission***

The PA faculty shares the philosophy and mission of Mississippi College and supports its commitment to provide and promote higher education in Mississippi. The members of the PA Program faculty understand that to produce graduates of the highest quality, the curriculum, both preclinical and clinical, must reflect the belief that the Program exists within a larger world that shapes, and is shaped by their efforts in teaching and service.

**The mission of the Mississippi College Physician Assistant Program is to educate and train students to provide high-quality medical care for the people of Mississippi and the nation as members of the healthcare team.**

The Mississippi College Physician Assistant Program focuses on a primary care curriculum including: family medicine, geriatric medicine, pediatric and adolescent medicine, general internal medicine, women's health to include obstetrics and gynecology, behavioral medicine, general surgery, and emergency medicine. It is within these areas that the Program directs its efforts, seeking to prepare PA graduates who can improve access to primary healthcare and coordinate the delivery of healthcare of the highest caliber. The curriculum emphasizes the role of the physician assistant as a patient advocate. The preclinical phase of the Program uses systems theory to integrate health promotion, preventive medicine, and medical treatment modalities, as well as to introduce scholarly research, and inculcate an ethical standard of medical practice. The curriculum as a whole emphasizes interdisciplinary and team-based learning. Faculty members and clinical preceptors serve as mentors to students, modeling professional behaviors and attitudes and imparting the requisite medical knowledge and skills.

### ***Program Goals***

The physician assistant curriculum is closely related to the purpose and goals of the institution as well as to the degree. The Mississippi College Physician Assistant Program offers a Master of Science of Medicine degree that promotes lifelong learning, critical thinking, and varied academic experiences to provide students with the expertise and work ethic required to achieve personal and professional fulfillment.

The goals of the Program are to:

1. Recruit highly qualified students who demonstrate predictors of success.
2. Attract qualified and diverse candidates for admission to the Program
3. Attain a high graduation rate for each matriculated cohort.
4. The Program will maintain a high five-year first-time pass rate on the Physician Assistant National Certifying Examination (PANCE).
5. Educate students in each of the Program's defined competency domains in preparation for clinical practice.

### ***Technical Standards***

In order to ensure that patients receive the best medical care possible, the faculty of Mississippi College Physician Assistant (MCPA) Program have identified certain skills and professional behaviors that are essential for successful progression of physician assistant students in the Program. A candidate for the MCPA Program must have the following abilities and skills stipulated by the faculty, Accreditation Review Committee on Education for the Physician Assistant (ARC-PA), and state of Mississippi for admission to and continuance in the Program. Minimum performance standards include critical thinking, integrative and quantitative abilities, communication skills, observation skill, sensory, motor, coordination, and function skills, and behavioral and social attributes.

These standards have been developed as evaluative criteria for admission and continuance in the Physician Assistant Program, and are subject to continuing revision and improvement.



Critical Thinking: All students must possess the intellectual, ethical, physical and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty. The ability to solve problems, a skill that is critical to the practice of medicine, is essential.

Integrative and Quantitative Abilities: Abilities include measurement, calculation, reasoning, analysis, and synthesis. Candidates must be able to independently access and interpret medical histories or files; identify significant findings from history, physical examination, and laboratory data; provide a reasoned explanation for likely diagnosis, prescribed medications, and therapy; and recall and retain information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans is essential. Good judgment in patient assessment, diagnosis, and therapeutic planning is essential. Students must be able to identify and communicate their knowledge to others when appropriate. In addition, the candidate must be able to perform assigned duties in the appropriate time frame.

Communication: Candidates should be able to communicate effectively and efficiently in oral and written English. Communications include the ability to speak intelligibly, hear sufficiently and observe patients accurately in order to formulate an appropriate assessment of mood and general appearance to assimilate the components of non-verbal communication. They must possess the ability to read at a level sufficient to accomplish curriculum requirements, comprehend technical materials, medical and/or laboratory reports, medical texts and journals in English to define complex problems and prepared solutions. They also must possess the capability of completing appropriate medical records, documents and plans according to protocol in a thorough and timely manner.

Observation Skills: Candidates must be able to observe a patient accurately, both at a distance and close at hand. This ability requires the functional use of vision and somatic sensation.

Sensory, Motor, Coordination, and Function: Candidates are required to possess abilities dependent to the practice of medicine and provision of healthcare including motor skills to perform palpation, percussion, auscultation, and observation. Such actions requiring coordination of gross and fine muscular movement, equilibrium and functional use of the senses of touch and vision include but are not limited to airway management, visualization techniques of ophthalmic and otoscopic examinations, catheter placement, application of adequate pressure for bleeding control and auscultation of heart and lung sounds. Observation necessitates the functional use of the sense of vision and other sensory modalities. Candidates will be required to demonstrate their proficiencies in these tasks.

Behavioral and Social Attributes: Candidates must possess the emotional health for full utilization of their intellectual capacity, to exercise good judgment, the prompt completion of all responsibilities, attend to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. It is required of the candidate to possess emotional stability to withstand stress, uncertainties, and changing circumstances that characterize the dependent practice of medicine. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the preclinical phase and during clinical training. The students must be able to use supervision appropriately and act independently, when indicated. Compassion, integrity, ethical standards, moral standards, professionalism, concern for others, interest, and motivation are all personal qualities that will be assessed during the admission and educational process. They also must have the interpersonal skills to cooperate and interact at all levels with faculty, healthcare professionals, preceptors, students, staff, the public, employees, and patients.

### ***MCPA Core Competencies for Graduates***

The MCPA Program provides competency-based education designed to ensure that graduate PA's have the fundamental knowledge and skillset needed to provide medical care to a diverse population. Competencies are categorized according to 5 major domains: medical knowledge, clinical & technical skills, interpersonal & communication skills, professionalism & professional practice, and clinical reasoning/problem solving skills. Course learning outcomes and instructional objectives are derived from these. Each student must demonstrate competence in the following areas to be eligible for graduation:

### Medical Knowledge (MK)

Medical knowledge includes the fundamental understanding of the pathophysiology principles, patient presentations, differential diagnosis, patient management options, surgical principles, health promotion, disease prevention strategies and social determinants of health required to successfully provide patient centered care. The graduate PA will be able to:

- 1-1 Recognize normal and abnormal health states in the context of the patient's life
- 1-2 Demonstrate understanding of etiologies, risk factors, underlying pathologic process, prognosis, and epidemiology for common medical conditions
- 1-3 Identify signs and symptoms of medical conditions
- 1-4 Differentiate between acute, chronic, and emerging disease states
- 1-5 Select the most appropriate laboratory and diagnostic studies for patients presenting in various settings
- 1-6 Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities
- 1-7 Recognize when referral is needed and correctly identify the appropriate provider type/patient setting needed
- 1-8 Identify the appropriate methods to detect yet undiagnosed conditions in an asymptomatic individual
- 1-9 Provide relevant and appropriate patient education and information regarding their disease states as well as primary, secondary and tertiary prevention

### Interpersonal & Communication Skills (ICS)

Interpersonal and communication skills encompass the appropriate verbal, nonverbal, and written exchanges of information that will allow the graduate PA to effectively communicate information with patients, patient families, physicians, professional associates, and the healthcare system. The graduate PA will be able to:

- 2-1 Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information to patients, their families and members of the healthcare team
- 2-2 Effectively communicate information to patients, their family and other healthcare agents using language and terms that are understandable and meaningful

### Clinical & Technical Skills (CTS)

Clinical and technical skills include history-taking, physical examination, basic procedural techniques, interpretation of historical data, exam findings, & diagnostic testing, and documentation. The graduate PA will be able to:

- 3-1 Obtain an appropriate patient history to gather essential and accurate information about the patient's needs
- 3-2 Perform an appropriate physical exam to gather accurate findings relevant to the patient's needs
- 3-3 Demonstrate the knowledge and skills necessary to perform medical and surgical procedures considered essential in the primary care setting
- 3-4 Interpret and differentiate between normal and abnormal laboratory and diagnostic study results, relevant history, and physical exam findings to formulate a differential diagnosis and management plan
- 3-5 Accurately and adequately document and record information regarding the medical care process for medical, legal, quality, and financial purposes

### Professionalism & Professional Practice (PP)

Professionalism is the expression of positive values and ideals as care is delivered. The graduate PA will demonstrate professionalism by demonstrating awareness of their limitations, exhibiting a high level of responsibility, ethical standards and sensitivity while providing patient centered care to a diverse patient population. Professional practice involves adherence to legal and regulatory requirements for practicing medicine and maintaining licensure. Graduates will be able to practice medicine in a beneficent manner, recognizing and adhering to standards of care. The graduate PA will be able to:

- 4-1 Demonstrate professional, moral & ethical behaviors expected of healthcare professionals
- 4-2 Recognize one's limitations in regard to patient care, knowledge and skill and seek help as needed
- 4-3 Demonstrate respectful, culturally competent healthcare for the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care
- 4-4 Collaborate effectively with physician and other healthcare professionals as a member or leader of a healthcare team
- 4-5 Demonstrate an understanding of the different types of health systems, funding streams, insurance types, and financial implications as related to healthcare delivery
- 4-6 Demonstrate an understanding of the current standards of care, legal and regulatory requirements, and the appropriate role of the physician assistant as they relate to patient management

**Clinical Reasoning & Problem Solving (CRPS)**

Clinical Reasoning and problem-solving skills involve identifying current evidenced based solutions to clinical questions for individual patients and for those of the community served. By using the concepts of information literacy to navigate and interpret current medical literature, the graduate PA will be able to answer those questions and apply evidence-based knowledge to formulate a solution. The graduate PA will be able to:

- 5-1 Locate, interpret, appraise and apply information from evidenced based literature to guide clinical reasoning and make informed decisions related to patient centered care
- 5-2 Apply knowledge of study designs and statistical methods

***MC Physician Assistant Program Curriculum***

The Physician Assistant Program curriculum is designed to provide the student with a broad foundation in medicine. The courses aim to broaden understanding of clinical medicine, professional practice issues, procedural skills, and diagnostic acumen while enhancing the ability to communicate effectively with patients, peers and colleagues.

There are two Master of Science in Medicine curriculum tracks:

- Standard Track: 143 Credit hours (77 phase I, 66 phase II)
- Deceleration Track: (144- 223 Credit hours)

**Standard Track**

**Phase I: Preclinical Phase** (approximately 15 months) (77 credit hours)

The preclinical phase spans five (5) semesters and incorporates basic medical sciences, applied behavioral sciences, clinical instruction and the professional role of the physician assistant. Selected patient contact experiences are also integrated throughout the preclinical curriculum.

Semester I Summer			Total 19 credits
BIO 6516	5cr	Human Anatomy	
BIO 6517	3cr	Human Physiology	
PAS 6010	1cr	Diagnostic Medicine I Lecture	
PAS 6011	1cr	Diagnostic Medicine I Lab	
PAS 6020	2cr	Pharmacology and Pharmacotherapeutics I	
PAS 6030	3cr	Fundamentals of Medical Science I	
PAS 6040	2cr	Professional Development I	
PAS 6050	2cr	Behavioral and Community Medicine I	
Semester II Fall			Total 20 credits
PAS 6100	7cr	Clinical Medicine I	
PAS 6110	2cr	Diagnostic Medicine II Lecture	
PAS 6111	2cr	Diagnostic Medicine II Lab	
PAS 6120	2cr	Pharmacology and Pharmacotherapeutics II	
PAS 6130	1cr	Fundamentals of Medical Science II	
PAS 6140	1cr	Professional Development II	

PAS 6151	3cr	Evidence Based Medicine I	
PAS 6160	2cr	Cross Cultural Medicine	
Semester III Spring			Total 18 credits
PAS 6200	7cr	Clinical Medicine II	
PAS 6210	2cr	Diagnostic Medicine III Lecture	
PAS 6211	2cr	Diagnostic Medicine III Lab	
PAS 6220	2cr	Pharmacology and Pharmacotherapeutics III	
PAS 6230	1cr	Fundamentals of Medical Science III	
PAS 6240	1cr	Professional Development III	
PAS 6250	2cr	Behavioral and Community Medicine II	
PAS 6270	1cr	Essentials of Musculoskeletal Care	
Semester IV Summer II			Total 20 credits
PAS 6300	6cr	Clinical Medicine III	
PAS 6310	2cr	Diagnostic Medicine IV Lecture	
PAS 6311	2cr	Diagnostic Medicine IV Lab	
PAS 6320	2cr	Pharmacology and Pharmacotherapeutics IV	
PAS 6330	2cr	Fundamentals of Medical Science IV	
PAS 6340	2cr	Professional Development IV	
PAS 6350	1cr	Behavioral and Community Medicine III	
PAS 6370	3cr	Emergency Medicine	

*Phase II: Clinical Phase* (approximately 15 months) (66 credit hours)

The clinical phase is composed of eight (6) six-week clinical practicums (PAS 6510-6580), end of practicum seminars, an end-of-clerkship seminar, and summative reviews for students who successfully complete the preclinical curriculum. Students will complete the following required clinical practicums (40 credit hours):

Semester V Fall II			Total 17 credits
PAS 6510	Clinical Practicum I		5 credit hours
PAS 6520	Clinical Practicum II		5 credit hours
PAS 6530	Clinical Practicum III		5 credit hours
PAS 6640	Advanced Professional Seminar I		2 credit hours
Semester VI Spring II			Total 17 credits
PAS 6540	Clinical Practicum IV		5 credit hours
PAS 6550	Clinical Practicum V		5 credit hours
PAS 6560	Clinical Practicum VI		5 credit hours
PAS 6650	Advanced Professional Seminar II		2 credit hours
Semester VI Summer III			Total 14 credits
PAS 6570	Clinical Practicum VII		5 credit hours
PAS 6580	Clinical Practicum VIII		5 credit hours
PAS 6660	Advanced Professional Seminar III		4 credit hours
Semester VI Fall III			Total 18 credits
PAS 6670	Advanced Professional Seminar IV		2 credit hours
PAS 6152	Evidence Based Medicine II		2 credit hours
PAS 6700	Advanced Clerkship I		4 credit hours

Supervised clinical experiences will be assigned at each practicum such that students will complete assignments in family medicine, internal medicine, emergency medicine, pediatrics, women's health, behavioral health, surgery, and an elective. Students will be assigned to specific sites to ensure patient experiences in the above disciplines. Housing cannot be guaranteed for any rotation or clerkship. Housing is the responsibility of the student. It is the responsibility of the Director of Clinical Education to secure and schedule rotation or clerkship sites for students. Additional guidelines are discussed in the Clinical Phase Manual, as well as class discussions with students during the preclinical phase, and at "orientation-to-rotations" at the beginning of the clinical phase.

## **Deceleration Track**

In addition to completing all of the 143 credit hours in the Standard Track, students recommended for enrollment in the Deceleration/Remediation Track will also be required to complete up to 80 credit hours selected from the following courses, as recommended by the Physician Assistant Progress and Promotions Committee:

- PAS 6901 - Selected Topics in Medicine I 1-10 hours
- PAS 6902 - Selected Topics in Medicine II 1-10 hours
- PAS 6903 - Selected Topics in Medicine III 1-10 hours
- PAS 6904 - Selected Topics in Medicine IV 1-10 hours
- PAS 6910 - Selected Clinical Experiences I 1-10 hours
- PAS 6920 - Selected Clinical Experiences II 1-10 hours
- PAS 6930 - Selected Clinical Experiences III 1-10 hours
- PAS 6940 - Selected Clinical Experiences IV 1-10 hours

**Notice: The Mississippi College Physician Assistant Program reserves the right to modify curriculum requirements as necessary to ensure the academic integrity of its Program. Students will be notified of any changes in curriculum or Program requirements prior to implementation in accordance with ARC-PA Standards.**

## ***Policy Application (A3.02)***

All Policies, procedures and guidelines in this handbook apply to all students throughout all phases of the Program.

## ***Student Access to the Healthplex Building***

The PA offices, classroom, and exam rooms, located on the 3rd floor of the Baptist Healthplex Building, are open from 8:00 a.m. until 4:30 p.m., or as long as a faculty member is present within the department. An automated voice mail system is operational after hours.

The Baptist Healthplex building hours are 5 am to 10 pm, M-TH, 5 am to 8 pm Friday, 7 am to 5 pm Sat, and 1 pm to 6 pm on Sunday. The students are allowed to be in the front student PA lounge during the listed hours. Lecture scheduling for both Program faculty and non-Program faculty may require evenings and Saturdays as needed.

## ***Advisors***

Each student will be assigned to a learning team. Each team will have a faculty advisor, who will supervise a student's progression through the Program. Students will meet with their advisor regularly to review their progress.

## ***Name Changes***

Any PA student who changes their name while enrolled in the PA Program (i.e. marriage, divorce) is responsible for filing the appropriate forms with Mississippi College requesting a name change. The student must inform the Program when the name has been changed.

## ***Financial Aid***

All inquiries about financial aid information should be directed to the Financial Aid Office. The Program has no control over the financial aid process.

## ***Advanced Standing (A3.13c)***

No student will be given advanced standing in either preclinical or clinical courses in the professional phase, regardless of academic or healthcare experiences. Advance standing is defined as substituting a course previously taken at another learning institution or a course taken in another medical field for a PA Program course.

## DISCRIMINATION, HARASSMENT & MISTREATMENT (A1.02j, A3.15f)

### **Policy**

Mississippi College does not illegally discriminate on the basis of race, sex, age, disability, veteran status, religion, color, or national origin in the administration of any of its educational programs, activities, or with respect to admission or employment.

Mississippi College is committed to the principle that no form of illegal discrimination or harassment will be tolerated. This includes sexual harassment and other forms of mistreatment, such as unprofessional relationships, abuse of authority, and abusive or intimidating behaviors.

Sexual Harassment is also covered by MC Policy 3.11

### **Procedures**

Complaints of illegal discrimination, harassment, and abuses of social justice principles will be addressed in an objective and timely manner. Investigations will afford all parties with the right to present relevant information. The confidentiality of all parties involved shall be strictly respected insofar as it does not interfere with Mississippi College's obligation to investigate allegations of discrimination and to take corrective action. Persons who bring complaints of harassment and persons who assist in the investigation and disposition of such complaints shall not be subject to harassment, interference, intimidation or retaliation.

#### **Procedure for Reporting Sexual Harassment:**

The Title IX Coordinator for Mississippi College is Dr. Kristena Gaylor, Associate Professor of Business, located in Self Hall, room 200B. Dr. Gaylor may be contacted by email at [kgaylor@mc.edu](mailto:kgaylor@mc.edu), by phone at 601-925-3415 or by using the Report It link on the MC website or also found on the Title IX website. A student may report an alleged violation of this policy to a faculty member or a staff member but they are obligated to report the matter to the Title IX Coordinator. If a student desires to make a confidential report, they may report to the Student Counseling Center on the 4th floor of Alumni Hall. In the event that the complaint is against the Title IX Coordinator, the student shall report the complaint to the Provost located in Nelson Hall.

#### **Procedure for Reporting Other Forms of Discrimination and Student Mistreatment:**

Complaints regarding nonsexual harassment or student mistreatment should be made to the Program Director. In the event that the complaint is related to the Program Director, then Phase I students should make the complaint to the Associate Program Director or the Director of Preclinical Education. Phase II students should file the complaint with the Director of Clinical Education. The person receiving the complaint may advise the student on the appropriate route for addressing the complaint or refer the matter for resolution by the appropriate vice president, whose decision is final.

***The information about non-discrimination in this handbook is provided for notice to students and is not intended to limit the rights claimed by Mississippi College as a private, religiously affiliated institution.***

# MISSISSIPPI COLLEGE INSTITUTIONAL POLICIES

## ***Student Grievances & Appeals (A3.15g)***

### **Reporting a Grievance**

Students who have complaints that they want to have addressed about any aspect of the collegiate experience have various means to submit those complaints.

1. Academic matters should follow Student Complaints Policy 4.20 of the Mississippi College Policies and Procedures, which begins with the appropriate department chair or the chair of complainant's major department. All grievances should be made in writing to the department chair.
2. Other complaints should be referred to the appropriate supervisor of the area where the complaint is directed. If the student is unsure about the supervisor, the complaint may be submitted in writing to the Associate Vice President for the Student Experience and Dean of Students, Nelson Hall Room 313, Box 4064, Mississippi College, Clinton, MS 39058 or the Provost, Nelson Hall Room 111, Box 4002, Mississippi College, Clinton, MS 39058.

### **Student Appeals**

Appeals may be made via the following process:

1. Academic Appeals - The decision of the complainant's program chair may be appealed to the dean, whose decision will be final. In cases where the dean is the source of the complaint or in an extraordinary case, the complaint will be handled by the Provost
2. For non-academic areas, complaints should be filed or discussed with the appropriate supervisor of the area where the complaint is directed. The supervisor may advise the student on the appropriate route for addressing the complaint or refer the matter for resolution by the appropriate vice president, whose decision is final.

## ***Students with Disabilities***

In addition to moral responsibility and the Program commitment to access, there is a legal imperative which is embodied in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

To comply with these mandates, Mississippi College seeks to provide access to educational programs and services to qualified students with disabilities. A qualified student with disabilities is one who, with reasonable accommodation, can meet all educational Program requirements notwithstanding the disability.

Students may request reasonable accommodations to access educational opportunities. This principle applies to teaching strategies and modes, as well as to institutional and departmental policies. It does not mean, however, that essential elements of a course or program will be deleted or substantially altered because of the disability. The objective is to assist the student in accessing established academic requirements, not to provide a program different in substance from that provided to other qualified students.

## ***Reasonable Accommodation***

The Mississippi College Office of Accessibility is committed to ensuring that educational programs are accessible to all qualified students. The mission of the Office of Accessibility is to create an environment that fosters academic excellence, personal responsibility, and growth in students with disabilities.

It is the responsibility of the Office of Accessibility to aid students with disabilities in the form of accommodations, advising, and referral services so they may have equal access to the academic and non-academic programs at Mississippi College and participate fully in all aspects of student life. To guard against discrimination on the basis of disability, the Office of Accessibility in conjunction with the Accessibility Committee provides reasonable accommodations on a case-by-case basis for otherwise



qualified students who have demonstrated a need for these services.

Qualified students can access current accommodation procedures and applicable forms in the Accessibility Documentation Guidelines. The Guidelines can be found online at <https://www.mc.edu/offices/accessibility-services/application/files/7817/1709/4107/MC-Documentation-Guidelines.053124.pdf>

Alternatively, a copy can be obtained from the Office of Accessibility in the Basement of Nelson Hall. Note: There is now an online AIM portal that is used and their processes are subject to change.

### ***Cancellation of Classes for Emergencies or Inclement Weather***

It is Program policy to remain in operation whenever possible. When weather conditions are so severe as to require reduced operations, students will be notified through announcements on radio stations and/or through the MC Alert system. The PA Program utilizes the MC alert system to disburse important announcements. MC Alert is Mississippi College's online resource for information regarding campus alerts and emergency notifications. In situations such as inclement weather, power outages, or other hazardous situations or campus emergencies, you will notice an "MC Alert" icon towards the top of each page on the site. This link will bring you to our MC Alert homepage with detailed information regarding the situation.

### ***Professional Liability Insurance***

Clinical agencies hosting PA students for supervised clinical experiences often require students and supervising faculty to maintain professional liability insurance coverage during the period of their clinical experience. Mississippi College provides professional liability coverage for students as part of the students' tuition and fees.

### ***Withdrawal from the Program (A3.15d)***

#### **Policy (prior to the first day of class)**

Any student who wishes to withdraw from the Program prior to the first day of classes, may do so at any time for any reason. All students who wish to withdraw from the Program prior to the first day of classes must follow the withdrawal procedure outlined below.

#### **Procedure: Prior to the first day of class**

The student may drop all classes on Banner Web, thus affecting an official withdrawal from the College. Additionally, the student should notify the Director of Admissions of their intent to withdraw.

#### **Policy (Matriculated students - after the first day of class)**

Policy: Any student who wishes to withdraw from the Program after the first day of classes, may do so for any reason. Students may not withdraw from a single course to avoid failing it. Students who withdraw from the Program are not eligible for direct readmission unless the withdrawal was due to a medical leave of absence (see Leave of Absence policy and procedure). In order to complete the Program, students must satisfactorily complete all courses including those from which they withdrew. All students who wish to withdraw from the Program after the first day of class must follow the withdrawal procedure outlined below.

#### **Procedure: Matriculated Students**

PA Students electing to withdraw from the MCPA Program should discuss it with their assigned faculty advisor. If the student wishes to withdraw, the following steps should be taken:

1. Notification of the decision to withdraw should be made in writing to the Program Director, who will then schedule a meeting with the student.
2. The Program Director will make sure that appropriate documentation is obtained and notify the Dean of the student's intent to withdraw
3. AFTER meeting with the Program Director, the student must then go to the Business Office to complete an official withdrawal form.



4. It is necessary for the correct procedure to be followed; students who stop attending classes without officially withdrawing earn a grade F in each course. Deadlines for withdrawal are the same as those for dropping courses.

#### **Tuition & Fee Refunds (A1.02k)**

Any claims for refunds of tuition will be based on the date on which the student files a withdrawal form with the Business Office. This is at the discretion of the Business Office, not the MCPA Program. Other enrollment and course Fees are non-refundable. If the tuition, fees, etc., were paid with Title IV financial aid, all or a portion of the student's refund must be returned to the student aid programs from which the money was awarded. A student who receives a cash disbursement to assist with living expenses and then withdraws may be required to return money to the aid programs from which the money was awarded.

For the tuition refund amounts and more in-depth policy, please see the Tuition Refund Policies, found in the MC Graduate Catalog:

[https://www.mc.edu/academics/application/files/2316/5834/5524/2022-2023\\_GRADUATE\\_CATALOG-Working\\_Updated\\_7-20-22.pdf](https://www.mc.edu/academics/application/files/2316/5834/5524/2022-2023_GRADUATE_CATALOG-Working_Updated_7-20-22.pdf)

# STUDENT HEALTH & SAFETY

## ***Health and Disability Insurance***

All students must show proof of medical insurance prior to matriculation in the PA Program. This must include both health and hospitalization and must be maintained throughout the duration of the Program. Students without medical insurance, including those with a lapse in coverage, may be withdrawn from courses they are enrolled in and/or may be stopped from progressing in the Program. It is highly advisable that the insurance plan chosen offer appropriate, comprehensive coverage.

The student should check with his/her insurance company as to the coverage provided for accidental exposure. It is important for students to realize that medical expenses for care provided by student health services or other healthcare providers, including laboratory procedures and emergency care are the responsibility of the student and not the Program or Mississippi College. Any injury or accidental exposure IS NOT considered workmen's compensation since the student is not an employee of the site. Additionally, all students are strongly encouraged to carry disability insurance to cover possible consequences of a needle stick injury or other potential exposures or catastrophic event.

## ***Immunizations & Health Screening (A3.07a)***

### **Immunization Policy**

MCPA's immunization requirements are consistent with the Centers for Disease Control (CDC) and Mississippi State Department of Health (MSDH) recommendations for Healthcare Personnel Vaccinations. (MSDH has adopted the CDC recommendations.) All students are required to provide proof of vaccination status for vaccine preventable diseases. This must be done **prior** to matriculation. In addition, students are required to maintain current vaccination status during both the didactic and clinical phases of the Program. Please note, ANY immunization that will expire within 90 days of matriculation, **MUST** be repeated **PRIOR** to matriculation.

If full compliance is not feasible prior to matriculation, a special exception may be granted *on a case by case basis*. Otherwise, failure to submit proof of compliance prior to matriculation or to maintain compliance throughout all phases of the Program may result in the student becoming ineligible to matriculate or advance in the Program.

At any time during the Program, these requirements are subject to change, based on recommendations from the CDC or requirements of specific clinical sites. If requirements change, consideration will be given in registering for preclinical courses, but all must be completed before clinical practicums begin or the student will not be promoted to the clinical phase.

- I. Required Immunizations (prior to matriculation):
  - a. Complete 2 or 3 Hepatitis B vaccine series AND a positive QUANTITATIVE HBV Surface antibody titer
  - b. Tdap documented within the last 10 years (NOT Td/DTap)
  - c. 2 doses of MMR OR a positive titer for each
  - d. 2 doses of varicella vaccine OR a positive Titer
  - e. TB test: Two-step TST OR QuantiFERON Gold or other BAMT (blood assay for *m. tuberculosis*)
- II. Ongoing/After matriculation –
  - a. Annual TB (BAMT or TST)
  - b. Annual flu shot (must be documented prior to OCT 31st of each year)
  - c. \*\*COVID-19 – although NOT an MC required vaccine, the COVID vaccine is required by rotation sites and must be completed before attending classes or rotations at affiliated institutions.
- II. In addition to immunizations, students are required to submit proof of a comprehensive history and physical exam prior to matriculation.

## Immunization Procedures

All students will be required to obtain and maintain a subscription to Complio (American Databank). Vaccination and health screening records will be uploaded to this site. Compliance will be determined based on uploaded documents.

Special exceptions can be requested through Complio or *in writing* through the Immunization Compliance officer. Exceptions are not available for the COVID vaccination series.

Students should also submit the comprehensive history and physical attestation form (Form D, Physical Exam), signed by their provider to Complio.

## CDC recommendation chart:

Vaccines	Recommendations in brief
<a href="#">Hepatitis B</a>	<p>If you don't have documented evidence of a complete hepB vaccine series, or if you don't have a blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should</p> <ul style="list-style-type: none"> <li>Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks.</li> <li>Get an anti-HBs serologic test 1-2 months after the final dose.</li> </ul> <p>See <a href="#">Prevention of Hepatitis B Virus Infection</a> in the United States: Recommendations of the ACIP.</p>
<a href="#">Flu (Influenza)</a>	Get 1 dose of influenza vaccine annually.
<a href="#">MMR (Measles, Mumps, &amp; Rubella)</a>	<p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).</p> <p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the <a href="#">MMR ACIP vaccine recommendations</a>.</p>
<a href="#">Varicella (Chickenpox)</a>	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.
<a href="#">Tdap (Tetanus, Diphtheria, Pertussis)</a>	<p>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).</p> <p>Get either a Td or Tdap booster shot every 10 years thereafter.</p> <p>Pregnant HCWs need to get a dose of Tdap during each pregnancy.</p>
<a href="#">Meningococcal</a>	Microbiologists who are routinely exposed to <i>Neisseria meningitidis</i> should get meningococcal conjugate vaccine and serogroup B meningococcal vaccine.

Full guidance is available here:

<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html#:~:text=Get%20either%20a%20Td%20or,of%20Tdap%20during%20each%20pregnancy.&text=Microbiologists%20who%20are%20routinely%20exposed,and%20serogroup%20B%20meningococcal%20vaccine.>

## International Travel Immunization & Health Screening (A3.07b)

Students electing to participate in mission trips or clinical rotations abroad may require additional immunizations and health screening based on current recommendations from the CDC and/or US Department of State. This will vary based on the area to which you will be traveling. Students participating in these activities will be responsible for the costs incurred.

For a full list of immunization and health recommendations, see the CDC pages for Traveler's health.

<https://wwwnc.cdc.gov/travel/>

## **Pathogen Exposure Prevention & Accidental Exposure Reporting (A3.08)**

### **Infectious and Environmental Precautions**

All students in the Program are expected to practice safely, including taking measures to avoid accidental exposure to hazardous and infectious agents.

When providing patient care, regardless of the real or perceived communicable disease status of the patient, students and staff should follow Standard Universal Precautions:

1. Wash hands before/after patient contact, according to hospital policy, even if gloves are used.
2. Wear gloves when exposure to blood, body fluids, excretions or secretions is likely.
3. Use gloves appropriately according to aseptic and/or sterile techniques, and change gloves between patients.
4. Wear gowns/aprons when soiling of clothing with blood or body fluids is likely.
5. Wear masks, face shields and eye protection when aerosolization of blood or body fluids may occur.
6. Dispose of sharps in designated rigid sharps containers. **Never recap by hand.**
7. Dispose of waste saturated with blood or body fluids in designated red-bag trash containers.

### **Accidental Exposure Protocols**

It is the responsibility of the student to report sharps injuries, needle sticks, or other potential exposure to blood borne pathogens via blood or body fluids immediately to the Director of Clinical Education and the supervisor at the facility where the incident occurs.

If you experience a needlestick or sharps injury, or an exposure to patient blood or other bodily fluid, you should **immediately** take the following steps (<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>)

1. Wash needlesticks and cuts with soap and water
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water, saline, or sterile irrigant
4. **Then, Report the incident to your preceptor and the MCPA Director of Clinical Education**
5. Immediately seek medical treatment

Time is frequently of the essence in managing blood borne pathogen exposures. For example, **some treatment regimens must be started within two hours of exposure to be maximally effective.**

In the event of any potential blood borne pathogen exposure, the student should obtain the name of the source patient, medical record #, room number and diagnosis. This information is necessary to assist medical providers in determining the potential severity of the exposure.

If initial care is provided outside the student health system, the student should inform the provider that the PA Program follows current CDC guidelines in determining the need for post-exposure HIV prophylaxis. These and other resources can be found at The National Clinicians' Post-Exposure Prophylaxis Hotline, **1-888-448-4911**, or <http://www.nccc.ucsf.edu/>. Appropriate first aid should also be given for the injury in question and a tetanus booster when indicated.

In the event that the student contracts a communicable disease which potentially poses a risk to patients or co-workers (e.g. tuberculosis, varicella), steps will be taken to prevent dissemination in accordance with Student Health, Public Health and/or CDC protocols. Certain communicable diseases may also be reported to county or state health authorities, as required by law.

**The student should check with his/her insurance company as to the coverage provided for accidental exposure.** It is important for students to realize that medical expenses for care provided by student health services or other healthcare providers, including laboratory procedures and emergency care are the responsibility of the student and not the Program or Mississippi College. Any injury or accidental exposure IS NOT considered workmen's compensation since the student is not an employee of the site. Additionally, all students are strongly encouraged to carry disability insurance to cover possible consequences in the event of a needle stick injury, pathogen exposure or catastrophic event.

### **Student Health Services (A3.09)**

The Program's principal faculty, program director, and medical director are precluded from participating as healthcare providers for students in the Program, except in an emergency situation. Students should refrain from asking faculty members for medical advice.

#### **MC Provided Health Services:**

Student health services are provided through the Mississippi Baptist Health Systems, Inc. at the Baptist Healthplex, located on the Mississippi College Clinton campus. Routine healthcare services from the Nurse Practitioner and Baptist Health Systems Clinic are provided free of charge to currently registered, full-time Mississippi College students who have paid the fixed fee. There are charges for lab work, x-rays, injections and other additional services and supplies that may be billed to the student and/or the student's insurance carriers. Mississippi College does not provide supplemental insurance policies for students. To assist with the cost of health services, it is recommended that students be retained on the parent's or spouse's insurance policy whenever possible.

Information regarding services, making appointments, hours of operation and other guidance can be found here: <https://www.mc.edu/offices/health/>

#### **Student Counseling:**

The MC counseling center educates and counsels students by providing various services and programs. Because each individual is viewed as a whole person with personal, academic, and career concerns that are interrelated, the center offers the following counseling services:

- Personal and career counseling
- Study skills and tutorial assistance
- Services to students with disabilities
- Personnel and contact information
- Serious concerns about a friend, roommate, or family member
- Coping with a traumatic incident
- Alcohol and/or drug abuse
- Suicidal thoughts
- Lack of concentration
- Relationship conflicts
- Stress
- Isolation and loneliness
- Grief
- Lack of confidence and/or self-esteem
- Eating disorders
- Test anxiety
- Sexual assault
- Phobias
- Family problems
- Unwanted pregnancy
- Depression

All counseling services are confidential and free of charge for Mississippi College students. The counseling center is staffed by licensed professional counselors, provisional licensed professional counselors, and psychology and counselor interns. We provide brief or short-term therapy for a variety of presenting problems. Concerns that require long-term treatment may be best served by referral to an outside community provider.

All information and communication between a student and counselor are confidential. Exceptions are made if information is disclosed pertaining to the harm of oneself or someone else. This is mandated by law. No student record in the counseling center is used on any transcript. Through career counseling, students are assisted in the clarification of values and interests, the identification of abilities, the choice of an academic major, and the analysis of career options. Referrals to other agencies are made when needed. Personal concerns of any type may be discussed privately with an experienced counselor.

If you feel you need counseling, speak to a faculty member or call 601.925.7790. Additionally, you can email your request to [scds@mc.edu](mailto:scds@mc.edu), or go to the counseling office on the 4th floor of Alumni Hall during regular business hours to set up an appointment.

### **Access & Referral to Student Services (A3.10)**

The Program may assist in arranging counseling and other student services with the Mississippi College Student Counseling Center. Student Performance and well-being are important to the faculty of the Program. If a student is experiencing academic, behavioral or other personal difficulties, faculty members will make timely referral to the student center and arrange for timely access, if necessary.

#### **Policy:**

Principal faculty, the Program Director, and the Medical Director shall promptly refer students seeking assistance to address personal issues which may impact their progress in the Program.

#### **Procedure:**

Program faculty will promptly refer any student requesting assistance, or identified as needing assistance to MC Student Services by either providing website or contact information. If the matter is urgent, faculty will make every effort to assist the student to make more immediate contact with MC Student Services.

### **Mississippi Physician Health Program**

The mission of the Mississippi Physician Health Program (MPHP) is to ensure the health of all Mississippians through assurance of healthy physicians and physician assistants. MPHP accepts referrals from any source including colleagues, hospitals, regulatory agencies, office staff, treatment centers, family, and friends. MPHP aggressively protects the confidentiality and anonymity of both Program participants and referents. The anonymity of our Program encourages self-referrals and early intervention, which protects patients and saves our participants' careers.

MPHP addresses issues of alcoholism and other drug dependencies, other addictions, mental illness/emotional illness, personality disorders, distressed physician issues and physical/cognitive impairments.

MCPA students are eligible to receive services through MPHP. For more information, use the link below or talk to a faculty member.

<https://msphp.com/>

### **Public Safety**

The role of the Office of Public Safety is to work toward ensuring the safety of all individuals while on campus and provide for the security of all properties of the college. In doing so, it is recognized that security at Mississippi College is everybody's business. Although no community can be totally risk-free in today's society, the office works toward securing partnerships with students, faculty, staff, administration and guests in creating an atmosphere that is safe and conducive to learning. The office is also responsible for the control, regulation and flow of traffic on Mississippi College property. The Office of Public Safety is located on the ground floor of the B.C. Rogers Student Center and can be reached at **601.925.3204** or **security@mc.edu**.

Mississippi College goes to great lengths to provide safety on campus for all individuals. Some of the measures we take include, but are not limited to:

- Emergency Code Blue phone units are strategically placed around the campus. In addition to calling 911 and MC's Office of Public Safety, these phones may be used to report emergencies.
- Buildings are secured on campus during non-operating hours by the Office of Public Safety. Once a building is secured, access may be gained only by authorized persons with MC issued identification cards.
- All campus buildings, facilities, and grounds belonging to the institution are regularly patrolled by both vehicle and foot patrol by security officers. Specific areas of campus are also monitored by cameras.
- Within all residence halls, outside entrance doors, other than front door lobby doors, are locked

at dusk. All nonresidents entering the halls after that time must use the front door entrance. All lobbies which remain open are monitored by lobby workers from 3:00 p.m. to midnight seven days per week.\* All nonresidents must be acknowledged by the lobby worker. All entrances are closed at midnight with access gained only by Mississippi College issued identification cards.

- Upon request, security officers will provide escort services from vehicles to buildings or from buildings to buildings should individuals feel uncomfortable or unsafe.
- With safety concerns in mind, the College maintains appropriately manicured trees and shrubbery around buildings and on campus grounds. Appropriate campus lighting is also a priority in an effort to reduce the opportunity for criminal activity.
- Mississippi College provides informative Programs to students and employees on the following topics Campus Security Procedures and Practice, Crime Prevention and Awareness, Drug and Alcohol Abuse Education, Sexual Assault and the Prevention of Sex Offenses.

Security of the PA Program areas is very important. Only known individuals should be allowed access. Do not allow anyone unknown to you to follow you through the card-controlled door in the lobby. If someone states they are here to meet faculty or staff, ask them to please wait and notify a faculty or staff member to verify their access. Report any suspicious persons to faculty to staff immediately.

# MCPA STUDENT BEHAVIOR AND CONDUCT

## **Policy**

Students will conduct themselves in a professionally ethical and responsible manner, which will reflect credit upon themselves and Mississippi College. In terms of professional responsibility, morality, honor, truth, and good citizenship, students will observe high standards of conduct so that the integrity of the Program and Physician Assistant profession may be preserved. A student will avoid impropriety and the appearance of impropriety in all activities, personal and professional; and abide by Program and Mississippi College policies of conduct as outlined in the MC Student Code of Conduct:

[https://www.mc.edu/students/application/files/5816/6179/8979/Mississippi\\_College\\_Student\\_Code\\_of\\_Conduct\\_2022-2023.pdf](https://www.mc.edu/students/application/files/5816/6179/8979/Mississippi_College_Student_Code_of_Conduct_2022-2023.pdf)

## **MCPA Standards of Professionalism**

In the belief that physicians and PAs are called to the highest standards of honor and professional conduct and understanding that this responsibility begins at the inception of one's medical education rather than upon receipt of a degree, the students of the Mississippi College Physician Assistant Program must uphold standards that serve as an embodiment of the conduct and integrity to which they aspire. These standards are intended to promote an atmosphere of honesty, trust, and cooperation among the students, the faculty, their patients, and society. Students in the Mississippi College Physician Assistant Program are expected to demonstrate behavior that is considered appropriate for a career in medicine. Appropriate behavior includes, but is not in any way limited to honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, and concern for the welfare of patients – all of which are outlined below.

Honesty: Being truthful in communication with others at all times.

Trustworthiness: Maintaining the confidentiality of patient information; admitting errors and not intentionally misleading others or promoting self at the patient's expense.

Professional Demeanor: Being thoughtful and professional when interacting with patients and their families; striving to maintain composure under pressures of fatigue, professional stress or personal problems; maintaining a neat and clean appearance and dress in attire that is reasonable and accepted as professional to the patient population served.

Respect for the rights of others: Dealing with professional, staff, and peer members of the health team in a considerate manner and with a spirit of cooperation; acting with an egalitarian spirit toward all persons encountered in a professional capacity regardless of age, race, color, national origin, disability, religion, gender, sexual preference, socioeconomic status, or veteran/Reserve/National Guard status; respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients' modesty and privacy.

Personal accountability: Taking responsibility for your actions and behaviors; being receptive to feedback and always striving to improve; participating responsibly in patient care to the best of your ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if something interferes with your ability to perform clinical tasks effectively.

Concern for the welfare of patients: Treating patients and their families with respect and dignity both in their presence and in discussions with others; discerning accurately when supervision or advice is needed and seeking these out before acting; recognizing when your ability to function effectively is compromised and asking for relief or help; not using alcohol or drugs in a way that could compromise patient care or your own performance; not engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of a patient.



Personal Aptitude for Medicine: Awarding a degree from the Physician Assistant Program is predicated on the determination by the faculty that a student is suitable for the practice of medicine in terms of his/her personal characteristics and conduct as well as scholastic achievement. Students in the Mississippi College Physician Assistant Program are participants in a professional training program whose graduates seek positions of high responsibility as providers of healthcare. Accordingly, students are evaluated not only on their academic and clinical skills but also on their interpersonal skills, reliability, and professional conduct.

### ***Alcohol Consumption***

All PA students who attend any function that represents Mississippi College **must not** consume alcoholic beverages. **This rule applies to ALL PA students during the preclinical and clinical phase of their training.** This is not limited to, but includes dinners and functions provided by various drug representatives during or after class hours. You are representing the PA Program, Mississippi College and the PA profession, please be on your best behavior!

### ***Drug Abuse or Misuse***

Physician Assistant students must adhere to policies as put forth from Federal, State and Local agencies in addition to policies of both Mississippi College and the MC Physician Assistant Program. Use, possession, distribution, sale, manufacture, or evidence of consumption of narcotics, controlled substances or illegal drugs on or off Mississippi College property, or at a Mississippi College-sponsored events or programs in accordance with any agency policy is grounds for immediate dismissal from the Program. Examples of violations include, but are not limited to:

1. Misuse of over-the-counter drugs
2. Misuse or sharing of prescription drugs
3. Possessing, using, being under the influence of, distributing, or manufacturing any form of illegal drug
4. Possessing paraphernalia (i.e. rolling papers, pipes, bongs, grinders, etc.) for intended or implied use of any form of illegal drug
5. Possessing paraphernalia that contains or appears to contain illegal drug residue
6. Purchasing or passing illegal drugs from one person to another
7. Using mail services to purchase, pass, or distribute illegal drugs

### ***Substance Abuse Screening***

Mississippi College Physician Assistant Program is committed to protecting the safety, health, and welfare of its faculty, staff, students and the community of interest including patients and staff in clinical agencies. To this end, the Physician Assistant Program prohibits the illicit use, possession, sale, conveyance, distribution and manufacture of illegal drugs, intoxicants, and/or controlled substances in all instances. The Program may require all students to submit to drug testing under any or all of the following circumstances:

1. Requirements for Affiliated Student contracts or other affiliated agencies
2. Random testing
3. In circumstances where students demonstrate behaviors that may be due to substance use (i.e., for "cause").

Failure of a drug screen will be dealt with consistent with the policy of the Physician Assistant Program, and may include failure and/or dismissal from the Program

For more information about the Mississippi College Drug & Alcohol Prevention Program, please use this link: <https://www.mc.edu/students/policies/application/files/6516/0683/7053/DAAP2020.pdf>

### ***Academic Honesty & Plagiarism***

As members of a professional program, PA students are expected to maintain high standards of integrity and ethical behavior. In addition to the guidelines detailed in this manual, Mississippi College publishes

policies relevant to student conduct.

Cheating, plagiarism, lying or deception of any matter and material are viewed as a form of academic dishonesty and will not be tolerated. This includes, but is not limited to, plagiarism and cheating as defined in Mississippi College Student Handbook and graduate catalog. Students who are found to be lying, cheating, and/or stealing may be dismissed from the Physician Assistant Program with no opportunity of readmission.

Academic dishonesty and cheating as defined by the PA Program may occur prior to, during, and/or following examination administration. Academic dishonesty and cheating may include, but are not limited to, participation in any of the following:

1. Seeking and/or obtaining PA examination materials prior to the examination
2. Plagiarism
3. Copying answers from another examinee or classmate, or permitting one's answers to be copied
4. Stealing examination materials for later use by self or others
5. Using notes, books or other unauthorized materials during examination administration
6. Failing to adhere to proctors' instructions and/or examination procedures
7. Altering answers, scores, examination materials during review of graded examination
8. Any other behavior that undermines the Program's examination process or that tends to undermine the integrity of the Program, the profession, and/or the examinations.
9. Attempting to remove, copy, record or otherwise reproduce PA examination components or materials, or in any other way providing and/or receiving unauthorized information concerning the examination content. If a student discovers that he or she is in possession of questionable materials or notes this should immediately be brought to the attention of a PA Program faculty member.

For more information, see the MC Handbook on Academic Honesty & Plagiarism:

[https://www.mc.edu/students/application/files/4817/2738/3615/2024-2025\\_Student\\_Code.pdf](https://www.mc.edu/students/application/files/4817/2738/3615/2024-2025_Student_Code.pdf)

Plagiarism and cheating are also addressed in Policy 2.19: Academic Honesty in the Mississippi College Policies and Procedures Manual.

### ***Professionalism Violations***

The primary purpose for non-academic discipline in MCPA Program is to protect and preserve the quality of the educational environment in the campus community. The MCPA Program and Mississippi College assume high standards of courtesy, integrity, and responsibility in all of its members; that each student is responsible for his/her conduct and that continuation as a student is conditional upon compliance with the requirements of student conduct expressed or implied in this handbook.

MCPA Program reserves the right to take necessary and appropriate action to protect the safety and well-being of the campus community. The Program is not designed or equipped to rehabilitate students who do not demonstrate professional behaviors. It may be necessary to remove those students from the Program and sever the institution's relationship with them as provided in this code.

**Any conduct considered unprofessional may result in referral to the Progress and Promotions Committee (see section of referral to Progress & Promotions for more details).**

# MCPA DEPARTMENTAL GUIDELINES

## ***Student Employment During the Program***

### **Outside Employment (A3.15e)**

PA Program students may not be employed while enrolled in the Program due to the rigors of the Program. Petitions for exceptions to this guideline will require written approval by the Program Director.

The Program recognizes absences due to military duty as EXCUSED. Students who need to attend military obligations should notify the Program Director and course director/section leader at least one week before the scheduled class or scheduled activity or as soon as possible after the student receives notice that he/she will be called to active duty.

Under no circumstances will a PA student be accepted for employment as a 'work study' within the PA Program office or as an aid to any PA instructors.

### **Classroom Instruction/Service Work by Students (A3.04 & A3.05)**

At no time will students replace faculty/course instructors. Students will not be required to work for the Program. Likewise, in the clinical phase, at no time may students replace or substitute for clinical site employees.

## ***Communication***

Students are required to maintain an active MC email address. Email is the primary route of contact during both preclinical and clinical phases. The student must advise the office of any changes in their email address immediately. Students are required to check email daily and should make every effort to respond to faculty/staff inquiries in a timely fashion.

Student mailing addresses, email addresses, and phone numbers are required to be current and on file in the Program office. Throughout the course of study at Mississippi College, a variety of events occur (some unexpected, others, matters of routine business) making it necessary for students to be reached. The Mississippi College Physician Assistant Program is not responsible for information missed by students who have not maintained up-to-date, reliable contact information with the Program office.

## ***Attendance Policy***

MCPA maintains an attendance policy to support the academic achievement of its students. Students are expected to attend all scheduled class, laboratory, examination periods, class and clinical rotation activities, including those activities scheduled during outside of standard class times.

Students, whether present or absent from class, are responsible for knowing all that is announced, discussed, and/or lectured upon in class or laboratory, as well as for mastering all assigned reading. In addition, students are responsible for submitting (on time) all assignments and examinations as required in the class.

### **Class Attendance**

Attendance is mandatory, and roll may be taken at any class. Students are expected to arrive on time for all activities. Failure to follow attendance guidelines may result in disciplinary action.

### **Reporting Absences**

During the preclinical year, students must report/request an absence in advance via the following protocol. This should be done as far in advance as possible, and no less than 3 business days before the planned absence, using the advanced absence protocol. In the event of an unplanned absence (i.e., illness or accident), you should report the absence using the short notice protocol.

### Advanced absence protocol:

1. The student requesting the absence must complete the preclinical year absence request form and submit it to the Director of Preclinical Education (DPCE). This can be delivered in person or via email.
2. The DPCE will be responsible for approving or denying the request and deeming it excused or unexcused. Justification may be required (i.e., doctor's note, court hearing documentation, funeral notice, etc.).
3. The DPCE will then notify the student and any involved instructors of the absence and the status of the absence.
4. The student will then be responsible for arranging any allowed make-up assignments with the course instructor(s).

### Short notice protocol:

1. If a student must miss class with short notice, he/she will notify the DPCE, the faculty of record for the class(es) being missed and the team leader as soon as possible. This should be done via email, but a text or call is also permissible. If you will be missing a graded event, a doctor's note WILL be required before you can make up the work.
2. The DPCE will be responsible for deeming it excused or unexcused. Justification may be required (i.e., doctor's note, court hearing documentation, funeral notice, etc.).
3. On the day the student returns to campus, he/she will complete the absence notification form and provide any required documentation. This will be turned in to the DPCE. **THIS IS THE STUDENT'S RESPONSIBILITY.** Failure to do this will result in an automatic unexcused absence.
4. If the absence is deemed excused, the student will then be responsible for arranging any allowed make-up assignments with the course instructor(s).

### Documentation Requirements:

An original or faxed copy of the excuse from a physician, attorney, etc. must be provided on the first day back to class. **The excuse must include the date and time of the appointment and date when cleared to return to class, if applicable.**

### **Types of Absences**

Excused: the student may make-up any missed assignment, quiz (in courses where there is no "drop quiz" policy) or exam. In the case of a quiz or exam, an instructor may choose to administer an alternative assessment.

Approved but Unexcused: The student will not be penalized for missing class, except that any missed work cannot be made up

Unexcused: the student will not be allowed to make-up assignments and the student will receive a zero for the missed work. The student will receive, at a minimum, a professionalism warning.

### **Tardiness**

Tardiness is a professional behavior issue and will not be tolerated in either the preclinical or clinical phases of the Program. Students are expected to be in class/clinic and ready to participate on time. Each preclinical class will be monitored by faculty to identify those students who arrive late. In the clinical phase of the Program, preceptors are responsible for monitoring attendance and tardiness. Students not meeting expectations may be referred to the Progress and Promotions Committee.

Students who foresee being late for a scheduled Program class/activity must notify the Director of Preclinical Education and the faculty instructor of record as soon as possible. A tardiness may result in a zero (0) score for any announced or unannounced assignment, quiz, evaluation, or exam administered.

### **Attendance related referrals to progress and promotions**

Students may be referred to progress and promotions for the following:

1. More than two (2) excused absences during any given semester
2. Any unexcused absence

3. Failure to adhere to absence reporting protocols, whether excused or unexcused
4. More than three tardiness infractions in a given semester.

### **Religious Observances**

The Mississippi College Physician Assistant Program recognizes that excellence in medical education cannot be dependent solely upon any calendar, be it secular or religious. Faculty members recognize, however, that some students may have special needs in the scheduling of quizzes, examinations, and clerkship duties because of religious beliefs and practices. To this end, individualized requests should be directed to the Program Director, DPCE or DCE. The faculty strives continually to provide the highest quality of education to students and remain ever responsive to patient care needs while respecting students' privileges and rights. In a further attempt to assist students with their special needs due to religious beliefs and practices, guidelines and related factors are as follows:

Students who anticipate conflicts with regularly scheduled classes, quizzes, examinations, or other scheduled activities should notify the Director of Preclinical Education during orientation week. To minimize conflicts during the preclinical phase, the faculty members try to avoid scheduling quizzes, examinations, and classes on Saturdays, Sundays, and religious holidays. When scheduling causes conflicts with the religious observances of students, the students should be given the opportunity to make up work at the earliest convenience of the responsible faculty member and the students.

During the clinical phase, when the schedule of patient care and clinical conferences conflicts with a student's religious observances, the student should arrange substitutions and make-up work in consultation with, and in agreement with, the Director of Clinical Education or clinical coordinator and the immediate clinical supervisor (attending, resident, intern, etc.). Due to the "non-scheduled" nature of the clinical training, each student is expected to recognize his/her own personal responsibility for patient care and his/her own learning experience. Preparing students to assume the responsibility for patient care is the nature of clinical training and is critical to students' professional training.

The faculty continues to be sensitive to the religious observances of students. Ultimately, it is the responsibility of the student to notify the involved parties (i.e., course directors, attending physicians, house officers, and the Program Director) of any request to modify scheduled work because of religious observances. This notification should be made at least 15 calendar days in advance of the conflicting date(s) and made through designated channels as noted above. It is the joint responsibility of students, faculty, and house officers to schedule make-up or substitute work at the earliest possible date convenient to those involved.

### **Leave of Absence**

#### Policy:

In exceptional circumstances, a leave of absence from the PA Program may be granted by the Program Director. Students may formally request Leave of Absence (LOA) from the Program at any time by following the outlined procedure. Students are not referred to the Progress & Promotions Committee for review, instead, the Program Director will determine the merit of the student's request and allow or deny the LOA.

#### Procedure:

1. Any student request for a leave of absence must be made in writing to the Program Director, citing specific circumstances that warrant the leave.
2. The Program Director may deny any request that does not cite due cause for the requested leave.
3. Requests for reinstatement must be made in writing to the Program Director. The student must show that the problems leading to the leave of absence have been resolved such that success in the Program will follow if the student is reinstated.
4. Due to the cohort progression of the preclinical curriculum, leaves of absence during the

preclinical phase may result in withdrawal from all classes in which the student is currently enrolled. Students may be required to re-register and retake courses in their entirety when they are reinstated.

5. A leave of absence during the clinical phase will be taken on a case-by-case basis and may result in a delay in graduation.

### ***Classroom Policy***

As a graduate student in a professional medical program, you must demonstrate professionalism in every setting. This applies in the classroom, labs, clinics, hospitals and other locations, including your online presence.

All students are expected to pay attention and show respect to the lecturer. Talking between class members, studying for other classes and/or causing a disturbance (i.e. cell phones, instant message, texting, internet surfing, etc.) will not be tolerated. Anyone engaging in these behaviors will be asked to leave the room, which may result in an academic warning, an absence and the lowering of the student's final course grade.

#### Mississippi College Physician Assistant classroom:

1. It is expected that students will arrive 15 minutes prior to lecture, prepared to discuss relevant topics. Attendance policies are outlined elsewhere in the PA Student Handbook.
2. Texting, e-mail, and other electronic social networking activities are not permitted during class. Relevant internet searches are permitted as long as this privilege is not abused.
3. Every manner of respect should be given to the lecturer. Any student who is disrespectful to any lecturer may be brought before the Progress and Promotions Committee.
4. Only spill proof containers are permitted in the classroom
5. No food/snacks of any type are allowed in the classroom

#### UMMC Hospital classroom:

1. It is expected that students will arrive 15 minutes prior to lecture, prepared to discuss relevant topics. Attendance policies are outlined elsewhere in the PA Student Handbook.
2. Texting, e-mail, and other electronic social networking activities are not permitted during class. Relevant internet searches are permitted as long as this privilege is not abused.
3. Every manner of respect should be given to the lecturer. Any student who is disrespectful to any lecturer may be brought before the Progress and Promotions Committee.
4. Coffee, tea, soda is allowed in the UMMC classroom
5. No food/snacks of any type are allowed in the classroom
6. Do not leave any items in the hallway outside the classroom

#### Online Class Etiquette

1. Be alert & look interested; NO sleeping - if you're tired, temporarily turn off your video and return standing or after you wake yourself up
2. Dress should be acceptable and be aware of hygiene (brush your hair);
3. NO HATS, unless for religious purposes
4. Make sure your space is private, quiet and well-lit
5. Center your face on the camera; display your name on your video feed (first and last)
6. No cell phone or other device use while attending lectures
7. Remove distractions (TV, music, children, pets, roommates, family, etc.) while in lectures
8. No eating; drinks ok
9. Keep your microphone muted while listening; "raise your hand" or unmute and wait for a pause to ask a question
10. Every manner of respect should be given to the lecturer. Any student who is disrespectful to any lecturer may be brought before the Progress and Promotions Committee.

## Grading System

The MCPA Program has a “hard pass” policy when determining individual, section and course grades. The following rules apply to this policy:

1. Grades ARE NOT rounded up – All grades will be calculated using two-decimal points.
2. [Students must have at least a 70% average on primary assessments \(exams\) to achieve a passing grade.](#)
3. If the primary assessment average is at least 70%, secondary assessment scores (quizzes, team-based assignments, presentations, papers, etc.) will be added to calculate the final score for sections and courses.
4. The maximum grade on any given assignment is 100%.
5. [Extra credit, where offered, cannot be carried forward to another assignment and CANNOT be used to achieve a passing score.](#)

### Grading Scale:

The following grading scale will be used for all PA Program courses, including Anatomy & Physiology during Summer I.

A	90.00 – 100.00	Excellent work
B+	86.00 - 89.99	Good work
B	80.00 - 85.99	Average work
C+	76.00 – 79.99	Fair Work
C	70.00 – 75.99	Minimum standard
F	0 - 60.99	Failure to meet minimum expectations

A failing score is considered any grade < 70%.

A Marginal Pass score is  $\geq 70$ , but < 75%.

Both require remediation (see remediation policy)

### Timely Grading of Coursework (B4.01b)

The course or section director for each didactic course will grade coursework within 7 days. The grades will then be posted on Canvas or released in ExamSoft.

### Grade Corrections

To correct a grade recorded in error, a request for correction must be filed with the Office of Registrar before the end of the following semester or term. The student who questions the accuracy of a grade in a semester grade report should ask the faculty member of the course to check for possible error. One who then still believes that the grade is inaccurate or unjust may appeal to the department chair and, if necessary, to the dean of the school. Final appeal is to the Dean of the Graduate School, who may seek the advice of the Graduate Oversight Committee in resolving the issue.

## COURSE EXAMINATIONS

Attendance is mandatory for all examinations, both written and oral. Students are responsible for being present at the beginning of all examinations. Exams will begin **ON TIME**. Students who arrive after an examination has begun may be refused admission to the examining room. If a student is tardy for an exam, and allowed admission to the exam, the student must complete the exam in the set exam time. Permission for any deviation from the regular test schedule must be requested through both the Director of Preclinical Education or Director of Clinical Education and the course director/section leader. The Program Director will make final decisions on all requests.

### Exam Review Policy

Exam reviews are NOT done, except in special circumstances. When all cohort members have completed an exam, item analysis will be done by the course director. Clarification will be given on selected test items based on item analysis. Scores will be released after item analysis is complete. At that point, grades are FINAL. If you scored below 80%, you may seek clarification from the course director regarding your exam, but only after you have reviewed your strength and weaknesses report and attempted to find the answer yourself.



## Testing Guidelines

All students should be able to take exams in an environment conducive to achieving their highest level of success by minimizing distraction. In addition, academic dishonesty is in direct violation of both individual accountability and integrity and cannot be tolerated in those who seek to become physician assistants. Therefore, the following procedures will be enforced during all assessments:

### Faculty Responsibility:

1. PA Program faculty or staff will proctor exams to assure integrity of the process.
2. The environment will be kept quiet, and free of interruptions and disturbances.
3. The proctor may assign students to designated seats during examinations.
4. During the administration of all PA Program examinations, written or practical, the proctor will not answer any questions concerning an examination question.
5. The duration of each exam will be determined by the course director. Standard Program testing guidelines recommend one (1) minute per question for multiple choice examinations.
6. Unannounced quizzes may be given during class periods at the discretion of the course or section director.

### Student Responsibilities:

1. There will be no materials on a student's desk during an examination other than a whiteboard, eraser and marker (Program provided). Any other items must be approved in advance by the course director/section leader.
2. Students are not permitted to have any smart device on their person during an exam. Watches, smart phones, etc., must be left with the student's personal belongings during the exam.
3. Hands must remain visible at all times.
4. Talking during an examination is absolutely prohibited. Talking under any circumstances will be construed as cheating.
5. If a student needs assistance or needs to leave the test room for any reason, the student will so indicate by raising his/her hand and wait to be acknowledged. When the student is acknowledged to leave the exam room, he/she will take the examination and answer sheet to the proctor (if on paper) before leaving and pick it up when returning. The student will flip the whiteboard over before leaving. If there is more than one proctor in the exam room, one proctor may accompany the student.
6. No more than one student may leave the exam room at one time.
7. After the first student completes the exam and leaves, NO OTHER student will be able to leave the room, unless accompanied by a faculty member, until he/she has completed the exam.
8. Upon finishing the examination, the student will hand-in (or submit) the examination, erase and return the whiteboard/materials to the designated bin, and leave the room immediately. The proctor cannot answer any questions at this time.
9. Paper examinations must be returned in the same condition and in its entirety, i.e., no torn pages, no missing pages.
10. Students who have completed the examination are to leave the immediate vicinity of the testing room and refrain from talking within hearing distance of the testing room. Do not stand in the halls after an examination.
11. No student will be allowed to enter the test room to begin the examination after a student who has completed the examination has left the test room OR more than twenty (20) minutes after the examination has begun.
12. Arriving more than twenty (20) minutes late for an exam will constitute a zero (0). If the exam/quiz is scheduled for less than 20 minutes, students arriving late will not be permitted entry and will receive a zero (0).
13. Individuals may discuss their performance by appointment with course directors/section leaders. Course directors/section leaders may hold exam reviews as a class activity if time permits.

## Missing/Make-Up Exams

Students are expected to take course examinations at the designated time. However, we acknowledge



that circumstances may arise which would prevent a student from taking an exam at the scheduled time. In the event of such a circumstance, the following guidelines will be used:

1. **NO EXAMINATION WILL BE GIVEN EARLY**
2. Course or Section leaders reserve the right to give an alternative make-up exam.
3. For an illness occurring on the day of an examination, the student must contact the PA Program office before the exam, reporting that they are unable to take the exam due to illness. Documentation WILL be required before allowing an excused make-up exam.
4. A student who has missed an examination due to an excused absence must take the examination at the time limit and discretion of the course director/section leader.
5. If the absence was unexcused, the student's grade for the exam will be a zero (0) and NO OTHER assignment will be offered in lieu of the exam
6. Students who have a serious and/or prolonged illness will be reviewed individually, and arrangements may be made accordingly at the discretion of the course director/section leader.
7. Any student who has been absent for two (2) exams in one course may result in automatic administrative withdrawal of that course and may receive an "F" in that course.

### ***Social Media Policy***

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

Students are responsible for anything they post to social media sites and the same laws, professional expectations, and guidelines are expected to be maintained as if you were interacting in person. The Mississippi College PA Program supports your right to interact knowledgeably and socially. Guidelines have been developed to outline appropriate standards of conduct for your future and the reputation of our Program.

#### Guidelines

1. Social networking with (or 'friending') MC PA Program faculty and staff, guest lecturers, clinical preceptors, or current/former patients is strictly prohibited.
2. Take responsibility and use good judgment. Incomplete, inaccurate, inappropriate, threatening, harassing posts or use of profanity on your postings is strictly prohibited.
3. Think before you post as your reputation will be permanently affected by the Internet and email archives.
4. HIPAA laws apply to all social networking so it is the utmost priority to protect patient privacy by not sharing information or photographs.
5. You must protect your own privacy as to not let outsiders see your personal information.
6. Social networking during class, Program activities, and clinical time is strictly prohibited.
7. If you state a connection to the Mississippi College PA Program, you must identify yourself, your role in the Program, and use a disclaimer stating that your views are that of your own and do not reflect the views of the Mississippi College PA Program.
8. All laws governing copyright and fair use of copyrighted material must be followed.
9. Consult your faculty advisor or the Program Director if you have any questions regarding the appropriateness of social networking use.
10. You are strictly prohibited from communicating with a member of the media or outside source attempting to gather information regarding the MC PA Program through the social network. Refer all questions regarding Program information, policies and procedures to the MC PA Program Director.
11. [Failure to follow the guidelines may be considered a breach of appropriate professional behavior and be subject to discipline, up to and including dismissal from the Program](#)

### ***Student Identification (A3.06)***

Students are required to obtain a photo ID badge from the Office of Public Safety on the ground floor of

Alumni Hall. These badges are to be worn at all times during both the preclinical and clinical phases. Students may be issued and required to wear other ID badges at times, from hospitals for example, but students must still wear the Mississippi College ID badge while on campus.

In all clinical settings, students MUST be clearly identified to distinguish them from physicians, medical students, and other health profession students and graduates. The MC PA Program has issued you a specific name tag and white coat for this purpose which clearly identifies you as a “Physician Assistant Student”.

### **Student Dress Code**

Mississippi College Physician Assistant Program students are required to place a high value on personal behavior and appearance, including attire. The reasons are rooted in concerns for infection control, professionalism, the facilitation of trust and good communication with patients and colleagues, and sensitivity to diverse cultural mores and attitudes. This section briefly describes standards for dress and appearance necessary to meet the service and safety objectives of placing patient comfort and welfare first, and the educational objectives of preparing the student to assume the role of a professional healthcare worker. The professional image a Mississippi College PA Program student projects is very important to both the Program and the PA profession. **Students should bear this in mind when selecting their attire.**

#### **Attire:**

The following standards of dress and appearance are to be observed while on campus, within clinical settings, during small group activities or at any other time you are representing MC, MCPA or the PA profession:

Business professional or business casual attire is required for all learning activities, special functions or clinical activities, regardless of location, except when otherwise mandated for the setting. **You must wear your ID, and preferably your MC PA white coat, to all functions. At certain functions, your Program sanctioned white coat may be mandatory attire.**

#### **Business Professional:**

1. A two-piece pant or skirt suit in a solid color or a simple pattern
2. A conservative dress shirt or blouse with a collar (not low cut or sheer)
3. Closed-toe dress shoes with a low or moderate heel
4. Conservative jewelry or makeup, worn in moderation

#### **Business Casual:**

1. A collared dress shirt with slacks and close-toed shoes (no tie required)
2. A dress cut in suit-like fabric and paired with a blazer
3. Skirt or slacks paired with a collared shirt or blouse without a collar and a sweater/blazer
4. Skirt like bottoms (i.e., gauchos, culottes or palazzo pants) in conservative patterns may be worn as long as they are at least knee length and not form fitting or tightly contoured.
5. Dress slacks, trousers, khaki pants paired with a collared shirt.
6. Shoes should be clean and polished
7. Conservative jewelry or makeup, worn in moderation
8. Each student's name tag must be worn during all preclinical and clinical education experiences, whether on or off campus. This includes the MEC classroom.

### **Personal Appearance:**

1. Except for the earlobes, body piercings should not be visible when in professional settings, no more than two in each ear may be worn.
2. Every effort should be made to conceal tattoos or other forms of body art when in professional settings, including the classroom and when on campus
3. Hair must be kept well-groomed, clean, and neat, and of a natural human color.
4. Clothing must be clean and in good repair, allowing for freedom of movement without inappropriate exposure.
5. Dress and skirt length must be appropriate for a dignified and professional appearance, allowing room for modest movement without indecent exposure.
6. In the interest of the comfort of your fellow students, good personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene. Avoid distracting perfumes or colognes, odors due to smoking, and halitosis that may precipitate allergic responses or be sensitizing or disturbing

### **The following items considered inappropriate at all times, except where otherwise allowed:**

1. Any clothing which exposes, or presents the illusion of exposing, the cleavage, lower abdomen or buttock areas, including tight fitting apparel.
2. Any dress or skirt in which the hem does not reach the knee
3. Leggings, jeggings, sweatpants, cut-offs and shorts
4. t-shirts, tank tops, spaghetti straps, and exercise clothing
5. Flip-flops
6. Other than religious headwear, No hats, caps, or head apparel are allowed

### **Anatomy Laboratory**

1. White lab coats, black scrub tops, and black scrub pants, as well as closed-toed shoes and socks are required apparel in the laboratory. Lab coats and other apparel are to be laundered weekly.
2. Opened-toed shoes, thongs, sandals, or flip-flops are unacceptable footwear in the laboratory.
3. Socks must be worn with all footwear.
4. Other than religious headwear, No CAPS or HEAD APPAREL are allowed.
5. You must wear your special Anatomy ID in the laboratory. You may not enter the lab without it.

### **Diagnostic Medicine & Professional Development Skills Labs**

1. Navy blue scrubs with the Program logo must be worn during lab time. This will be permanently affixed to the left upper chest area (may be placed on the left pocket, if present).
2. You should have a shorts and sports bra or tank top on under the scrubs (or available ON THE PREMISES)
3. Closed toe, closed heel shoes must be worn for DXM and skills labs.
4. During certain labs, a pair of "shower-shoes" may be worn during your role as "patient"

### ***Infractions of the Dress Code:***

Any student who violates the dress code may be sent home and directed to return dressed appropriately. Class time missed will be unexcused and any coursework, assignment or assessment that is missed during this time will not be made up. Any PA student who does not adhere to the dress code may be given a letter of concern or professionalism warning. Repeated infractions will result in referral to the Progress and Promotions Committee and may result in Professional probation or suspension.

### ***Recording Devices***

Students are prohibited from using recording devices (audio/video) of any kind during course lectures, meetings, PA Program functions or events unless approved by the lecturer or through the Director of preclinical medicine to accommodate a disability.

## ACADEMIC PROGRESS AND CONTINUATION IN THE PROGRAM

After admission to the Mississippi College PA Program, students must achieve all required benchmarks to remain in the Program and be promoted to the next semester, to the clinical phase and, finally, for graduation and eligibility to register for the Physician Assistant National Certifying Exam (PANCE). Acceptable grades represent the minimum criteria necessary for successful promotion to the next level. While grades are important, the decision to promote a student is based on the composite picture of the ability of the student to perform satisfactorily in the next preclinical or clinical phase of training. If a student has failed to demonstrate satisfactory academic performance or fails to exhibit professional behaviors, or if the faculty does not believe the student is prepared to assume patient care responsibilities, a student may be required to complete a specified remediation regimen.

It is essential for their professional development that students adopt and exhibit a self-directed responsibility for their mastery of knowledge and skills. Students are required to complete and pass all requisite preclinical and clinical course work in its entirety.

### ***Academic Standards & Continuation (A3.15a)***

To be eligible for promotion and continuation in the Program, students must remain in good academic and professional standing. The following criteria will be used as the basis for advancing preclinical PA students to the next semester or clinical phase and for advancing clinical PA students to the next semester or to graduate from the PA Program and become eligible to register for the PANCE.

1. Students must maintain an overall grade point average of at least 3.0 or higher. If the overall grade point average is below a 3.0, the student will be placed on academic probation.
2. A student should not be on academic probation for two consecutive semesters. If that situation arises, the Progress and Promotions Committee may consider Program dismissal.
3. An overall preclinical grade point average of at least 3.0 is required to progress to the clinical phase of the Program. A PA Program GPA of 3.0 must be achieved to graduate from the Program.
4. The student must have an end of Program GPA of at least 3.0 in order to be advanced to graduation status.
5. Students must demonstrate acceptable levels of maturity, integrity, and professional behavior normally expected of health professionals.
6. Students on any type of probationary status in the Program will not be eligible for advancement to the clinical phase or graduation.
7. Students must successfully complete all elements of the clinical phase to be eligible for graduation.
8. Students must be free of any impediments to licensure or performance as a PA.
9. Students must complete the PACKRAT exam at the end of the didactic and clinical phases.

### ***Requirements for Advancement & Completion (A3.15b)***

#### **Summative Testing**

In addition to meeting the Academic Standards, all students must pass a comprehensive evaluation (End of Preclinical Comprehensive Evaluation) before entering the clinical phase of the Program and a summative evaluation before advancement to graduation status. These evaluations will typically consist of written, clinical performance, and professional components. Failure of either the End of Preclinical Comprehensive Evaluation or the summative evaluation will result in delayed progression (see separate section on summative testing).

#### **Duration to Complete the Program**

From initial entry into the PA Program, no student will be allowed more than forty-eight (48) months to complete all phases of the Program.

### Failure to Meet Advancement Requirements

Student progress is monitored on an ongoing basis. Any student who fails to meet all advancement criteria will be referred to the Progress and Promotions Committee. The Committee will meet separately and with the student. The student may be suspended or dismissed from the PA Program if they fail or do not successfully complete the advancement criteria as set forth by the Committee.

## Comprehensive & Summative Evaluations

### Policies:

At the end of each phase of the Program, students are required to pass a set of evaluations prior to advancing. Summative Evaluations are given at the end of the preclinical (End of Preclinical Comprehensive Evaluation) and clinical (Summative Evaluation) phases. Students MUST pass all components of the evaluations to be advanced to the clinical phase and for advancement to graduation status. The evaluations are comprehensive in nature and may include material from any coursework undertaken while enrolled in the Program.

Each evaluation will include the following components:

- A comprehensive written exam covering all organ systems, task areas and professionalism content covered during your entire Program to date.
- Comprehensive OSCE examination. This is a simulated patient situation. Communication, professionalism, medical knowledge and decision-making skill, physical exam skill, procedure skill and other clinical skills (written notes, diagnostic testing interpretation, etc.) may be included
- Procedural Skills testing
- Oral exams may be used in select situations.

### Passing Criteria:

To pass the evaluations, you must meet BOTH of the following criteria on each portion of the exams:

- A minimum score of 70% **AND**
- the score must be within 2 standard deviations of the class mean

### Failure of a Comprehensive or Summative Exam

1. Any student who fails to meet the passing criteria for a single portion of the Comprehensive evaluation or the Summative evaluation will be required to remediate the failed section per the remediation policy and procedure.
2. Any student who fails 2 or more sections on either evaluation or fails to successfully remediate a failed section will be referred to the Progress & Promotions committee for recommendations regarding advancement.

### Procedures:

If a student fails to pass any component of the Comprehensive or Summative evaluation, the following protocol(s) will be used:

1. Failing a single portion of either evaluation: The standard remediation protocol will be followed and the student will be able to attempt remediation as quickly as he/she feels comfortable, but no sooner than the 6th calendar day following score release. This will allow the student to advance to the next phase without delay.
2. Failing two portions of either evaluation or failure to successfully remediate a portion: The student will be required to decelerate and complete a specified remediation regimen for at least five (5) weeks and will start clinical rotations or graduate on a delayed cycle.
3. Failing the written portion of BOTH exams: Failing the writing portion of both evaluations demonstrates a significant knowledge deficit. If this occurs, the student will be referred to the Progress & Promotions Committee for recommendations regarding advancement

4. Passing the Comprehensive and Summative evaluations with a GPA of less than 3.0: If, at the end of any phase, any student with a cumulative GPA of less than 3.0, regardless of passing evaluation scores, will be required to complete a specified remediation for at least five (5) weeks and complete an appropriate assessment to demonstrate competence in areas of weakness before being advanced to the clinical phase or graduate status.

**The PACKRAT** – the national standardized exam for the evaluation of a student’s readiness to take (and pass) the PANCE. This exam is given close to the time of summative evaluations; however, it is not used to determine eligibility for progression to clinicals or graduation.

### **Remediation & Deceleration Options (A3.15c)**

Each student is expected to obtain a basic mastery in each area of medical knowledge and skill. This is demonstrated by achieving a passing score on all assessments, for each course/course section and for the summative exams. Failure to achieve a successful score will require remediation and may result in deceleration or dismissal. Types of remediation and the availability for each is as follows:

**Individual Item Remediation: Is available for all PA courses.** ALL primary assessments and select secondary assessments in which a student does not achieve a satisfactory score ( $\geq 75\%$ ) must be remediated.

**Section Remediation: Applies to Clinical Medicine Sections only.** Any section of Clinical Medicine in which the student fails to achieve a passing score ( $\geq 70\%$ ) must be remediated. Only one section per semester may be remediated.

**Course Remediation: Is available for any course beginning with the Fall I semester.** Course Remediation IS NOT AVAILABLE FOR ANY COURSE FAILED DURING THE FIRST SEMESTER. Failure of any course during the 1<sup>st</sup> semester will result in dismissal from the Program.

**Deceleration: Academic Deceleration may be offered in lieu of dismissal** for those students demonstrating knowledge deficit sufficient to require more than single item or course remediation. Deceleration will require the student to enroll in the Deceleration Track. The length and scope of the deceleration curriculum will vary, based on the individual student needs. It is available for terms beyond the first semester only and eligibility is determined by the Progress and Promotions Committee. Students who don’t feel ready to progress in the Program may also request academic deceleration. Deceleration will result in delayed Program completion.

### **Remediation Policies & Procedures(A3.15c)**

#### **Individual Item (Exam) Remediation**

##### Remediation for failing grades

If the score is below 70%, (failing) the student will be required to complete a remediation assignment and take a written remediation exam. There will be no grade adjustment after remediation.

##### Marginal Pass Remediation

For scores above  $\geq 70\%$ , but below a 75%, the student will be required to complete a remediation assignment and an assessment of the course director’s choosing (written exam, oral exam, oral presentation, etc.). There will be no grade adjustment after remediation.

Failure to remediate a failed primary assessment on the first attempt will result in failure of the course or course section (Clinical Medicine), regardless of the overall score in the course. The student will then be referred to the Progress and Promotions Committee.

Remediation of 2 failed primary assessments will result in a meeting with the Director of Preclinical



Education and an academic warning. Remediation of 3 or more primary assessments will result in referral to the Progress and Promotions Committee and academic probation. A student failing more than 5 primary assessments over the course of their entire didactic phase will be referred to Progress and Promotions for consideration of deceleration or dismissal from the Program.

**Individual Remediation Procedure:**

1. Within 24 business hours of grade posting, the student must notify the Director of Preclinical Education of the score AND contact the Director of Student Success to arrange for remediation.
2. The Course/Section Director will review the student's strength and weaknesses report and discuss it with the student.
3. The Director of Student Success will then give the student a remediation assignment with passing criteria and completion timeframe.

**Clinical Medicine Section Remediation**

Section Remediation (SR) is offered when the student fails to pass a section in clinical medicine. This option is offered when the student has demonstrated knowledge deficit in a single area and is believed capable of correcting the deficit while concurrently completing other sections. If more than one area of deficit is identified, the student may not be eligible for SR and may be required to complete course remediation.

**Section Remediation Procedure:**

1. The student will be notified by the course director of their failure.
2. The student will meet with the Progress & Promotions Committee
3. A grade of 'Incomplete' will be issued for the Clinical Medicine Course until remediation is complete.
4. Participation in section remediation will require the student to enroll in Selected Topics in Medicine (STM). Financial aid may not cover the cost of this course.
5. The STM course will be graded on a credit/no credit basis. **A score of 75% must be achieved for successful completion.**
6. **Once remediation is complete, the failed section score will NOT be replaced. The original calculated score will then replace the incomplete for the Clinical Medicine Course.**

Failure to successfully complete section remediation will result in course failure. This may result in Deceleration Program dismissal.

**Course Remediation**

In the event of course failure, the Progress and Promotions Committee may recommend Course Remediation (CR) in lieu of dismissal from the Program. This may be in the form of Concurrent or Decelerated remediation. CR will, except in rare circumstances, delay Program completion and, thus, graduation.

1. The student will be notified of their course failure and will be required to meet with the Progression & Promotions Committee.
2. If CR is recommended, the student will be required to enroll in the Selected Topics in Medicine course. This course may not be covered by financial aid.
3. The course will be graded on a credit/no credit basis, but a score of 75% must be achieved to get credit
4. Participation in CR does NOT guarantee passage of the failed course.
5. The student must successfully complete all prescribed assignments, assessments, and activities and earn at least an 80% average before remediation will be considered successful
6. The course director will determine the material to be remediated and the means of measuring the success of the remediation attempt
7. A student may request CR for only one course during the entire preclinical phase of the Program

Failure to successfully complete course remediation will result in Program dismissal.

## **REFERRAL TO THE PROGRESS & PROMOTIONS COMMITTEE**

### **Policy:**

A student may be referred to the Progress and Promotions Committee for disciplinary action for both academic and professional infractions. Faculty members may request that the committee be convened if any of the following situations arise (LIST IS NOT FULLY INCLUSIVE)

1. Failure to maintain a GPA of 3.0
2. Failure to achieve a grade of at least 70% on primary assessments in any course or individual course section during the Program
3. Failure to demonstrate acceptable levels of maturity, integrity, conduct, or other professional behavior expected of healthcare providers at all times during enrollment in the Program, including at MC & MCPA sponsored events.
4. Failure to successfully complete any component of the preclinical or clinical phase as outlined in the Handbook.
5. Remediation of three or more primary assessments during the didactic phase.

### **Procedures**

1. The referring faculty member will request that the Chair of the Progress and Promotions Committee convene a meeting.
2. The Chair will notify the student and committee members of the date and time of the meeting.
3. During the meeting, both student and faculty will discuss the concerns presented. The student will be able to supply information and ask questions.
4. The Committee will then issue the student a written statement of findings and outcomes.

### **Decisions of the Committee**

Once the Progress and Promotions Committee has met with the student, they will discuss possible recommendations. These recommendations will be reviewed by the Program Director who is responsible for a final decision. The student will then be notified of the Committee's recommendation and the Program Director's decision.

**Although this list is not comprehensive**, the following recommendations may be made by the Committee:

- Individual Item Remediation
- Clinical Medicine Section remediation (may incur extra tuition cost and delayed graduation)
- Course Remediation (may incur extra tuition cost and delayed graduation)
- Academic or professional deceleration
- Academic or professional warning, alone or in conjunction with other options
- Academic or professional probation, alone or in conjunction with other options
- Program suspension
- Program dismissal
- Other: Leave of absence, counseling, self-reflection assignment, tutoring, select/mandatory study techniques

### **Academic Deceleration (A3.15c)**

Every semester of the Physician Assistant Program is very challenging. Despite the fact that students enter the Program with very good grades from undergraduate programs, many may have had insufficient rigor to prepare them for the challenges of a physician assistant program. Other students struggle with personal issues which ultimately impact their academic performance during the Program.

### **Policy:**

When a student is identified as demonstrating unsatisfactory academic progress, or in the event that a student requests academic deceleration, the student will be referred to the Progress & Promotions Committee for review. If the Committee recommends academic deceleration and it is approved by the Program Director, the student will be given the option to enter the deceleration track, appeal the decision



to the Dean or withdraw from the Program. If the student appeals to the Dean, per MC Policy, the Dean's decision is final. Based on the student's decision, the appropriate procedure should be followed. If the student enters deceleration, his/her/their progress will be monitored by the Progress & Promotions committee until it is deemed that the student is ready to re-enter the regular curriculum track.

#### Procedures:

1. The purpose of academic deceleration is to allow students who matriculated into the Program but experienced academic difficulty to be given an opportunity to retake courses. This is possible only if the Progress and Promotions Committee feels that it is appropriate and necessary for the student to successfully complete the Program.
2. A Deceleration Agreement will be drafted and recommended by the Progress and Promotions Committee for approval by the Program Director. The Student will then be placed in the Academic Deceleration Track and required to complete identified components of the curriculum. If, during the deceleration period, the student is not meeting the expectations prescribed in the Deceleration Agreement, the Committee may recommend termination or modification of the Agreement.
3. In most cases the student will be required to restart the Program with the next matriculating cohort, although it may not require that all coursework be repeated. This may require the student to retake courses he or she previously passed. Exceptions to this requirement will be considered by the Committee on a case-by-case basis.
4. The Academic Deceleration Track is to be used for reasons of academic failure, or, in the absence of failure, demonstration of a significant knowledge deficit in the Program.
5. The Committee may, at any time during the deceleration process, recommend termination or modification of the Deceleration Agreement and/or dismissal from the Program.

### **Professionalism Warnings**

Observed breaches of professional behaviors will be addressed in one of the following ways, depending on the severity of the offense:

1. Verbal counseling
2. Written professionalism concern (signed by student & faculty)
3. Professionalism warning with or without appearance at Progress & Promotions (will become part of the student's permanent file).

These warnings are intended to serve as reminders of infractions that, if repeated, may result in disciplinary action. The student may be required to appear before the Progress and Promotions Committee.

### **Academic Probation**

Students will be placed on academic probation if any of the following circumstances occur:

1. falling below a cumulative GPA of 3.0 at any point during the Program
2. needing to remediate a failing score for five or more assessments during the preclinical phase
3. needing to remediate any courses during the entire preclinical phase of the Program
4. failure to achieve an average score of 70% (C) on the primary assessments in any course

A student may remain on academic probation for 1 semester. If not eligible to be placed in good academic standing at the end of one semester, the student will be referred to the Progress and Promotions Committee for recommendations. If **significant** progress has been made, as determined by the committee, a second semester on probation may be granted. Failure to become eligible for good academic standing at the end of the second semester will result in Program dismissal. Likewise, failure of any primary assessment while on probation may result in immediate dismissal and failure of any course will result in immediate dismissal.

### **Professionalism Probation**

Failure of any student to demonstrate acceptable levels of maturity, integrity, conduct or other Professionalism behavior expected of healthcare providers at all times during enrollment in the Program

may result in Professionalism Probation. The Probationary Status will be evaluated at the end of each semester. Except in rare instances, the Committee **MUST** remove the student from Professionalism Probation before the student can be advanced in the Program. While on Professionalism Probation, any further infractions will result in either Program suspension or dismissal.

Examples of unprofessional behavior/attitude may include: Cheating, lying, plagiarism, fabrication of clinical data, repeated unexcused absences, engaging in criminal activity, falsifying preceptor/faculty grade evaluations, collaborating on individual take home assignments, copying/reproducing examination questions, informing other students of examination questions, misrepresentation of role/identity in a preclinical or clinical setting, breach of patient confidentiality, using drugs or alcohol during assigned Program activities, sexual harassment of patients/peer/colleagues, engaging in discrimination on the basis of a legally protected status, performing any clinical activities without adequate training and supervision, breaking state or federal laws governing physician assistant practice, exploiting the Professionalism role for personal gain, and rude and/or disruptive behavior or attitude. **This list is not meant to be wholly inclusive. Other behaviors deemed unprofessional by Program faculty will be evaluated on a case-by-case basis.**

The PA Program Director may place a student on Professionalism probation based on the recommendation of the Progress and Promotions Committee. Professionalism probation includes a formal written reprimand placed in the student's file stating the student's Professionalism bearing (i.e. attitudinal, Professionalism or behavioral performance) is below expected standards. The Program may define any requirements, timelines, or procedures expected of the student prior to removing the student's probationary status. Requirements may include, without limitation, Professionalism counseling, community/volunteer service, attendance of behavior modification courses, written reports, and/or other procedures deemed appropriate to the specific violation.

The PA Program Director will remove any student from Professionalism probation when the student has demonstrated adequate Professionalism progress. Removal from probation occurs when the student meets the requirements established by the Program Director when instituting the Professionalism probation; however, the written reprimand will remain in the student's file. Further violations while the student is on Professionalism probation may result in immediate dismissal from the PA Program with no opportunity for readmission.

No student on Professionalism probation in the preclinical phase may progress to the clinical phase. No student on Professionalism probation in the clinical phase may be recommended for graduation.

***IMPORTANT NOTE: Periods of formal academic probation WILL appear on the student's official transcript. In most cases, Professionalism concerns, whether or not they result in Professionalism probation, MUST be reported to state licensing boards.***

### ***Program Suspension***

Program suspension is defined as a formal mandate recommended by the Progress and Promotions Committee and approved by the Program Director, that a student suspend all activities as a student with the Physician Assistant Program for a specified period of time. The Program Director may define requirements, timelines, or procedures expected of the student prior to being reinstated in the Program. Requirements may include, without limitation, professional counseling, community/volunteer service, attendance in behavior modification courses, written reports, and/or other procedures deemed appropriate to the specific violation. Reinstatement occurs when the student meets all requirements to the satisfaction of the Program Director. Failure to meet requirements for reinstatement in the allotted time frame is grounds for immediate dismissal.

### ***Program Dismissal (3.15d)***

#### ***Policy***

Program Dismissal is defined as a formal action of administrative withdrawal from all Physician Assistant Program courses and the Physician Assistant Program with no opportunity for readmission. Dismissal

may result from unsatisfactory academic progress or unsatisfactory professional behavior or both. A student may be dismissed without prior warning or probation. Students will receive a grade of 'F' in all courses in which they are registered at the time of dismissal (if course is unfinished) and will receive grades as reported for all other completed courses.

### **Procedure:**

Students who demonstrate unsatisfactory academic progress or unprofessional behavior are referred to the Departmental P & P committee for review. Students who exhibit egregiously unprofessional behaviors may be immediately dismissed at the discretion of the Program Director without P & P review.

If the P & P committee recommends dismissal and the Program Director agrees with the recommendation, the student is notified in person (if feasible) and by formal letter signed by the Chair of the P & P committee and Program Director and is acknowledged by student signature at the time of dismissal.

The student's keycard access to the department is immediately terminated and the student is typically asked to leave the department as soon as possible. Students are directed to consult with the Registrar and/or Business office regarding transcripts, financial aid, and enrollment status in the University. The Program Director will formally notify the Registrar's office of the dismissal.

### ***Appeals of Program Suspension or Dismissal***

Students who wish to appeal a suspension or a dismissal from the Program, without regard to the basis of the action, may file a written appeal within 7 days of the decision. The written appeal should be submitted to the Dean of the School of Mathematics and Sciences, Dr. Stan Baldwin, with notice to the PA Program Director. The appeal should clearly state the reasons the student thinks the decision was improper. The Dean may individually consider the appeal or may seek the joint counsel and review of other academic administrators to provide for a fair and impartial consideration of the appeal. The decision of the Dean or Dean's committee will be final.

### ***Required Equipment***

#### **Medical Equipment**

All students are required to have their own medical equipment. A list of medical equipment required will be distributed with the enrollment packet and it is required to purchase the equipment package available during student orientation. These diagnostic equipment packages will be charged to the student's MC account.

#### **Other Equipment**

*Computer:* You will be required to have a computer (not a tablet or other smart device) that meets the following specifications:

##### *Hardware*

- Modern, network-aware operating system
- Up-to-date Windows operating system, Mac OS Mavericks or above
- Wi-Fi Wireless network capability: 802.11n is strongly recommended
- Sound capable
- At least one USB port
- 720p or greater webcam
- Long-life battery\*
- Printer

##### *Software*

- Malware protection
- Current, fully-patched operating system
- Anti-virus software installed and up to date

- Anti-spyware software installed and up to date
- Modern, standards-compliant Web browser (Google Chrome, Vivaldi, Mozilla Firefox, Microsoft Edge, Safari, or Opera are good choices.)
- Standards-based email client (Must be capable of accessing campus email).
- Standard "runtime" environment for Java programs
- Software to read/write Microsoft Word, Excel, and PowerPoint formats (available at no cost for the duration of enrollment)
- Ability to read PDF files

\* Laptop batteries have a limited lifespan. It is very common for students to experience less than one-hour battery life. This is a sign that the battery is old and should be replaced. Given the length of the school day, we strongly encourage students to replace old, failing batteries; and invest in a second spare battery. The Lithium-ion (LiON) battery type is preferred.

### ***Student Grievance & Appeals (A3.15f)***

Students who have complaints that they want to have addressed about any aspect of the collegiate experience have various means to submit those complaints. Academic matters should follow [Student Complaints Policy 4.20 of the Mississippi College Policies and Procedures](#), which begins with the appropriate department chair or the chair of complainant's major department. Other complaints should be referred to the appropriate supervisor of the area where the complaint is directed. If the student is unsure about the supervisor, the complaint may be submitted in writing to the Associate Vice President for the Student Experience and Dean of Students, Nelson Hall Room 313, Box 4064, Mississippi College, Clinton, MS 39058 or the Provost, Nelson Hall Room 111, Box 4002, Mississippi College, Clinton, MS 39058.

Students who have complaints that they want to have addressed about any aspect of their collegiate experience should submit their complaints in writing to the course director, section director, or to the Program Director.

The course or section director or the Program Director will address the grievance first. It may then be appealed to the Dean of Science and Mathematics, Dr. Stan Baldwin whose decision will be final. [sbaldwin@mc.edu](mailto:sbaldwin@mc.edu) Depending on the nature of the grievance, the Dean may individually consider the grievance appeal or may seek the joint counsel of other academic administrators.

Any complaint or issue regarding Title IX (sexual harassment) may be addressed by contacting Dr. Kristena Gaylor, Title IX Coordinator, at [kgaylor@mc.edu](mailto:kgaylor@mc.edu). No student filing or reporting complaints or concerns will be retaliated against. See Mississippi College Policies 1.09 (Retaliation Policy) and 1.18 (Whistleblower Policy)

### **CONCLUSION**

This Program is very demanding. Stress will be felt by everyone, individually and in groups, in different ways, and at different times. This will include your support systems also. Each semester of the Program has its own unique stresses and rewards. We expect you to develop functional ways of dealing with stress. Dysfunctional coping styles are a specific risk for all healthcare providers. The PA Program faculty can be a resource for you in dealing with stress, as well as advisors/counselors in Student Services. We encourage you to contact a faculty member to take advantage of counseling and advising services.



**Appendix 1: STATEMENT OF STUDENT ADVISEMENT**

RE: Student Handbook  
***Class of 2027***

I certify that I have been provided access to the Student Handbook for the MISSISSIPPI COLLEGE Physician Assistant Program

I certify that I have read and understand all institutional and Program policies and requirements. By signing my name below, I acknowledge my agreement to comply with all institutional and Program policies and requirements as listed in the above policy and procedure manual. I further acknowledge this handbook does not constitute a contract and may be modified from time to time without notice and that it is my responsibility to stay informed about changes that may affect my Program.

Should I have any questions, I understand that it is my responsibility to ask Program faculty/staff for clarification.

Furthermore, I understand that noncompliance with the stated policies and requirements may result in disciplinary action and may be grounds for my dismissal from the Program.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Representative Signature

\_\_\_\_\_  
Date

## Appendix II: Speaker Copyright Release Form

It is the MC Physician Assistant Department's policy to disseminate and preserve presentations at events sponsored by the school and affiliated organizations. This form is intended to streamline the process by which the MCPA Department faculty, staff, and guest lecturers give their permission to be recorded for such events throughout an academic year. Faculty, staff, and guest lecturers who sign this release can still refuse their permission in writing on a case-by-case basis.

Events are usually recorded; some events may be broadcast live via the Internet ("webcast") or by other means. Recordings of events will normally be catalogued, made available for viewing through Canvas, and indexed in the department's public catalog. The recordings, or excerpts from them, including derivative works, may also be used for other purposes, including but not limited to the development of education or other video products. The recordings may be reproduced in copies or in derivative works, and may be distributed, performed or displayed as required or necessary for such purposes.

### Statement of Release

This speaking commitment and copyright release applies to the participation of \_\_\_\_\_ as a contributor to all events at the Mississippi College Physician Assistant Department for the academic years 2025-2026.

Contributor's presentation may be a contribution to a collective work. As such the Mississippi College Physician Assistant Department has the right to reproduce and distribute your contribution as part of the collective work.

Contributor grants to the Mississippi College Physician Assistant Department a perpetual, non-exclusive license to:

- a. Transfer or grant sub-licenses to others so that the presentation may be broadcast, edited, reproduced on audio tape, video tape, or other media.
- b. Reproduce or distribute such contributions or presentations for sale, archival or other purposes.

Subject to right granted to the Mississippi College Physician Assistant Department in this release, contributor retains all other rights to his or her work and presentation. Should contributor publish or give permission to publish this presentation at a later date, however, he or she shall indicate that the work was produced as part of that specific event in which it was presented.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix III: Mississippi College Department of Physician Assistant Studies  
Photo Release Form**

It is the MC Physician Assistant Department's policy to disseminate and preserve photographs at events sponsored by the school and affiliated organizations. This form is intended to streamline the process by which the MC PA Department faculty, staff, and students give their permission to be photographed for such events throughout an academic year. Faculty, staff, and students who sign this release can still refuse their permission in writing on a case-by-case basis.

Statement of Release

I, \_\_\_\_\_, understand that photographs taken at MC Physician Assistant Department events, classes, and location may be used for any and all publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the MC Physician Assistant Department and will not be returned. I hereby irrevocably authorize the MC PA Department to edit, alter, copy, exhibit, publish or distribute these photographs for purposes of publicizing the Program or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs. I hereby hold harmless and release and forever discharge the MC PA Department from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I understand that, unless a written request is filed on a case-by-case basis, this release will be in effect for the academic Program beginning May 2025 and ending December 2027.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix IV: DESCRIPTION OF THE PHYSICIAN ASSISTANT PROFESSION\*

- I. The Physician Assistant is academically and clinically prepared to provide healthcare services with the direction and responsible supervision of a doctor of medicine or osteopathy. Within the physician/physician assistant relationship, Physician Assistants make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive and health maintenance services. The clinical role of Physician Assistants includes primary and specialty care in medical and surgical practice settings. Physician Assistant practice is centered on patient care and may include educational, research and administrative activities.
- II. The role of the Physician Assistant demands intelligence, sound judgment, intellectual honesty, the ability to relate to people and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes.
- III. The specific tasks performed by individual Physician Assistants cannot be delineated precisely because of the variations in practice requirements mandated by geographic, political, economic and social factors. At a minimum however, Physician Assistants are educated in those areas of basic medical science, clinical disciplines and discipline-specific problem solving. Physician Assistant practice is characterized by clinical knowledge and skills in areas traditionally defined by family medicine, internal medicine, pediatrics, obstetrics, gynecology, surgery, and psychiatry/behavioral medicine. Physician Assistants practice in ambulatory, emergency, inpatient and long-term care settings. Physician Assistants deliver healthcare services to diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions. They need knowledge and skills that allow them to function effectively in a dynamic healthcare environment.
- IV. Services performed by Physician Assistants while practicing with physician supervision include, but are not limited to the following:
  - A. Evaluation – Elicit a detailed and accurate history, perform an appropriate physical examination, order, perform and interpret appropriate diagnostic studies, delineate problems, develop management plans, and record and present data.
  - B. Monitoring – Implement patient management plans, record progress notes, and participate in the continuity of care.
  - C. Therapeutics – Perform therapeutic procedures and manage or assist in the management of medical and surgical conditions, which may include assisting surgeons in the conduct of operations and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations.
  - D. Patient Education – Counsel Patients regarding issues of healthcare management to include compliance with prescribed therapeutic regimens, normal growth and development, family planning, and emotional problems of daily living.
  - E. Referral – Facilitate the referral of patients to other healthcare providers or agencies as appropriate.

*\* Adapted from the Accreditation Review Commission on Education of the Physician Assistant (ARC-PA) and the American Academy of Physician Assistants (AAPA).*

## Appendix V: NCCPA CODE OF CONDUCT FOR CERTIFIED AND CERTIFYING PAs\*

### Preamble

The National Commission on Certification of Physician Assistants endeavors to assure the public that certified Physician Assistants meet professional standards of knowledge and skills. Additionally, NCCPA attempts to ensure that the Physician Assistants it certifies are upholding appropriate standards of professionalism and ethics in practice. The NCCPA's "Code of Conduct for Certified and Certifying Physician Assistants" outlines principles that all certified or certifying Physician Assistants are expected to uphold.

Breaches of these principles may be cause for disciplinary review. Disciplinary actions taken at the conclusion of that review may include formal censures, fines, revocation of certification or eligibility for certification and/or other actions as deemed appropriate by NCCPA. Some disciplinary actions are reported to the state licensing authorities and the National Practitioner Data Bank. This "Code of Conduct" represents some, though not necessarily all, of the behaviors that may trigger review under NCCPA's Disciplinary Policy.

### Principles of Conduct

**Certified or certifying Physician Assistants shall protect the integrity of the certification and recertification process.**

- They shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during, or after an NCCPA examination.
- They shall not obtain, attempt to obtain or assist others in obtaining or maintaining eligibility, certification, or recertification through deceptive means, including submitting to the NCCPA any document that contains a misstatement of fact or omits a fact.
- They shall not manufacture, modify, reproduce, distribute or use a fraudulent or otherwise unauthorized NCCPA certificate.
- They shall not represent themselves in any way as a Physician Assistant-Certified (PA-C) designee unless they hold current NCCPA certification.
- When possessing knowledge or evidence that raises substantial question of cheating on or misuse of questions from an NCCPA examination, fraudulent use of an NCCPA card, certificate or other document or misrepresentation of NCCPA certification status by a physician assistant or any other individual, they shall promptly inform the NCCPA.

**Certified or certifying Physician Assistants shall comply with laws, regulations and standards governing professional practice in the jurisdictions and facilities in which they practice or are licensed to practice.**

- Certified or certifying Physician Assistants shall respect appropriate professional boundaries in their interactions with patients.
- Certified or certifying Physician Assistants shall avoid behavior that would pose a threat or potential threat to the health, well-being or safety of patients apart from reasonable risks taken in the patient's interest during the delivery of healthcare.
- Certified or certifying Physician Assistants shall recognize and understand impairment from substance abuse, cognitive deficiency, or mental illness.
- Certified or certifying Physician Assistants shall maintain and demonstrate the ability to engage in the practice of medicine within their chosen areas of practice safely and competently.

\*Adapted from the National Commission for Certification of Physician Assistants (NCCPA)

## Appendix VI: Testing via Online Platforms

Online testing may be used in the event of declared states of emergency, inclement weather or other circumstances requiring campus closure. However, as a rule, all testing will be done in person. Except in rare/dire circumstances, individual online testing will not be allowed. In the event that testing MUST be completed in an online format, the following protocol will be used:

- A meeting link will be provided by your proctor. Please join the Zoom link at the time indicated so that your workspace can be approved by your proctor prior to receiving the password to start the exam. You should have your area prepared before testing time.
- You may have ear-plugs, a whiteboard, eraser and one writing implement if you wish. You will have to show this whiteboard before (blank) and after (erased) you complete the exam.
- All exams must be taken while seated at a table and in a room where no other student or person is present.
- Your workspace must be clear of books, bags, papers, bottles, and food. There is no drinking or eating during an exam.
- We will be inspecting your workspace through Zoom. You must have your phone (or other camera enabled device) charged and streaming you live at all times during the exam. Head/torso and hands must be visible at all times.
- We reserve the right to ask you to show us your space at any time during the exam.
- If we feel the workspace is not appropriate, we reserve the right to cancel your exam and require you to take a make-up exam once your workspace is appropriate. Make-up exam rules will apply.
- It is the exam-taker's responsibility to make sure their environment is distraction free and the Program cannot be held accountable for any distractions that occur in your home.
- You may not wear any electronic/digital watches (e.g. Apple watch, Fitbit etc.).
- Other than religious headwear, you are not allowed to wear any hats, caps etc.
- During test-taking, please refrain from the habit of "mouthing" the words as you read or acting out the questions by moving your limbs and/or head, as it will be considered suspicious behavior.
- Your Zoom device must be unmuted during the exam
- Once you have completed the exam, upload to ExamSoft and notify your proctor ("thumbs up sign" or private chat). Your proctor will verify that the test has been uploaded and make a final "sweep" of your area before instructing you to log out.

*All exams will be recorded through Zoom*

# **Clinical Phase Supplement to the Student Handbook**



**Updated & Discussed during  
Summer Semester prior to First  
Clinical Rotation**

*Revised MAY 2025*

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## ***Introduction***

This section of the Student Handbook is designed to serve as the academic and professional guide during the Clinical Phase of the PA Program at Mississippi College in conjunction with policies mentioned in previous sections. Rotations are also referred to as Supervised Clinical Practice Experiences (SCPEs). The academic and professional policies from the Pre-Clinical Phase of the Program carry over into the Clinical Phase unless otherwise stated. This section will provide a description of the expectations specific to students completing clinical rotations and clerkships. The PA Program reserves the right to make and designate effective modifications to Program policies at any time that is considered necessary by the Program faculty and staff to be necessary in furthering the mission and goals of Mississippi College and the physician assistant profession. Students are expected to follow all modifications of Program policies, unless otherwise specifically stated in writing by the Program Director.

The clinical phase is when physician assistant students further develop and refine the skills they have acquired during the preclinical phase of training. Students function as an integral part of the healthcare delivery team. As part of their education, students share responsibilities of the preceptor under supervision and should always present themselves professionally. Students are encouraged to arrive early, stay late, and show that they are eager to learn. Pride compels one to do their best, accomplish more than others expect, and to attain personal goals. Taking pride in your work means taking pride in yourself and your profession.

It is our hope and expectation that your clinical rotations prove to be a valuable and rewarding educational experience.

## ***Overview of the Clinical Phase***

The Clinical Phase is designed to provide active participation in clinical education and experiences and to provide the opportunity for students to apply their fundamentals of knowledge to “hands-on” clinical experiences. The Clinical Phase is traditionally four semesters in length and begins after successful completion of the Pre-Clinical Summative Examinations given at the conclusion of the fourth pre-clinical semester. Students will be assigned to clinical rotations in the areas of Family Medicine, Internal Medicine, Surgery, Emergency Medicine, Pediatrics, Women’s Health, and Behavioral Health. Additionally, students will be provided with clinical opportunities for an Elective rotation. All rotations are part of the Clinical Practicum course series. Successful completion of these courses will allow the student to transition to the Advanced Clerkship course during the final semester of the Program.

In addition to the clinical courses, students will register for an Advanced Professional Seminar course. These courses are designed to address various topics related to professional development during the clinical year as well as to prepare for success on the PANCE after graduation. During Callback weeks students may review clinical cases, common medical topics, and procedures. Ground Rounds lectures are given by students based on patients they have encountered while on rotations. Other faculty led lecture topics include (but are not limited to) the various roles of a PA in the clinical year, patient education, CPT coding, reimbursement, billing in the medical office, risk management, quality assurance, employment and contract negotiations, interviewing skills, CV development, important aspects of the job search, certification & recertification, concepts in credentialing and licensure, PANCE preparation, and hospital privileges. Guest lecturers will also be scheduled to present on various professional topics. Students will be working on various methods for self-directed study skills in preparation for the PANCE examination. This course series also includes instruction and guidance for students as they work on their Capstone project.

Lastly, Evidence Based Medicine II will be taken during the last semester alongside the Advanced Clerkship course. In this course, students complete an evidence-based reflection ‘portfolio’ as part of their Capstone project. Completion of this Capstone assignment allows the student to explore and reflect on their educational and professional journey and its alignment with the Program’s published competencies for new graduates in the domains of medical knowledge, communication skills, patient care, professionalism, practice-based learning, and systems-based practice.

## Clinical Phase Curriculum

The clinical phase is composed of eight Clinical Practicums (PAS 6510-6580), Advanced Professional Seminar (PAS 6640-6670), Advanced Clerkship (PAS 6700), Evidenced Based Medicine II (PAS 6152), and regular evaluations and assessments for students who successfully complete the pre-clinical curriculum and are promoted to the clinical year. Students will complete the following required clinical practicums (40 credit hours).

Supervised clinical experiences are 5 weeks in length. Students will be placed at each practicum by the Director of Clinical Education with guidance from the Clinical Coordinator. Students are assigned to specific sites to ensure patient experiences in the above disciplines, as well as to ensure students' ability to meet the Program's learning outcomes for supervised clinical practice experiences.

**Students are NOT required to provide or solicit clinical sites or preceptors.**

Students may make suggestions to principal faculty for sites and preceptors but are not required to do so. Coordinating clinical practice experiences involves identifying, contacting, and evaluating sites and preceptors for suitability as a required or elective rotation experience. If a student should suggest/request a specific site or preceptor, the request will be reviewed, evaluated, and approved for educational suitability by the Program.

It is the responsibility of the Director of Clinical Education to secure and schedule rotation or clerkship sites for students. Further discussions regarding schedules and rotation assignments will occur with students during the preclinical phase and will often remain part of an ongoing conversation throughout the clinical year.

The elective rotation can be used to pursue an area of particular interest or to strengthen a weakness in clinical knowledge base. Elective and Advanced Clerkship placements are subject to approval by the Director of Clinical Education. They may be assigned for educational reasons or for failure to perform acceptably on a previous rotation.

**Rotation times and/or dates are not to be negotiated by students.**

Courses during the clinical phase include:

PAS 6510-6580	Clinical Practicums I – VIII	40 credit hours
PAS 6640-6670	Advanced Professional Seminar I - IV	10 credit hours
PAS 6152	Evidence Based Medicine II	2 credit hours
PAS 6700	Advanced Clerkship	14 credit hours

TOTAL CREDITS FOR CLINICAL PHASE: 66

### Clinical Curriculum Assessments

Clinical Practicum Courses & Advanced Clerkship

- Written Examinations
- Intra-Rotational Assignments
- Preceptor Evaluation

Advanced Professional Seminar

- Written Examinations
- OSCE Encounter Note & Patient Feedback
- Grand Rounds Assignments

Evidence Based Medicine

- Professional Reflection Papers

**NOTE:** Refer to Course Syllabus for detailed information regarding the grading scheme.

\*\*\*\*\*

Notice: The University and the Physician Assistant Program reserve the right to modify curriculum requirements as necessary to ensure the academic integrity of its program. Students will be notified of any changes in curriculum or Program requirements prior to implementation in accordance with ARC-PA Standards.

## ***Student Responsibilities***

- A. Professionalism.** As a student, remember that you are an invited guest at each clinical facility and should always conduct yourself as a courteous and responsible medical professional. Avoid displaying negative nonverbal messages or behavior. Be careful, discreet, and always act professionally. Do not engage in business or personal relationships with preceptors, patients, or medical staff. Your goal is to leave a lasting, positive impression of yourself, the Program, Mississippi College, and the PA profession. Each rotation is monitored while you are on rotation to ensure that you have not only gained the requisite understanding of the medical specialty, but that you have the level of professionalism necessary to provide patients with quality medical care. Refer to the *Professionalism & Professional Practice (PP)* section of the Student Handbook for more information.
- B. Communication is Imperative.** Contact your preceptor no later than one week prior to the start date of your next rotation for reporting instructions/information. Always inform your preceptor of your whereabouts (i.e., in radiology, attending in-service, in the library, or gone to lunch). Report to the preceptor, site coordinator, and the PA Program Director of Clinical Education when you leave the premises early, have changes in clinical hours, or will not be at the site for any reason. It is recommended to provide the preceptor and site coordinator with your best contact phone number. Additionally, students should check their school **email** account daily and **respond within 24 hours**.
- C. The First Day.** Each rotation or clerkship site should include an orientation to that site, their policies and procedures, and expectations from you. You must adhere to all policies of each institution/facility and the established HIPAA and OSHA regulations. Familiarize yourself with the policies regarding incident reporting, student privileges, parking, patient confidentiality, isolation techniques, chain of command, and emergency codes (i.e., Code Blue, Code Black).
- D. Student Safety.** When you start a rotation, familiarize yourself with facility/institutional security protocols/services at your clinical site. It is common practice for security officers to escort individuals to and from their vehicle if requested. Utilize security services to keep yourself safe. Refer to the *Student Health & Safety* section of the Student Handbook for more information. If at any time you feel “unsafe”, remove yourself from the rotation and inform the Director of Clinical Education ASAP.
- E. Student Mistreatment.** If at any time you feel like you are being mistreated, if appropriate, speak with your preceptor about possible actions that could be taken to improve the situation. The Director of Clinical Education should be informed about your concerns ASAP. The Director of Clinical Education should be notified ASAP if the issue is directly related to the preceptor.
- F. Health Insurance. (A3.08)** All students are responsible to secure their own health insurance and must show proof of insurance prior to entering clinical rotations. Refer to the *Student Health & Safety* section of the Student Handbook for more information.
- G. Transportation.** It is required for all clinical students to have a reliable personal method of transportation for travel to and from a clinical site.
- H. Immunization Requirements. (A3.07)** All required immunizations must be completed before entering clinical rotations. Failure to keep vaccinations and/or screenings up to date may result in a delay in starting a rotation which may in turn delay graduation. If an immunization expires, the student will be removed from the clinical site until the immunization is up to date. Lost clinical rotation time will be made up at a later date. It is the student’s responsibility to make sure their personal immunization status does not expire. Refer to the *Student Health & Safety* section of the Student Handbook for more information.
- I. BLS/ACLS Certification.** No student will be allowed to begin clinical rotations without current BLS/ACLS certification.



- J. Personal Health Status.** You are required to perform the functions of a PA student in a safe and physically healthy manner. Any change in health status requires a written report from a healthcare provider to the Program. The PA Program does not require a specific diagnosis, but a “return to work” form may be requested. Refer to the *Leave of Absence* section of the Student Handbook for more information.
- K. Accidental Exposure. (A3.08)** While on a rotation, you should always wear PPE as the situation dictates. If an accidental exposure (like a needle stick or splash of bodily fluids in your eyes) occurs, you should report it immediately to the preceptor, clinical site administration, and the Director of Clinical Education of the PA Program. Students should follow the incident reporting protocol of each clinical rotation site, releasing a copy of any report to be sent to the MCPA Clinical Director to be placed in the student’s file. A student should not, for any reason, hesitate or refuse to report an illness. The welfare of the students, patients, and staff is of utmost concern. Refer to the *Accidental Exposure Protocols* section of the Student Handbook for more information.
- L. Statement of Confidentiality.** Each PA student hereby acknowledges his/her responsibility under federal applicable law and the affiliation agreement to keep confidential any information regarding facility patients, as well as all confidential information of the facility. Each PA student agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient, and further agrees not to reveal to any third party any confidential information of the facility. Furthermore, each PA student acknowledges they will not access a patient’s physical or electronic medical record unless access is for clinical purposes in the direct care of the patient.
- M. Appreciation of Preceptor and Clinical Site.** PA students should understand that preceptors GIVE their time and energy to assist the MC PA Program in the education of clinical students. They do this because they are passionate about furthering medical education in their communities. Clinical sites not only give of their physical resources but also have staff members that assist the MC PA Program with coordinating a student’s clinical rotation. MC PA students are asked to remember and appreciate those, outside of the MC PA Program, that have made their clinical year a possibility.
- N. MUSTS and MUST NOTS**
1. A PA student of Mississippi College is **not** a licensed Physician Assistant and therefore, is legally and ethically **not** permitted to **practice** medicine. A PA student may be involved in assisting in the care of a patient, but only under the direct or delegated supervision of a licensed physician, PA, or NP. The preceptor is responsible for the medical care of the patient, and **must** countersign all medical records, progress notes, and orders written by the student.
  2. Students **must** wear, at all times, a name badge that identifies them as a student.
  3. Every patient **must** be presented to the preceptor prior to implementation of any diagnostic or therapeutic plan.
  4. All chart entries **must** be cosigned by the preceptor. It is your responsibility to obtain that signature. Charting is as directed by the preceptor and/or facility. All documentation **must** be clear and legible. All chart entries **must** be dated and bear your signature, followed by PA-S with your full name clearly printed below your signature.
  5. You may or may not be allowed to write orders, depending on the site/facility’s policy. Should you be able to write orders, all orders **must** be cosigned by the preceptor. It is your responsibility to obtain that signature.
  6. Students **must not** discharge patients. No patient is discharged until the preceptor has assessed the patient, and approved and signed your treatment plan. It is your responsibility to secure the preceptors assessment of patients.
  7. Under no circumstances are you to be left alone to manage the patients in the clinic. Students **must not** be given autonomy nor are they to accept it.
  8. Students **must not** administer any medications, in any form or route, without the approval of the preceptor and the presence of the preceptor and/or the appropriate staff.
  9. You are not permitted to, and therefore **must not**, provide or witness informed consents.

10. Employment during the clinical year is prohibited. Students therefore **must not** ask for nor accept payment for any services provided.
11. Students **must not** medically treat other PA students, friends, or family members while they are a student enrolled in the Mississippi College PA Program

**ABOVE ALL DO NOT OVERSTEP YOUR LIMITS ... YOU ARE A Physician Assistant STUDENT.**

## **Clinical Phase Course Information**

- A. Preceptor Evaluations.** Many aspects of student performance are evaluated by the clinical preceptor. Students are encouraged to discuss the Evaluation Form with the preceptor at the start of the rotation. This allows both student and preceptor to know what specific areas the student will be assessed. A copy of the evaluation can be found in the course Module on Canvas.
1. **Mid-term preceptor evaluations.** The mid-term evaluation is *optional*. It is recommended that students request the preceptor complete this evaluation as this provides excellent feedback on areas that might need improvement. This evaluation should be completed during the second or third week of rotation. This grade is formative and will not count towards the student's final rotation grade.
  2. **Final preceptor evaluation.** This evaluation counts toward the final clinical course grade (see course syllabus). The final rotation evaluation is emailed to and must be completed by the preceptor and submitted via Typhon or a paper copy sent to MCPA by the end of the week following the rotation's completion. **It should be noted that it is the student's responsibility to ensure this evaluation is complete.** Failure to receive an evaluation will result in an automatic default grade of 70% for the final preceptor evaluation grade. It is recommended that the student occasionally follow up with the preceptor until they have completed the evaluation.
- B. Intra-Rotational Assignments.** Students will be required to complete course requirements outside of clinical duties. The specifics regarding these assignments can be found in the course syllabus and on Canvas. See Course Syllabus for more information.
- C. Patient Case Logs.** All students must log their patient encounters in the online Typhon Group system. Students should log a minimum of 5 patient encounters per clinical day. If a student is not seeing enough patients to meet this requirement during the first week of the rotation, they should notify the Director of Clinical Education as soon as possible.
- D. End of Rotation (EOR) Examinations.** At the completion of each rotation, students will take an EOR Exam during callback week. These exams are created by the Physician Assistant Education Association (PAEA) and cover topics specific to the required core rotations (Family Medicine, Internal Medicine, Surgery, Behavioral Health, Women's Health, Pediatrics, and Emergency Medicine). Students will take an additional Family Medicine EOR Exam at the completion of their Elective rotation. See Course Syllabus for more information.
- E. Systems-Based Written Exam.** A systems-based exam will be given during every other callback week. The list of systems for each exam will be posted in the Advanced Professional Seminar modules on CANVAS at the beginning of each semester.
- F. Objective Structured Clinical Examinations (OSCEs).** OSCEs will be given during every other callback week. Clinical case scenarios are designed to assess professionalism, clinical reasoning, interpersonal communication skills, and physical exam skills.
- G. PACKRAT Examination.** Clinical Students will take the second PACKRAT exam during the callback week after the eighth rotation. While this is a formative evaluation, recommendations will be made by the Associate Program Director based on an individual student basis, to ensure students are progressing through the Program in a way that will result in successful Program completion and passing of the PANCE. Recommendations may include, but are not limited to, completion of additional assignments and adherence to a study plan as recommended by the Associate Program Director.
- H. End of Curriculum Seminar.** At the completion of all clinical rotations, a period of intense summative evaluation and preparation for the PANCE will commence. The seminar will be held within 3 months prior to graduation. During this Seminar, students will participate in formative summative evaluations, PANCE preparation, practice exercises and remediation exercises, and successfully pass a comprehensive End of Curriculum summative evaluation.

**I. Academic/Professional Warning.** A student who demonstrates unacceptable academic/clinical performance/professionalism during or after a clinical rotation is required to meet with the Director of Clinical Education and their faculty advisor. The purpose of the meeting is to discuss the student's performance and implications for continued progress. It may be determined that the student is required to meet with the Progress and Promotions committee. Additional information can be found in the PA Student Handbook.

**J. Individual Item Remediation:** Marginal Pass Remediation and Failing Grade Remediation for assessments during the Clinical Phase follow the same remediation policy as the Pre-Clinical Phase. Additional details and specifics can be found in the clinical course syllabi.

**K. Course/Rotation Remediation:**

In the event of course/rotation failure, the student will be contacted by the Director of Clinical Education and the following will/must occur:

1. The student will receive an "I" (Incomplete) grade posted to their academic transcripts.
2. Meet with the Progress & Promotions Committee.
3. The student will be required to immediately repeat the rotation (and all associated assignments/assessments) in its entirety.
  - The student may be assigned to a different clinical site/preceptor for the repeat rotation.
4. The student must successfully complete all prescribed rotation/course assignments/assessments and earn at least an 75% average (on each individual assignment/assessment) before remediation will be considered successful.
5. Upon successful completion of remediated course/rotation, the student may submit a request to officially change the grade on their academic transcript.
  - Regardless of a student's overall remediation grade average, the highest-grade adjustment they will receive on their academic transcript is a "C".
6. Failure to successfully remediate a failed course/rotation will result in a meeting with the Progress & Promotions Committee for consideration of Program dismissal.

A student may remediate only one clinical course/rotation during the entire clinical phase of the Program.

- Failure of 2 clinical courses/rotations will result in meeting with the Progress & Promotions Committee for consideration of Program dismissal.
- Repeating a course/rotation will delay Program completion and, thus, graduation.

**NOTE: FAILURE to follow Policies or submit COURSE required documentation/assignments will be considered as violating Program Professionalism standards and can result in a meeting with the Progress & Promotions Committee.**

## **Mississippi College PA - Clinical Preceptor Responsibilities**

To maximize the educational opportunities for PA students and to avoid misunderstandings between students and clinical staff, preceptors are expected to:

1. Maintain medical malpractice insurance.
2. Provide the Program with a current CV and other requested information.
3. Notify the Program if there is a change of preceptor.
4. Review course Learning Outcomes and Instructional Objectives on the syllabus.
5. Meet with the student on the first day of rotation to review:
  - a. Educational objectives for the rotation.
  - b. Work schedules and on-call assignments.
    - These are under the local control of the preceptor.
    - Students should check with the preceptor about call responsibilities, especially if the site is hospital based.
  - c. Local policies and procedures.
6. Introduce the student to essential clinical and auxiliary personnel in the practice.
7. Understand that students can NOT be used as clinical STAFF. (A3.05b)
8. Provide clinical instruction in accordance with the rotation objectives and the availability of patients and other clinical resources.
  - a. Clinical assignments should be consistent with the role of a Physician Assistant.
  - b. A “hands-on” clinical experience is required. Students should not only shadow a preceptor.
  - c. Self-study assignments and library research of clinical topics are encouraged.
  - d. PA students are particularly eager for knowledge and insights from the preceptor's own clinical experience.
  - e. See all patients seen by the student prior to discharge; co-sign all chart notes and orders written by the student.
9. Provide the PA student with frequent feedback on clinical and professional performance.
10. Meet with the student during the second and the last week of rotation and electronically complete a Student Clinical Performance Evaluation.
  - a. **Mid-term preceptor evaluations** are *optional* and should be completed by the preceptor(s) and reviewed with the student during the second or third week of rotation. It is the student's responsibility to secure this evaluation for feedback. This grade is formative and intended as an assessment tool of the student's progress. It will not count towards the student's final rotation grade.
  - b. **Final preceptor evaluations** must be completed via the online Typhon Group (<https://typhongroup.com/>) system or on paper by the preceptor(s) and submitted to the Program by the end of the week following the completion of the rotation. Preceptors will receive an email from the online Typhon Group system with instructions on completing the evaluation. While not required, it is suggested that preceptors discuss the evaluation with the student.
    - Preceptors can review the evaluation SCORE prior to submission.
    - A preceptor evaluation grade below 70% will be considered a failing grade for the course and will require the student to repeat the rotation in its entirety at another clinical site.
    - Should a student receive a low score, the PA Program's Director of Clinical Education will contact the preceptor for further discussion.
  - c. Evaluations should be frank and accurate as a reflection of the student's clinical competence and professionalism.
  - d. Students should be rated as though they were being considered for employment in the preceptor's practice (taking into account their level of training and experience).
  - e. Written comments are especially important, but if the preceptor feels written comments are not enough and desires an open discussion, please call the Director of Clinical Education.
10. Notify the PA Program of any unexpected absences, professionalism issues, or other concerns: (601) 925-7373.

## ***Clinical Practicum Guidelines***

### **A. It is the responsibility of the Director of Clinical Education to schedule, confirm, and change student rotations or clerkships.**

Students are NOT required to provide or solicit clinical sites or preceptors. Students may however, provide input regarding a desired rotation or clerkship opportunity to the Director of Clinical Education prior to the rotation scheduling process; however, no guarantee is made as to the student's placement at any particular site. **Information, including the name, address, telephone number, and medical specialty of the desired preceptor must be submitted to the Director of Clinical Education for review in a timely manner as determined by the Clinical Education Team, prior to the beginning of that rotation or clerkship.** (Once an affiliation agreement is secured for the student-initiated clinical site/preceptor, the Director of Clinical Education will make the final decision regarding the place and preceptor of any and all rotations for each student.) **The Physician Assistant Program does not guarantee that each rotation or clerkship will be provided at local site.** Therefore, Physician Assistant students may be required to travel and/or secure housing outside of the Clinton, MS area for one or more rotation. All travel, housing, and meal accommodations are the responsibility of the student. All rotation schedules are individualized and subject to change per preceptor request and/or changes in availability of preceptors and/or sites.

NOTE: Once rotation or clerkship schedules have been secured, there is very little opportunity to change the schedule. Requests for a change of rotation must be submitted in writing and will be considered on a case-by-case basis by the Director of Clinical Education.

### **B. International Rotations.**

The 7 core rotations (Family Medicine, Internal Medicine, Emergency Medicine, Pediatrics, Women's Health, Behavioral Health, and General Surgery) are required to occur **within the United States**. International rotations are an option, but only for an elective rotation or during the Advanced Clerkship course.

### **C. Rotation hours are determined by the preceptor and will vary per rotation site, preceptor, or discipline.**

Students are expected to report to each rotation or clerkship site as directed per rotation/preceptor. Students may be required to report to a rotation or clerkship site for more than forty (40) hours per week. Students are expected to complete as many hours as possible or as close to 40 hours per week over the course of a 5-week rotation.

Clinical hours may vary from 8 hours/day to 16-18 hours/day. Some rotations or clerkships require that the student be "on call" with the preceptor. Some will have hospital rounds every morning and evening. Each student is expected to work the hours assigned by the preceptor. This includes weeknights, weekends, and hours on call with the preceptor, attending rounds, completing community projects, literature searches, and library assignments. By contrast, there may be a rotation site that maintains office hours from 9-5 p.m., Monday through Friday, no call, and no weekends.

It is not professional for a student to negotiate clinical working hours or days at any site. Site staff and preceptors will dictate all required hours for participation. Students are not to change their schedule to plan personal or social activities or trips without first getting approval from the Director of Clinical Education.

### **D. Each clinical rotation (including clerkship) has its own syllabus, detailing required textbooks, specific learning outcomes, instructional objectives, and other required standards of medical practice for that rotation discipline.**

Students are responsible for all learning materials required for the rotation or clerkship syllabus.

The syllabus is constructed to be applicable to any rotation site of that discipline. Reading and study time is not to be scheduled during daily clinical hours, nor is it the responsibility of the preceptor to provide the student with time to do so. Time management is critical, especially after clinical hours. This is the beginning of establishing a commitment to lifelong learning as a physician assistant.

**E. Not all rotation or clerkship sites provide housing arrangements for students.**

Some clinical rotation or clerkship sites that are not local to the Mississippi College campus assist students with housing arrangements. However, the cost and arrangements for all travel, housing and meal accommodations are the responsibility of the student. You should be prepared to provide for your own housing and transportation costs.

The student rotation or clerkship packet for a site that provides housing will include specific information regarding the housing offered. Household items provided are identified as well as the specific items the student is responsible for supplying. The student is a guest and maid services are not included. Please leave your accommodations cleaner than when you found it. All rules established at each housing site must be followed. Violations will be considered as violations of the Program's rules regarding professionalism and appropriate behavior and the student violating such rules will be subject to appropriate sanctions by the Program Director. Each student that uses the provided housing will be required to sign the housing contract with the MCPA Program and submit payment in the total of \$500 for lodging by the end of the semester.

**F. Proper Student Identification (A3.06) - The Physician Assistant Program Dress Code Policy applies to all rotations, clerkships, and clinical courses unless otherwise directed by Program faculty, preceptor, or rotation site.**

All students must wear a student white jacket with a visible name badge that clearly identifies the student as a PHYSICIAN ASSISTANT **STUDENT** from MISSISSIPPI COLLEGE. The student will always identify themselves as a PHYSICIAN ASSISTANT STUDENT. **At no time or under any circumstances** will the student present themselves as a physician, practicing physician assistant, or other medical professional.

**G. Problems or Questions while on rotations.**

If a student is experiencing problems on a rotation or clerkship, they should **talk with the preceptor first**. After talking with your preceptor, e-mail the Director of Clinical Education or Program Director and advise the Program of your situation. Do not wait until the end of the rotation to attempt to solve an ongoing problem. It is rare for a student to be dismissed or removed from a rotation site; however, it is an option for every preceptor and site coordinator. If a student has questions regarding the daily function of a clinical PA student, they should first ask the preceptor and then the Director of Clinical Education.

If the PA student feels uncomfortable about any duties/responsibilities given to them, they should express this concern to the preceptor and inform the Director of Clinical Education.

**H. No student shall negotiate their preceptor grade or contact the preceptor concerning their grade once a rotation or clerkship is complete.**

Students are not to have preceptors contact the Director of Clinical Education concerning changing a student's final grade or any situation that does not pertain to the evaluation given by that preceptor. Doing so constitutes unprofessional behavior.

**I. Rotation Failure.**

If a student should fail a clinical rotation (Clinical Practicum or Advanced Clerkship course), they will be required to repeat that rotation at a different clinical site in addition to any remediation assignments given to them by the Director of Clinical Education. Only two (2) clinical rotations can be repeated throughout the clinical phase of the Program. No single rotation may be

repeated more than once.



## **Attendance Policies**

- A. As a general rule for the clinical phase, students should expect to work every day that is listed on the *Clinical Practicum Rotation Schedule*.
- B. Before making personal plans during the clinical phase, including callback weeks, students should first receive approval from the Director of Clinical Education via the *Absence Request Form*.
- C. Students should contact their preceptor no later than one week prior to the start date of the next rotation for reporting instructions/information.
- D. Working hours vary per rotation site, preceptor, or discipline. Students are expected to report to each rotation or clerkship site as directed per rotation/preceptor. See *Clinical Practicum Guidelines* for more information.
- E. Holidays **DO NOT** always apply to clinical schedules. National, legal holidays are honored as observed by the rotation site. You may be “on-call” or working weekends during holidays. Check with your preceptor before making personal plans.
- F. **Preceptor vacations.** Periodically a preceptor may take time off during a student’s clinical rotation. If the preceptor is expected to be away more than two (2) business days, **the student should contact the Director of Clinical Education for further instructions.** It is common for a preceptor to assign a student to a practicing partner during scheduled time off. This is acceptable as long as the temporary preceptor has appropriate credentials and practices in the same field of medicine as the original preceptor. **Regardless of any plans made with the preceptor, the student should always let the Director of Clinical Education know of the schedule/assignment change.**
- G. **Excused Absence Policy.**
  - 1. **Students are required to complete and email the *Absence Request Form* to the Director of Clinical Education.** This should be completed as far in advance as possible, and no less than 3 business days before the planned absence. Not all absence requests will be approved.
  - 2. **If an unexpected** absence should occur (as a result of a personal emergency e.g.), students must contact their preceptor and PA Program Office or Director of Clinical Education as soon as possible.
  - 3. Students may not accumulate more than three (3) days of excused absences on any one rotation or clerkship.
  - 4. Greater than three (3) days absent on any one rotation or clerkship will result in an incomplete (I) grade designation for that rotation/clerkship course and the student will be required to meet with the Progress and Promotions Committee.
  - 5. Students may not accumulate more than twelve (12) days of excused absences during the entire clinical phase of the Program.
  - 6. Absences greater than twelve (12) days during the clinical phase will result in a meeting with the Progress and Promotions Committee and may result in dismissal from the Program depending on individual circumstances. In exceptional circumstances (i.e. sudden onset of a serious medical condition or family emergency), the Program Director may grant a student a leave of absence from the PA Program.
  - 7. Students should not be absent any day during the clinical phase without the express consent of the Director of Clinical Education regardless of what they may be told by their preceptor. Failure to report (in writing) absences to the Director of Clinical Education is considered a professionalism infraction and will warrant a meeting with the Progress and Promotions committee.
  - 8. From time to time, preceptors need a vacation too. Preceptors often tell students they may take the same time away from the clinical rotation. This is allowed for no more than 2 clinical days. Students should notify the Director of Clinical Education if their preceptor is expected to be away for more than 2 days. The student will be given further instructions regarding their clinical

experience.

**H. Unexcused Absence.** Failure to notify the Director of Clinical Education, the site coordinator, AND the preceptor of an absence in accordance with Program policies may result in reduction of the final rotation or clerkship course grade by one letter grade for each occurrence. If a student is reported to be absent from a clinical rotation without permission, the student will be required to meet with the Director of Clinical Education which may in turn result in meeting the Progress and Promotions Committee for consideration of failure of rotations, placement on professional probation, or dismissal from the PA Program depending on individual circumstances.

Any of the following is considered an unexcused absence:

1. Leaving a clinical site early for personal reasons.
2. Not reporting to a clinical site without first obtaining approval from the Director of Clinical Education AND permission from the preceptor.
  - **EXCEPTION:** Preceptors are permitted to excuse a student from reporting or allow them to leave early without the student notifying the Director of Clinical Education.
    - However, this allowance is limited to 1-2 days per rotation.
    - After that, students are required to notify the Director of Clinical Education of their absence from the clinical site.

As a GENERAL Rule, students should ALWAYS notify (in writing) the Director of Clinical Education when they are not reporting for an entire clinical day/shift even if the preceptor gives permission to be absent.

- I. Students should make every effort to schedule medical appointments or other personal obligations during weeks between rotations when no Program activities, callback weeks, or clinical rotations are scheduled.
- J. **LEAVE OF ABSENCE:** A student wanting to request an extended leave of absence should refer to the Leave of Absence Policy found in the Student Handbook.

**Additional Information regarding policies of attendance, leave of absence, remediation, or time to complete the Program can be found in earlier sections of this handbook. It should be noted that all situations are handled on a case-by-case basis and recommendations are given to the Program Director via the Progress and Promotions Committee.**

## ***Rotation Guide for Students and Preceptors***

Outlined below are the areas where students must become proficient during their clinical phase. This list highlights areas/topics of education that the student has received during their pre-clinical training.

Preceptors are encouraged to use this list as a guide in furthering the student's medical knowledge, professional interactions, critical thinking, and various skills to a mastery level. Students should use this as a partial guide for focused study and practice.

Preceptors are reminded that during the first two rotations of clinical training students are just beginning to use all they have learned and practiced in a "real" clinical setting.

The third through the fifth rotations is when students are typically gaining confidence in their abilities and continuing to improve their clinical presence.

From the sixth rotation to the end of the clinical year, refining the students' skills is the main emphasis.

Throughout the entire year, students are expected to be fully involved in the activities at the clinical site, to improve upon all they have learned and practiced.

If a preceptor should note any deficits, please include comments on the student's evaluation form or notify the Director of Clinical Education directly at the Program, so we may remediate accordingly.

### Medical Interview

- Maintain a professional attitude/relationship with the patient.

- Introduce self as a Physician Assistant Student.

- Ask appropriate questions to elicit pertinent medical/psychosocial history.

- Use non-verbal communication skills appropriately.

- Use common language to aid in patient comprehension.

- Articulate case presentations and demonstrate a clear sense of understanding the medical problem.

### Writing Skills

- Write focused/SOAP format notes with clarity.

- Write full HPI with clarity.

- Write orders with understanding of treatment rationale.

- Write discharge summaries with clarity.

- Demonstrate proper charting and documentation on all charts.

- Demonstrate compliance with quality assurance indicators on all documentation and medical records.

### Physical Exam Skills

- Perform a full exam.

- Perform a point directed exam.

- Recognize pertinent findings.

- Demonstrate correct technique on exam.

### Critical Thinking

- Form a differential diagnosis.

- Form and implement a management plan, including when to refer.

- Discriminate between diagnostic modalities with consideration given to validity, usefulness, reliability, risk/benefit, and cost effectiveness of each.

### Knowledge Base

- Understand pathophysiology of disease.

- Understand anatomy in relation to disease.

- Understand disease process.

- Understand pharmacotherapeutics.

- Understand treatment rationale.

- Demonstrate appropriate selection and utilization of lab and other diagnostic tests.

### Patient Education

- Understand informed consent.

- Educate patients about the risks and outcomes of illness and treatment.

Counsel patients on health promotion and disease prevention.  
Demonstrate proper documentation of patient education in chart.

#### Professional Development

Practice universal precautions as appropriate.

Demonstrate the ability to work effectively as a member of the healthcare delivery team as evaluated by preceptors and co-workers.

Demonstrate the ability to be open, non-judgmental, and empathetic with patients as evaluated by preceptors and patients.

Demonstrate appreciation for a consumer-oriented patient-provider relationship by incorporating patient education into patient encounters.

Demonstrate appreciation for the utilization of specialists and community-based resources through appropriate referrals when indicated.

Demonstrate appreciation for the importance of continuity of care by counseling patients to establish a primary care provider when indicated.

Demonstrate appreciation for patient autonomy and self-determination by documenting patient concerns and decisions on patient records.

# Appendices



Appendix I: Clinical Practicum Rotation Schedule



**EXAMPLE**  
**Clinical Practicum Rotation Schedule**  
**2023 - 2024**

<b>Rotation Block (5 Weeks)</b>	<b>Rotation Dates</b>	<b>Callback Week Mandatory Attendance</b>
1	August 21 – September 22	September 25 – 29 (#1)
2	October 2 – November 3	November 6 – 10 (#2)
3	November 13 – December 15	<>
<b>WINTER BREAK</b>	<b>December 19 – January 1</b>	<b>Clinical Students OUT</b>
<>	<b>2024</b>	January 3 – 5 (#3)
4	January 8 – February 9	February 12 - 16 (#4)
5	February 19 – March 22	March 25 – March 29 (#5)
6	April 1 – May 3	May 6 – 10 (#6)
<b>SPRING BREAK</b>	<b>May 13 - 17</b>	<b>Clinical Students OUT</b>
7	May 20 – June 21	June 24 – 28 (#7)
8	July 1 – August 2	August 5 - 9 (#8)
<b>SUMMER BREAK</b>	<b>August 12 - 16</b>	<b>Clinical Students OUT</b>
<b>Clerkship</b>	August 19 – November 22	14 weeks!!
<b>Thanksgiving BREAK</b>	<b>November 25 - 29</b>	<b>Clinical Students OUT</b>
<b>FINAL CALLBACK</b>	<b>December 2 - 13</b>	<b>Summative Testing - 2 weeks</b>
<b>PA Graduation Awards Banquet - Thursday, December 19, 2024</b> <b>MC Graduation Ceremony - Friday, December 20, 2024</b>		

Appendix II: Absence Request Form – Clinical Year



**SCHOOL OF SCIENCE AND MATHEMATICS  
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**Absence Request Form - Clinical Year**

Date(s) Requested: \_\_\_\_\_

Rotation #: \_\_\_\_ (affected by dates requested)

Discipline: \_\_\_\_\_

Clinical Site name/location: (if scheduled) \_\_\_\_\_

Clinical Preceptor name: (if scheduled) \_\_\_\_\_

Reason for absence request: \_\_\_\_\_

Details/explanation: \_\_\_\_\_

By signing below, I am requesting to be absent from clinical training for the above dates (inclusive) for the reason(s) given. I understand that I am responsible for communicating my absence to my clinical preceptor and clinical site and will arrange to make up the missed clinical time. I understand that even if the request is approved, the absences may or may not be 'excused'. I understand the implications of unexcused absences and that I am responsible for compliance with the policies listed in the Clinical Handbook.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Date

**Clinical Team Review:**

Request:      Approved      Denied\*

\_\_\_\_\_  
Director of Clinical Education -or-  
Associate Director of Clinical Education (signature)

\_\_\_\_\_  
Date

\*Reason(s):

\_\_\_\_\_  
\_\_\_\_\_

**Appendix III: Report of Accidental Exposure Form**

**MISSISSIPPI  
MISSISSIPPI COLLEGE  
PHYSICIAN ASSISTANT PROGRAM**

**Report of Accidental Exposure**

Student Name: \_\_\_\_\_

Rotation Dates: \_\_\_\_\_ Rotation Discipline: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Supervising Preceptor: \_\_\_\_\_

Date and time of exposure (As precise as possible): \_\_\_\_\_

Type of exposure: \_\_\_\_\_

NOTIFICATIONS (Note date / time / person contacted)

Rotation site's contact person (immediate): \_\_\_\_\_

PA Program (within 24 hours): \_\_\_\_\_

Narrative description of exposure incident, inclusive of precautions taken (I.e., gloves, gowning, eye protection, cleanup, etc.) Continue on back of form if needed:

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---

---

---

Was treatment initiated? YES/ NO

If YES, list medications or prophylaxis given (amount/duration):

---

If NO, did the student deny treatment? YES/ NO List reason:

---

I have reviewed and understand the clinical year manual's universal precaution/exposure incident policy.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Send this form to the PA Program within 24 hours of an exposure incident.  
Follow all other policies and procedures outlined in the Student Handbook.**



Appendix IV: Statement of Student Advisement – Clinical Student Handbook

**MISSISSIPPI  
MISSISSIPPI COLLEGE  
PHYSICIAN ASSISTANT PROGRAM**

STATEMENT OF STUDENT ADVISEMENT  
RE: Clinical Phase Handbook

I certify that I have been provided access to the *Clinical Phase Supplement to the Student Handbook* for the MISSISSIPPI COLLEGE Physician Assistant Program.

I certify that I have read and understand all institutional and Program policies and requirements. By signing my name below, I acknowledge my agreement to comply with all institutional and Program policies and requirements as listed in the above policy and procedure manual. I further acknowledge this handbook does not constitute a contract and may be modified from time to time without notice and that it is my responsibility to stay informed about changes that may affect my Program.

Should I have any questions, I understand that it is my responsibility to ask Program faculty/staff for clarification.

Furthermore, I understand that noncompliance with the stated policies and requirements may result in disciplinary action and may be grounds for my dismissal from the Program.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Representative Signature

\_\_\_\_\_  
Date



**Guidelines for Ethical Conduct for the PA Profession**

(Adopted 2000, amended 2004, 2006, 2007, 2008, reaffirmed 2013)

**Introduction**

**Statement of Values of the PA Profession**

**The PA and Patient**

- PA Role and Responsibilities
- The PA and Diversity
- Nondiscrimination
- Initiation and Discontinuation of Care
- Informed Consent
- Confidentiality
- The Patient and the Medical Record
- Disclosure
- Care of Family Members and Co-workers
- Genetic Testing
- Reproductive Decision Making
- End of Life

**The PA and Individual Professionalism**

- Conflict of Interest
- Professional Identity
- Competency
- Sexual Relationships
- Gender Discrimination and Sexual Harassment

**The PA and Other Professionals**

- Team Practice
- Illegal and Unethical Conduct
- Impairment
- PA-Physician Relationship
- Complementary and Alternative Medicine

**The PA and the Healthcare System**

- Workplace Actions
- PAs as Educators
- PAs and Research
- PAs as Expert Witnesses

**The PA and Society**

- Lawfulness
- Executions
- Access to Care / Resource Allocation
- Community Well Being

**Conclusion**

## **Introduction**

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the healthcare system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

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

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

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

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

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs. PAs are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a healthcare professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

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

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

## **Statement of Values of the PA Profession**

PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.

PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.

PAs recognize and promote the value of diversity.

PAs treat equally all persons who seek their care.

PAs hold in confidence the information shared in the course of practicing medicine.

PAs assess their personal capabilities and limitations, striving always to improve their medical practice.

PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.

PAs work with other members of the healthcare team to provide compassionate and effective care of patients.

PAs use their knowledge and experience to contribute to an improved community.

PAs respect their professional relationship with physicians.

PAs share and expand knowledge within the profession.

## **The PA and Patient**

### PA Role and Responsibilities

PA practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination. PAs are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their healthcare. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

PAs should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best

interests.

### **The PA and Diversity**

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

### **Nondiscrimination**

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

### **Initiation and Discontinuation of Care**

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

A PA and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

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

### **Informed Consent**

PAs have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors. In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse healthcare.

Adolescents should be encouraged to involve their families in healthcare decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on **Confidentiality**.)

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

### **Confidentiality**

PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient

privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

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

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

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations.

Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

### **The Patient and the Medical Record**

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

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

### **Disclosure**

A PA should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

### **Care of Family Members and Co-workers**

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it

probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider. There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

### **Genetic Testing**

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

PAs should be sure that patients understand the potential consequences of undergoing genetic tests □ from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

### **Reproductive Decision Making**

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

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

### **End of Life**

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

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

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and

non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions. PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the healthcare institution.

## **The PA and Individual Professionalism**

### **Conflict of Interest**

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

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

### **Professional Identity**

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

### **Competency**

PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic healthcare providers. PAs should also strive to maintain and increase the quality of their healthcare knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

### **Sexual Relationships**

It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

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

### **Gender Discrimination and Sexual Harassment**

It is unethical for PAs to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely



affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment. It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or

Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or

Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

## **The PA and Other Professionals**

### **Team Practice**

PAs should be committed to working collegially with other members of the healthcare team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other healthcare professionals, their organizations, and the general public.

### **Illegal and Unethical Conduct**

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

### **Impairment**

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

PAs should be able to recognize impairment in physician supervisors, PAs, and other healthcare providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

### **PA-Physician Relationship**

Supervision should include ongoing communication between the physician and the PA regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another healthcare professional.

### **Complementary and Alternative Medicine**

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

## **The PA and the Healthcare System**

## **Workplace Actions**

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

## **PAs as Educators**

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

## **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

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

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

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

## **PAs as Expert Witnesses**

The PA expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial. The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

## **The PA and Society**

### **Lawfulness**

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

### **Executions**

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

### **Access to Care / Resource Allocation**

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

should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

### **Community Well Being**

PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

### **Conclusion**

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