Mississippi Christian University
Physician Assistant Program

Student Handbook

2026 - 2027

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PROGRAM, FACULTY & STAFF CONTACT INFORMATION

Program Address:

Physician Assistant Program Mississippi Christian University
Box 4053
Baptist Healthplex, 3rd Floor
Clinton, MS 39058

Telephone Number: 601-925-7371

Fax Number: 601-925-7374

Core Faculty:

Dr. Steve Martin, EdD, PA-C Emeritus, DFAAPA, Department Chair and Program Director, Professor
601-925-7376 sdmartin@mc.edu
Jacob Carpenter, PA-C, MPAS, Associate Program Director, Assistant Professor
601-925-7381 jcarpenter@mc.edu
Margaret Davis, MD, MBA, Medical Director, Associate Professor
601-925-7378 mmdavis@mc.edu
Julie Kasperski, CCPA, DMSc, Director of Education, Associate Professor
601-925-7377 jkasperski@mc.edu
Jayme McDonald, PA-C, MSPAS, Director of Clinical Education, Assistant Professor
601-925-7370 jmcdonald@mc.edu
Allison Pitts, PA-C, MSM, Director of Preclinical Education, Assistant Professor
601-925-7385 apitts@mc.edu
Kim Norwood, PA-C, MSM, Associate Director of Preclinical Education, Assistant Professor
601-925-7375 knorwood@mc.edu
Britni McBride, PA-C, MPAS, Associate Director of Clinical Education Assistant Professor
601-925-7385 bmcbride@mc.edu
Whitney Sims, PA-C, MSPAS, Associate Director of Admissions, Assistant Professor
601-925-7377 wsims@mc.edu
Shey Washburn, PA-C, DMSc, Principal Faculty
swashburn@mc.edu

Staff:

Christie Beck, Director of Admissions	601-925-7383	cbeck@mc.edu
Asia Ross, Clinical Coordinator	601-925-7379	aross@mc.edu
Brie Smith, Program Administrative Assistant	601-925-7373	bsmith@mc.edu
Marshall McKee, IT/Medical Simulation Technician	601-925-7380	mmckee@mc.edu

INTRODUCTION

The Mississippi Christian University 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 the competencies expected of our graduates to practice medicine. The competencies are directed by the National Commission on Certification of Physician Assistants (NCCPA) and are required for certification. Program-defined competencies are based on the NCCPA blueprint for the certification board examination and the Standards established by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

Relationship to Mississippi Christian University Policies and Hierarchy of Authority

The Mississippi Christian University Physician Assistant Program operates in accordance with the Accreditation Review Commission on Education for the Physician Assistant Accreditation Standards for PA Education, Sixth Edition, effective September 1, 2025, as subsequently clarified or amended.

Where ARC-PA standards are revised, the Program may update this handbook to maintain accreditation compliance.

Upon matriculation, all students will be provided with a copy of the Mississippi Christian University Student Handbook and the MC Graduate Catalog. Students are expected to review and be familiar with all policies as detailed therein. The Mississippi Christian University Physician Assistant (MCPA) Program operates within the governance structure of Mississippi Christian University (MC) and is subject to all applicable institutional policies.

This Student Handbook supplements, and does not supersede, Mississippi Christian University policies, including but not limited to:

1) Mississippi Christian University Student Code of Conduct
2) Drug & Alcohol Abuse Prevention Program (DAAPP)
3) Student Experience Policies
4) Mississippi Christian University Graduate Catalog

In the event of a conflict between this Handbook and institutional policy, institutional policy governs. The hierarchy of authority for student matters is generally as follows: applicable federal and state law; Mississippi Christian University policies and procedures; the Mississippi Christian University Graduate Catalog; the Mississippi Christian University Student Code of Conduct and Student Experience policies; and then this Program Handbook and related Program publications. Program-specific requirements may supplement institutional policy in academic, professional, clinical, and patient-safety matters, but may not conflict with controlling University policy.

This handbook has been prepared to orient you to current policies and procedures, guidelines, and resources relevant to your participation in the Mississippi Christian University Physician Assistant Program. Please read this student handbook carefully as its contents will govern your enrollment in the Program. Additionally, this student handbook contains information about the Physician Assistant (PA) profession and its professional organizations.

The Physician Assistant Program Student Handbook is reviewed periodically to ensure alignment with Mississippi Christian University policies and accreditation standards. This 2026–2027 Student Handbook applies to the cohort matriculating in May 2026 and remains in effect unless revised through appropriate Program and University review channels. Students will be notified of substantive changes through official Program or University communication. Administrative updates, formatting corrections, updated links, personnel changes, and non-substantive clarifications may be made as needed to maintain

accuracy. Substantive revisions require approval by the Program Director and appropriate University academic leadership. Students will be notified of significant policy changes through official Program communication.

Substantive revisions to this handbook must be reviewed through appropriate Program and University channels prior to implementation. Revisions affecting institutional process, student rights, appeals, academic/professional action, disability accommodation, Title IX, financial obligations, or other University-governed matters must remain consistent with current Mississippi Christian University policy and may require review outside the Program before publication.

We hope this handbook will be useful to you; however, this Student Handbook sets forth the current Program policies, procedures, rights, responsibilities, and expectations applicable to enrollment in and progression through the Mississippi Christian University Physician Assistant Program. This handbook does not constitute a contract and remains subject at all times to controlling Mississippi Christian University policies, applicable law, accreditation requirements, and duly approved revisions.

Nothing in this handbook limits Mississippi Christian University's authority to interpret, apply, revise, or enforce institutional policies through its duly authorized processes.

The Mississippi Christian University Physician Assistant 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

University and Program Vision, Mission, and Philosophy

Mississippi Christian University Vision

"To Be Known as a University Recognized for Academic Excellence and Commitment to the Cause of Christ."

Mississippi Christian University Mission

Mississippi Christian University, governed by a Board of Trustees elected by the Mississippi Baptist Convention, is a private, co-educational, comprehensive university of liberal arts and sciences and professional studies dedicated to the pursuit of academic excellence. Founded in 1826, Mississippi Christian University is the oldest institution of higher learning and the largest private university in the state of Mississippi. As a Christian institution, Mississippi Christian University values the integration of faith and learning throughout the educational process.

Consistent with its Baptist heritage and relationship to the Convention, Mississippi Christian University provides a quality Christian education for its student population. Students select the university because of the quality of its academic programs, Christian environment, and location. The university strives to recruit students who demonstrate excellence in scholarship, leadership, and church/community involvement. The majority of students come from Mississippi and other southeastern states.

Mississippi Christian University stimulates the intellectual development of its students through the liberal arts and sciences and concentrated study in specialized fields, including preprofessional and professional programs. Furthermore, the university environment promotes the spiritual, social, emotional, and physical development of its students and encourages them to utilize their skills, talents, and abilities as they pursue meaningful careers, life-long learning, and service to God and others. The university emphasizes those undergraduate, graduate, and professional programs which offer opportunities for service. Additionally, the university reflects its responsibility of service to the community through a variety of learning opportunities and numerous cultural enrichment experiences.

Mississippi Christian University is committed to excellence and innovation in teaching and learning. The university seeks to employ and retain faculty who are dedicated to teaching/learning and advising students, who support and engage in scholarship and creative activities that advance knowledge, and who seek to continue their own professional development. The university also seeks to employ and retain staff and administrators who are equally dedicated to supporting these efforts. Furthermore, the university selects employees who reflect Christian values and a commitment to service. Mississippi Christian University is an equal opportunity employer in accordance with Title VII and applicable exemptions.

Mississippi Christian University Physician Assistant Program Vision

To be recognized for academic excellence in physician assistant education and commitment to the Cause of Christ through the preparation of physician assistants who serve with compassion, professionalism, integrity, and a calling to improve healthcare for Mississippi and the nation, with an emphasis on underserved populations.

Mississippi Christian University Physician Assistant Program Mission

Consistent with the mission of Mississippi Christian University, the Mississippi Christian University Physician Assistant Program is dedicated to educating students through academic excellence and the integration of faith and learning to serve as compassionate members of the healthcare team who provide high-quality medical care to the people of Mississippi and the nation, with an emphasis on underserved populations.

Mississippi Christian University Physician Assistant Program Philosophy

The Mississippi Christian University Physician Assistant Program embraces the university's commitment to academic excellence and the Cause of Christ by preparing students in a Christian learning

environment where faith and learning are intentionally integrated. The Program believes physician assistant education should develop knowledgeable, competent, and compassionate professionals who demonstrate integrity, professionalism, respect for human dignity, and dedication to service. Through rigorous academic and clinical preparation, the Program equips graduates to serve effectively as members of the healthcare team and to provide high-quality medical care to the people of Mississippi and the nation, with an emphasis on underserved populations.

The Program's goals, competencies, curriculum, and student-facing policies should be read as operational expressions of this institutional and programmatic mission framework.

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 Christian University 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.

Program Information Published by Mississippi Christian University and the MCPA Program

Mississippi Christian University and the Mississippi Christian University Physician Assistant Program publish current program information through official university and program communication channels. Published information may include, as applicable, the program's accreditation status, program goals, evidence of program effectiveness in meeting its goals, program-defined competencies, curriculum and credit information, required curricular components, estimated total cost of enrollment, graduation rate information, and NCCPA PANCE performance information.

Current information required for enrolled and prospective students, including accreditation status, program goals, evidence of effectiveness in meeting program goals, NCCPA PANCE performance, graduation rate information, curriculum and credit information, required curricular components, program-defined competencies, and estimated total cost of enrollment, is published through official Mississippi Christian University and/or Physician Assistant Program publications, including the Program website. Students and applicants are responsible for reviewing the most current officially published information.

Students and prospective students should rely on official Mississippi Christian University and program publications for current information. Where information is published in more than one location, the program will make reasonable efforts to maintain consistency across official publications.

In the event of any inconsistency among published sources, the controlling source shall be the current Mississippi Christian University or Program publication formally approved for that subject matter, together with any controlling University policy.

The Mississippi Christian University Physician Assistant Program is not currently offered at a geographically distant campus location. Therefore, student and faculty services are not available differently by campus location. If the Program is approved in the future to operate at a geographically distant campus, the Program will publish information describing which services and resources are available differently by location.

Accreditation Status

Current accreditation status information for the Mississippi Christian University Physician Assistant Program is maintained in official Mississippi Christian University and Program publications, including the University and/or Program website. Students and prospective students should rely on the current accreditation information published through those official sources.

Graduation Rate and PANCE Information

Current program outcome information, including graduation information and NCCPA PANCE performance data, is maintained in official Mississippi Christian University and Program publications, including the University and/or Program website. Students and prospective students should rely on those official sources for the most current outcome information.

Estimated Total Cost of Enrollment

The Mississippi Christian University Physician Assistant Program publishes and updates an estimated total cost of enrollment for a typical student completing the Program. This estimate is intended to reflect the anticipated cost of attendance for the full course of study and includes, as applicable, tuition, mandatory fees, books, required equipment and supplies, required technology, housing, transportation, and typical clinical education-related travel and housing expenses. Because individual student circumstances may vary, actual expenses may differ; however, the Program's published estimate is intended to reflect the expected costs for a typical student rather than tuition and fees alone.

For the most current breakdown and any officially published updates, students and applicants should consult the Program's published cost information and the Mississippi Christian University financial aid resources.

Technical Standards

In order to ensure that patients receive the best medical care possible, the faculty of Mississippi Christian University 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 skills, sensory, motor, coordination, and functional abilities, 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 PAs have the fundamental knowledge and skill set 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 required clinical disciplines and learning experiences identified above. 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 Christian University 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

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

Diversity, Equity, and Inclusion

The Mississippi Christian University Physician Assistant Program is committed to maintaining an educational environment that promotes fairness, respect, and equal opportunity for all students, faculty, and staff. The program complies with all applicable federal and state nondiscrimination laws and Mississippi Christian University institutional policies. The program monitors recruitment, admissions practices, student progression, and student outcomes to promote transparency, consistency, and fairness in educational practices. Concerns regarding discrimination, harassment, inequitable treatment, or educational access may be reported through program and institutional reporting mechanisms described in this handbook.

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.

Program Area Access and Security

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.

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 Christian University 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.

Tuition & Fee Refunds

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 tuition refund amounts and the full applicable policy, students should consult the Tuition Refund Policies published in the Mississippi Christian University Graduate Catalog.

Advanced Standing

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

DISCRIMINATION, HARASSMENT & MISTREATMENT

Policy

Mississippi Christian University 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 Christian University 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, retaliation, and student mistreatment will be addressed through the applicable Mississippi Christian University institutional process 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 Christian University'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 Christian University 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, 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.

Mandatory Reporting Obligations:

Faculty and staff associated with the Mississippi Christian University Physician Assistant Program are required by Mississippi Christian University policy to report known or suspected sexual misconduct, sexual harassment, sexual assault, dating violence, domestic violence, or stalking to the appropriate institutional official.

Responsible Employees are required to report known or suspected incidents of sexual misconduct, sexual harassment, sexual assault, dating violence, domestic violence, or stalking to the Mississippi Christian University Title IX Coordinator.

Confidential reporting options are available only through designated counseling or pastoral resources as defined by Mississippi Christian University policy.

Procedure for Reporting Other Forms of Discrimination and Student Mistreatment:

Students may report nonsexual discrimination, harassment, mistreatment, retaliation, threatening behavior, or other concerning conduct through applicable Mississippi Christian University institutional reporting systems. These may include Student Conduct, Student Affairs, Public Safety, the Student Intervention Team, or other University processes, depending on the nature of the concern.

Students may also report concerns to Program leadership for assistance, support, or referral. If a report is made to Program personnel, the Program may assist the student in identifying the appropriate institutional route; however, matters governed by University process will be addressed through the corresponding institutional procedure and not through a separate Program-created process.

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 Christian University as a private, religiously affiliated institution.

MISSISSIPPI CHRISTIAN UNIVERSITY INSTITUTIONAL POLICIES

Incorporation of Institutional Policies

Mississippi Christian University institutional policies apply to all students enrolled in the Physician Assistant Program and are incorporated by reference into this handbook.

These policies include but are not limited to:

1) Mississippi Christian University Student Code of Conduct
2) Drug & Alcohol Abuse Prevention Program (DAAPP)
3) Drug & Crime Free Environment Policy
4) Mississippi Christian University Anti-Hazing Policy
5) Involuntary Administrative Removal Policy
6) Students of Concern Reporting Process
7) Traffic Regulations
8) E-Bike Policy
9) Missing Student Policy
10) Other Student Experience Policies published by Mississippi Christian University

Students are responsible for reviewing and complying with all institutional policies as published by Mississippi Christian University. When institutional policies are revised by Mississippi Christian University, the most current institutional version controls without the need for immediate handbook republication.

Certain incorporated institutional policies are administered exclusively through designated University offices rather than by the Program. For example, residence-life, campus-safety, student-conduct, and related University-administered processes apply as published by Mississippi Christian University.

Institutional Reporting Mechanisms

Students may report concerns through Mississippi Christian University reporting systems including:

1) Student Code of Conduct violation reporting

2) Students of Concern referral forms
3) Title IX reporting procedures
4) Public Safety reporting systems

Students are encouraged to utilize official university reporting systems for concerns involving safety, misconduct, harassment, or policy violations.

Institutional Grievances, Complaints, and Appeals

Reporting a Grievance

Students seeking formal review of a complaint must use the Mississippi Christian University process applicable to the subject matter of the complaint. Informal academic concerns may be discussed with course faculty, the faculty advisor, or Program leadership; however, formal complaints are governed by Mississippi Christian University policy and must be submitted through the appropriate institutional process.

1. Formal academic complaints must be submitted and reviewed in accordance with Mississippi Christian University Policy 4.20, Student Complaints. All formal student complaints must be submitted through the designated University Student Complaint form or other officially designated institutional submission process then in effect. Academic complaints will be routed and reviewed through the University process applicable to academic matters, including review by the appropriate academic administrator(s) as provided by University policy. The Program may assist a student in identifying the correct institutional route, but the University process governs formal complaint review and resolution.
2. Formal non-academic complaints must be directed to the appropriate University office, supervisor, or institutional reporting process responsible for that subject matter. Depending on the issue, this may include Student Conduct, Title IX, the Office of Accessibility, Public Safety, Student Affairs, or another designated university office. The Physician Assistant Program does not replace or override institutional complaint procedures.

Student Appeals

Appeals are governed by the procedure applicable to the decision being challenged.

1. Appeals of program-level academic determinations, including progression, remediation, deceleration, academic probation, or dismissal, must follow the Program-level academic appeal procedure stated later in this handbook.
2. Appeals of institutional conduct decisions must proceed exclusively through the Mississippi Christian University Student Code of Conduct process.
3. Appeals or reviews involving Title IX, disability accommodations, involuntary administrative removal, or other University administrative matters must proceed exclusively through the university process governing that matter.
4. Students may not use a Program-level academic appeal to challenge an institutional conduct or administrative determination that is outside Program authority.

See Appendix VIII: Quick Reference Appeals and Authority Matrix for a summary guide to the appropriate authority and review path for common categories of student concerns, complaints, and appeals.

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 Christian University 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 Christian University 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 Christian University 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. Current documentation guidelines, forms, and procedures are available through the Mississippi Christian University Office of Accessibility website and related university resources.

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 Christian University'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.

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 to hazardous substances. 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 Christian University. 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.

Professional Liability Insurance

Mississippi Christian University provides professional liability insurance coverage for Physician Assistant students participating in approved educational activities associated with the program. Coverage applies only when students are engaged in Program-approved academic or clinical activities under supervision of faculty or approved clinical preceptors. Professional liability coverage does not extend to activities outside the educational program including outside employment or unsupervised patient care. Students are responsible for complying with any additional documentation or verification requirements requested by clinical sites regarding liability coverage.

Immunizations & Health Screening

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 MSDH, 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.

Requests for medical, religious, or other permitted exceptions to immunization or health screening requirements must be submitted through the process designated by Mississippi Christian University, the Program, Complio, or the applicable clinical site. Approval of an exception by the University or Program does not guarantee acceptance by a clinical site, hospital system, or other external partner. A student who is unable to satisfy a clinical site's immunization, health screening, or onboarding requirements may be delayed in clinical placement, removed from a clinical assignment, or unable to progress until requirements are satisfied or an alternative placement is available.

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
Hepatitis B	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 • 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. • Get an anti-HBs serologic test 1-2 months after the final dose. See Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the ACIP.
Flu (Influenza)	Get 1 dose of influenza vaccine annually.
MMR (Measles, Mumps, & Rubella)	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). 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 MMR ACIP vaccine recommendations.
Varicella (Chickenpox)	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.
Tdap (Tetanus, Diphtheria, Pertussis)	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). Get either a Td or Tdap booster shot every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.
Meningococcal	Microbiologists who are routinely exposed to *Neisseria meningitidis* 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

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

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 Christian University. 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

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 Christian University 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 Christian University 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 Christian University 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 Christian University 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, or go to the counseling office on the 4th floor of Alumni Hall during regular business hours to set up an appointment.

Fitness for Duty

Students must be physically, mentally, and emotionally capable of safely performing academic and clinical responsibilities. Faculty or clinical preceptors may remove a student from learning activities if safety concerns arise. Concerns regarding impairment may result in evaluation or referral to appropriate university resources. When indicated, such concerns may also result in temporary removal from academic or clinical activities pending evaluation of safety and readiness to return. When safety, impairment, or readiness concerns affect academic progression, clinical eligibility, or continued participation in program activities, the matter may also be referred for academic review under applicable program progression policies.

When concerns involve significant behavioral, safety, or well-being issues affecting the educational environment, the matter may also be referred to the Mississippi Christian University Student Intervention Team in accordance with university procedures.

Access & Referral to Student Services

The Program may assist in arranging counseling and other student services with the Mississippi Christian University 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 Christian University 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 Christian University 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 Christian University 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 Christian University 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 Christian University 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.

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 Christian University. 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 Christian University policies of conduct as outlined in the MC Student Code of Conduct. Students are responsible for reviewing and complying with the current Mississippi Christian University Student Code of Conduct as published by Mississippi Christian University.

Relationship to the Mississippi Christian University Student Code of Conduct

All students enrolled in the Mississippi Christian University Physician Assistant Program are subject to the Mississippi Christian University Student Code of Conduct.

Alleged violations of institutional conduct standards, including but not limited to alcohol use, drug violations, harassment, hazing, sexual misconduct, property violations, or disorderly conduct, are addressed through the Mississippi Christian University student conduct process.

The Physician Assistant Program may impose academic consequences related to professionalism, progression, clinical eligibility, or patient safety in addition to institutional sanctions.

The program retains authority to evaluate professionalism and academic fitness for continuation in the program regardless of institutional conduct outcomes. Nothing in this section requires the program to delay academic review pending completion of a university conduct process when immediate academic or patient safety concerns are present.

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 Christian University 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 Christian University 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 Christian University 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.

Anti-Hazing Compliance: Hazing in any form is prohibited. Students are subject to the Mississippi Christian University Anti-Hazing Policy and all related University reporting, investigation, and disciplinary procedures. Any concern regarding hazing, attempted hazing, retaliation related to hazing reporting, or participation in an activity that could reasonably be perceived as hazing should be reported through the appropriate Mississippi Christian University reporting process. The Program may also refer such matters through University channels when student safety, professionalism, or institutional compliance concerns are implicated.

Alcohol Consumption

All PA students who attend any function that represents Mississippi Christian University 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 Christian University 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 Christian University 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 Christian University property, or at Mississippi Christian University-sponsored events or programs, constitutes a serious violation of program and institutional standards and may result in referral through university conduct procedures and program-level action up to and including dismissal. 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

Violations involving alcohol, controlled substances, misuse of prescription medications, or impairment concerns are subject to Mississippi Christian University institutional policies governing drug-free campus environments. When institutional policy violations are suspected, the matter will be referred to the Office of Student Conduct for review under university procedures. Alleged violations of Mississippi Christian University drug- and alcohol-related institutional policies will be referred through the applicable university process. Independent of the university conduct outcome, the program may evaluate the matter for academic progression, professionalism, clinical participation, and patient-safety implications under published program standards.

Substance Abuse Screening

Mississippi Christian University 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.

Drug or alcohol screening may be required by the Physician Assistant Program when necessary to ensure patient safety, maintain professionalism standards, or meet clinical site requirements. Screening conducted for program purposes does not replace institutional conduct review procedures.

When screening results indicate potential violations of university policy, the matter may be referred to the Office of Student Conduct for review under institutional procedures. Refusal to comply with required screening, failure to complete screening within the required timeframe, or inability to satisfy clinical site screening requirements may result in loss of clinical eligibility, delayed progression, referral to the Progress & Promotions Committee, or other program action.

Program responses to substance-related concerns are limited to program authority, including clinical eligibility, safety-based temporary restriction from program activities, referral to the Progress and Promotions Committee, and other academic or professional actions permitted by published policy. Institutional conduct determinations remain subject to university procedures.

In addition to Program and University requirements, students are subject to screening, onboarding, participation, and continued-placement requirements established by clinical affiliates. A student's inability or refusal to satisfy a clinical site requirement may affect clinical placement, continued enrollment in a clinical course, progression, or graduation.

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 Christian University 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 tolera
ted. This includes, but is not limited to, plagiarism and cheating as defined in Mississippi Christian University 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 current institutional standards governing academic honesty, plagiarism, and related student conduct, students should consult the Mississippi Christian University Student Code of Conduct, the Graduate Catalog, and any applicable Mississippi Christian University academic integrity policy then in effect.

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

Artificial Intelligence Use

Artificial intelligence tools may be used for supplemental learning purposes such as reviewing general concepts, generating study aids, or exploring medical topics. Artificial intelligence tools must not substitute for a student's independent academic work or professional judgment. Submitting AI-generated content as original work, using AI tools to complete graded assignments or examinations, or entering patient information into AI systems is prohibited. Improper use of artificial intelligence tools may constitute academic dishonesty and may result in academic and/or professional progression review and action. Course directors may impose additional course-specific restrictions or disclosure requirements regarding artificial intelligence use, and students are responsible for complying with those instructions.

Professionalism Violations

The primary purpose of non-academic professional action in the MCPA Program is to protect patient safety, preserve the quality of the educational environment, and enforce published standards of professionalism. The MCPA Program and Mississippi Christian University 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.

Professional action may be based on behavior that raises concerns regarding judgment, integrity, reliability, respect for others, safe participation in clinical or academic activities, or fitness for continuation in the Program. Depending on the nature and severity of the concern, available Program responses may include counseling, written concern documentation, warning, referral to the Progress & Promotions Committee, probation, dismissal, or other action permitted by published policy. Where the underlying conduct also implicates Mississippi Christian University institutional policy, the matter may additionally be referred through the applicable University process.

Certain academic, conduct, or professionalism matters may later require disclosure by the student or graduate to licensing boards, credentialing bodies, clinical sites, employers, or certifying organizations, depending on the requirements of those entities. The program will maintain student records and respond to authorized requests in accordance with Mississippi Christian University policy, applicable law, and any required release or reporting obligation.

Referral to Student Intervention Team

When a student's behavior raises concerns related to safety, well-being, or the educational environment, the matter may be referred to the Mississippi Christian University Student Intervention Team (SIT). The Student Intervention Team evaluates concerning behavior and may recommend intervention, support services, or administrative actions in accordance with university procedures. Program-level academic determinations may occur concurrently with institutional safety assessments when necessary to maintain patient safety or educational standards. Referral to the Student Intervention Team does not preclude immediate interim action by the program or university when warranted by safety concerns.

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

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

Students may participate in peer learning activities, study groups, simulation activities, or collaborative educational exercises that support their education. Students will not substitute for instructional faculty and will not perform duties that replace clinical, instructional, or administrative staff at clinical training sites or in program learning environments.

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 Christian University, a variety of events occur (some unexpected, others, matters of routine business) making it necessary for students to be reached. The Mississippi Christian University 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.

Preclinical Academic Concerns and Chain of Communication

Students with concerns related to preclinical instruction, course content, classroom or laboratory teaching, examinations, grading, remediation, attendance in academic activities, scheduling of instructional activities, faculty expectations, or other academic matters must address those concerns through faculty channels rather than program staff. In most circumstances, the student should first communicate directly and professionally with the relevant course director, section director, or involved faculty member. If the matter is not resolved, the student may elevate the concern to the Director of Preclinical Education, then to the Associate Program Director, and then to the Program Director, as appropriate.

Program staff may assist with logistics, scheduling, document routing, and general administrative support, but staff do not have authority to interpret or modify course requirements, alter grading decisions, resolve disputes regarding instructional judgment, authorize academic exceptions, or decide other faculty-governed academic matters. Students are expected to use this faculty chain of communication for preclinical academic concerns unless another reporting route is expressly required by institutional policy.

When a student presents a preclinical academic concern outside the faculty chain of communication, the

matter may be redirected to the appropriate faculty member or academic administrator for review. Program staff do not have authority to resolve faculty-governed academic matters and cannot modify course requirements, grading determinations, examination decisions, or other academic judgments. Except where another institutional reporting process applies, failure to follow this chain may delay review or resolution of the concern, but will not by itself limit the student's right to access formal grievance, appeal, discrimination, harassment, Title IX, safety, disability accommodation, or other protected reporting processes.

Nothing in this policy limits a student's right to use published institutional grievance, appeal, discrimination, harassment, Title IX, disability accommodation, or student complaint procedures when applicable.

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 academic and/or professional progression review and 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 Christian University 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.

Withdrawal from the Program

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.

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 Christian University 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 uses a hard-pass grading policy for all required PA courses and course sections. Grades, progression determinations, remediation decisions, and eligibility for advancement are calculated and applied in accordance with the policies published in this Handbook and in the applicable course syllabus.

1. Grade calculation and rounding. All grades are calculated to two decimal places. Numeric grades are not rounded up or down for purposes of assignment grades, examination grades, section grades, course grades, remediation eligibility, progression determinations, or graduation eligibility. A recorded score of 69.99% is failing; a recorded score of 70.00% is passing, subject to any additional published course or program requirements.
2. Primary assessments. Students must earn a minimum average of 70.00% on primary assessments to be eligible for a passing section or course grade. If the primary assessment average is below 70.00%, the section or course is failed regardless of performance on secondary assessments.
3. Secondary assessments. If the primary assessment average is 70.00% or higher, secondary assessments may be included in calculation of the final section or course grade as published in the course syllabus.
4. Maximum grade / extra credit. The maximum grade on any assignment is 100%. Extra credit, if offered, may apply only to the assignment or course for which it is awarded and may not be used to convert a failing primary assessment average into a passing grade.

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	Below expected competency
F	0 - 69.99	Failure to meet minimum expectations

- A failing score is considered any grade below 70.00%.
- A score from 70.00% to 74.99% is considered below expected competency (BEC).
- Both require remediation as provided in the remediation policy.

Timely Grading of Coursework

The course or section director for each didactic course will strive to 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

Routine post-examination reviews are not conducted except in limited circumstances approved by the course director. After all cohort members have completed the examination, the course director will conduct item analysis and provide clarification on selected items when warranted by that analysis. Examination scores will be released after item analysis is complete. Once released, examination scores are final except in cases of documented clerical, calculation, or data-entry error addressed through the published grade correction process. A student who earns a score below 80.00% may request clarification from the course director only after reviewing the student's strength-and-weakness report and making a good-faith effort to identify the relevant content independently.

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 orzoomo 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.

The policies immediately below governing remediation reassessment scheduling and excused-absence requests after release of the official examination schedule supplement this section and control in the event of a conflict specific to those circumstances.

Remediation Examination Rescheduling

Students are ordinarily permitted one approved rescheduling of a remediation reassessment during the Program. For purposes of this policy, a remediation examination is any reassessment administered following unsuccessful performance on an original examination in accordance with Program academic policy.

Requests to reschedule a remediation examination must be submitted in writing to the Course Director and/or designated program official before the scheduled remediation examination date unless extenuating circumstances prevent advance notice. Approval of a remediation examination rescheduling request is not automatic and is subject to review by Program leadership. If approved, the remediation examination must be completed within the timeframe established by the Program.

Failure to appear for a scheduled remediation examination without prior approved rescheduling, or submission of a second request to reschedule a remediation examination, will result in forfeiture of the remediation opportunity and may result in additional academic consequences in accordance with Program policy.

This policy is intended to preserve academic standards while allowing limited flexibility for unforeseen circumstances. Students are expected to prioritize remediation examinations and plan accordingly.

Excused Absence and Examination Scheduling

If a student submits and receives approval for an excused absence before the official examination schedule is released, and the approved absence later coincides with a scheduled examination date, the student will not incur academic penalty for that examination absence. In such cases, the student will be provided an opportunity to complete the missed examination at a time determined by the Program.

After the official examination schedule is released, students are expected to avoid non-emergent absences that conflict with examinations. An approved absence request submitted after release of the examination schedule does not automatically entitle the student to a make-up examination. Whether a make-up examination will be allowed depends on the reason for the absence, the timing of the request, the availability of an equivalent assessment, and Program judgment regarding fairness and academic integrity.

All absence requests must follow established Program procedures and may require supporting documentation. Exceptions may be considered only in unforeseen, severe, or emergent circumstances at the discretion of Program leadership.

Nothing in this section limits the Program's authority to address patterns of missed examinations, prolonged absence, or inability to complete course requirements through separate progression review under published Program policy.

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 Christian University, 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 Christian University 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.

Digital Professionalism

Students must maintain professional conduct when using social media or other online platforms. Posting patient information, identifiable clinical experiences, protected health information, or confidential institutional information is prohibited. Violations of professional standards in online environments may result in academic and/or professional progression review, referral through applicable University procedures where required, and Program action under published policy. This prohibition includes sharing, transmitting, storing, or describing patient-related, clinical site, or confidential institutional information through social media, messaging applications, or other digital platforms.

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 Christian University 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 Christian University 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 academic/professional action, up to and including dismissal from the Program

Student Identification

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 Christian University 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

Students in the Mississippi Christian University Physician Assistant Program are expected to maintain a clean, serviceable, and non-offensive appearance in all program, campus, clinical, and professional settings. Dress and appearance should support professionalism, patient trust, effective communication, safety, and full participation in educational activities. Students are expected to use good judgment and present themselves in a manner appropriate to the setting and consistent with the expectations of the PA profession.

General Standard

Unless a course, laboratory, clinical site, or program activity requires otherwise, students must meet the following minimum expectations:

1. Clothing must be clean, serviceable, and appropriate to the setting.
2. Clothing must provide appropriate coverage and allow safe participation in academic, laboratory, clinical, and program activities.
3. Students must maintain personal hygiene appropriate to close educational and clinical environments.
4. Attire, accessories, or grooming may not display or communicate content that is obscene, vulgar, discriminatory, harassing, threatening, lewd, suggestive, or otherwise offensive or disruptive to the learning or clinical environment.
5. Dress, grooming, or appearance that creates a safety risk, interferes with communication, impairs identification, disrupts instruction, or is inconsistent with patient care expectations may be prohibited.
6. Shoes must be worn in academic areas, laboratories, offices, clinical settings, and other program activities unless a specific instructional exercise requires otherwise.
7. When representing the Program, the University, or the profession in any official setting, students are expected to present a professional appearance appropriate to the occasion.

Hair, Piercings, Tattoos, and Personal Presentation

Students should maintain a professional appearance that does not distract from patient care, instruction, or professional interactions.

1. Hair must be clean, neat, and well-groomed. Hair color that is markedly unnatural or conspicuous is discouraged, particularly in clinical, patient-facing, and formal program settings.
2. Overt body piercings that are excessive, distracting, or inconsistent with a professional healthcare environment are discouraged. The Program may require removal or concealment of visible piercings, other than conservative ear piercings, when reasonably necessary for professionalism, safety, patient comfort, communication, or clinical site compliance.

3. Students are strongly encouraged to conceal tattoos or other body art in professional and clinical settings whenever feasible.
4. Fragrances, odors, or other aspects of personal presentation that are distracting or disruptive in close educational or patient-care settings should be avoided.

Student Identification

Students must comply with all Program, University, and clinical-site identification requirements. University-issued identification and any required Program or site-specific identification must be worn when designated. In all clinical settings, students must be clearly identified as Physician Assistant Students. Program-issued identification, name badges, and white coats must be worn when required by the Program or the clinical site.

Classroom, Campus, and Program Activities

For routine classroom and campus-based program activities, students may wear attire of their choice so long as it is clean, serviceable, non-offensive, and appropriate for the educational setting. The Program may require specific attire for presentations, ceremonies, guest events, assessments, simulations, or other designated activities when professional presentation, safety, instructional needs, or identification concerns warrant it.

Clinical Settings

Students must comply with the dress, appearance, identification, hygiene, infection-control, and safety requirements of each assigned clinical site. Where a clinical site has more specific or stricter requirements than this handbook, the clinical site's requirements control. Failure to comply with site requirements may affect a student's ability to participate in the clinical experience and may be addressed as a professionalism matter.

Anatomy Laboratory

For anatomy laboratory activities, students must wear the attire, protective equipment, and identification required by the Program for safety, infection control, and laboratory compliance. Required attire includes:

1. White lab coat
2. Navy blue scrub top and navy blue scrub pants
3. Closed-toe shoes and socks
4. Required anatomy laboratory identification

Lab attire must be kept clean and laundered regularly. Footwear or attire that creates a safety or exposure risk is not permitted in the laboratory. Additional laboratory instructions issued by faculty or staff must be followed.

Diagnostic Medicine and Professional Development Skills Labs

For Diagnostic Medicine and Professional Development Skills Labs, students must wear navy blue scrubs designated by the Program. The Program logo must be affixed to the left upper chest area or left pocket, if present. Students must also wear closed-toe, closed-heel shoes. Additional clothing or items may be required for participation in examination, simulation, or other skills-based activities. When instructed for examination practice or similar activities, students must have appropriate underlayers or other required garments available on site.

Dress Code Concerns and Noncompliance

If a student's dress or appearance does not meet the requirements of this policy or the requirements of a particular setting, the student may be required to correct the issue before participating in class, lab, clinical activities, or other program events. A student may be directed to leave and return appropriately prepared if immediate correction is not possible.

Time missed because of failure to comply with dress or appearance requirements may be treated as unexcused unless the Program determines otherwise under applicable policy. Noncompliance may be

addressed as a professionalism matter. Repeated, serious, or setting-specific violations may result in a letter of concern, professionalism warning, referral to the Progress and Promotions Committee, or other action under published Program policy.

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 Christian University 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

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.
10. A student who is simultaneously on Academic Probation and Professionalism Probation is considered to be a high-risk student who is not in good standing in the program. Simultaneous probation in both categories requires review by the Progress and Promotions Committee and may result in additional conditions or Program Dismissal in accordance with the procedures set forth in this handbook.

Requirements for Advancement & Completion

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 dismissed or otherwise subject to progression action in accordance with published Program policy.

Comprehensive & Summative Evaluations

Policies:

At the end of each the two phases 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 End of Preclinical Comprehensive Evaluation to be advanced to the clinical phase and the Summative Evaluation 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 the 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 End of Preclinical Comprehensive Evaluation or the Summative Evaluation will be required to remediate the failed section per 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 End of Preclinical Comprehensive Evaluation 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 End of Preclinical Comprehensive Evaluation and Summative Evaluation 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 the clinical phase or graduation.

Remediation & Deceleration Options

Each student is expected to demonstrate satisfactory academic performance and progression in each course, course section, and required summative evaluation. When a student fails to meet a published assessment, course, or progression standard, the Program may require remediation and, when warranted, may also impose academic warning, probation, deceleration, dismissal, or other action under applicable Program policies. The type, scope, and availability of remediation are determined by the nature of the deficiency, the student's overall academic performance, patient-safety considerations, and the Program's progression standards.

Remediation is an academic corrective process intended to address identified performance deficiencies. Remediation does not, by itself, replace separate progression review, probation, deceleration, dismissal, or appeal procedures when those are otherwise warranted under Program policy.

For purposes of didactic remediation tracking and referral thresholds under this Handbook, two below expected competency (BEC) scores requiring remediation shall be treated as equivalent to one failed primary assessment. BEC scores are aggregated cumulatively during the didactic phase; once two BEC scores have accrued, they will count as one failed primary assessment for purposes of escalation, student review, warning, and referral under the remediation policy.

Individual Item Remediation

Individual item remediation may be required in all PA courses for designated primary assessments and, where specified by the course director, certain secondary assessments.

Clinical Medicine Section Remediation

Clinical Medicine section remediation applies only to designated Clinical Medicine course sections and is subject to the limitations stated below.

Course Remediation

Course remediation may be available for eligible courses beginning after the first semester, subject to Progress & Promotions review and Program approval. Students may appeal appealable academic determinations in accordance with the "Program-Level Academic Appeals and Due Process" section of this handbook.

Academic Deceleration

Academic deceleration may be offered, in the Program's discretion, when the student demonstrates a knowledge or performance deficit that cannot be adequately addressed through item-level or course-level remediation alone, or when deceleration is otherwise appropriate to support safe progression and student success. Students may appeal appealable academic determinations in accordance with the

“Program-Level Academic Appeals and Due Process” section of this handbook.

Remediation Policies & Procedures

Purpose

The Program uses remediation to address academic deficiencies promptly and consistently so that students have notice of performance concerns, an opportunity to correct deficiencies, and a clear understanding of how repeated below expected competency or failing performance may affect progression.

For purposes of this policy, academic deficiency points are a cumulative internal tracking measure used for academic monitoring and progression review. They are not course grades, do not change the grading scale, and do not convert a passing course grade into a failing course grade.

Remediation Documentation

All remediation plans must be documented in writing and must include:

- specific performance deficiencies identified
- required corrective actions
- measurable performance expectations
- defined deadlines for completion
- consequences for failure to meet remediation expectations

The written remediation plan must identify:

- the individual responsible for determining whether remediation has been successfully completed
- whether the remediation affects course status or progression
- whether unsuccessful completion may trigger referral to the Progress & Promotions Committee for additional review

Students will receive written notice of any required remediation plan. Documentation of remediation plans, remediation outcomes, academic deficiency point totals, referrals, committee actions, and final decisions under this policy will be maintained in the student’s academic record in accordance with Mississippi College record retention practices and applicable University policy.

Individual Item (Exam) Remediation

Any primary assessment score below 75.00% requires remediation.
Performance categories are defined as follows:

- 75.00% or higher: expected competency
- 70.00% to 74.99%: below expected competency (BEC)
- less than 70.00%: failing score

A BEC score is a passing score for the individual assessment, where otherwise permitted by the grading policy, but reflects performance below the level expected for strong academic progression in the Program.

For any primary assessment score below 75.00%, the student will be required to complete the assigned remediation process as directed by the course director.

Individual Remediation Procedure

Within 24 business hours of grade posting, the student must notify the Director of Preclinical Education of the score and contact the Course/Section Director to arrange for remediation. The Course/Section Director will review the student’s strength and weaknesses report and discuss it with the student. The Course/Section Director will then give the student a remediation assignment and/or assessment with passing criteria and completion timeframe. The Director of Preclinical Education will complete all necessary documentation.

Remediation may include:

- a written assignment
- written reassessment
- oral reassessment
- skills reassessment
- another documented method of demonstrating improved competency

Remediation must be completed within the timeframe established by the Program. No grade adjustment will be made following remediation.

The Director of Preclinical Education will maintain the official record of academic deficiency points for preclinical students in coordination with:

- the applicable course director
- the Director of Education

Academic deficiency points will be calculated and updated when each remediable primary assessment is posted and finalized. Students will receive written notice when they reach a progression threshold under this policy.

This tracking system applies across the student's entire didactic phase. Academic deficiency points:

- are cumulative throughout the didactic curriculum
- are not reset at the end of an individual semester
- continue to count even if remediation is completed successfully

For purposes of academic monitoring:

- one BEC equals 0.5 academic deficiency point
- one failing primary assessment equals 1.0 academic deficiency point

Thus, two BEC scores are equivalent to one failing primary assessment for purposes of academic monitoring and progression review only. This equivalency does not:

- convert a passing course grade into a failing course grade
- alter the grading scale
- change minimum passing standards otherwise stated in the handbook

Accumulated academic deficiency points may result in escalating intervention:

- At 2.0 academic deficiency points: the student will meet with the designated faculty advisor, team leader, or Director of Preclinical Education for academic counseling and a documented success plan.
- At 3.0 academic deficiency points: the student may be referred for formal academic review and may be placed on academic warning or referred to the Progress & Promotions Committee for consideration of academic probation.
- At 5.0 academic deficiency points: the student will be referred to the full Progress & Promotions Committee for review of continued progression in the Program.

At the 5.0 threshold, the Progress & Promotions Committee may recommend:

- continued enrollment with conditions
- academic probation
- deceleration
- dismissal

Failure to successfully complete required remediation may result in:

- course failure
- referral to the Progress & Promotions Committee

- other progression action consistent with Program policy

Failure to remediate a failed primary assessment on the first attempt will be handled in accordance with existing handbook and course policies governing course failure, committee referral, and progression consequences.

Clinical Medicine Section Remediation

A student who fails a Clinical Medicine section examination or other required Clinical Medicine primary assessment must complete remediation as directed by the course director. The content, method, and timing of remediation will be determined by the course director and may include:

- written assessment
- oral assessment
- practical assessment
- other methods designed to evaluate competency in the deficient area

A score in the below expected competency range may also require remediation when designated by course policy. Repeated BEC or failing performance in Clinical Medicine may be considered in academic monitoring and may result in referral for progression review in accordance with applicable clinical course and handbook policies.

Failure to successfully complete required remediation may result in:

- failure of the course or course section
- referral to the Progress & Promotions Committee

Course Remediation

In the event of course failure, the Progress & Promotions Committee may recommend course remediation in lieu of dismissal from the Program, consistent with existing Program policy.

Course remediation may be:

- concurrent
- decelerated

Except in rare circumstances, course remediation will delay Program completion and graduation.

Course remediation remains unavailable in circumstances where the handbook expressly provides that remediation is not available, including first-semester course failures.

A student on academic probation who incurs additional academic deficiencies may be referred immediately to the Progress & Promotions Committee for further action.

A student who is simultaneously on:

- academic probation, and
- professionalism probation

will be referred to the Progress & Promotions Committee for immediate review of continued enrollment in the Program.

Relationship to Existing Probation and Dismissal Provisions

This policy supplements, and does not replace, existing handbook provisions governing:

- academic warning
- academic probation
- professionalism probation
- academic deceleration
- program dismissal
- appeals

All current progression standards remain in effect unless specifically revised by the handbook.

Nothing in this policy limits or alters the existing authority of the Program to place a student on academic probation for reasons already stated elsewhere in the handbook, including but not limited to:

- falling below a cumulative GPA of 3.0
- needing to remediate five or more failing assessments during the preclinical phase
- needing to remediate any course during the preclinical phase
- failing to achieve an average score of 70% on the primary assessments in any course

Nothing in this policy limits or alters the existing authority of the Program to impose:

- professionalism probation
- program dismissal

where otherwise authorized by the handbook.

Nothing in this policy alters existing handbook provisions concerning:

- first-semester course failure
- circumstances in which course remediation is unavailable
- dismissal without prior warning or probation
- dismissal for egregiously unprofessional behavior at the discretion of the Program Director
- dismissal arising from failure to meet probationary requirements
- existing dismissal and appeal procedures

Likewise, nothing in this policy creates a right to lesser intervention where the handbook already permits more immediate or more severe action.

Committee Authority, Final Decision-Making, and Appeals

Students may be referred to the Progress & Promotions Committee for academic and/or professional concerns as otherwise provided in the handbook. In making its recommendation, the Committee may review:

- the student's academic record
- remediation history
- professionalism history
- academic deficiency point total
- any other relevant information

Consistent with existing handbook policy:

- the Progress & Promotions Committee makes recommendations
- the Program Director is responsible for the final decision
- the student will be notified of both the Committee's recommendation and the Program Director's decision

If the outcome under this policy is academic deceleration, and the Committee recommends deceleration and the Program Director approves that recommendation, the student may:

- enter the deceleration track
- withdraw from the Program
- appeal to the Dean as provided elsewhere in the handbook

If the outcome under this policy is program dismissal, the student may file a written appeal within 7 days to the Dean of the School of Mathematics and Sciences, with notice to the Program Director. The decision of the Dean, or the Dean's committee if utilized, is final.

REFERRAL TO THE PROGRESS & PROMOTIONS COMMITTEE

Progress & Promotions Committee Authority

The Progress & Promotions Committee evaluates student academic performance, professionalism, and progression within the Physician Assistant Program. The Committee operates under delegated authority of the Program Director. Committee recommendations regarding remediation, deceleration, probation, or dismissal are submitted to the Program Director for final academic determination in accordance with Mississippi Christian University academic governance procedures. The Progress & Promotions Committee is a recommending body and is not the final appeal authority for program-level academic determinations.

Policy:

A student may be referred to the Progress & Promotions Committee for academic and/or professional progression review when academic deficiency, professionalism concerns, clinical eligibility concerns, or other Program-related issues may warrant remediation, warning, probation, deceleration, dismissal, or other Program action permitted by published policy. 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
6. Referral to the Progress and Promotions Committee is required when a student is simultaneously subject to Academic Probation and Professionalism Probation

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

The Progress & Promotions Committee evaluates problems with student academic performance, professionalism, and evaluates progression within the Physician Assistant Program. The Committee operates under delegated authority of the Program Director. Committee recommendations regarding remediation, deceleration, probation, or dismissal are submitted to the Program Director for final determination in accordance with Mississippi Christian University academic governance procedures.

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 dismissal
- Other: Leave of absence, counseling, self-reflection assignment, tutoring, select/mandatory study techniques

In cases involving simultaneous Academic Probation and Professionalism Probation, the Committee

shall specifically evaluate whether the student's combined academic and professional risk warrants Program dismissal.

Academic Deceleration

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 when a student requests academic deceleration, the student will be referred to the Progress & Promotions Committee for review. If the Committee recommends academic deceleration and the Program Director approves that recommendation, the student will receive written notice of the decision, the basis for the decision, and any required Deceleration Agreement. The student may accept the deceleration plan, withdraw from the Program, or appeal the decision in accordance with the "Program-Level Academic Appeals and Due Process" section of this handbook. Any further review beyond the Program level shall occur only if expressly required or permitted by Mississippi Christian University policy.

Academic deceleration is a program-level academic determination and is not a University conduct sanction.

Procedures:

1. The purpose of academic deceleration is to provide a structured academic pathway for a student whose identified knowledge or performance deficit cannot be adequately addressed through item-level or course-level remediation alone. Academic deceleration is available only when the Progress & Promotions Committee determines that deceleration is educationally appropriate and reasonably likely to support successful completion of the Program.
2. If academic deceleration is approved, a written Deceleration Agreement will be prepared and provided to the student. The agreement must identify the academic basis for deceleration, the required curricular components, the expected timeline, applicable progression requirements, financial implications if known, conditions for return to the standard track if applicable, and the consequences of failing to meet 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.
6. Modification, termination, or unsuccessful completion of a Deceleration Agreement will be addressed through the Progress & Promotions process, with final academic determination by the Program Director and appeal rights governed by the "Program-Level Academic Appeals and Due Process" section of this handbook.

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 address professionalism concerns that, if repeated or not corrected,

may result in additional academic and/or professional progression review and action under published Program policy.

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. The need to remediate a failing score for five or more assessments during the preclinical phase
3. The need 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 referral to the Progress & Promotions Committee for consideration of dismissal or other action permitted by Program policy, with final academic determination by the Program Director. Likewise, failure of a primary assessment while on academic probation, or failure of any course while on academic probation, will result in referral to the Progress & Promotions Committee for consideration of dismissal or other action permitted by Program policy, with final academic determination by the Program Director.

Academic Probation may be imposed alone or in combination with Professionalism Probation when the student's record reflects both academic deficiency and professionalism concerns. A student who is placed on Academic Probation while already on Professionalism Probation, or who is placed on Professionalism Probation while already on Academic Probation, shall be referred to the Progress and Promotions Committee for review, with Program dismissal or other academic progression action as available outcomes.

Professionalism Probation

Failure of any student to demonstrate acceptable levels of maturity, integrity, conduct, or other professionalism behavior expected of healthcare students 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 substantiated professionalism infraction will result in referral to the Progress & Promotions Committee for consideration of dismissal or other action permitted by Program policy, with final academic determination by the Program Director.

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 for the specific violation.

The PA Progress and Promotions Committee 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 Progress and Promotions Committee 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 referral to the Progress & Promotions Committee for consideration of dismissal, with final academic determination by the Program Director 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.

Professionalism probation may be imposed alone or in combination with academic probation when the student's record reflects both professionalism concerns and academic deficiency. A student who is placed on professionalism probation while already on academic probation, or who is placed on academic probation while already on professionalism probation, shall be referred to the Progress and Promotions Committee for review of the student's continued eligibility to remain in the program.

Involuntary Administrative Removal

Mississippi Christian University may initiate involuntary administrative removal when a student's behavior presents a direct threat to the health or safety of others, significantly disrupts the educational environment, or creates an unmanageable risk for the University community. Involuntary administrative removal is administered through Mississippi Christian University institutional procedures and is not a substitute for Program academic action, although the same underlying facts may also result in separate academic review where permitted by published policy.

See Appendix VIII: Quick Reference Appeals and Authority Matrix for a summary guide to the appropriate authority and review path for common categories of student concerns, complaints, and appeals.

Program Dismissal

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. Depending on the nature and severity of the concern, a student may be subject to progressive academic action or, where warranted by serious academic deficiency, serious professionalism concerns, patient-safety risk, or other significant program-related circumstances, dismissal without prior warning or probation. Academic and transcript consequences of dismissal, including course grading, withdrawal status, and enrollment record effects, will be determined and recorded in accordance with Mississippi Christian University academic policies, registrar practices, and the timing of the dismissal decision.

Simultaneous academic probation and professionalism probation may constitute grounds for Program dismissal when the Progress and Promotions Committee determines that the student's combined academic and professional deficiencies reflect failure to maintain the standards required for continued enrollment, safe participation, professional development, or successful progression in the Program.

Procedure:

Students who demonstrate unsatisfactory academic progress or unprofessional behavior are referred to the Departmental P & P Committee for review. In exceptional circumstances involving serious professionalism concerns, patient-safety risk, or other urgent Program-related circumstances, the

Program Director may impose interim restrictions or may refer the matter for expedited review outside the ordinary Progress and Promotions Committee timetable. Any final dismissal decision shall be documented in writing and accompanied by notice of the applicable appeal process.

When dismissal is considered on the basis of simultaneous Academic probation and professionalism probation, the record presented for review should include the student's academic performance, professionalism history, prior warnings or probationary actions, remediation efforts, faculty evaluations, and any relevant patient-safety, clinical-readiness, or professional suitability concerns.

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 Decisions

Appeals of program-level academic determinations, including dismissal, progression decisions, remediation, deceleration, and academic probation, are governed exclusively by the 'Program-Level Academic Appeals and Due Process' section of this handbook. Appeals of institutional conduct sanctions are governed exclusively by the Mississippi Christian University Student Code of Conduct. Appeals related to Title IX matters, disability accommodations, involuntary administrative removal, or other University administrative actions must proceed through the applicable Mississippi Christian University procedure governing that matter. Students may not use the Program academic appeal process to challenge institutional conduct or administrative decisions outside Program academic authority.

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.

Program-Level Academic Appeals and Due Process

This section governs appeals of program-level academic determinations and does not replace Mississippi Christian University institutional complaint, conduct, Title IX, disability accommodation, or other university-level procedures. To the extent any earlier Program section appears to describe a different internal academic appeal path, this section governs program-level academic appeals unless Mississippi Christian University policy expressly requires additional review.

Appealable Decisions

Students may appeal the following program-level academic determinations: progression decisions, required remediation, deceleration, academic probation, and dismissal. Individual assignment grades, examination items, or routine faculty academic judgments are not separately appealable except through the published course review or grade-correction process, unless they directly resulted in an appealable final academic determination.

This includes final academic determinations arising from the student's simultaneous placement on Academic Probation and Professionalism Probation where that combined status results in dismissal or another final progression action.

Grounds for Appeal

A student may appeal only on one or more of the following grounds:

1. a material procedural error that affected the outcome;
2. the decision was unsupported by the documented academic or professionalism record;
3. new information, not reasonably available at the time of the original decision, would likely have affected the outcome; or
4. the sanction or action imposed was inconsistent with published program policy.

Appeal Submission

The appeal must be submitted in writing within five business days of the student's receipt of the written decision, unless a different deadline is required by university policy. The written appeal must state the decision being appealed, the grounds for appeal, the relevant facts, and the relief requested, and must include any supporting documentation.

Initial Appeal Review

Program-level academic appeals shall be submitted to the Program Director unless the Program Director issued or directly participated in the decision under appeal. If the Program Director issued or directly participated in the decision, the appeal shall be submitted to the Dean or other university academic officer designated by Mississippi Christian University.

Appeal Review Process

The appeal reviewer may affirm the decision, modify the decision, remand the matter for further review, or overturn the decision where the stated grounds are established. The reviewer may consult the student record, course materials, committee records, and relevant faculty or administrators as needed.

Notice of Outcome

The student will receive written notice of the appeal outcome. The written decision on appeal is final at the Program level unless further review is expressly required or permitted by Mississippi Christian University policy.

Effect of Appeal

Unless otherwise stated in writing, submission of an appeal does not automatically stay the academic decision, clinical restriction, or other requirements already imposed where the program determines immediate implementation is necessary for academic integrity, patient safety, or institutional compliance.

Student Records and Confidentiality

Student academic records maintained by the Physician Assistant Program are considered educational records protected under the Family Educational Rights and Privacy Act (FERPA). Access to student records is limited to authorized university officials with legitimate educational interest. Students may request access to their educational records in accordance with Mississippi Christian University FERPA policies.

Student health records are confidential and are not accessible to or reviewed by Program faculty or staff, except for immunization, health screening, certification, or compliance documentation required for enrollment, clinical participation, or patient-safety purposes. Such documentation may be maintained through University-approved systems, Program-approved compliance systems, or clinical onboarding systems as permitted by University policy, applicable law, and student authorization where required. Program access to health-related documentation is limited to information necessary to determine compliance with Program, University, accreditation, or clinical site requirements.

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 I: STATEMENT OF STUDENT ADVISEMENT

RE: Student Handbook

I certify that I have been provided access to the 2026–2027 Student Handbook for the Mississippi Christian University Physician Assistant Program.

I certify that I have read and understand all institutional and Program policies and requirements. By signing below, I acknowledge that I have received access to the handbook, have reviewed it, understand that I am responsible for complying with applicable institutional and Program requirements, and understand that questions should be directed to Program faculty or staff for clarification.

I further acknowledge that this handbook sets forth the current institutional and Program policies and requirements applicable to my enrollment in and progression through the Mississippi Christian University Physician Assistant Program; that the handbook does not constitute a contract; that it remains subject at all times to controlling Mississippi Christian University policies and duly approved revisions; that University-level conduct, complaint, Title IX, accessibility, and administrative procedures govern those matters when applicable; that students will be notified of significant policy changes through official Program communication; and that it is my responsibility to remain informed about policies affecting 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 stated policies and requirements may result in academic and/or professional review, referral through applicable University procedures where required, and may be grounds for Program action up to and including dismissal in accordance with published policy.

_____

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 Christian University Physician Assistant Department for the academic years 2026-2027.

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

Contributor grants to the Mississippi Christian University 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 Christian University 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 Christian University 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 2026 and ending December 2028.

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 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, <u>but are not limited to the following</u>:

A. <u>Evaluation</u> – 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. <u>Monitoring</u> – Implement patient management plans, record progress notes, and participate in the continuity of care.

C. <u>Therapeutics</u> – 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. <u>Patient Education</u> – 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. <u>Referral</u> – 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. Academic and/or professional progression review and 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 academic and/or professional progression review and 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: Remote Testing

Online testing may be used only when necessary because of a declared emergency, inclement weather, campus closure, or other significant circumstance that prevents in-person administration. In-person testing remains the standard method of examination administration. Except in rare and exigent circumstances approved by the Program, individual requests for online testing will not be granted.

When an examination is administered remotely, the following procedures apply:

- The assigned proctor will provide a meeting link and reporting time. Students must join the remote proctoring session at the designated time so that identity, workspace, and materials can be reviewed before the examination password is released. Students are responsible for having their testing area fully prepared before the scheduled start time.
- Permitted materials are limited to ear plugs, one whiteboard, one eraser, and one writing implement, unless additional materials are expressly authorized by the course director or proctor. The whiteboard must be shown blank before the examination begins and erased and shown again at the conclusion of the examination.
- All examinations must be taken while the student is seated at a table or desk in a room where no other person is present.
- The testing area must be free of books, backpacks, papers, notes, bottles, food, and other unauthorized items. Eating and drinking are not permitted during the examination unless expressly approved as an accommodation.
- The student must use a charged camera-enabled device positioned so that the proctor has a continuous live view of the student and workspace throughout the examination. The student's head, torso, hands, and active workspace must remain visible at all times.
- The Program may require the student to rotate the camera or otherwise display the room and workspace before, during, or after the examination.
- If the proctor determines that the testing environment is not appropriate or that exam security cannot be maintained, the Program may stop the examination and require the student to complete a make-up examination under applicable make-up examination rules.
- The student is responsible for maintaining a distraction-free testing environment. The Program is not responsible for interruptions or distractions occurring in the student's home or other remote location.
- Electronic or digital watches and other unauthorized electronic devices, including smartwatches and fitness trackers, are prohibited.
- Hats, caps, and similar headwear are prohibited during remote testing except for religious headwear or other approved accommodation.
- Behavior that interferes with monitoring or reasonably raises exam-security concerns, including repeated mouthing of words, exaggerated physical gestures, or acting out examination content, may be treated as suspicious behavior and reviewed under applicable academic integrity and professionalism policies.
- The audio function on the proctoring device must remain enabled unless the proctor directs otherwise or an approved accommodation applies.
- At the conclusion of the examination, the student must upload the examination in ExamSoft and notify the proctor as directed. The proctor may verify successful upload and conduct a final review of the workspace before dismissing the student from the session.

When remote proctoring is used, the Program may record the examination session for academic integrity, security, identity verification, and review of suspected testing irregularities. Any such recording will be maintained, accessed, and disclosed only in accordance with Mississippi Christian University policy, applicable law, and institutional educational-records practices. Recording is limited to the proctored examination session and does not create a separate student right to examination review beyond published Program and University procedures.

Appendix VII: ARC-PA Standards Crosswalk

This crosswalk identifies selected sections of the Mississippi Christian University Physician Assistant Program Student Handbook that support compliance with applicable ARC-PA Accreditation Standards for PA Education, Sixth Edition, effective September 1, 2025. This appendix is intended as an internal reference tool to support consistency between Program policies, accreditation requirements, and governing University policy. The crosswalk does not replace the full text of the ARC-PA Standards, Mississippi Christian University policy, or the substantive policy language stated in this handbook.

Handbook Section / Heading	ARC-PA 6th Edition Standard	University Policy
Relationship to Mississippi Christian University Policies and Hierarchy of Authority	A1.02; A3.01	Mississippi Christian University Student Code of Conduct; Graduate Catalog; Student Experience Policies
Policy Application	A3.01	Mississippi Christian University institutional academic policy framework
Diversity, Equity, and Inclusion	A3.12(a)	Mississippi Christian University nondiscrimination / equal access policies
Advanced Standing	A3.12(c); A3.15(a)-(c)	Mississippi Christian University admissions/enrollment practices; Graduate Catalog
Discrimination, Harassment & Mistreatment	A1.02(g)	Title IX / Sexual Misconduct process; Student Affairs complaint routes
Mandatory Reporting Obligations	A1.02(g)	Title IX reporting obligations; Report an Incident / institutional reporting structure
Incorporation of Institutional Policies	A1.02; A3.01	Student Code of Conduct; DAAPP; Drug & Crime Free Environment; Anti-Hazing; Involuntary Administrative Removal; Students of Concern; Traffic Regulations; E-Bike Policy; Missing Student Policy; Other Student Experience Policies
Institutional Reporting Mechanisms	A3.14(g)-(h)	Report an Incident; Students of Concern; Student Conduct; Public Safety; Title IX
Institutional Grievances, Complaints, and Appeals	A3.14(g)-(h)	Policy 4.20 Student Complaints; Student Code of Conduct appeal process; applicable university administrative appeal processes
Tuition & Fee Refunds	A1.02(h)	Graduate Catalog tuition refund policy; Business Office / financial aid rules
Estimated Total Cost of Enrollment	A3.11(f)	Graduate Catalog tuition refund policy; Business Office / financial aid rules
Professional Liability Insurance	--	Program clinical placement requirements; university-approved clinical participation requirements
Immunizations & Health Screening	A3.09(a)	Mississippi Christian University health screening / immunization requirements
International Travel Immunization & Health Screening	A3.09(b)	Mississippi Christian University travel and health screening requirements
Pathogen Exposure Prevention & Accidental Exposure Reporting	A3.05	Program clinical exposure procedures; Public Safety / institutional incident reporting as applicable

Handbook Section / Heading	ARC-PA 6th Edition Standard	University Policy
Student Health Services	A3.06; A3.07	Student Counseling / student support services
Access & Referral to Student Services	A3.07	Student Counseling; Office of Accessibility; other university student services
Fitness for Duty	A3.07; B3	Students of Concern; Involuntary Administrative Removal; applicable clinical safety processes
Relationship to the Mississippi Christian University Student Code of Conduct	A1.02; A3.14(g)-(h)	Mississippi Christian University Student Code of Conduct
MCPA Standards of Professionalism	A3.14(a); A3.14(f); B4.01	Student Code of Conduct; program academic/professional progression rules
Anti-Hazing Compliance	A1.02; A3.14(f)	Mississippi Christian University Anti-Hazing Policy
Drug Abuse or Misuse	A1.02; B3	DAAPP; Drug & Crime Free Environment; Student Code of Conduct
Substance Abuse Screening	B3	DAAPP; Drug & Crime Free Environment; clinical placement / patient-safety requirements
Academic Honesty & Plagiarism	A3.14(a); A3.14(f); B4.01	Mississippi Christian University academic integrity / syllabus rules; Student Code of Conduct where applicable
Artificial Intelligence Use	B4.01	Mississippi Christian University academic integrity / course and syllabus rules
Referral to Student Intervention Team	A3.07	Students of Concern; Student Intervention Team process
Outside Employment	A3.14(i)	Program employment policy; university employment expectations
Classroom Instruction / Service Work by Students	A3.02; A3.03	Program instructional assignment rules
Preclinical Academic Concerns and Chain of Communication	A3.01; A3.14(a)-(h); B4.01	Program academic review procedures; Policy 4.20 where complaint becomes formal
Withdrawal from the Program	A3.14(e)	Graduate Catalog withdrawal rules; Business Office / financial aid implications
Grading System	B4.01	Mississippi Christian University syllabus / grading framework
Timely Grading of Coursework	B4.01	Mississippi Christian University syllabus / instructional policies
Grade Corrections	B4.01	Mississippi Christian University syllabus / grade correction procedures
Exam Review Policy	B4.01	Program testing procedures; Mississippi Christian University syllabus where applicable
Missing / Make-Up Exams	B4.01	Program course and attendance procedures
Digital Professionalism	A3.14(a); B3	Student Code of Conduct; social media / digital conduct expectations

Handbook Section / Heading	ARC-PA 6th Edition Standard	University Policy
Student Identification	A3.04	Program and clinical site identification requirements
Academic Standards & Continuation	A3.14(a)	Program progression policy
Requirements for Advancement & Completion	A3.14(b)	Program graduation/progression requirements; Graduate Catalog
Remediation & Deceleration Options	A3.14(c)-(d); B4.01	Program progression policy
Remediation Policies & Procedures	A3.14(c)	Program progression policy
Remediation Documentation	A3.14(c); A3.16(d); B4.01	Program student recordkeeping practices
Excused Absence and Examination Scheduling	B4.01	Program attendance and testing procedures
Progress & Promotions Committee Authority	A3.14(a)-(h); B4.01	Program progression governance; university academic policy hierarchy
Academic Deceleration	A3.14(d)	Program progression policy
Involuntary Administrative Removal	A1.02	Mississippi Christian University Involuntary Administrative Removal Policy
Program Dismissal	A3.14(f);	Program academic appeal process; university academic policy as applicable
Appeals of Program Decisions	A3.14(h)	Program-level academic appeals process
Student Grievances	A3.14(g)	Policy 4.20 for formal complaints
Student Appeals	A3.14(h)	Program appeals section; Student Code / Title IX / other institutional processes for non-program matters
Student Records and Confidentiality	A3.16; A3.17; A3.18	FERPA-related institutional privacy practices; student health/confidential records rules
Clinical Practicum Guidelines (Clinical Phase Supplement)	A3.08; B3	Program clinical education policies
Attendance Policies (Clinical Phase Supplement)	A3.14(b); B3	Program clinical attendance policy
Travel to Required Rotation Sites	A3.14(j)	Program clinical attendance policy
Student Employment During Program / Outside Employment	A3.14(i)	Program attendance policy
Clinical Curriculum Assessments (Clinical Phase Supplement)	B4.01	Program clinical evaluation and assessment procedures
Student Responsibilities (Clinical Phase Supplement)	B3	Program clinical participation expectations; Student Code of Conduct where applicable

Appendix VIII: Quick Reference Appeals and Authority Matrix

This matrix is intended to help students, faculty, and administrators identify the appropriate authority and review pathway for common student concerns, complaints, appeals, conduct matters, and academic progression decisions. This matrix is a summary guide only. In the event of any conflict between this matrix and controlling Mississippi Christian University policy, applicable law, accreditation requirements, or the full policy language stated elsewhere in this handbook, the controlling policy or requirement governs.

Student Matter	Primary Authority / Office	Program Role	Appeal / Review Pathway
Course grade concern before final course grade	Course Director / Program academic leadership	Review academic concern and course-level documentation	Course-level or program academic process, as applicable
Final course grade appeal	University academic process / applicable academic administrator	Provide course records and program documentation	Mississippi Christian University academic appeal process
Remediation requirement	PA Program / Course Director / Director of Education / Director of Preclinical or Clinical Education	Assign, document, and evaluate remediation	Program-level academic appeal only if connected to an appealable progression decision
Academic probation	PA Program Progress & Promotions Committee	Review student performance and recommend action	Program-level academic appeal process
Professionalism probation	PA Program Progress & Promotions Committee	Review professional behavior and program fitness concerns	Program-level academic appeal process, unless the matter is governed by institutional conduct policy
Deceleration	PA Program Progress & Promotions Committee / Program Director	Determine academic progression plan	Program-level academic appeal process
Program dismissal	PA Program / Program Director / Progress & Promotions Committee	Determine dismissal based on published academic/professional standards	Program-level academic appeal process
Student conduct violation	Office of Student Conduct or designated University process	Refer concern and evaluate separate academic/professional implications if applicable	University Student Code of Conduct process
Title IX / sexual misconduct concern	Title IX Coordinator	Mandatory reporting and referral; support student access to process	University Title IX process
Disability accommodation	Office of Accessibility	Implement approved accommodations; refer	University accessibility process

Student Matter	Primary Authority / Office	Program Role	Appeal / Review Pathway
request or dispute		student to appropriate office	
Harassment, discrimination, mistreatment, or retaliation	Appropriate University reporting process; Title IX if applicable	Support student and refer through appropriate institutional route	Applicable University process
Student of concern / safety / well-being concern	Student Intervention Team or designated University process	Refer concern; evaluate program safety or progression implications if applicable	University process; program process only for academic/professional progression issues
Involuntary administrative removal	Designated University administrative process	Refer and coordinate as appropriate; evaluate program implications if applicable	University administrative process
Clinical site removal or loss of clinical eligibility	PA Program / Director of Clinical Education / Progress & Promotions Committee	Determine clinical participation, safety, and progression implications	Program-level academic appeal process if tied to progression or dismissal
Refund, billing, or financial aid issue	Business Office / Financial Aid / University policy	Refer student to appropriate office	Applicable University financial process

Clinical Phase Supplement to the Student Handbook

Updated & Discussed during Summer Semester prior to First Clinical Rotation

Revised MAY 2025

Table of Contents

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 Christian University 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 Preclinical 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 Christian University 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 Preclinical Summative Examinations given at the conclusion of the fourth Preclinical 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 Preclinical 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 areas, as well as to ensure students' ability to meet the Program's learning outcomes for supervised clinical practice experiences.

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.

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Notice: This Clinical Phase Supplement is part of the Mississippi Christian University Physician Assistant Program Student Handbook and must be read in conjunction with controlling Mississippi Christian University policies, the Graduate Catalog, and other applicable Program policies. In the event of a conflict, controlling University policy governs unless a different result is required by applicable law or accreditation standards. Program revisions to this supplement must remain consistent with University policy and approved Program governance processes.

Student Responsibilities

A. Clinical Eligibility Requirements. Participation in clinical education activities requires continued compliance with program and institutional requirements including:

1) Professional conduct expectations
2) Immunization and health screening requirements
3) Substance screening requirements
4) Institutional conduct policies

Clinical training sites retain authority to determine final eligibility for student participation in patient care activities. Failure to meet eligibility requirements may result in delayed clinical placement, deceleration, or dismissal from the program.

B. Clinical Site Compliance Requirements. Clinical training sites may require additional documentation or screening including:

1) Criminal background checks
2) Drug screening
3) Immunization verification
4) Occupational health screening
5) HIPAA training

Failure to meet clinical site requirements may prevent participation in clinical rotations and may delay progression in the program.

C. 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 Christian University, 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.

D. 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**.

E. 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).

F. 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.

G. 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. Nothing in this clinical reporting process limits a student's right or responsibility to report concerns through applicable Mississippi Christian University reporting mechanisms, including Title IX, Student Conduct, Public Safety, Student Experience, the Student Intervention Team, or other institutional processes. Concerns involving discrimination, harassment, retaliation, sexual misconduct, safety threats, or mistreatment may be reported directly through the appropriate University process, regardless of whether the student also notifies the Director of Clinical Education or Program leadership.

H. Health Insurance. 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.

I. Transportation. It is required for all clinical students to have a reliable personal method of transportation for travel to and from a clinical site.

J. Immunization Requirements. 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.

K. BLS/ACLS Certification. No student will be allowed to begin clinical rotations without current BLS/ACLS certification.

L. 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.

M. Accidental Exposure. 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.

N. 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.

O. 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.

P. MUSTS and MUST NOTS

1. A PA student of Mississippi Christian University 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.
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. Students may document in the patient record only as permitted by the clinical site and preceptor. All student-authored clinical documentation, including chart notes, progress notes, procedure notes, and any orders a student is permitted to enter, must be reviewed and authenticated by the supervising preceptor in accordance with site policy and applicable law. The student is responsible for ensuring that required preceptor review and signature/authentication are obtained before the documentation is relied upon for patient care, billing, coding, or discharge. All student entries must be dated, legible, and clearly identify the student as a Physician Assistant Student (PA-S). Nothing in this policy authorizes a student to independently diagnose, prescribe, discharge, or provide care beyond the scope permitted for a PA student under supervision.
5. You may or may not be allowed to write orders, depending on the site/facility's policy.
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 Christian University 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: Below expected competency Remediation and Failing Grade Remediation for assessments during the Clinical Phase follow the same remediation policy as the Preclinical 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 Christian University 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.
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 a 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 rotations. 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. Travel to Required Rotation Sites

Students are responsible for maintaining reliable personal transportation sufficient to meet attendance and punctuality requirements for all assigned supervised clinical practice experiences. The program may assign students to required clinical sites that are outside the immediate geographic area of campus.

Students should plan for the possibility of daily commuting, temporary relocation, lodging expenses, fuel expenses, and other ordinary travel costs associated with required clinical education. Unless expressly stated otherwise in writing by the program, the student is responsible for transportation, lodging, and personal living expenses associated with assigned clinical placements.

The program will make reasonable efforts to communicate assignment information as early as practicable; however, clinical placements are dependent on site availability and may change on short notice. Students must comply with assigned placements unless excused in writing by the Director of Clinical Education or Program Director.

A student who believes that a documented disability, medical condition, or other university-recognized circumstance affects the ability to complete travel requirements must promptly notify the Director of Clinical Education and pursue any appropriate university process, including accommodation review where applicable.

Refusal or inability to complete an assigned required clinical placement may affect clinical eligibility, progression, and timely completion of the program. The program does not guarantee that all required clinical placements will be within commuting distance of the student's residence.

C. Telehealth / Telemedicine in Supervised Clinical Practice Experiences

The program monitors supervised clinical practice experiences to ensure that each student achieves required clinical learning outcomes through appropriate patient care exposure. Telehealth or telemedicine activities may be used as part of supervised clinical education when

educationally appropriate and permitted by the clinical site; however, the program will monitor each student's experiences to ensure compliance with current ARC-PA requirements regarding the proportion of telehealth or telemedicine activity within the student's total supervised clinical practice experiences. The program may modify assignments or site schedules as needed to maintain compliance and ensure adequate in-person patient care exposure.

In accordance with ARC-PA Standard B3.01(c), no more than 20% of a student's total supervised clinical practice experiences (SCPEs) may be conducted through telehealth/telemedicine. In addition, telehealth/telemedicine may not exceed 50% of any individual SCPE except as otherwise permitted for behavioral health experiences under applicable ARC-PA standards. The Program will monitor telehealth/telemedicine participation for each student and may modify a student's schedule, assignments, or site placement as needed to maintain compliance.

D. 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.

E. Rotation hours are determined by the preceptor and will vary per rotation site, specialty, patient-care setting, clinical schedule, and learning requirements.

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.

F. Each clinical rotation, including the Advanced Clerkship, has its own syllabus detailing required textbooks, learning outcomes, instructional objectives, assignments, assessments, and other rotation-specific requirements.

Students are responsible for all learning materials required for the rotation or clerkship syllabus. The syllabus is constructed to apply to any approved clinical site assigned for that rotation or clerkship. 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.

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

Some clinical rotation or clerkship sites that are not local to the Mississippi Christian University 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.

H. Proper Student Identification - 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 CHRISTIAN UNIVERSITY. The student will always identify themself as a PHYSICIAN ASSISTANT STUDENT. **At no time or under any circumstances** will the student present themself as a physician, practicing physician assistant, or other medical professional.

I. 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.

J. 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.

K. Clinical Rotation Failure and Repeat Limit.

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. If a student fails a Clinical Practicum or Advanced Clerkship course, the student may be considered for remediation and repeat of that course/rotation only in accordance with the "Course/Rotation Remediation" policy in the "Clinical Phase Course Information" section of this handbook and any resulting Progress & Promotions Committee recommendation and Program Director determination. A student may remediate and repeat no more than one clinical course/rotation during the entire clinical phase of the Program. No failed clinical course/rotation is automatically subject to repeat, and approval of remediation is not guaranteed. Failure of a second clinical course/rotation will result in referral to the Progress & Promotions Committee for consideration of dismissal or other action permitted by published Program policy. No single rotation may be repeated more than once. See "Clinical Phase Course Information — Course/Rotation Remediation" for governing procedures and transcript implications.

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 by rotation site, preceptor, specialty, patient-care setting, and clinical schedule. 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. See the "Attendance Policies" section of this Clinical Phase Supplement for additional requirements regarding holidays, absences, scheduling, and make-up time.

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 <u>without</u> 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 Preclinical 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

EXAMPLE
Clinical Practicum Rotation Schedule
2023 - 2024

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

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)

Rotation / Clerkship: _____

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- Date
Associate Director of Clinical Education (signature)

*Reason(s):

_____

_____

Appendix III: Report of Accidental Exposure Form

MISSISSIPPI
MISSISSIPPI CHRISTIAN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM

Report of Accidental Exposure

Student Name: _____

Rotation Dates: _____Rotation:_____

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:

_____
_____
_____
_____
_____
_____

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 CHRISTIAN UNIVERSITY
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 CHRISTIAN UNIVERSITY Physician Assistant Program.

I certify that I have read and understand all institutional and Program policies and requirements. By signing below, I acknowledge that I have received access to the handbook, have reviewed it, understand that I am responsible for complying with applicable institutional and Program requirements, and understand that questions should be directed to Program faculty or staff for clarification.

I further acknowledge that this handbook sets forth the current institutional and Program policies and requirements applicable to my enrollment in and progression through the Mississippi Christian University Physician Assistant Program; that the handbook does not constitute a contract; that it remains subject at all times to controlling Mississippi Christian University policies and duly approved revisions; that students will be notified of significant policy changes through official Program communication; and that it is my responsibility to remain informed about policies affecting 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 stated policies and requirements may result in academic and/or professional review, referral through applicable University procedures where required, and may be grounds for Program action up to and including dismissal in accordance with published policy.

_____
Student Name (Please Print)

_____ _____
Student Signature Date

_____ _____
Program Representative Signature Date

Appendix V: AAPA Guidelines for Ethical Conduct for the PA Profession

Guidelines for Ethical Conduct for the PA Profession
(Adopted 2000, amended 2004, 2006, 2007, 2008, reaffirmed 2013)

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 comprehendible 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 understands 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.