The contents of this manual describe the academic policies and procedures of the MGH Institute of Health Professions Physician Assistant Program, which is part of the School of Health and Rehabilitation Sciences. This manual is for informational purposes only and does not constitute a contract between the Institute and any applicant, student or other party. The policies and procedures contained in this manual are in addition to those contained in the Institute’s Catalog and Student Handbook. The Institute reserves the right to make changes, without notice, in any course offering, requirement, policy, regulation, date, and financial or other information contained in this manual.
PROGRAM MANUAL

PHYSICIAN ASSISTANT PROGRAM

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PART I: PROGRAM OVERVIEW

1. PROGRAM PHILOSOPHY, MISSION, AND GOALS

Program Philosophy
The Master’s in Physician Assistant Studies program at the MGH Institute of Health Professions will immerse students in the study of medicine through an integrated curriculum that will prepare graduates who will deliver high-quality healthcare. The program is based on a philosophy that values professionalism, respect for all individuals, and the provision of excellent team-based, patient-centered care. We believe that physician assistants serve an important role in meeting the healthcare needs of patients and society, working with medical professionals in a variety of healthcare settings as clinicians, educators, administrators, scholars, advocates and consultants. Professional education should be a dynamic process, preparing graduates to be competent, broadly-skilled, reflective practitioners in primary care and other healthcare settings. As medicine continues to evolve at an increasingly rapid pace, it is imperative that our students develop the ability to identify what they don’t know and need to know, to find reliable, evidence-based answers, and to apply these skills to competent and compassionate patient care. Through a curriculum designed to meet the needs of the adult learner in both the didactic and clinical phases of the program, we will foster intellectual challenge and inquiry in an atmosphere of academic and clinical scholarship within which students and faculty share responsibility for lifelong learning.

Program Mission
The mission of the Master of Physician Assistant Studies Program (MPAS) at the MGH Institute of Health Professions is to prepare compassionate and highly competent physician assistants to provide leadership in serving diverse communities and the profession, to foster a commitment to excellence and advocacy, and contribute to evidence-based, interprofessional practice.

Program Goals
- Recruit highly qualified applicants from diverse backgrounds who have a passion for the PA profession.
- Establish outreach to health care workers and veterans seeking a pathway to the PA profession
- Prepare primary care physician assistant students to provide competent and compassionate medical care to a diverse society.
- Promote evidence-based and interprofessional practice among students and faculty in the classroom and clinical settings.
- Graduate PA employees of choice who are leaders and advocates in their practice and the profession.
- Support faculty and practicing PA professional development through graduate study, national programs and Institute-sponsored workshops.
- Generate awareness of the value and the key role of the physician assistant in health care among community leaders and the health care industry in and around the Boston metropolitan area.
2. GRADUATE COMPETENCIES/PROGRAM LEARNING OUTCOMES

Knowledge-based Outcomes

- Demonstrate knowledge of basic sciences and clinical medicine and the ability to integrate and apply this knowledge to the care of patients.
- Differentiate between normal and abnormal signs, symptoms, and diagnostic studies results.
- Understand the psychological, socioeconomic, cultural, and spiritual dimensions of the patient’s experience of health and disease and utilize the information in the development of appropriate plans of care.
- Identify the appropriate interventions for treatment and prevention of medical and mental health conditions.
- Promote healthy living behaviors through patient education and counseling.

Skills-based Outcomes

- Gather and document essential and accurate patient information.
- Competently perform physical examination and basic diagnostic and therapeutic clinical procedures on patient across the lifespan.
- Interpret, assess, and integrate history and physical exam findings and diagnostic study results in the diagnosis and management of common medical and psychiatric conditions.
- Apply the principles of clinical reasoning and evidence-based medicine to critically evaluate and manage clinical problems.
- Communicate and collaborate with patients, their families/caregivers, and members of the health care team to provide competent comprehensive patient-centered care across the lifespan.
- Keep abreast of the evolving practice of medicine through a dedication to life-long learning and enhancement of one’s knowledge, skills, and attitudes as a PA.
- Effectively advocate for patients and the PA profession.

Affective Outcomes

- Continually assess and demonstrate self-reflective practice and an awareness of one’s own implicit bias and recognize its potential effect on the care of patients.
- Demonstrate sensitivity and responsiveness to the patient’s values, culture, age, gender, and abilities.
- Demonstrate respect, compassion, and accountability to patients and society.
- Create and sustain sound professional and ethical relationships with patients and members of the health care team.
- Demonstrate emotional resilience and flexibility with an awareness of the importance of maintaining one’s own well-being.
## 3. CURRICULUM OUTLINE

### Department of Physician Assistant Studies

**PA Curriculum Outline***

<table>
<thead>
<tr>
<th>Semester 1 (May-Aug) 14 Credits</th>
<th>Semester 2 (Sept-Dec) 15 Credits</th>
<th>Semester 3 (Jan-April) 16 Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA650 Foundations of Medicine (3 credits)</td>
<td>PA721 The Physician Assistant in Practice (2 credits)</td>
<td>PA722 The Physician Assistant in the Community (1 credit)</td>
</tr>
<tr>
<td>PA720 The Physician Assistant Profession (1 credit)</td>
<td>PA733 Essentials of Pulmonary Medicine (3 credits)</td>
<td>PA738 Essentials of Gastroenterology (3 credits)</td>
</tr>
<tr>
<td>PA730 Essentials of Dermatology (1 credit)</td>
<td>PA735 Principles of Behavioral Medicine (2 credits)</td>
<td>PA739 Essentials of Endocrinology (2 credits)</td>
</tr>
<tr>
<td>PA731 Essentials of Musculoskeletal Disease and Injury (3 credits)</td>
<td>PA736 Essentials of Cardiovascular Disease (4 credits)</td>
<td>PA740 Essentials of Nephrology and Urology (2 credits)</td>
</tr>
<tr>
<td>PA732 Essentials of Hematology and Oncology (1 credit)</td>
<td>PA737 Essentials of Otolaryngology and Ophthalmology (2 credits)</td>
<td>PA741 Principles of Reproductive Medicine (2 credits)</td>
</tr>
<tr>
<td>PA734 Essentials of Neurology (2 credits)</td>
<td>PA751 Patient Care II (2 credits)</td>
<td>PA760 Special Populations (1 credit)</td>
</tr>
<tr>
<td>PA750 Patient Care I (2 credits)</td>
<td>HP818 IMPACT I (1 credit)</td>
<td>PA770 Principles of Surgical, Emergency, and Inpatient Care (1 credit)</td>
</tr>
<tr>
<td>Semester 4 (May-Aug) 10 Credits</td>
<td>Semester 5 (Sept-Dec) 13 Credits</td>
<td>Semester 6 (Jan-April) 13 Credits</td>
</tr>
<tr>
<td>PA800 Preparation for Clerkship (1 credit)</td>
<td>PA822 Pediatric Clerkship** (4 credits)</td>
<td>PA825 Emergency Medicine Clerkship** (4 credits)</td>
</tr>
<tr>
<td>PA820 Family Medicine Clerkship** (4 credits)</td>
<td>PA823 Women's Health Clerkship** (4 credits)</td>
<td>PA826 General Surgery Clerkship** (4 credits)</td>
</tr>
<tr>
<td>PA821 Internal Medicine Clerkship** (4 credits)</td>
<td>PA824 Psychiatry Clerkship** (4 credits)</td>
<td>PA827 Elective Clerkship I** (4 credits)</td>
</tr>
<tr>
<td>PA830 Seminar I (1 credit)</td>
<td>PA840 Seminar II (1 credit)</td>
<td>PA850 Seminar III (1 credit)</td>
</tr>
<tr>
<td>Semester 7 (May-June) 5 Credits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA828 Elective Clerkship II** (4 credits)</td>
<td>Total Program Credits = 86</td>
<td></td>
</tr>
<tr>
<td>PA860 Senior Seminar (1 credit)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Curriculum sequence subject to change
** All clerkships are five weeks in length. The order in which the Clerkship courses occur will vary based on site availability and student learning requirements.

### Curriculum Structure and Delivery

In meeting the needs of our adult learners, the curriculum of the Program is integrated across all courses. Structuring the curriculum in this fashion gives students a context for new material and increases understanding. Additionally, all courses will be taught using active learning modalities. The systems-based courses will be delivered using Team-based Learning (TBL). Unlike the lecture-based classroom, TBL enhances students’ communication and critical thinking skills and improves retention. TBL is structured to promote individual accountability, eliminating many of the negative
aspects of traditional group learning activities and assignments. We’re all familiar with lecture-based courses where the content is delivered by a faculty-expert, imparting knowledge in a one-way conversation where application only occurs during testing or hands-on practice opportunities. In these courses, students use their time outside of the classroom to grapple with concepts, improve understanding, and “cram” for examinations. With TBL, students study the content (basic concepts and knowledge) outside of the classroom through independent study modules that are designed by faculty and use various modalities. This allows classroom time to be used for dynamic and engaging activities that provide students with the opportunity to apply content. The faculty-expert is directing these application activities, guiding the experience, and ensuring understanding. For more information about TBL, visit these websites: https://www.youtube.com/watch?v=BIvPLYGdBLg (video of TBL in action at Duke’s Singapore branch of their medical school) and http://www.teambasedlearning.org/ (TBL Collaborative).

4. REQUIREMENTS FOR PARTICIPATION IN PROGRAM

4.1 TECHNICAL STANDARDS

Technical standards refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum as a student in the PA program. The qualified student must possess the mental, physical, and emotional capacities essential to attaining the competencies required to function as a physician assistant. These abilities enable the student to perform tasks required to meet professional requirements and work demands of the practicing physician assistant.

Candidates who possess any disability that would potentially interfere with the attainment of such competencies are encouraged to contact the Manager of Student and Disability Services, or the Director of the PA program, to discuss and identify possible accommodations.

Observation: Candidates must have sufficient sensory capacity to observe in team-based learning and lecture settings, the laboratory, and the health care or community setting. Sensory abilities must be adequate to perform appropriate examination and assessments including functional vision and tactile sensation to observe, diagnose, and treat a patient's condition.

Communication: Candidates must possess sufficient ability to communicate one-on-one and in small and large group settings. As a student, one must demonstrate effective and professional verbal and non-verbal communication in academic, community, educational, and health care settings, and be able to demonstrate proficiency in written and spoken English.

Motor: Candidates must have the ability to participate in diagnostic and therapeutic maneuvers and procedures. They must be able to negotiate patient care environments, and be able to move between settings such as the classroom, health care facility, educational, or community setting. Physical stamina sufficient to complete a rigorous course of didactic and clinical study is required. Long periods of sitting, standing or moving are required in a variety of learning sites. Candidates must be able to coordinate both gross and fine muscular movements, maintain equilibrium, and possess functional use of the senses of touch and vision.

Intellectual: Candidates must be able to measure, calculate, reason, analyze, and integrate information as well as be able to comprehend temporal and spatial relationships.

Social: Candidates must exercise good judgment and be able to function effectively in the face of
stress, taxing workloads, and the uncertainties inherent in clinical practice. They must be able to maintain mature, sensitive and effective professional relationships with faculty, staff, students, patients, family members, and other members of the health care and/or educational team. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all qualities that will be assessed during the admissions process and throughout the student’s PA education.

4.2 ACCOMMODATIONS FOR DISABILITY

To be eligible for disability-related services, individuals must have a documented disability as defined by section 504 of the Rehabilitation Act and/or the Americans with Disabilities Act (ADA) of 1990. Eligible disabilities include physical and mental impairments which may include but are not limited to vision, hearing, mobility, learning, systemic, psychiatric, and brain injury that substantially limit one or more major life activity.

Students with disabilities are encouraged to fill out the Disability Services Request form available on the web and in the Office of Student Affairs (OSA). Disability evaluations from an appropriate professional must have been performed within five years of the date of submission; otherwise students will be asked to submit a current evaluation at their own expense. If the initial documentation is incomplete or inadequate to determine the extent of the disability and appropriate accommodations, Student Services has the discretion to require supplemental assessment of a disability. (OSA can provide assistance in locating appropriate, licensed evaluators.) All information provided will be kept confidential except as required by law. Please consult the Institute Catalog for more details or contact studentlife@mghihp.edu.

4.3 REQUIRED EQUIPMENT

All students will be required to purchase a short, white lab coat and the “IHP PA Kit,” which will include all equipment needed for the duration of the program. Students must have the kit for use in the first semester of the program. Each student will need his/her own equipment. The student must replace lost or misplaced equipment. Failure to report to practical examinations or clinical experiences with the required equipment will affect the student’s grade for that exam or experience.

The IHP PA Kit will include: a cardiology-grade stethoscope, a sphygmomanometer, a reflex hammer, one each 128 Hz and 512 Hz tuning forks, an ophthalmoscope/otoscope, and measuring tape. Information regarding purchase of the kit will be provided after matriculation in the program. Delivery of the kits will take place during orientation. During the didactic (first) year of the program, students will be provided information regarding purchase of a suture practice kit.

4.4 HIPAA, OSHA, AND ACADEMIC INTEGRITY TRAINING

The Health Insurance Portability and Accountability Act (HIPAA) is legislation that mandates the standards and requirements for the electronic transmission of certain health information. This act seeks to ensure all patients, clients, and research subjects' health information is protected. Students must document prior to matriculation that they have reviewed and understood this training by using the web link provided in their IONLINE account and the Institute Orientation on D2L that documents review of the HIPAA information.

Occupational Safety and Health Administration (OSHA) training is also essential in health care and
educational environments, instructing students about general infection control principles and their management. Students must document that they have reviewed and understood this training by using the web link found in their IONLINE account.

Academic integrity is a very serious matter. In academic matters, mutual responsibility between faculty and students requires cooperation and trust in maintaining the ideals and spirit of academic and professional integrity. Each student is responsible for doing his/her own work. Any student who witnesses or has reason to suspect an incident of cheating or plagiarism has an ethical and professional obligation to report it to a faculty member. Any student suspected of cheating or of failing to report academic dishonesty will be reported to the Committee on Academic Policies and Procedures and will be subject to disciplinary action as specified in the IHP Catalog. Students should be aware that faculty, at their discretion, may use plagiarism software to check the integrity of student work. Students must attest that they have read and understand this policy before the start of classes. This is done by logging onto your IONLINE account. After you have logged in, go to the student menu then look for the section labeled "Conditions of Enrollment". In this section, you will see the link to the Academic Integrity Policy. Read through the policy in detail and then check the box at the bottom indicating that you have read and understand the policy.

Completion of the OSHA, HIPAA, and Academic Integrity modules are conditions of enrollment and must be completed prior to the on-site program orientation.

4.5 HEALTH HISTORY AND CPR CERTIFICATION

Students must refer to the Institute’s website for information about required health history documentation and CPR certification, available here.

In addition to maintaining current certification in the American Heart Association’s Basic Cardiac Life Support for the Health Care Professional throughout matriculation in the program, all physician assistant students must become certified in Advanced Cardiac Life Support (ACLS) prior to the beginning of the clinical year. Students may attend an ACLS course on their own time or during the Preparation for Clinical Clerkships course when an ACLS session will be arranged for students. The cost of certification is the responsibility of the student (approximately $250) and may be available at a discount, depending on location and participation. Students who enter the program with current ACLS certification are responsible for maintaining certification for the duration of their time in the program and providing verification of recertification should it lapse during matriculation.

4.6 HEALTH INSURANCE

All students are required to carry health insurance for the duration of their participation in the Program. Information regarding this requirement and options for purchasing insurance can be found on the Newly Admitted Students webpage.

4.7 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

FERPA is a federal law that protects the privacy of student education records. Students can learn more on the Institute’s FERPA webpage.

4.8 MEDICAL TERMINOLOGY

Students are required to demonstrate competency in medical terminology and medical abbreviations
by passing a Medical Terminology Competency Exam (77% or better) during orientation. Students may re-take the exam within two weeks if they do not pass the first exam. If the student fails to pass the exam a second time, s/he will be required to participate in a remedial program.

Students are expected to study the material for this exam on their own. Appropriate references and self-study texts will be recommended at the time of acceptance into the program.

4.9 WORK POLICY

The program does not dictate whether or not a student can work while enrolled. However, the intensity of the curriculum and varying schedules make working very difficult and it is therefore discouraged. Any volunteer or work activities undertaken by the student cannot interfere with classroom or clinical schedules, which may vary and will include evenings and weekends.

PART II: ACADEMIC POLICIES AND PROCEDURES

5. STUDENT PERFORMANCE EXPECTATIONS AND PROGRESSION IN THE PROGRAM

Academic policies of the Institute require students to pass all courses with a C+ or better and maintain an overall GPA of 3.0. Additionally, students must achieve the following in order to progress in the Program:

- Demonstrate consistent professional conduct (see Professionalism, Section 9).
- A passing grade on the pre-clinical cumulative practical examination administered at the end of the didactic portion of the Program
- A passing grade on the end-of-program Summative Evaluation administered prior to graduation.

Assessments will be based on the Graduate Competencies. The expected level of competency for each practical examination will be assessed using the developmental models noted below.

Using the Pangaro model of the Clinical Learning Role and Dreyfus’ Levels of Skill Acquisition model, the Program will ensure that students are progressing toward acquisition of the graduate competencies and the skills necessary for practice as a physician assistant using the following definitions of developmental models for clinical skills acquisition.

5.1 PANGARO’S CLINICAL LEARNING ROLE MODEL

**Reporter:** The student will focus on the “what” and demonstrate the ability to accurately communicate data that is collected.

**Interpreter:** The student will begin to focus on the “why” and demonstrate the ability to interpret findings.

**Manager:** The student will focus on the “how” and demonstrate the ability to make management decisions.

**Educator:** The student/graduate will focus on the advancement of their own knowledge and expertise and the education of patients and other health care professionals.
5.2 DREYFUS’ LEVELS OF SKILL ACQUISITION MODEL

<table>
<thead>
<tr>
<th>Level</th>
<th>Stage</th>
<th>Characteristics</th>
<th>How knowledge etc. is treated</th>
<th>Recognition of relevance</th>
<th>How context is assessed</th>
<th>Decision-making</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Novice</td>
<td>Rigid adherence to taught rules or plans</td>
<td>Without reference to context</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Little situational perception</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>No discretionary judgement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Advanced</td>
<td>Guidelines for action based on attributes or aspects (aspects are global</td>
<td>None</td>
<td>Analytically</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>beginner</td>
<td>characteristics of situations recognisable only after some prior experience)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Situational perception still limited</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>All attributes and aspects are treated separately and given equal importance</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>3</td>
<td>Competent</td>
<td>Coping with crowdedness</td>
<td>Present</td>
<td>Rational</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Now sees actions at least partially in terms of longer-term goals</td>
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<tr>
<td></td>
<td></td>
<td>Conscious, deliberate planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Standardised and routinised procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Proficient</td>
<td>Base situations holistically rather than in terms of aspects</td>
<td>Holistically</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Base what is most important in a situation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Perceives deviations from the normal pattern</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decision-making less laboured</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Uses maxims for guidance, whose meanings vary according to the situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Expert</td>
<td>No longer relies on rules, guidelines or maxims</td>
<td>Intuitive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intuitive grasp of situations based on deep tacit understanding</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Analytic approaches used only in novel situations or when problems occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vision of what is possible</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>


In year one, formative and summative assessments will be focused on the students’ transition from reporter to interpreter and from novice to advanced beginner. The year one comprehensive assessment will expect students to demonstrate competency at the level of interpreter/advanced beginner in most domains. As students progress through the second year, the expected development will follow a progression towards mastery of the graduate competencies and preparation for clinical practice. The Summative Evaluation prior to graduation will carry an expectation that all students have achieved the level of Manager in the Clinical Learning Role model and will demonstrate a level of proficiency in all tasks and undertakings in the clinical arena. It is the expectation that students will eventually progress to the Educator/Expert level in their work as physician assistants.

5.3 OSCES/COMPETENCY ASSESSMENTS AND PRACTICAL EXAMINATIONS

Objective Structured Clinical Examinations (OSCEs) will be administered at the end of each semester in the first year of the program. In the first two semesters of the Program, students who do not meet minimum criteria for passing the exam will be required to design a remediation plan and timeline in collaboration with their faculty advisor and present the plan to the Student Development Committee for approval. Failure to complete the required remediation on time will trigger a meeting with the Student Development Committee for consideration of probation or dismissal from the Program. No retakes of these assessments will be offered in the first two semesters.

In the final semester prior to the start of clinical clerkships, students will be required to pass a pre-clerkship practical examination (graded pass/fail), which they must pass in order to progress to the clinical clerkships. Students who fail the examination will be offered one retake. Failure to pass the retake will result in dismissal from the Program.

In Seminar I and II, students will again undergo an OSCE which will be evaluated on a pass/fail basis.  

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Students who fail the examination will be required to participate in remedial activities as recommended by their faculty advisor and approved by the Student Development Committee, which may include an additional clerkship experience. Students are responsible for any costs related to remedial courses or extended time in the Program.

The Summative Evaluation will be administered as part of Seminar III. This comprehensive written examination and OSCE will assess students’ acquisition of the graduate competencies (learning outcomes) for the Program. Students must pass both examinations as a requirement of graduation. The written test will be scored on a numerical basis. Students must earn an 80% or better to pass the written portion. The OSCEs will be graded on a pass/fail basis.

Students who fail either portion of the Summative Evaluation will be referred to the Student Development Committee for consideration of retaking the failed examination, remediation activities, or termination from the Program. Students recommended for remediation will be required to pass a similar written or practical examination after completion of the remedial activities. Failure to pass any initial or retake of the Summative Evaluation may result in delay of graduation or inability to graduate from the Program.

When any practical examination or OSCE is being given, students are prohibited from speaking with other students about the content or format of the exam until all students have been tested. Failure to comply with this policy will subject the student(s) to consequences as outlined in the Institute’s academic honesty policy and may result in termination from the Program.

In all OSCEs and practical examinations, students must demonstrate professional dress and behavior and appropriate patient/provider interactions.

Failed practical examinations will not be offered for retakes with the exception of the pre-clerkship Cumulative and final Summative evaluations.

6. PERSONNEL IN DIDACTIC PHASE OF PROGRAM

Director of Academic Education (DAE)
The Director of Academic Education is responsible for coordinating the overall educational process during the didactic year. In this role, the DAE provides continuity and serves as a resource for faculty, course coordinators, term lecturers, and adjunct lecturers. The DAE works with the Program Director, faculty, adjunct and term lecturers, and other instructors to assure that ARC-PA standards for didactic education are met.

Term Lecturers
Term lecturers provide regular instruction during the didactic phase of the Program, which may include, but not be limited to, coordinating and delivering an entire course or large portions of a course.

Adjunct Lecturers
Adjunct lecturers provide intermittent instruction during the didactic phase of the Program in one or more areas of specific expertise.

Course Coordinators
Course Coordinators are core Program faculty who are responsible for the overall organization and
delivery of assigned courses. They may teach some or all of the material and coordinate term or adjunct lecturers to ensure course objectives are being met.

**Program Manager**

The Program Manager provides logistical and administrative support for the Program administration and faculty.

**Graduate/Teaching Assistants**

While students may serve as graduate or teaching assistants within the program, they cannot at any time substitute for or act as principle instructional faculty.

7. **FACULTY ADVISOR**

Each student will be assigned a faculty advisor for the duration of matriculation at the Institute. The advisor will:

- Meet with their assigned advisees once per semester, at a minimum, to review student progress in the program and provide academic counseling when necessary.
- Advise students about relevant Institute and Program academic policies.

Students should meet with course coordinators or individual faculty involved in teaching specific courses to discuss difficulties related to course content. Students are encouraged to meet with their advisor to discuss issues regarding their overall academic performance and any personal problems that may impact learning and professional development. Students should also feel free to approach the Program Director at any time to talk about issues related to the program.

8. **ACADEMIC AND PERSONAL SUPPORT SERVICES**

In addition to the student’s faculty advisor, the Academic Support Counselor in the School of Health and Rehabilitation Sciences can assist students with academic support services. Students are encouraged to take advantage of these services for personal or academic needs. The faculty advisor may recommend a meeting or students can self-refer as needed.

The Employee Assistance Program (EAP) assists Institute students in dealing with personal problems that may pose a threat to their health or well-being. The EAP assists with problems such as parenting concerns, marital and family distress, elder care, financial concerns, emotional stress, alcohol and drug dependency, and mental health. Confidential services include consultation, assessment, short-term counseling, and referrals. Initial consultation is free of charge and may be initiated by calling 1-866-724-4EAP. The EAP maintains a large network of carefully screened resources for all types of problems.

The nearest EAP is located at MGH at 175 Cambridge Street, room 3-320. There are no EAP offices on the IHP campus, but there are several offices conveniently located around the city. Students are advised to call to find the nearest location and hours of operation.
9. GRADES

9.1 MGH IHP Grade Equivalents

<table>
<thead>
<tr>
<th>GRADE</th>
<th>QUALITY POINTS</th>
<th>GRADE EQUIVALENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>93 &amp; above</td>
</tr>
<tr>
<td>A -</td>
<td>3.7</td>
<td>90-92</td>
</tr>
<tr>
<td>B +</td>
<td>3.3</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>83-86</td>
</tr>
<tr>
<td>B -</td>
<td>2.7</td>
<td>80-82</td>
</tr>
<tr>
<td>C +</td>
<td>2.3</td>
<td>77-79</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>73-76</td>
</tr>
<tr>
<td>C -</td>
<td>1.7</td>
<td>70-72</td>
</tr>
<tr>
<td>D</td>
<td>1.0</td>
<td>60-69</td>
</tr>
<tr>
<td>F</td>
<td>0.0</td>
<td>Below 60</td>
</tr>
</tbody>
</table>

9.2 Academic Performance

9.2.1 Minimum Course Grades
For all courses, the weighted average of all grades earned in the course must be 77% (C+) or better to receive a passing grade for the course. The weighting of the Readiness Assurance Process (RAP), examinations, and other graded assignments or activities in a course will be specified in course syllabi. Any course grade below a C+ (77%) will be considered failing.

All clinical courses are pass/fail. Policies regarding failure of any clinical year course can be found in Part II of this manual.

9.2.2 Minimum Grade Point Average/Academic Probation
Students must maintain a cumulative GPA of 3.0 each semester to remain in good academic standing. If a student’s GPA falls below a 3.0 at the end of any semester, the student will receive a written academic warning issued by the Program Director and be placed on academic probation. A student placed on academic probation is required to meet with their faculty advisor within 10 business days of receipt of the academic warning and design a plan for academic support and remediation. The plan must be approved by the Student Development Committee and Program Director. Students on academic probation must achieve a cumulative 3.0 GPA by the end of the following semester or they will be subject to dismissal from the Program.

Students must have a cumulative 3.0 GPA at the completion of the pre-clinical phase of the Program, prior to entering the clinical clerkships. If a student has not achieved this standard, a recommendation may be made for dismissal from the Program or the student may be required to complete remedial activities as approved by the Student Development Committee and the Program Director. These may include, but are not limited to, repetition of courses or independent study. Remedial activities will be designed in collaboration with the student and his or her faculty advisor. Providing the option of
remediation and all remedial plans and the timeline for completion of the remediation are subject to the approval of the Student Development Committee. If a student does not complete the agreed upon remediation within the specified time, s/he will be subject to dismissal from the program.

9.2.3 Student Progress within a Course and Course Remediation
It is the responsibility of course coordinators to track students' progress within their courses of record, to meet in a timely fashion with students who are not meeting course requirements, and to make appropriate referrals to the student's faculty advisor and/or the academic support counselor. Faculty advisors will also track their assigned students' progress using the program's master grade spreadsheet which is maintained and updated on a weekly basis by the Program Manager. Additionally, students are encouraged to be proactive in seeking assistance if they find they are not performing well in a course.

The course coordinator is required to notify any student at risk of failing a course using the Notification of Concern form (Appendix C). Notification must occur before submission of final grades to the registrar's office. If the student is unable to obtain a passing grade by the conclusion of the course, the student may petition the course coordinator for the opportunity to remediate the course. The petition must be submitted in writing within 3 days of receipt of the NOC. Approval of the request to remediate and the requirements to complete the remediation is at the discretion of the course coordinator and must be approved by the Student Development Committee. If approved, the student will receive an incomplete for that course until the remediation is satisfactorily completed, which must occur no later than the end of the semester following the course that was failed. The maximum grade a student can receive on a remediated course is a 77% (C+). A student will be allowed to remediate no more than two courses during their time in the program. See section below (Course Failure policy) regarding consequences if a student does not successfully complete a course remediation or fails a second course.

9.2.4 Course Failures
If a student fails a course, s/he may be allowed to repeat the course the next time it is offered, usually the following year. (See Section XXX “leave of Absence/Deceleration) Students requesting an opportunity to retake a failed course must petition the Student Development Committee. The Committee will submit a recommendation to the Program Director for final approval. A student will be allowed to repeat an individual course only once and no more than two different courses during their time in the Program. If a student is allowed to retake a course and does not pass on the second try, s/he will be dismissed from the Program. Withdrawing from a course after the drop/add period constitutes having taken the course once. Failure of a third distinct course, including clinical clerkships, will result in automatic dismissal from the Program. All recommendations for dismissal must have the final approval of the Program Director.

9.2.5 Challenging a Final Course Grade
Students who wish to dispute a final course grade must bring written notification of their concerns to the course coordinator, the Program Director, and their faculty advisor within ten business days from receipt of the grade. The written notification must include a description of how the student's performance satisfied course requirements as outlined in the published course syllabi. The following steps are included in the process:

- A copy of the written notification of concerns will be sent to each of the following individuals: the course coordinator, the Program Director, and faculty advisor.
- It is highly recommended that the student and the faculty member meet first to try to resolve the dispute, and it is the student's responsibility to make efforts to set up a meeting to address
the written concerns with the faculty member. At any such meetings between the student and faculty member, the faculty member will keep written documentation of the efforts to resolve the dispute.

- If the student and faculty member cannot come to agreement, then a meeting will be held with the student, the faculty member, and either the Director of the Program or the Provost, based on availability. This administrative faculty representative shall attempt to reconcile the matter. This meeting will be scheduled within 10 business days of receipt of the written notification.

- Final disposition of grading will rest with the faculty of record. The student will be notified of the final disposition within 10 business days of the conclusion of this meeting.

The above policy can also be found in the Institute Catalog.

9.2.6 Incomplete Grades
If a student is unable to complete course requirements, s/he may request an Incomplete in any course, in writing, from the course coordinator. The request will specify the reason for the request. If approved, the course coordinator will determine the terms of remediation and the date on which the work is to be completed. Approval of the student’s request is at the discretion of the course coordinator. Students must complete all course work according to the timeline as agreed upon by the course coordinator to change an incomplete grade or an “F” will be assigned for the course grade. The maximum grade a student can earn upon remediation is a C+ (77%).

9.2.7 Leave of Absence
A student who fails a course and successfully petitions to repeat the course must file for a leave of absence until the next time the course is offered. Students who request and receive permission to leave the program temporarily due to personal reasons will also be required to file for a leave of absence. With the exception of clerkships, all courses in the program are offered once per academic year. Because the learning in the Program is cumulative and outcomes are competency-based, students who take a leave of absence will be required to audit courses and/or pass examinations in order to demonstrate adequate retention of knowledge and skills studied in the previous year. Requirements for returning to the program will be determined on a case-by-case basis by the Student Development Committee and presented to the Program Director for final approval. All Leaves of Absence must be requested using the Institute’s Leave of Absence form.

10. PROFESSIONALISM

10.1 Code Of Ethics
Students are expected to adhere to the principles delineated in the Guidelines for Ethical Conduct for the Physician Assistant Profession.

10.2 Professional Conduct Criteria
The faculty of the PA Program is committed to a philosophy of continuous self-assessment and professional development as an integral part of the learning process within professional education. Professional behaviors, attitudes, and abilities are essential for success as physician assistants. Academic and clinical faculty serve as mentors and role models within the professional education environment.

Professional development and conduct will be assessed using a student self-evaluation and a
faculty member evaluation each semester. The purpose of this assessment is to facilitate an understanding of professional responsibility and to recognize opportunities for enrichment, development, and improvement.

Professional conduct is consistently expected of all students in all Program-related activities, as well as when the students are acting as representatives of the Program and the Institute. In addition to the professional development assessment performed each semester, professional conduct will be assessed as part of all clinical experiences and in all practical exams. Following are the Professional Conduct Criteria:

1) **Responsibility** - The student consistently demonstrates his or her ability to:

   - Be punctual and dependable.
   - Complete responsibilities in a timely manner.
   - Follow through with assigned or accepted responsibilities.
   - Know and abide by relevant policies and procedures (e.g. for the Institute and its facilities, the Program and its resources, and program-related clinical settings).
   - Use scheduled meeting times effectively.

2) **Self-Directedness** - The student consistently demonstrates his or her ability to:

   - Seek out and make use of a breadth of available and appropriate resources.
   - Independently pursue learning without being consistently dependent upon others or over-utilizing any one set of resources in a way that might limit access to others.
   - Initiate completion of responsibilities without waiting for direction or reminders from others.

3) **Communication** - The student consistently demonstrates his or her ability to:

   - Use a volume and clarity of speech that is understandable to the listener or audience.
   - Utilize an appropriate level and type of language for the person, group and/or situation.
   - Utilize a tone and attitude that demonstrates respect for others and their roles (e.g. peers, faculty, staff, clinicians, patients, families, other health professionals).
   - Present or discuss one’s own views in a way that demonstrates respect for those with opposing viewpoints.
   - Maintain appropriate body language and non-verbal cues in a way that demonstrates respect for others.
   - Be attentive and respectful when others are speaking.

4) **Integrity and Comportment** - The student consistently demonstrates his or her ability to:

   - Be honest and demonstrate integrity.
   - Maintain personal boundaries that are appropriate.
   - Voice critical feedback, when necessary, in a spirit of helpfulness, in a nonjudgmental way, and at appropriate times.
   - Respect those with opposing opinions
   - Respect the role and contribution of others to one’s education and to health care delivery.
   - Respect the confidentiality of others.
• Demonstrate ongoing self-reflection.
• Accept and respond openly to critical feedback.
• Demonstrate sensitivity for interpersonal differences, including but not limited to cultural, racial, and religious and gender.
• Dress and maintain a level of personal hygiene that is appropriate.

5) **Collaboration** - The student consistently demonstrates his or her ability to:

• Collaborate effectively with others in a way that facilitates achievement of goals or objectives.
• Manage or attempt to manage conflict in constructive ways.

### 10.3 Academic Integrity

As an institution preparing future health care professionals, the highest standards of ethical behavior are expected of all members of the Institute’s community. As a critical component of this commitment, the Institute expects all faculty and students to adhere strictly to standards of academic and professional integrity. These are expressed through practices of intellectual honesty. Students have the obligation and responsibility to understand what is acceptable and not acceptable conduct relative to academic integrity.

**Academic dishonesty** is a serious form of misconduct that is subject to disciplinary action under the Student Guidelines for Conduct and includes the following: plagiarism, cheating, fabrication, fraud, and facilitating academic dishonesty.

- **Plagiarism** is any attempt to knowingly or deliberately pass off other's work as your own.
- **Cheating** is any attempt to gain an unfair advantage over one's fellow students.
- **Fabrication** is any attempt to present information that is not true when the author knows the information presented is false.
- **Fraud** is any attempt to deceive an instructor or administrative officer of the university.
- **Facilitating Academic Dishonesty** is any attempt to assist an act of academic dishonesty by another individual.

If there are questions about these standards, students should refer to the full policy in the IHP Catalog on Academic Integrity or discuss the matter with the appropriate faculty member or advisor.

### 10.4 Professional Dress

The IHP PA program will enforce a dress code in the classroom. Students are expected to dress in a professional manner at all times, while maintaining a certain level of personal comfort and choice of dress during their time in class. Below are guidelines agreed upon by the IHP PA faculty and staff for the purposes of guiding students in adhering to a professional dress code for all classroom sessions:

**What’s okay:**
Imagine you’re working in a tech start-up company where it’s important that you make a good impression on folks (new clients and potential sponsors are coming in all day to learn about your product), but the atmosphere is relaxed and collegial. Tops may be casual and comfortable, but always professional. Khaki pants or button up-style shorts would be common. You could wear a comfortable summer dress or modest skirt. You might wear sandals, dress shoes, boat shoes, or hiking boots. In a professional setting, shirts must cover the midriff and pants must adequately cover the body when sitting.
or bending forward.

**What not to wear:**
Here’s an example of things that would not be okay in the above setting and are not acceptable here:

- T-shirts, sweatshirts, tops with graphics (pictures, cartoons, sayings), athletic wear or gear of any kind
- Jeans, torn or worn pants, mid-thigh or higher skirts, sweatpants, pajamas, gym shorts
- Beachwear, strapless or spaghetti strap dresses or tops, halter tops, low cut or revealing tops
- Scrubs (unless required for lab or clinic)
- Hats of any kind (unless for religious reasons)
- Flip-flops, slippers

For physical diagnosis classes, the student must wear clothing that allows free movement and access to the body parts being studied. Tank tops, shorts, and socks with close-toed shoes are typically acceptable.

In the clinical setting, unless otherwise specified by the guidelines of the clinical site or preceptor, and in all on-campus clinical encounters/simulations, professional business attire is required. Additionally, in all clinical encounters, on and off campus, the following guidelines must be observed:

- Clean short white lab coats with program-issued name tags must be worn at all times.
- Jewelry: 2-3 simple rings on the hands and one or two pair of small stud earrings in the ears are appropriate. Nose and tongue studs are not allowed. No dangling jewelry of any kind.
- Perfume is an allergen and should not be worn.
- Excessive makeup is not allowed.
- Nails should be according to CDC recommendations: short and neatly trimmed.
- Only clear or light neutral nail polish may be worn
- Close-toed, low heeled shoes must be worn.
- Hair must be worn away from the face and off the shoulders. Facial hair must be neat and trimmed.

**10.5 USE OF TECHNOLOGY IN CLASSROOM AND SOCIAL MEDIA**

Effective use of technology is encouraged to enrich the learning experience at the Institute. Students should bring laptop computers or iPads to the classroom to take notes, to refer to PowerPoint™ presentations, to refer to websites relevant to the class discussion, or to take online exams. Students should **NOT** use any electronic devices for non-class activities during class time. E-mail or other forms of personal communication, including text messaging during class, are inappropriate, even if related to class activities, unless specifically required by the instructor.

Students must not post information related to patients or clinical experiences (even when de-identified) on any social media site. This is in direct violation of the HIPAA policy of the Institute and will result in disciplinary action. Be aware that faculty, preceptors, and administrators may monitor sites periodically for compliance.

**10.6 FAILURE TO MEET PROFESSIONAL CONDUCT CRITERIA**

When student behaviors do not meet acceptable standards of professional conduct, depending on the nature and severity of the problem and the setting in which it occurs, the following process will be utilized:

1) In the academic or clinical setting, course faculty or the faculty advisor may notify the
student about inappropriate behaviors with a Notification of Concern (NOC) memo (see Appendix C: Notification of Concern) sent from the faculty member or advisor. The student must then meet with the faculty member(s) who sent the NOC to discuss strategies for remediation and professional development. This meeting must take place within 10 business days of receipt of the notification. The Program Director will be copied on all NOCs.

2) If inappropriate behaviors are identified through two or more Notifications of Concern or if an incident is considered egregious, the student will be reviewed by the Student Development Committee. The Committee may require remedial action, may place the student on probation, or may recommend to the Program Director that the student be dismissed from the Program for repeated or egregious professional conduct incidents. Dismissal of a student for professional conduct issues will follow due process, including written notification, and documentation of the infraction(s). Students have the right to initiate grievance procedures for disciplinary action, according to the processes delineated in the online Institute Catalog.

11 ASSIGNMENTS AND EXAMS

11.1 WRITTEN ASSIGNMENTS

Written Work
All written assignments must be submitted double-spaced and 12 point font (unless otherwise specified by the instructor).

Style Standards
The American Medical Association (AMA) Manual of Style, 8th Ed. will be used as the standard for all written work. Copies can be found in Treadwell Library or online here.

Late Assignments
Assignments are due at the beginning of class on the due date unless otherwise specified. Course assignments turned in after the established deadline may be subject to a penalty on the grade for that work or graded as an F. Refer to individual course syllabi.

Failed Assignments
Remediation of failed assignments will be at the discretion of the course coordinator or instructor.

11.2 EXAMS

Instructors will schedule exams at the start of each semester and will list exam dates in the course syllabus. Exam dates may be changed by faculty under extenuating circumstances.

11.2.1 Attendance at Examinations
If a student is unable to attend a written, oral, or practical examination, the student must notify the instructor by e-mail prior to the exam. The student must be able to substantiate a valid reason for missing the exam, such as illness, religious holiday, or death in the family. Except in extenuating circumstances, failure to notify the instructor in advance will result in failure of the exam at the discretion of the instructor.

When, after proper notification, a student misses an exam, the student must contact the instructor
within 48 hours following the original exam date to schedule a make-up exam. The make-up exam
day, time and place are at the discretion of the course coordinator. The format of the exam will be
determined by the course instructor and will not be the same as the missed exam. Failure to make
timely arrangements to make up the exam will result in a grade of zero for that exam.

11.2.2 In-Class Written Exams
During in-class examinations, all book bags will be closed and placed at the front of the room with
all other personal belongings, including any electronics with the exception of laptops for online
exams. Students must remove all items they will need from their book bags prior to the start of the
exam. Students must refrain from talking during the test. Students should attend to personal needs
prior to the exam. Once an exam begins, students will not be allowed to leave the room except for
extenuating circumstances. It is the policy of the Program not to allow individual questions during
an examination. No additional papers should be on the table, desk arm, or chair unless
authorized by the instructor. Faculty may impose additional guidelines as needed for a given exam.

11.2.3 Take-Home or Distance Learning Exams
Faculty will provide instructions for the degree of interaction permitted for take-home exams. If
students are expected to work independently, discussion should be directed to the course faculty
only. Discussion should not take place outside of class unless otherwise instructed.

11.2.4 Exam Failures
A student who fails an exam must contact the course instructor within 7 business days of
receipt of the grade to discuss strategies for improvement.

11.2.5 Dispute of Exam or Assignment Grades
A student who wishes to question a grade on an exam or assignment must do so in writing within
three school days of receipt of the grade. In the case of final examinations, students will have three
school days from the date of notification of their grade by the course instructor. Requests for review
of a grade must be submitted to the instructor in writing, with documentation supporting the request.
The instructor is responsible for responding to the student within five school days from receipt of the
dispute. Extenuating circumstances such as semester breaks or temporary unavailability of faculty
may necessitate a longer interval between request and resolution. The faculty decision will be final.

11.2.6 Accommodations during Exams and Required Class Activities
Students who require accommodations during exams or timed class activities must have on file a
current Disability Services Request Form with the Office of Student Affairs for the current
semester. Students who are requesting accommodations must follow the procedures established
by the Office of Student Services, including assuming responsibility for working with course
faculty in advance of each occasion for which accommodations are appropriate to arrange
provision of accommodations. Faculty will not provide accommodations except those that are
officially approved by the Manager of Student and Disability Services.
If the accommodations require scheduling a quiet room for the exam, the Manager of Student and
Disability Services will notify faculty and the student about room assignment.

Students must be aware that accommodations given in the classroom or during exams are not
automatically transferrable to the clinical setting. Students are expected to work with the Manager
of Student and Disability Services (OSA) and the Director of Clinical Education relative to any
accommodations requested for the clinical setting.

11.2.7 Review of Exams
Students will have the opportunity to review exams (whether online or hard copy, practical or written) during scheduled review sessions, as determined by the course coordinator. Written exams will be housed in faculty offices and may be reviewed upon request in the location designated by the course coordinator. Under no circumstances are students permitted to make a copy of any examination, electronic or otherwise.

If students have questions about a particular exam, they should make an appointment with course faculty during office hours.

12 ATTENDANCE

12.1 ATTENDANCE REQUIREMENTS

Students must attend all classes and laboratories and are expected to arrive on time. Because of the interactive and collaborative nature of professional education and team-based learning, combined with the rigor of this academic program, class attendance is essential for successful learning. Faculty expects continuous participation to maintain the proper flow of course material. In addition, as a model of professional practice, consistent attendance and punctuality is considered part of one’s professional commitment and will be evaluated as such in the student’s professional development assessment.

12.2 NOTIFICATION OF ABSENCES

For all academic courses, students must notify course faculty by e-mail in advance if they are unable to attend class. Messages can be left for faculty using voice mail, e-mail, or in the Program office (617-724-4499). Messages should indicate the expected length of and reasons for the absence. Absences will only be excused for acceptable reasons, such as emergencies or illness. Students must inform their faculty advisor of any anticipated absence due to religious observations at the beginning of the semester in which the absence will occur.

Faculty recognizes that personal responsibilities may, on occasion, require a student to miss class. A student may be excused from class for one day per semester for personal reasons that do not fit the category of accepted absences in the paragraph above. Such absences are not intended to be “personal days” nor should they be considered one “allowable” day off. In keeping with a student’s professional commitment and the Program’s requirement of class attendance, these absences should be a result of unavoidable conflicts with important personal commitments. Relevant course faculty must be notified of this planned absence at least two weeks in advance. Planned absences cannot be taken on days that include any examinations or clinical experiences. The student must fill out the Notification of Planned Absence form (see Appendix C), obtain the signatures of the faculty member in each course that will be missed, and then submit the form to her/his advisor. Students are responsible for all material covered on days that are missed for personal reasons.

Consistent, timely attendance is considered one element of professional conduct. Chronic or unexcused absences or lateness may trigger a Notification of Concern and/or referral to the Student Development Committee for consideration of action based on Failure to Meet Professional Conduct Criteria (Section 9.6). Students are encouraged to speak with their faculty advisor if they are experiencing difficulty getting to class.
Absence of Student Due To Religious Beliefs
According to the General Laws of Massachusetts, Part I, Title XXI, Section 151C, Section 2B, any student in an educational or vocational training institution, other than a religious or denominational educational or vocational training institution, who is unable because of his or her religious beliefs to attend classes or to participate in any examination, study, or work requirement on a particular day shall be excused from any such examination or study or work requirement, and shall be provided with an opportunity to make up such examination, study, or work requirement which s/he may have missed because of such absence on any particular day; provided, however, that such makeup examination or work shall not create an unreasonable burden upon such school. No fees of any kind shall be charged by the institution for making available to said student such opportunity. No adverse or prejudicial effects shall result to any student because of his availing himself of the provisions of this section. Students must notify their faculty advisor of planned absence for religious reasons by e-mail in advance of the beginning of the semester in which the absence will occur.

13 FACULTY-STUDENT COMMUNICATION

13.1 Electronic Mail (Email)
Each student will receive an Institute email address. E-mail will be the primary mechanism for communication between faculty and students and for all Institute communication. The Institute address will be the only e-mail address used by faculty and administration to communicate with the student. Students are encouraged to check their Institute e-mail daily.

13.2 Office Hours
Each faculty member will post a weekly schedule outside his/her office with identified office hours when s/he is available to meet with students. Students must schedule appointments with the faculty member. Students should contact faculty directly to schedule alternative meeting times if office hours are not feasible or if office hours are not posted.

13.3 Voice Mail
All faculty have voice mail. Phone numbers for voice mail have been distributed to all students. Students can also leave messages for faculty with the Program office (617-724-4499).

13.4 Student Representatives
All students are encouraged to speak with faculty and/or the Program Director to discuss any issues related to the Physician Assistant Program. Student representatives will be selected by each class to meet with a designated faculty member on a regular basis to discuss class issues and to organize class activities outside of regularly scheduled classes. Student representatives will also serve on the IHP Student Government Association.

14 COURSE EVALUATIONS
Student input is a valuable component of curriculum evaluation. Constructive feedback assists the faculty’s ongoing development of courses and the curriculum as a whole. In addition to completing course evaluations at the end of the semester, students are encouraged to provide ongoing feedback to the Directors of Academic and Clinical Education, course coordinators, faculty advisors, and/or the Program Director.

24
14.1 Formal Course Evaluations

Student input is sought anonymously on a formal basis at the end of each semester for evaluation of courses and faculty. A standard online format is used for each evaluation. It is a student’s responsibility to complete appropriate evaluations for the course and instructors. All standardized responses will be compiled. This information is forwarded to the course instructor of record and the Program Director for review. Evaluations of adjunct faculty and term lecturers will be reviewed by the course coordinator and the Director of Academic Education.

14.2 Purpose of Course Evaluations

Course evaluation responses are used by program faculty as part of curriculum evaluation, to assess course effectiveness, and to guide revisions to courses and the overall program. Responses are also used as part of faculty assessment and are included in faculty portfolios for reappointment and promotion. Students are reminded that critical comments on course and faculty evaluations should be worded in a constructive and professional manner.

15 Course Reading Materials

Purchasing Textbooks

Students are responsible for purchasing textbooks, which can be done through the Institute’s online bookstore. Students can access the IHP online bookstore.

Many of the required texts are offered with unlimited access through the MGH Treadwell Library as e-books. However, some texts are only available to a limited number of viewers at any given time. A list of required texts for the upcoming semester will be distributed prior to matriculation and the start of each subsequent semester. Availability in Treadwell and access designations will be indicated on the textbook list. It is strongly recommended that students purchase texts with limited access.

16 Informed Consent

Classroom and laboratory experiences

Students in the Physician Assistant Program are informed of potential risks involved with participation in classroom and laboratory activities via the “Consent Form for Classroom and Laboratory Experiences” (see Appendix C). This form is given to students at the start of the Program and should be signed by the student and their faculty advisor. Students are expected to remain cognizant of potential risks to their health and safety as they progress through the program and to take responsibility for preventing harm to themselves and others.

If students feel there are circumstances that may increase their personal risk, they must notify course faculty in advance so that preventive or adaptive measures can be taken.
17 LABORATORY SPACE

Students are expected to adhere to all safety guidelines in the use of all laboratory space on the Institute’s campus, including the health assessment lab, nursing assessment lab, simulation lab, examination rooms, and labs located at 2 Constitution Center (2CC). Additionally, students will participate in simulation and learning opportunities at partnering institutions. These safety guidelines, in addition to any policies of the host institution, must be followed when engaged in learning at these sites.

1. Universal precautions and infection control practices must be used when indicated.
2. Students are responsible for following established protocols for use of all laboratory equipment and teaching models.
3. Students are responsible for identifying personal conditions or circumstances for which they may require special precautions or when contraindications exist, and for developing appropriate adaptations or requesting necessary accommodations.
4. Students are responsible for maintaining their own safety and the safety of others in all laboratory activities. Students have the right to request termination of an examination being performed on them at any time.
5. Students must dress appropriately for lab in clean attire. When paired for the purpose of learning physical examination skills, clothing must permit access to limbs and trunk for examination purposes (tank tops and shorts are recommended). When interacting with patients (real or simulated) or robotic simulation exercises for practice or testing, students are expected to wear appropriate professional dress, their lab coat, and IHP student name tag. In all sessions where students are participating in physical examination or performing technical skills, long hair must be pinned back and dangling jewelry must be removed. Fingernails must be short. Socks must be worn and shoes should be closed at the toe.
6. Students are responsible for maintaining cleanliness and organization in the lab, including:
   - Changing pillow cases and sheets when used
   - Wiping down examination tables with an appropriate cleansing solution
   - Changing table paper
   - Placing all dirty laundry in the appropriate receptacle
   - Returning all equipment to designated areas
   - Returning all study materials to their original condition/place
   - Keeping shoes off sheets and tables
7. Food and drink are not allowed in any lab space.
8. Models, materials, and equipment should not be removed from the laboratory.
9. When lab sessions are finished, students must return lab furniture to its original configuration. This includes, but is not limited to: open lab sessions, independent study, and regular classroom sessions.
18 PROFESSIONAL ORGANIZATIONS AND STUDENT GOVERNANCE

18.1 AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (AAPA)

The AAPA is the professional association for physician assistants, representing practicing and student PAs across the United States. The AAPA’s goal is to provide professional support and offer advancement in PA practice. Applications for membership can be completed online at AAPA.

When applying for membership, students should use their local address so that AAPA-related materials are received in a timely manner.

18.1.1 Membership

Students are expected to become student members of the national professional PA organization, the AAPA. Student membership is $75, covering from the time of matriculation in an accredited program until four months after graduation.

18.1.2 Massachusetts Chapter

The Massachusetts Association of Physician Assistants offers CME events and legislative advocacy for PA practice in the Commonwealth of Massachusetts. Student membership is strongly encouraged at a nominal cost of $25.00 per year. The MAPA annual conference includes a special student section and a local version of the Challenge Bowl in preparation for the AAPA student competition held each year at the national convention. The membership application can be completed online at MAPA.

18.1.3 Meetings and Conferences

Information on national and state PA conferences will be available to students as members of these associations. Students are encouraged to participate in these professional meetings and conferences. Students who wish to attend national or regional meetings that overlap with scheduled classes must complete a Notification of Absence form to obtain approval. Students must be in good academic standing in order to attend and will be required to meet with the course coordinator of missed courses to plan for make-up of missed work. If conferences overlap with clinical experiences, the student must get permission from the Director of Clinical Education and the primary preceptor of record.

18.2 STUDENT GOVERNANCE

The MPAS program identifies a faculty advisor who is responsible for coordinating elections in the first semester of the Program, establishing the student governance for that cohort of students. A President, Vice-President, Secretary, and Treasurer, along with two members-at-large, will serve as the voice of the class with the guidance of the faculty advisor. The MPAS student government will participate in the Institute student governance process, provide guidance and organization for the class as a whole, and coordinate activities outside of the program curriculum, such as fund raising and participation in the constituent and national professional organizations’ meetings and conferences.
PART III: CLERKSHIP POLICIES AND PROCEDURES

19 THE PA PROGRAM CLINICAL TEAM

Director of Clinical Education (DCE)
The Director of Clinical Education is responsible for coordinating the overall educational process during the clinical year. In this role, the DCE provides continuity and serves as a resource for preceptors interacting with the Physician Assistant Program. The Director of Clinical Education works with potential preceptors to develop sites in accordance with clerkship goals and instructional objectives.

Clinical Coordinator
The Clinical Coordinators are PAs employed by Massachusetts General Hospital and Brigham and Women’s Hospital who are the primary points of contact for students participating in clerkship experiences within those institutions. They engage in ongoing recruitment and support of our clinical preceptors and ensure quality clinical experiences for IHP PA students at those sites.

Primary Clinical Preceptor
The Primary Clinical Preceptor is responsible for the on-site supervision and evaluation of students in the clinical clerkship courses. Preceptors are board-certified physicians in the discipline being studied, or PAs who are nationally certified and supervised by board-certified physicians in the appropriate discipline. Other health professionals such as nurse practitioners or psychologists may occasionally oversee students in their clinical activities, but all students will, at all times, have a designated primary preceptor who meets the qualifications noted above.

SHRS Clinical Education Systems Analyst
This staff member coordinates communication with SentryMD and notifies students and faculty of issues related to health status, certification, and immunization compliance.

Associate Program Manager
This staff member facilitates student communication with the clinical sites and preceptors, as well as other administrative aspects of the clinical year.

Faculty Advisor
The student’s assigned faculty advisor will continue to monitor student success as s/he progresses through the Program. They will be the student’s primary point of contact for any concerns or issues related to the clinical year experience.

20 GOALS FOR THE CLINICAL YEAR

It is the goal of the Program’s clinical team to coordinate, foster, and oversee an optimal clinical education experience for MGH Institute of Health Professions Physician Assistant students, ultimately preparing them for certification and professional practice. Frequent and detailed monitoring and evaluation of each student through the clinical year will enable students to be successful graduates and practicing physician assistants.

Clerkship: Throughout this document, the term clerkship is considered the primary designation for supervised clinical practical experiences.
21 INTRODUCTION TO CLERKSHIP

The clinical year provides an opportunity for PA students to learn about the comprehensive diagnosis and management of patients in the clinical setting. Students will experience the key features of primary and specialty care, such as diagnosis and management, continuity of care, caring for the whole patient, appreciation of the effect of family and social factors on health, preventive medicine, and the team approach to care, including involvement with community agencies.

The clinical experience should also provide opportunities for the students to improve their basic skills in provider-patient communication, history taking and physical examination, differential diagnosis formation, stepwise decision-making, managing patient care, and performing clinical procedures.

These clinical experiences provide the student with hands-on learning in a variety of hospitals and outpatient settings. Additionally, the student will return to campus several times during the clerkship year for assessment, case presentations, and didactic coursework.

The clinical preceptor’s primary responsibility is to provide a well-rounded clinical experience for the student with the focus on development of excellent clinical decision-making skills, leading to sound clinical judgment and competent practice.

21.1 CLERKSHIP DESCRIPTIONS

The second year of the PA Program will engage students in a variety of experiential learning that consists of nine five-week clerkships of clinical training. The required disciplines include: Family Medicine, Internal Medicine, Emergency Medicine, General Surgery, Psychiatry, Pediatrics, and Women’s Health. These core clerkships will ensure each student gains the experiences expected in the accreditation Standards and will prepare them in the best possible way for practice as a generalist. There will be two elective clerkships. Students have the opportunity to identify preferences in elective disciplines. Placements are made in consultation with the clinical faculty and based on availability.

Most of the clinical year will be spent learning and refining patient care skills in clinical care settings with the supervision of a licensed preceptor. Each clerkship will be different, but the following guidelines are common to all experiences:

1) Students will be permitted to see patients with the supervision of their preceptors. The number of patients that the student will see is determined by each preceptor. The expectation is that by the end of the clinical year students should be progressively seeing more patients than when they began the year.

2) Most patient interactions will consist of the students introducing themselves, receiving the consent of the patient to interact with them and their family, soliciting the medical history and conducting a physical examination as appropriate.

3) Typically, students will present their findings, interpretation(s) and recommendations to the preceptor and they will then see the patient together to conclude the visit. Whether or not the preceptor repeats any or all of the interview or physical examination may depend on the gravity of the findings, the stage of the student’s training and previous preceptor-patient relationship. Students must refrain from discussing any findings, suspected diagnoses, next steps, or recommended treatments with the patient until after discussing their findings and conclusions with the preceptor.
4) In some settings the student will be shadowing the preceptor or working with a multidisciplinary team for periods of time. In this case, patient interactions may be indirect, where you will learn from observation, rather than doing. This style of learning is a key component of the clinical education process. Do not underestimate the importance of observation and team learning. That said, this type of learning experience should be minimized as this year is designed to allow for hands-on experiences. If a student finds they are being restricted from direct patient contact on most days of any clinical experience, they should discuss this with their primary preceptor and contact the Director of Clinical Education or their faculty advisor immediately.

5) Students should expect to work with other learners. Interprofessional education and practice are key to comprehensive and competent patient care. In the first year of the Program, the student will have multiple opportunities to learn how to work on a team. In consultation with their primary preceptor, we strongly encourage each student to seek collaborative opportunities with students from other professions, such as medicine, nursing, dentistry, psychology, physical therapy, occupational therapy, pharmacy, and communication disorders.

6) Students are required to document each visit according to their site’s standards. Please follow the directions provided by each specific site. There may be paper charts, electronic medical records, or dictation systems. Sometimes special forms are used, such as for health maintenance exams or checklists for well-child and prenatal visits. Some sites may not allow students to document in the chart. In this instance, it would be best to develop a way to document the encounter and ask for an occasional review of the documentation by the preceptor.

7) When signing your name on any clinical document, always include your title: Physician Assistant Student or PA-S and do not include any other credentials.

8) All notes, prescriptions and orders should be written in black ink. Do not use felt-tip pens when you write in the medical record.

9) Medical records or any document with patient identification must never be taken from the medical facility. Students must refrain from posting any clinical or patient information on social media sites. Students found to be discussing clinical experiences in any public forum (virtual and in–person) will be subject to disciplinary action, which may include dismissal from the Program.

10) Students must read and observe the rule set forth by the Committee for Medicare and Medicaid Services (CMS) as it pertains to student documentation. The CMM guidelines are used to teach physicians how to document for Medicare reimbursement. These guidelines have had a major impact upon medical education, with academic medical centers receiving large fines for non-compliance. The MGH IHP PA Program has studied the guidelines and recommends that the guidelines be applied to all Medicare and Medicaid patient visits, to avoid creating different standards of care and documentation between patients. Our current understanding of the guidelines is that:
   - PA student notes may not be used to support a billable service.
   - It is strongly recommended that the teaching preceptor refer to the PA student note only for past family history, social history and/or review of systems.
   - The preceptor responsible for the patient must document personal involvement in a personally dictated or written note that includes all of the relevant key information necessary for billing.
   - Most preceptors allow students to document the patient’s visit and then the preceptor will edit or write an addendum and co-sign. These rules do not mean the student cannot write/dictate a note. However, it does mean that the preceptor also needs to personally
document the billable aspects of the history and physical.

11) Clinical schedules will be determined by the primary preceptor and may include evenings, nights, weekends, and holidays. Students are expected to be available to participate in learning opportunities during the times requested by the preceptors/site, for a minimum of 32-40 hours per week. If the Institute is closed due to inclement weather and the clinical site is open, the student is expected to communicate with their primary preceptor and make every effort, within reason, to participate in clerkship that day.

12) Where practical, other activities and opportunities will be made available to students. Students are strongly encouraged to accompany preceptors on hospital and nursing home rounds, home visits, and infant deliveries, if permission from the preceptor is granted, and to make themselves available for all clinically related, “after hours” activities. The best way to learn is to be available and be involved. Prior to agreeing to any clinical activities outside of the host institution, students must first check with the Associate Program Manager to be sure that the Institute has an executed contract with the outside institution.

21.2 PRINCIPLES OF CLERKSHIPS

- The central focus of the supervised clinical experience is the safe and compassionate care of the patient and a quality learning environment for the student.

- The autonomy, personal dignity and values of the patient must be recognized and respected. This will improve the patient care and the student’s overall educational experience.

- Joint decision-making and informational exchange should occur daily between the preceptor(s) and the PA student.

- To allow PA students to prepare for future practice, an opportunity to obtain hands-on experience and involvement in the delivery of medical care to diverse patient populations and exposure to a variety of medical conditions must be provided.

- Appropriate supervision must be provided based upon patient acceptance, preceptor comfort, and student performance and ability.

- The PA student’s ability to ask questions, obtain information, examine, diagnose, manage, and treat patients during this experience will increase preparedness for future clinical practice.

- At the beginning of the clinical year, PA students are prepared to take detailed histories, perform physical examinations, provide an oral presentation of findings and develop a differential diagnosis.

- As the year progresses, students should be able to more effectively structure an assessment and treatment plan and present this in discussion with the preceptor.

- By the end of the clinical year, students should be prepared to practice with the supervision of a physician in a fairly autonomous fashion in the diagnosis and management of common primary care conditions.

- At the start of each clerkship, students may observe patient encounters initially. However, students should be provided the opportunity for hands-on patient care by the end of the first week/start of the second week at the latest in most clinical settings. As the preceptor feels more comfortable
with the student’s skills and abilities, the student will be allowed progressively increased autonomy. However, all patients will be seen by and the overall care of the patient continues to be the responsibility of the preceptor.

- As the year progresses, the student’s goals will change. Students are always encouraged to develop goals for each clerkship and share these with the preceptor. Personal goal setting is an important self-directed learning tool, which will help you work on knowledge base and skill sets.

### 21.3 Adequate Clinical Experiences

Students are expected to have a breadth and depth of experience in clinical clerkships that provide them with exposure to a range of patients and settings. These program-defined expectations below are absolute minimums that all students must encounter during their clerkship year. While the Program is responsible for ensuring that students have clinical experiences that provide them access to the various required encounters, as adult learners it is incumbent upon the student to advocate for their learning needs in the clinical setting.

Students’ experiences will be tracked using the E*Value logging system. The PA Program will review student records at the end of each clerkship to ensure they are meeting program-defined expectations. Students will be held responsible for the accuracy of their patient encounter logs. Students found to be logging inaccurate numbers to meet expectations (cheating) will be disciplined according to the Institute’s academic integrity policy. The following represents the minimum numbers of encounters students must achieve in order to satisfy program requirements for graduation:

<table>
<thead>
<tr>
<th>Type of experience</th>
<th>Minimum number of encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Infants (up to 1 year old)</td>
<td>10 Well-child exams</td>
</tr>
<tr>
<td>2) Children (1-10 years old)</td>
<td>10 Well-child exams</td>
</tr>
<tr>
<td>3) Adolescents (10-19 y/o)</td>
<td>10 Screening exams</td>
</tr>
<tr>
<td>4) Adults</td>
<td>20 comprehensive health screenings</td>
</tr>
<tr>
<td>5) Geriatric</td>
<td>20 comprehensive health screenings</td>
</tr>
<tr>
<td>6) Prenatal</td>
<td>10 routine screening exams</td>
</tr>
<tr>
<td>7) Gynecologic</td>
<td>10 routine screening exams, including 5 pap smears</td>
</tr>
<tr>
<td>8) Pre-op</td>
<td>10 pre-operative assessments</td>
</tr>
<tr>
<td>9) Intra-op/OR</td>
<td>20 intra-operative experiences</td>
</tr>
<tr>
<td>10) Post-op</td>
<td>10 post-operative visits</td>
</tr>
<tr>
<td>11) Psychiatric Conditions</td>
<td>20 encounters</td>
</tr>
<tr>
<td>12) Outpatient</td>
<td>100 encounters</td>
</tr>
<tr>
<td>13) Emergency Dept</td>
<td>40 encounters</td>
</tr>
<tr>
<td>14) Inpatient</td>
<td>20 encounters</td>
</tr>
</tbody>
</table>

### 22 Procedures for the Match Process

#### 22.1 Clinical Site Assignments

Clinical clerkships will be arranged by the Program for all students. Students should not expect to have the entire clerkship year scheduled in advance; clerkship blocks will be scheduled on an ongoing basis with every effort made to confirm assignments as far in advance as possible.

Ultimately, the DCE and faculty advisers are responsible for making all clinical education
assignments. Factors will include student learning needs and request list, prior academic and clinical performance, and characteristics of the learning environment at the clinical site. Students may not decline a clinical placement; such action will be considered refusal to take a required course. There is no guarantee that assignments will be in the facilities or geographic locations requested by students or that students will complete all clerkships in the metropolitan Boston area. Students are advised that not all facilities are available for specific requested clinical education experiences. Availability is based on resource constraints of the clinical facilities and on the DCE’s decisions regarding appropriateness of the facility to specific clinical experiences in the curriculum and/or to a student’s individual learning needs.

22.2 FAIRNESS IN CLINICAL ASSIGNMENTS

All clinical placements and clerkships that are arranged by clinical faculty will be assigned in a neutral and non-discriminatory fashion, without regard to a student’s gender, race, sexual orientation, religious preference, or ethnicity. On occasion the Program does receive requests from preceptors for students with a particular type of professional experience or language skill and the faculty will attempt to accommodate their desires while adhering to our fairness policy. Placements are always at the discretion of the Director of Clinical Education and the reasoning may not be apparent or shared publicly.

22.3 REQUESTING NEW CLINICAL SITES

Students are not required to arrange their own clerkships. No student, family member of a student, or friend/acquaintance of a student is permitted to contact a clinical facility to request a clinical education experience or to explore the possibility of establishing a clinical education agreement with that facility.

The Program is responsible for establishing relationships with clinical education facilities and developing preceptors. In keeping with the Program’s philosophy that clinical education is an extension of the academic program, efforts will be directed at developing a circle of clinical facilities and clinical faculty committed to working with this program to provide quality professional education. Any student wishing to discuss the process used by the Program to identify potential clinical education facilities is invited to meet with the DCE or their faculty advisor.

Students are to contact their assigned clinical education facilities only after being authorized by the Program to do so. This will occur after the match process for any given clerkship has been completed and clinical facilities have been notified of the outcome by the DCE.

22.4 APPROPRIATE UTILIZATION OF PA STUDENTS AT CLERKSHIP SITE

PA students must not be used as a substitute for clinical or administrative staff. A supervising preceptor must be present in the facility at all times that the student is engaged with patients. If a student feels s/he is not receiving adequate supervision or is being used as an employee, contact the Director of Clinical Education immediately for assistance.

22.5 PROBLEMS BETWEEN STUDENT AND PRECEPTOR

Students are encouraged to initially attempt to resolve any issues that may occur at a clinical site or with the preceptor. This is an opportunity for a professional dialogue between the student and preceptor. If the student feels s/he is unable to resolve the problem, then the student should contact
their faculty advisor or BWH/MGH clinical coordinator. Concerns should be addressed early and brought to the attention of program faculty as soon as possible. Problems may be in areas such as personality conflicts, communication issues, and adequacy of the learning experience.

22.6 Harassment

Any student that feels they are being intimidated, harassed, threatened or has been the victim of violence from anyone while on clerkships, should immediately contact the Director of Clinical Education or another faculty member and discuss the circumstances. If, at the discretion of the faculty member, it is deemed unsafe for a student to continue to remain in the assigned setting, the student may be removed.

23 Variety of Clinical Education Experiences

Students are expected to complete clinical education experiences that expose them to a variety of practice settings, patient populations, and clinical facilities. Students should consider this factor when providing input into the various options available. Variety of clinical experience will be considered by the DCE in making all student matches. At the discretion of the DCE, students may be assigned to more than one clinical education experience within the same facility as long as an acceptable level of variety is maintained in the student’s clinical education experience across the Program.

24 Program Responsibilities

As a general rule, the Program is responsible for the following aspects of the educational activities and environment during the clinical phase:

- Adequately prepare the student for the clinical experience. First year PA students will take a comprehensive examination, the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT), near the end of the didactic year. The results of this test will serve as a tool to help direct the student focus of study for the clinical year.
- Establish and provide clerkship assignments and placements for all students for all required clerkships.
- Provide general clerkship and discipline-specific learning outcomes/objectives to preceptors and students.
- Provide the preceptor with a Student Evaluation form to be completed at the end of the clerkship.
- Ensure that all students have liability coverage.
- Facilitate all required credentialing for students.
- Periodically perform clinical site visits to determine that the locations are effective educational environments for the student.
- Develop and maintain affiliation agreements with all clinical sites.
- Commit to developing new relationships with preceptors and clinical institutions. Students who become aware of new/potential clinical preceptors should provide the DCE with the individual’s and facility name, business address, and contact phone number(s).
- Interact with all preceptors, sites and students and be available to respond to any problems or concerns. In addition, should problems arise at the site, the Program retains the right to remove
a student from a clerkship.

- Work with the preceptor and site to provide a healthy and safe clinical learning environment.
- Respond quickly in the case of concerns raised regarding any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students. The Program retains the right to immediately remove the student from a clinical clerkship if such behavior is demonstrated and/or reported.
- Provide students with training in HIPAA and OSHA and instruction regarding risk of exposure and post-exposure protocols.
- Require that students evaluate the clinical preceptor and site following each clinical clerkship.
- Provide feedback to clinical sites and preceptors as appropriate.
- Administer an end of clerkship written examination during all on-campus seminars.
- Assign a grade for the student after completion of the clerkship. The PA faculty is responsible for the final grade, not the preceptor.

25 PRECEPTOR RESPONSIBILITIES

Preceptor responsibilities include the following:

- Acquaint the students at the onset of the clerkship (orientation) with the practice/site policies and procedures, including safety and security.
- Review the expectations and objectives for the clerkship.
- Provide on-going feedback regarding clinical performance, knowledge base and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and to ensure proper patient care.
- Delegate increasing levels of responsibility for clinical assessment and management as skills develop.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
  - Direct supervision, observation, and teaching in the clinical setting
  - Direct evaluation of presentations (including both oral and written)
  - Assignment of outside readings and research to promote further learning.
- Participate in dialogue with faculty during site visits to evaluate student progress and to assist the learning process.
- Audit and co-signature of charts to evaluate the ability to write appropriate and complete progress notes, histories, physical examinations, assessments and treatment plans.
- Completion and timely return of the evaluation forms provided by the Program reflecting on student knowledge and skills as well as their improvement throughout the clerkship.
- To promptly notify the PA Program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.
- Maintain an ethical approach to the care of patient.
26 STUDENT RESPONSIBILITIES

Eligibility to begin a clinical experience
To be eligible to begin any clinical clerkship, students must satisfactorily complete all pre-requisite coursework, demonstrate professional conduct in prior academic and clinical learning experiences, have a cumulative GPA of 3.0, and pass the comprehensive practical examination at the end of the first year. Students must also meet all additional program, Institute, and clinical facility requirements for entering a specific clinical clerkship. These requirements include:

- Registering for the clerkship course and paying all tuition and fees. **No student may begin a clerkship until cleared by the Student Accounts Manager as having met all financial responsibilities.**
- Submitting a completed Student Data Form in a timely manner.
- Maintaining compliance with Institute health status and immunization requirements, CPR/ACLS certification, and HIPAA and OSHA training requirements.
- Complying with each facility’s health status requirements, HIPPA and OSHA training, and any other requirements, some of which may differ from and even duplicate Institute requirements, and submitting all required documentation.
- Submitting to and passing a criminal background and/or drug test as required by the clinical facility.
- Being available to participate in the experience during dates and times designated by the preceptor.

26.1 Clerkship Attendance

Attendance is mandatory for all clinical clerkships, and students are not permitted to request time-off for personal reasons. Absence from clerkship, except in the case of illness, emergency situations, or religious observances, will be considered unexcused and may result in a grade of “F” for that clerkship.

Students are expected to be in attendance at all clerkships during the hours specified by the clinical facility. In the case of illness or other unanticipated absence, students must contact the clinical facility before the start of the scheduled clinical hours to report the absence. In the case of an anticipated absence, as for religious observance, the student is expected to discuss the absence with the preceptor in advance of the scheduled session. **In addition, all absences must be simultaneously reported by the student to the Director of Clinical Education (DCE) by e-mail and the Program by calling (617) 724-4499.**

Make-up of one day in any clerkship experience, missed due to illness or other justifiable cause, will be at the discretion of the preceptor. Absence from two or more sessions in any clinical experience will require that all missed time be made up.

Plans for make-up of any missed time in clerkship will be determined by the preceptor in conjunction with the DCE, based on the preceptor’s ability to schedule such time. Missed time may be made up following the experience or during it by adding additional hours. Students are expected to be flexible in making up time and must keep the clerkship a priority in their schedules. Missed time not able to be made up within the academic term may result in a grade of Incomplete.
26.2 Punctuality

Students are expected to be punctual for all clerkships. If a student is going to be late, s/he must call the Program and preceptor, indicating his/her estimated time of arrival. Tardiness is a serious matter which will be reflected in a student’s performance evaluation and may result in a failing grade. At the discretion of the DCE, a student may be required to make up time missed due to tardiness.

26.3 Medical Clearance

Students who experience temporary illness, such as the flu or common cold, should exercise judgment in deciding when to return to the clinic – taking into account the site, type of patients, and clinical responsibilities. Students may find it helpful to contact the preceptor for advice on when to return to the clinical experience. Students may also contact the DCE for guidance related to determining appropriate health related conditions for missing clerkships and appropriate health status for returning.

When the illness is contagious or the student has a physical disorder that restricts his/her physical activity in any way, the student must receive medical clearance from a health care provider and present it in writing to the preceptor and the DCE. In such instances, the health status requirements of both the clinical facility and the Program must be met in order for the student to return to the clerkship.

26.4 Snow Policy

Students are expected to make every reasonable effort to report to the clinical facility for all scheduled clinical hours unless instructed otherwise by clerkship personnel. This applies even if the Institute has canceled classes for the day. If travel to the facility is not possible or if tardiness is unavoidable, the student is expected to contact his/her clinical facility before the start of the scheduled clinical hours to report the absence or delayed arrival. The student must also report such absences by calling the Program (617-724-4499) and sending an e-mail to the DCE and their faculty advisor.

26.5 Expenses

Students are responsible for all expenses associated with clinical education. Clerkships typically involve some expense to the student. The cost associated with a given clinical education experience will depend on many variables including, but not limited to, the cost of transportation, housing, and meals. Students are advised to plan ahead for such expenses, as students will be assigned to clinical facilities requiring temporary relocation and travel outside of the Boston area or outside the public transportation system.

26.6 Housing

All housing arrangements associated with clinical education are the student’s responsibility. Some clinical facilities provide assistance to students in need of housing. Examples of assistance might include dormitory space with an associated fee, a list of housing options in the community (at a cost), or a willingness to post a notice in the facility that a student is in need of housing. Any information regarding housing assistance that is communicated to the DCE by the facility will be provided to students when assigned to that facility. Students should direct questions or requests for additional information to the DCE or Associate Program Manager.

26.7 Travel
Students are responsible for all travel to and from clinical education experiences. This includes long distance travel (e.g. out-of-state) and/or local travel (e.g. daily or weekly travel). Many clinical education facilities are not accessible by public transportation. Every student should anticipate needing access to a car for some portion of the clinical education component of the curriculum. Students assigned to the same facility for a clerkship are encouraged to share travel resources when possible. Arranging travel and negotiating ride sharing are student responsibilities. Students are responsible for contacting the facility and/or using the Internet to seek information regarding directions and transportation to the facility.

26.8 Dress
Students are expected to comply with the dress requirements of the clinical facility to which they are assigned. There may be some expense associated with dress code compliance (e.g. rental or purchase of scrubs, purchase of a specific type of footwear, etc.). All students must adhere to Program policies if the facility does not dictate dress protocol. Students must be prepared with a short, white lab coat and official school nametag at the start of each clinical experience. If the wearing of a lab coat is discouraged at a clinical site, the student must still wear their program-issued name tag. One nametag is provided to each student at the beginning of the Program. If lost, students are responsible for costs associated with replacing the nametag. To arrange for replacement of a lost nametag, students should contact Program staff.

26.9 Patient and Time Logs
Students are required to keep a program-specified clinical log of each patient encounter and may be required to document the number of clinical training hours. The patient and/or time logs must be completed within three days of the experience. After that time, the logging site will not allow submissions, resulting in a possible lowered grade, an incomplete for the course, probation or dismissal from the Program. The Program will be using E*Value to capture clinical experiences. This allows the Program to run reports for ongoing monitoring of clinical experiences and to ensure that students are meeting the requirements of the Program.

27 Health and Safety Requirements

27.1 Health Insurance
Students are required by the Institute to maintain health insurance coverage throughout their matriculation at the Institute, including during all clerkships. For more information, see the Institute’s website on student Health Insurance Requirements.

27.2 Facility Requirements
Students must meet all health, safety, and any other requirements of the clinical education facility, in addition to meeting those of the Institute, prior to beginning any clerkship.

Most clinical education facilities require students to undergo specific immunization and/or health status screenings prior to beginning a clerkship; these requirements may differ from those of the Institute. For example, a clinical facility requiring a negative TB test will also determine how recent the test must be to be acceptable – the present variation among our clinical facilities’ policies on TB tests is three months to one year.
In addition, certain facilities and agencies require that a criminal background check (CORI or other similar process) and/or drug screen be completed prior to participating in the provision of patient care. In many cases, the CORI performed by the Institute upon admission is not sufficient. In such cases, students must submit to a criminal background check and meet facility requirements prior to participation in that clinical education placement.

Any information regarding the specific requirements of a given facility that is communicated to the DCE by the facility is included in the student’s confirmation of placement. However, due to rapidly changing requirements, students should not conclude that this confirmation is necessarily up to date. Students are responsible for verifying and complying with the specific requirements of each clinical education facility to which they are assigned.

Please note that students are responsible for providing the facility with any requested evidence of compliance with health and safety requirements according to the timeline established by the facility. Students are advised to maintain their own copies of all immunization records, certifications, documentation of physical exams, etc.

27.3 SAFETY AND PRECAUTIONS

27.3.1 Safety
Students must be provided information on and orientation to safety and security procedures at each assigned site. This orientation is the responsibility of the primary preceptor or BWH/MGH Clinical Coordinator.

27.3.2 Universal Precautions
All physician assistant students have been educated in universal precautions during the didactic year and are expected to follow these guidelines. Despite careful attention to these guidelines, students may occasionally contact blood or other potentially infectious materials.

Students must become familiar with and follow the blood borne pathogen exposure protocols at the clerkship site. In addition to reporting any incidents immediately to their primary preceptor and the DCE, students should follow the institutional protocol and be referred to an appropriate clinical site for evaluation.

Preceptors should provide guidance to the student regarding the proper way to report this incident at the facility and the proper procedure to obtain the needed laboratories or treatment. In the event of a needle stick injury or other hazardous exposure to blood and/or body fluids, the student and preceptor will complete an incident report and submit it to the DCE. This report must include the student name, date, time, place, organizational process, and whether testing/counseling occurred.

Additionally, the clinical preceptor will advocate for the student as follows:
- Assures that the student received timely services and complies with the procedures in place at the host institution where the exposure occurred.
- Assures that testing and counseling are offered to the student.
- Reviews the incident with the student prior to the next clinical day to assure that undue risk is avoided in the future.
28 PROFESSIONAL CONDUCT IN CLINICAL SETTINGS

Professional conduct is fundamental to clinical practice and thus to all clerkships within the Program. Refer to Professionalism (Section 9) for program policies related to professional conduct. Students are responsible for assuring that they are complying with standards for professional conduct in all clerkships. Patient care provided by physician assistant students is done so under the supervision of the preceptor. Any student with questions regarding ethical and/or legal aspects of care being provided is encouraged to discuss such matters with the preceptor and/or DCE.

Preceptors, the DCE, and all Program faculty will strictly enforce standards for professional conduct across all clinical experiences and practice settings.

Failure to Meet Standards of Professional Conduct in Clinical Settings

When student behaviors during clerkships do not meet acceptable standards, depending on the nature and severity of the infraction, one or more of the following actions may be taken at the discretion of the Program:

- Preceptors may notify students of inappropriate behavior either orally or in writing. Such notification may take the form of verbal feedback, documentation in a site-specific critical incident report, and/or documentation as part of the student’s clinical performance evaluation. The clinical faculty will also notify the DCE who may take additional action.

- The DCE may issue a Notification of Concern to the student. If inappropriate behaviors are sufficiently grave or a second Notification of Concern is issued, the DCE will report the incident to the Student Development Committee for further action.

- Preceptors or Program faculty may require certain remedial actions on the part of the student as a contingency to continuing in the Program, returning to the clinic, or passing the clinical experience.

- The Preceptor, in consultation with the DCE, may choose to terminate a clerkship. At the discretion of the DCE, a grade of “F” may be assigned for any clerkship terminated for reasons of unacceptable behavior.

- The Student Development Committee may recommend termination of a student from the Program because of unacceptable conduct in the academic or clinical setting, following due process and written notification and documentation of the infraction. Students have the right to initiate grievance procedures for disciplinary action, according to the processes delineated in the Institute Catalog.

29 CLINICAL FACILITY POLICIES AND PROCEDURES

Students are expected to adhere to all safety guidelines and policies and procedures of the clinical facility in which the clerkship takes place. Failure to do so may result in termination of the clerkship and a grade of “F” for that clinical course.

30 ADVISING

Frequently, issues that impact a student’s performance and participation in academic and laboratory courses will also impact clinical experiences. Students are encouraged to consult with their faculty advisor, the SHRS Academic Support Counselor, or the MGH EAP for assistance with any matters that may impact the clinical education component of their professional education.
In addition to the faculty advisor, the clinical team plays a role in advising all students in matters related to the planning and implementation of the clinical education component of the curriculum. The DCE will:

1) Advise students about available clinical education facilities and assist in planning their clerkships across the curriculum.

2) In consultation with the faculty advisors, make all final decisions regarding matching students to clinical education facilities for clinical courses.

3) Monitor each student’s clinical placements across the curriculum assuring variety and depth of clinical exposure.

4) In collaboration with the student’s faculty advisor, monitor student’s performance in the clinic, providing counseling and arranging remedial clinical experiences as needed.

Any matters that may impact a student’s ability to participate fully in a clerkship should be brought to the attention of the DCE or faculty advisor in advance of the start of the clerkship. If the clerkship is in progress, the student should notify their advisor or the DCE immediately of any change or potential change in status.

31 GRADES AND PERFORMANCE EVALUATION

31.1 GRADES

The final grade for all clerkship courses will be pass/fail based on the items noted below. Failure to satisfy any one of the components as noted above may result in failure of the course. The final grade for these courses will consist of the following criteria:

30.1.1 Written Examination
Students will complete end-of-clerkship exams during the on-campus seminars. These exams will contain questions covering topics in the blueprint for the Physician Assistant National Certifying Exam, particularly those likely to be encountered in the completed clerkships. A minimum score of 77% is required to pass. Students who fail an exam will be required to remediate, testing the same content, but not containing the same questions. The student must score >77% on the repeat exam to successfully pass the course. Only one opportunity is given to re-take this exam.

30.1.2 Preceptor Evaluation of Student
The primary preceptor will evaluate the student’s performance in the clerkship experience. The evaluation will assess medical knowledge, skills, and professional attitudes and behavior. Students must achieve a “satisfactory” or better grade in all three domains in order to pass the course.

30.1.3 Required Documentation
The student must verify that all required documentation has been submitted. All documentation must be completed before a course grade will be submitted for any clerkship course. All required documentation must be completed by the deadline in order to pass the course:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>❖ All requirements for participation in the</td>
<td>❖ Prior to beginning the clerkship experience*</td>
</tr>
<tr>
<td>experience*</td>
<td></td>
</tr>
</tbody>
</table>
Mid-rotation self-evaluation to faculty advisor

Patient Logs

Student Evaluation of Clinical Site and Preceptor

- 2.5 weeks into the clerkship experience
- Within three days of clinical experience
- Within one week of completion of the course

*This includes all health and certification requirements of the Institute and any specific health, certification, or credentialing requirements of the host institution.

31.2 Evaluation of Student Performance

30.2.1 Preceptor Evaluation of Student Performance
Preceptors are asked to provide an assessment of student performance at least twice during each clerkship, at midterm and final. The midterm evaluation will be verbal and the final evaluation written. More frequent evaluation may be performed at the discretion of the preceptor or upon the request of the DCE.

31.2.2 Student Self-Assessment of Clinical Performance
Each student is expected to assess his/her own clinical performance midway in each clerkship. Students should be prepared to provide a formal written assessment to their faculty advisor and to discuss this self-assessment with the preceptor. Additional self-evaluation may be required at the discretion of the preceptor or upon the request of the DCE.

31.2.3 Performance Evaluation Formats
Preceptors and students will use the evaluation tools provided by the program for evaluating performance in each clerkship.

31.3 Site Visits
During a student’s first six months in clerkships, the Director of Clinical Education or faculty advisor will perform a site visit for a discussion with the student and preceptor that will include a review of the clerkship objectives, student performance and progression in the clerkship, the adequacy of the clinical experience, level of supervision, and the feedback process and evaluation instruments. When possible, the faculty visitor will directly observe and evaluate the student’s performance in a patient encounter.

Site visits may be performed more frequently, depending on the needs of the student or site, and as determined by the DCE.

31.4 Completion of Clinical Experiences
All clerkships are required professional courses and must be completed successfully to progress in the program. Clerkships will occur at the facility assigned by the DCE. It is not the student’s prerogative to decline a clerkship placement; such action will be considered refusal to take a required course. Likewise, a student who discontinues participation in a clerkship prior to its scheduled end date, without successful petition for a grade of Incomplete, will receive a grade of “F” for that course.
31.5 Remedial Clinical Hours

Based on academic and clinical evaluations, the DCE may require a student to participate in clinical remediation at any time during the curriculum. In cases where the DCE requires remediation, which may include repetition of a clinical experience, students must successfully complete all remedial requirements in order to progress in the program, which may delay graduation. Students are responsible for costs related to remediation, including additional courses and delayed graduation.

31.6 Failure of Clinical Experiences

Failure of a clerkship is considered failure in a professional course and is associated with all actions and penalties that may occur with any failure of a course, as noted above.

If a student fails any clerkship, the DCE will make a recommendation to the Student Development Committee regarding continued matriculation in the Program. Depending on the reasons for the failure, the DCE may recommend continued matriculation with remediation, repeat of the failed course, or termination from the Program.

If the student is continuing in the Program, the DCE may recommend that the student complete remedial work prior to repeating the failed clerkship. Remedial activities may include, but are not limited to, repetition of professional courses, additional focused clinical experience, or independent study.

31.7 Incompletes

Failure to successfully complete any two clerkships will result in a recommendation for termination from the Program. When extenuating circumstances interfere with successful completion of a clerkship, students may petition for an Incomplete, which must be approved by the DCE. Guidelines for completing the experience and the time period within which it must be completed will be specified by the DCE.

32 Program Complaints

32.1 Submission of Program Complaints

Students who have complaints about any aspect of the MPAS Program should speak with their faculty advisor and seek a reasonable solution to their concern, if possible. If the student does not get satisfaction through this mechanism or the complaint involves the student’s advisor directly, he or she must submit a formal written letter of complaint to the Program Director with the following information:

1) Identify the person making the complaint
2) Set forth and clearly describe the specific nature of the complaint
3) Provide supporting evidence and/or data for the charge
4) Specify the changes that are sought by the complainant

32.2 Resolution of Program Complaints

Any decisions related to formal, written complaints will be made by the Program Director who will notify the complainant in writing of any action taken.
32.3 Complaints about IHP Policies or Procedures

Complaints that refer to Institute policies or procedures should be directed to the Office of Student Affairs (OSA).

33 Awarding of the Master of Physician Assistant Studies Degree

Degree Requirements
Granting of the Master of Physician Assistant Studies degree is contingent upon successful completion of all required courses (86 credits) with grades of “C+” or better and a cumulative GPA of at least 3.0.

The pre-clinical cumulative examination must be passed in order to progress to the clinical year and all clerkships must be successfully completed prior to awarding of the degree. Students must successfully pass the Summative Evaluation prior to awarding the degree, as outlined above.

To be considered for graduation, students must submit the required application for graduation by the first week in December prior to their graduation year. Reminders about this process will be sent from the Registrar’s Office prior to the application period.
PART IV: APPENDICES
APPENDIX A
PROGRAM STANDING COMMITTEES
Committee Structure

PA Program Team

Chair: Program Director
Committee Members: Medical Director, Principal Faculty, Program Staff
Charge: Coordinate department-related tasks and discuss programmatic issues, review recommendations of standing committees and make program changes as appropriate. Meets every other week and holds annual retreat to review annual program assessment and modifications.

Admissions Committee
Chair: Director of Clinical Education (DCE)
Members: Program Director, Director of Academic Education (DAE), 1 principle PA faculty, 1 principle faculty outside PA Program
Manager: 1 clinical PA, student rep.
Charge: Review admission criteria and outcomes, oversee admissions processes. Committee meets at least four times per year.

Curriculum Committee
Chair: Director of Academic Education
Members: Program Director, DCE, 1 principle PA faculty, 1 tenured or guest lecturer, Institute instructional designer, student rep.
Charge: Oversee curriculum evaluation and ensure quality of curriculum. This committee will meet at the beginning of each semester to review the previous semester.

Student Development Committee
Chair: Medical Director
Members: DAE, DCE, two principle PA faculty
Charge: Respond to academic and/or behavioral concerns related to student performance in the Program. Collect and analyze data related to student outcomes. Meets at the end of each semester and as needed for student issues.
APPENDIX B
CONSENT FORMS
CLASSROOM, LABORATORY, AND CLINICAL EXPERIENCES INFORMED CONSENT
PHOTOGRAPHY RELEASE FORM
CONSENT FORM FOR CLASSROOM, LABORATORY, and CLINICAL EXPERIENCES

PA students must learn to evaluate and treat a variety of conditions as well as participate in health promotion. To assure competence, the student will be asked to practice various hands-on techniques and use various pieces of equipment safely. Students will practice these skills on each other with varying levels of competency.

Types of activities students will be expected to perform: Examination techniques will be performed on students and by students, and may involve palpation, auscultation, manipulation of extremities and head and neck, and invasive examination techniques, such as insertion of an otoscope speculum in the ear canal. Students will not perform examinations of the male or female breast or genitalia on one another. These skills will be taught on plastic models and eventually practiced on live, professional models. Students will practice diagnostic and treatment skills such as suturing and phlebotomy on plastic models using needles.

Potential risks: While the laboratory environment will be controlled to minimize risks, the following potential risks are rare but possible: you may experience trauma to the oropharynx or ear canal, muscle soreness, cuts or needle sticks, or exposure to blood and body fluids.

Potential benefits: In practicing the skills required of a physician assistant in a supportive and educational setting, the student will be prepared to effectively, efficiently and safely examine and treat patients. In having the skills practiced on the student, you will gain an appreciation of the experiences of actual patients.

Methods used to reduce the potential risks: In all scheduled learning formats and environments, faculty members act as teachers and facilitators to instruct and correct technique in the required skills. Their instruction will include the precautions, contraindications and safe application of the techniques they are teaching. In all cases, the environment of any lab will be controlled to minimize risks, and faculty will indicate the appropriate use of any protective equipment. Faculty will be aware of and utilize any necessary emergency procedures. At times, students may choose to practice lab techniques outside of scheduled class times without faculty supervision. This situation may increase the chance of the risks outlined.

The student will be asked to disclose in confidence any conditions which may increase the risks described above or prevent full participation as a participant in the activities that are part of the student experience.
**Clinical Education:** I understand that I will participate in the process of clinical assignments, as delineated in the Physician Assistant Program Manual. Clinical education assignments are made with student input, and are based on student learning needs and availability of appropriate clinical sites. The Director of Clinical Education will decide final assignments for all clerkships. I will participate in the experiences to which I am assigned. I understand that I am responsible for reviewing materials from my assigned sites, and for complying with all regulations of that facility, including required immunizations, in a timely fashion.

Assignments for part-time experiences will be within a reasonable traveling distance from the Institute, but may not be accessible by public transportation. Full-time experiences may require that I relocate for an extended period of time. I understand that I am responsible for my own housing and transportation costs for all clerkships.

**Students’ rights:** I understand that I have the right to refuse to participate in any situation in which I feel I am not safe, my health is jeopardized, or my religious or cultural beliefs are jeopardized. If I feel the environment is unsafe, I may request that the faculty member make reasonable modifications that will improve the safety of the environment. I also understand that course-grading requirements may include specific competencies in examination and treatment. Assuming that I have no condition which would prevent me from fully participating in the role of a patient or a provider, I understand that I will not be able to receive credit within the course for these experiences if I choose not to participate.

I understand that I may ask questions about the activities required within the curriculum at any time. If I have further questions about my participation in laboratory experiences, I can contact the Program Director or my faculty advisor. I have been given a copy of this consent form as part of my Program Manual in the Master of Physician Assistant Studies Program.

**Injury Statement:** I understand that in the event of an injury to me during any school activities, I will be assisted in finding appropriate medical care, which will be subject to the provisions of my health insurance policy. The MGH Institute of Health Professions is not responsible for the costs of health care associated with activities that are part of the educational program.

**Disclosure:** I have the following conditions which I believe may place me at increased risk for performing or receiving the various techniques performed during the student experience.

_________________________________________  ________________
Signature: Date

_________________________________________
Name (Print)
RELEASE FORM

CONSENT TO (select all that apply):
- Audio Recordings
- Videotape Recordings
- Motion Pictures
- Photographs
- Electronic Images (including images broadcast on the Internet)

PARTICIPANT NAME: ___________________________ DATE: __________

SUMMARY: This form says that you give your permission to be photographed, filmed, taped, or otherwise recorded for educational or promotional activities of the MGH Institute of Health Professions and that you give this permission for free.

In the interest of promoting the MGH Institute of Health Professions, informing the public or prospective students concerning activities at the Institute, or for educational, scientific, or promotional purposes, I consent to the taking of audio recordings, videotape recording, motion pictures, photographs, or other electronic images, as indicated above, which will occur on or about _________________________________. I authorize this under the following conditions:

1) The photographs, motion pictures, recordings, or images shall be used for publicity, educational, scientific or other purposes, including, for example, release of a tape or images over the Internet or the distribution of a videotape or CD-ROM. Such images or information may be published and republished, exhibited either separately or in connection with each other, in professional journals, medical books, and/or other media, including the Internet, or used for any other purpose deemed in the interest of the Institute.

2) I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising or other showing of these films, tapes, photographs, or images, including any release or broadcast of them on the Internet, regardless of whether such exhibition, televising, release, broadcast, or other showing is under philanthropic, commercial, institutional, or private sponsorship, and irrespective of whether a fee for admission or film rental or other charge is assessed.

3) I understand that photographs, films, tapes or other images may be edited, modified, or retouched for artistic purposes, to withhold identity, or for other graphic production reasons which may or may not be within the Institute’s control.

4) I acknowledge that it is my responsibility to obtain any necessary permission for my use of copyrighted materials in any lectures, discussions, presentations, performances, etc. recorded, videotaped, broadcast, or otherwise memorialized by the Partners Video Department (or comparable entity). Furthermore, I acknowledge that it is my responsibility to arrange with the Partners Video Department for the making of any necessary acknowledgements of public or private sponsorship of my research, materials, lectures, discussions, presentations, performances etc. to be recorded, videotaped, broadcast or memorialized.

In addition, I □ do □ do not (select one) consent to be identified by name in the film, photograph, videotape, audio recording, or electronic image broadcast or released on the Internet.

Signed ___________________________ Date_________

Witness ___________________________ Date __________
APPENDIX C: NOTIFICATION FORMS

Notification Of Concern

Notification Of Planned Absence

Student Remediation Plan and Outcomes
Notification of Concern

This Notification of Concern is issued by the Program Director, the student’s faculty advisor, or the course coordinator when a student’s professional behavior or academic performance places them at risk of not progressing satisfactorily through the requirements of the program. This form is intended to assist the student with academic and/or professional development in such a way that skills are enhanced and subsequent similar or more serious problems are avoided as s/he continues in the academic and clinical portions of the program.

Student: 
Faculty: 
Area(s) of concern:

PROFESSIONALISM:

Behavior or action noted: 

Specific examples: 

Recommendations: 

ACADEMIC:

Area of concern: 

Specific examples: 

Recommendations: 

It is your responsibility to (1) acknowledge receipt of the NOC within 3 days of the date on this memo, and (2) contact and meet with your faculty advisor or course coordinator within the next 10 days. In this meeting, the student and faculty will discuss the concerns noted here, as well as strategies for strengthening performance and minimizing future problems. If there are subsequent instances of lapses in professional or academic performance, you may be referred to the Student Development Committee for additional action as outlined in the Program Manual. If you have any questions or concerns, please address these to your faculty advisor or the Program Director.
Notication of Planned Absence

Each instructor whose class will be missed should sign this form. The student will give this form to his/her advisor. Only one planned absence is allowed per term. Planned absences cannot be taken on exam days or clinical days.

Date: ________________    Date of Planned Absence: ________________

Signatures of Course Instructors:

Course: ________________
Instructor Signature: ________________    Date: ________________

Course: ________________
Instructor Signature: ________________    Date: ________________

Course: ________________
Instructor Signature: ________________    Date: ________________

Comments

__________________________________________________________________________________

__________________________________________________________________________________

I understand that I am responsible for all material covered in class on the day I will be absent.

_________________________________________    __________________________
Student Signature                      Date

Signed Copy to: Advisor
# MGH Institute

## Student Remediation Plan and Outcomes

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Advisor</th>
<th>Course/Semester</th>
<th>Date</th>
</tr>
</thead>
</table>

### Reason for Remediation:


### Remediation Plan:


### Remediation expected completion date:


---

**Approved by Student Development Committee. SDC Chair’s signature here.**

<table>
<thead>
<tr>
<th>Faculty Advisor Signature</th>
<th>Date</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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## Student Remediation Plan and Outcomes

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Advisor</th>
<th>Course/Semester</th>
<th>Date</th>
</tr>
</thead>
</table>
**Remediation outcome:**

Completed/Satisfactory____  *Completed/Unsatisfactory __*Incomplete/Unsatisfactory ____

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Student referred to SDC</td>
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</table>

<table>
<thead>
<tr>
<th>Faculty Signature</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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</table>

*SDC Recommendations to Program Director:*

<table>
<thead>
<tr>
<th>SDC Chair’s signature here.</th>
<th>Date</th>
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</table>

*Final Action*

<table>
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<th>Program Director’s signature here.</th>
<th>Date</th>
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CONFIRMATORY PAGE
MGH INSTITUTE OF HEALTH PROFESSIONS

Master of Physician Assistant Studies Program

PROGRAM MANUAL
2015-2016

Confirmation Page

The students in the Master of Physician Assistant Studies Program are responsible for reading and understanding the policies and procedures that reflect the purposes and requirements of the academic and clinical programs at the MGH Institute of Health Professions, as provided in the IHP Online Catalog and in the Physician Assistant Program Manual.

The statements contained within the Program Manual serve as a supplement to the catalog, delineating policies and procedures that are specific to the MPAS Program.

The Program Manual has four parts: Part I contains the program overview, Part II is the policies and procedures related to the academic portion of the Program; Part III contains policies and procedures related to the clinical education portion of the Program; and Part IV contains important reference documents that relate to Program policies and professional standards. Documents within this last section will be used by the student throughout the Program in a variety of courses, clinical activities and class projects.

I understand that I am responsible for knowing and abiding by the policies and procedures contained within the IHP Online Catalog and the Program Manual for the Master of Physician Assistant Studies Program. All questions have been answered to my satisfaction. I understand these policies are subject to revision, and that I will receive due notice of any changes that occur during my status as a student in the Program.

__________________________
Name (please print)

__________________________
Date

__________________________
Signature