

School of Health Sciences and Human Performance



Master of Science in Physician Assistant Studies

CLINICAL PHASE
HANDBOOK
Academic Year 2021-2022

Table of Contents

Welcome..... 3

Purpose of the Clinical Phase Handbook (A3.01) 5

Accreditation Statement (A3.12a) 6

Accreditation Standards for Physician Assistant Education 6

Ithaca College MS-PAS Program Directory..... 7

Overview of the Clinical Phase of the Program..... 8

 Clinical Phase Readiness Evaluation 8

 Technical Standards (A3.13e)..... 9

Learning Outcomes & Expected Competencies (A3.12g)..... 11

PACKRAT..... 17

Clinical Seminar 19

***Professional Issues Seminar Topic Schedule 20**

Graduate Project..... 22

Professionalism (B4.02e) 22

 Definition 22

 Expected Behaviors 22

 Unacceptable Behaviors 22

 Assessment of Professional Behaviors 23

 Assessment of Professional Behaviors in the Clinical Phase..... 24

 Clinical Rotations with Clinical Preceptors who are Friends and/or Relatives..... 24

 Personal Relationships with Clinical Preceptors or SCPE Site Personnel..... 24

 Communication 24

 Requirement to Report Criminal Incident..... 25

 Criminal Background Checks/ Drug Screening 25

 Medical Records and Patient Confidentiality..... 25

 Dress Code 26

Social Media and the Medical Professional 28

Academic Standards (A3.13d, A3.15a) 30

 Assessments (B4.01) 33

 Grade Breakdown (A3.15a)..... 35

Clinical Phase Remediation (A3.15c, A3.17d)	36
Summative Evaluation (B4.03a-e)	38
Academic and Professional Performance Review Committee (APPRC).....	39
Composition	39
Requirements for Quorum and Adoptive Action for the Committee.....	40
Confidentiality	40
Evaluation Process.....	40
Learner Grievances and Allegations of Harassment (A1.02j, A3.15f)	44
Incident Report Policy.....	44
Attendance	45
Ithaca College MS-PAS Program Learner Hours in Clinical Phase	47
Learner Employment (A3.04, A3.05a, A3.05b, A3.15e)	48
Health Requirements (A3.07a, A3.17b, A3.19).....	48
CONSENT FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION	52
Guidelines for Exposure to Infectious and Environmental Hazards (A3.08a-c)	53
Clinical Phase Program, Preceptor and Learner Responsibilities.....	55
Clinical Site Affiliation Agreements (A1.10a, A3.03, D1.05)	56
Learner Identification (A3.06)	57
Closing of Campus (including Inclement Weather)	57
APPENDIX A: COMMITMENT STATEMENT	59
APPENDIX B: NEW Rotation Site Form.....	61
Appendix C: Learner Incident Report Form.....	62
Appendix D: Acknowledgement Statement of Academic Advisement/Remediation	63
Appendix E: Individualized Plan of Remediation.....	64

Welcome

WELL DONE!

Congratulations on completing the first fifteen months of your future as a PA. You showed your resilience, passion and commitment to the PA profession. The faculty, staff and I are proud of you and your accomplishments. Take a breath, take a nap, reflect and celebrate YOU.

As you begin the clinical phase, you will continue on our journey as a lifelong learner. You will apply the academic knowledge, leadership skills, and interprofessional practice into real world clinical practice. The faculty, staff, and I are here to support, guide and advise you on the next phase of your journey. The clinical phase requires long hours, dedication, discipline, and time management as you continue to learn the practice of medicine in your journey to become an exemplary PA. You will learn real world clinical practice and how to adapt to meet the needs of your patients. Be proactive, challenge yourself, stay late to learn a new skill or improve on a skill.

I am excited to support you on this journey. Please feel free to reach out to me for any issues that arise. My goal is to support you in your journey as a PA and a future leader in the profession.

Best,

Susan Salahshor

Susan M. Salahshor, PhD, PA-C, DFAAPA
Founding Program Director
Master of Science in Physician Assistant Studies

"Leadership and learning are indispensable to each other." JFK

Ithaca College Diversity, Equity and Inclusion Statement

Ithaca College is situated on [Haudenosaunee \(Cayuga\) land](#), and endeavors to serve as a good-faith steward of this land by honoring and building relationships with its protectors—past, present, and future. We acknowledge and seek to rectify this harrowing history by actively cultivating a diverse, accessible, equitable, and inclusive 21st-century learning community.

We strive every day to make our institution accessible, student-ready, inclusive, and equitable, particularly for those who have been impacted by systemic disadvantages, marginalization, and exclusion. We commit ourselves to pursuing growth, change, and action grounded in the [American Association of Colleges and Universities \(AAC&U\)](#) model of inclusive excellence, a framework specifically designed to ensure student learning, belongingness, and success.

We share responsibility and accountability for advancing [diversity](#), [equity](#), and [inclusion](#), in all its forms, beginning with the recruitment, retention, and empowerment of students, staff, and faculty from historically underrepresented and underserved communities.

We maintain that our institutional strength and vibrancy is derived from the varied knowledge of our students, faculty, staff, administration, alumni, Board of Trustees, and community partners; and so we strive to build a curriculum and campus culture that reflects our lives as members of multiple intersecting communities, experiences, identities, and abilities.

We thrive on the free and open exchange of ideas and work hard to foster an intentional community of mutual respect—one rooted in collaborative dialogue and challenging intellectual discourse—while asserting that prejudice and discrimination serve only as hinderances to our learning. Ithaca College does not condone and will not tolerate any form of discrimination.

We know that honest dialogue around diversity, equity, inclusion, and accessibility can be challenging and uncomfortable, but we hold that it is necessary in preparing our students for success in an ever-evolving global society. We invite you to join the conversation.

Founded as a music conservatory, our institution was forged by those who dedicated their lives to the pursuit of proficiency and excellence in a universal language. To this aim, the college has always stood on three core pillars of instruction: theory, practice, and performance. These interrelated pedagogical structures, in concert with the College's evolving values as a school of liberal arts, provide a foundation for individual and community success as we move toward a more just future and inclusive future.

Ithaca College PA Program Diversity, Equity and Inclusion Statement

The Ithaca College PA Program has a focus on an equity framework that seeks to be representative of all people including those impacted by systemic disadvantages, and marginalization. Course topics, discussions, and activities should enhance the learner's capacity to communicate across differences in productive ways. The skills learned in the PA Program can be applied in the clinical setting, classroom, workplace, in interpersonal relationships, and community environments. The Ithaca College PA Program will provide a safe place for healthy discussions while respecting and caring for each other in the same way we would care for our patients.

Purpose of the Clinical Phase Handbook (A3.01)

The Ithaca College Master of Science in Physician Assistant Studies (MS-PAS) Clinical Phase Handbook is designed to provide the learner with the policies, procedures, and pertinent information regarding the academic work required of the following courses:

Clinical Phase	
Semester V, VI & VII Spring, Summer Fall	
Course Number	Course Name
PASG 70000	Supervised Clinical Practice – Family Medicine
PASG 70100	Supervised Clinical Practice – Internal Medicine
PASG 70200	Supervised Clinical Practice – Surgery
PASG 70300	Supervised Clinical Practice – Pediatric and Adolescent Medicine
PASG 70400	Supervised Clinical Practice – Women’s Health
PASG 70500	Supervised Clinical Practice – Behavioral and Mental Health
PASG 70600	Supervised Clinical Practice – Emergency Medicine
PASG 70700	Supervised Clinical Practice – General Elective I
PASG 70800	Supervised Clinical Practice – General Elective II
PASG 70900	Transition to Clinical Practice

The Ithaca College MS-PAS policies align with the Ithaca College’s institutional policies and apply to all enrolled learners, principal faculty, and the program director throughout all phases of the program regardless of location. If discrepancies between program policies and those established at supervised clinical practice experience (SCPE) sites should arise; the SCPE site policies will supersede the program’s policies.

This handbook is in addition to, and not a substitution, for the Ithaca College MS-PAS Program Learner Handbook. It is important to remember that while learners completing the clinical phase of the program are seldom on campus, they are still Ithaca College MS-PAS learners and are expected to abide by the policies set forth in this Clinical Phase Handbook as well as the Ithaca College MS-PAS Program Learner Handbook.

Although not specifically stated after each section, failure to comply with and/or conform to the guidelines, academic requirements, rules and regulations of this handbook will result in disciplinary action, up to and including referral to the Academic Professional and Performance Review Committee (APPRC) and dismissal from the program.

It is the learner’s responsibility to read this handbook. All learners must sign a declaration of understanding prior to beginning the clinical phase stating they have read, understand, and agree to abide by the contents of this handbook.

Accreditation Statement (A3.12a)

The ARC-PA has granted **Accreditation-Provisional** status to the **Ithaca College Master of Science in Physician Assistant Studies Program** sponsored by **Ithaca College**.

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA *Standards* or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the *Standards* as it prepares for the graduation of the first class (cohort) of students.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

Accreditation Standards for Physician Assistant Education

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has established Accreditation Standards to maintain and promote appropriate benchmarks of quality in the education process of Physician Assistants. These Accreditation Standards are used as guidelines in the development, evaluation, and self-analysis of Physician Assistant programs. The ARC-PA provides recognition for educational programs that are in compliance with standards of quality for Physician Assistant education.

The standards are posted online at: <http://www.arc-pa.org/accreditation/standards-of-accreditation/>

The policies and procedures stated in this Learner Handbook align and are in compliance with these standards.

Ithaca College MS-PAS Program Directory



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Overview of the Clinical Phase of the Program

Progression from the Didactic Phase to the Clinical Phase of the Program (A3.15b)

Clinical Phase Readiness Evaluation

In order to progress to the clinical phase of the program, the learner must pass each element of the Clinical Phase Readiness Evaluation (CPRE) with a 70.0%. The CPRE is a program designed assessment that will be administered two weeks before the end of the didactic phase of the program, and will consist of the following:

- 120 question multiple choice question examination which follows the PANCE topic and task blueprint
- Perform one complete history and physical examination with written submission
- Perform one focused OSCE with written SOAP note
 - Focused History
 - Focused Physical Examination
 - Order and interpret diagnostic studies
 - Differential Diagnosis
 - Treatment plan
 - Follow-up and or referral

Remediation of the Clinical Phase Readiness Evaluation (A3.15c)

If a learner fails to score a 70.0% in any element of the CPRE:

- The learner will meet with their faculty advisor to review areas of weakness and deficiency
- An individualized remediation plan will be formulated
- The learner will be re-evaluated one week after the original CPRE was administered

Failure to score a 70.0% in the second CPRE the learner will be referred to the APPRC to determine an individualized remediation plan, which may include a five (5) week deceleration with a prescribed plan of study. This may result in a delay in the learner's completion of the program and graduation.

Description

The didactic phase of education provides a broad base of knowledge, which will be further refined, challenged, and solidified through hands on clinical training during the clinical phase of the program. The clinical phase is a 12-month period where learners participate in nine supervised clinical practice experiences (each 5 weeks in length) with preceptors who are board certified and licensed (in their area of instruction): Family Medicine, Internal Medicine, General Surgery, Pediatric and Adolescent Medicine, Women's Health (OB/GYN), Behavioral and Mental Health Care, Emergency Medicine, and two elective rotations. These experiences offer kinds of patient encounter (acute/chronic, emergent and preventative) essential in the preparation of learners for meeting program expectations and acquiring the competencies needed for entry into clinical practice. The types of settings will include: inpatient, outpatient, surgical (operating room) and emergency department. Each clinical setting is unique, serving communities of diverse cultural and economic backgrounds.

Technical Standards (A3.13e)

The Ithaca College MS-PAS Program is committed to complying with Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336 the Americans with Disabilities Act (ADA), and ascertains that the following minimum technical standards must be present in candidates.

- I. Professionalism. Learner will:
 - a. Maintain a professional appearance; dress according to program and school guidelines.
 - b. Arrive on time for classes, field-based experiences, and meetings.
 - c. Prepare fully for classes, field-based experiences, and meetings; submits assignments and reports on time.
 - d. Abide by college, school, department, program, field placement, and professional association policies and procedures.

- II. Emotional, Behavioral and Social Skills: Learners must possess the ability to understand and utilize verbal, non-verbal, and written communication, including oral and written English. Learner will:
 - a. Possess emotional health required to make sound judgments.
 - b. Demonstrate behaviors appropriate to the situation.
 - c. Use appropriate coping strategies.
 - d. Demonstrate active learning.
 - e. Respond to stressful situations effectively by recalling knowledge from short term and long-term memory.
 - f. Possess ability to tolerate physically taxing and mentally workloads.

- III. Collaboration and Communication: Learners must possess the ability to understand and utilize verbal, non-verbal, and written communication, including oral and written English. Learner will:
 - a. Foster positive relationships and collaborates with a variety of target groups (e.g.: learners, families, colleagues, local community members, etc.) as appropriate.
 - b. Treat others with dignity, respect, fairness, and sensitivity.
 - c. Speak and write clearly, effectively, and appropriately.
 - d. Maintain professionally appropriate etiquette in all forms of communication.
 - e. Respect privacy and confidentiality of information where appropriate.

- IV. Cognitive and Critical Thinking: Learner must meet academic standards and possess critical thinking abilities sufficient for making sound judgments. Learner will:
 - a. Utilize their full intellectual abilities with an understanding of the rationale and justification within clinical and laboratory settings.
 - b. Recall, interpret, analyze and apply information from a variety of sources, including reading material, lecture, discussion, patient observation, examination and evaluation.
 - c. Determine what data and methods are needed to solve simple and complex problems.
 - d. Demonstrate appropriate responses to emergency situations.
 - e. Demonstrate alertness and attentiveness during general core and emergency treatments.

- V. Sensory-Motor: Learners must possess adequate strength, dexterity, balance, and sensation, to accurately carry out clinical activities. Learner will:
 - a. Have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.
 - b. Be able to do basic laboratory tests, carry out diagnostic procedures and read electrocardiograms (ECGs) and X-rays.
 - c. Be able to execute motor movements reasonably required to provide general care and emergency treatment to patients.
 - i. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, the administration of intravenous medication, application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds and the performance of simple obstetrical maneuvers.
 - ii. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.
 - d. Have sufficient function to observe a patient at arms-length or at a distance.
 - e. Have sufficient sense of smell, vision and hearing to assess during clinical activities.

- VI. Professional Development and Reflective Practice. Learner will:
 - a. Critically examine one's own practice.
 - b. Respond well to and incorporate feedback.
 - c. Use available resources and explores additional ones in an effort to improve teaching and support learning.
 - d. Engage in positive problem solving when challenges arise.
 - e. Seek out and participate in professional development opportunities.
 - f. Adapt to changes and be flexible based on the uncertainties in the delivery of care.

- VII. Commitment to Affirming All Learners. Learner will:
 - a. Examine own frames of references (including but not limited to race, culture, gender, language, abilities, ways of knowing) to uncover and address the potential biases in these frames.
 - b. Communicate respect for learners as individuals with differing personal and family backgrounds and various assets, skills, perspectives, talents, and interests.
 - c. Demonstrate commitment to incorporating knowledge of learners' diverse strengths in instruction.
 - d. Hold oneself accountable for all learners' learning.
 - e. Demonstrate high expectations that are developmentally appropriate for each individual learner.

Learning Outcomes & Expected Competencies (A3.12g)

The Ithaca College MS-PAS Program is committed to providing learners with a learner centered educational environment where they will receive the requisite medical knowledge to provide culturally sensitive, empathic, patient-centered, evidence-based medical care in an interprofessional healthcare team.

Learner success in achieving the program learning outcomes and expectations will be evaluated through a variety of assessment tools such as: multiple choice examinations, interprofessional collaborative group activities and projects, objective structured clinical examinations (OSCEs), reflection journals, clinical performance evaluations, clinical preceptor evaluations and a graduate project.

The Ithaca College MS-PAS learning outcomes and expectations are based on the Competencies for the Physician Assistant Profession as developed jointly by the National Commission on Accreditation of Physician Assistant (NCCPA), the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the Physician Assistant Education Association (PAEA), and the American Academy of Physician Assistant (AAPA).

Upon completion of the Ithaca College MS-PAS Program, graduates will demonstrate entry-level proficiency as Physicians Assistants in the following domains:

Competency	PATIENT CARE Physician Assistants must provide patient-centered care that is safe, timely, efficient, effective and equitable.	Outcome Domains**
PC1	Obtain essential and accurate information about patients through thorough history taking skills.	KNWG CTS
PC2	Perform a complete and problem-focused physical examination appropriately when caring for patient in a clinical setting.	KNWG CRP CTS
PC3	Select and accurately interpret diagnostic studies commonly used in primary care and develop an appropriate pharmacologic and non-pharmacologic treatment plan.	KNWG CRP CTS

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	MEDICAL KNOWLEDGE Physician Assistants must apply scientific principles and evidenced-based medicine in the management of patients.	Outcome Domains**
MK1	Demonstrate core knowledge about established and evolving biomedical and clinical sciences to manage general medical and surgical conditions in patients.	KNWG
MK2	Demonstrate an investigative and analytical thinking approach to evaluate patients across the lifespan with signs and symptoms of medical and surgical conditions.	KNWG CRP
MK3	Apply principles of epidemiologic, social and behavioral sciences to screen asymptomatic patients for conditions, to promote disease prevention, to promote health and mental wellness.	KNWG CRP CTS
MK4	Synthesize history, physical findings, and appropriate diagnostic studies to formulate differential diagnoses and formulate appropriate pharmacologic and non-pharmacologic treatment plans to manage general medical and surgical conditions in patients.	KNWG CRP CTS

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	INTERPERSONAL & COMMUNICATION SKILLS Physician Assistants must demonstrate interpersonal and communication skills that results in effective communication exchange with patients, patients' families and caregivers, physicians and other healthcare professionals.	Outcome Domains**
ICS1	Create and sustain a therapeutic and ethically sound relationship with patients using effective communication styles and skills to elicit and provide information.	IS CTS PFLM
ICS2	Document information, accurately and adequately, regarding care for medical, legal, quality, and financial purposes.	IS CTS PFLM
ICS3	Counsel and educate patients, families and caregivers effectively using information technology and educational resources.	IS CTS PFLM

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	PRACTICE-BASED LEARNING & IMPROVEMENT Physician Assistants must critically analyze the medical literature and their own practical experiences to improve patient care.	Outcome Domains**
PBLI1	Apply patient care knowledge of study designs and statistical methods to the appraisal of medical literature.	KNWG

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	SYSTEMS-BASED PRACTICE Physician Assistants must demonstrate an awareness of and responsiveness to the larger system of healthcare to safe quality patient care that balances quality and cost.	Outcome Domains**
SBP1	Integrate funding sources and payment systems that provide cost-effective coverage for patients, without compromising quality care in a complex healthcare delivery system.	KNWG CTS PFLM

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	PROFESSIONALISM	Outcome Domains**
P1	Demonstrate a high level of professionalism, ethical practice, and adherence to legal and regulatory requirements.	IS CTS PFLM
P2	Demonstrate respect, compassion, integrity and accountability to self, other healthcare providers, patients, families, and society.	IS PFLM
P3	Recognize and appropriately address personal biases in diverse population to promote a safe environment for patient care.	IS CTS PFLM

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	INTERPROFESSIONAL COLLABORATION	Outcome Domains**
IC1	Partner with physicians, other healthcare professionals, and managers to assess, coordinate, and improve the delivery of patient-centered care and outcomes using practice-based improvement activities.	KNWG CRP IS CTS PFLM

**Key for Outcomes Domain: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	PERSONAL & PROFESSIONAL DEVELOPMENT Physician Assistants must acknowledge their professional and personal limitations.	Outcome Domains**
PPD1	Recognize and appropriately address gaps in medical knowledge, physical and mental limitations in self and others.	KNWG IS CTS PFLM
PPD2	Commit to excellence and ongoing professional development.	IS PFLM

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Competency	LEADERSHIP & ADVOCACY FOR HEALTHCARE EQUITY and ACCESS Physician Assistants must demonstrate a high level of responsibility, ethical practice and sensitivity to diverse patient populations.	Outcome Domains**
LA1	Recognize and appropriately address system biases to promote a safe environment for patient care and quality improvement.	KNWG CRP IS CTS PFLM
LA2	Develop the ability to effectively attain and manage human and fiscal resources to support the healthcare institution short and long-term goals.	KNWG CTS PFLM

**Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Laboratory and Diagnostic Studies Skills (B4.02a, B4.03a)

The program expects the learner to demonstrate further refinement in the performance, ordering and interpretation of specific diagnostic and therapeutic skills during the clinical phase. The listed table below provides such skills and which rotation will most likely provide the opportunity to demonstrate entry-level competency of each skill. Learners are expected to proactively seek these opportunities and provide documentation that the skill was performed with entry-level competency (procedure log on clinical logging platform, clinical preceptor mid-rotation and end of rotation evaluation.) Moreover, the highlighted skills will be evaluated randomly through Objective Structured Clinical Evaluations (OSCEs) during the End of Rotation days and the Summative Evaluation. If the opportunity to perform a required skill in the clinical setting does not present itself by Clinical Rotation #6, the program will seek to provide a clinical experience where the learner may do so. The Director of Clinical Education through the learner's procedure log will monitor this. If despite the learner's and/or the PA program's efforts, the learner does not have the opportunity to perform the required skill in the clinical setting then the learner will perform the required skill in the Simulation Lab.

The program has also identified skills where the learner should have a working knowledge of the indication and performance of the procedure. Although these skills are considered optional, if the opportunity to participate in the performance of the skill arises, the learner is encouraged to do so under the supervision of their clinical preceptor.

Diagnostic and Therapeutic Skills							
Screening Tests	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Anxiety Screening (e.g., GAD 7, SCARED)	*	*	*	*		*	*
Depression Screening (e.g., PHQ 2, PHQ 9, Postpartum)	*	*	*	*		*	*
ADD/ADHD Screening (e.g., Connor, NICHQ Vanderbilt Assessment Scale)	*		*				*
Visual Screening	*		*				
Auditory Screening	*		*				
Developmental Screening (e.g., MCHAT, SWYC)	*		*				

Vascular Access and General Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Venipuncture	*	*		*	*	*	
Arterial puncture		*				*	
Peripheral IV catheterization	*	*		*	*	*	
Intramuscular, subcutaneous, intradermal, and intravenous injections	*		*	*	*	*	
FAST U/S						*	
Vital signs (Temperature, Blood pressure, Pulse, Respiration, Pulse oximetry)	*	*	*	*	*	*	*
Specimen collection (i.e., blood, urine, cervical, vaginal, urethral, sputum, wound, etc.) for laboratory testing (i.e., culture and sensitivity, antigen testing, dipstick, guaiac, etc.)	*	*	*	*	*	*	
Ordering and Interpretation of Laboratory Studies	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
CBC with differential and indices	*	*	*	*	*	*	*
Pregnancy test	*	*	*	*	*	*	
Chemistry profiles	*	*	*	*	*	*	*
Rapid strep test	*	*	*			*	
PT/PTT	*	*			*	*	
Cultures and sensitivities	*	*	*	*	*	*	
Urinalysis	*	*	*	*	*	*	*
Cardiac enzymes	*	*				*	
Arterial blood gases		*				*	
Glycosylated hemoglobin	*	*		*	*		
Lipid profiles	*	*	*				*
HIV antibody testing	*	*	*	*	*	*	
Liver/Hepatitis profiles	*	*	*	*		*	*
Rapid Flu/COVID	*	*	*	*		*	
Ordering and Interpretation of Diagnostic Imaging Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Echocardiogram	*	*	*	*	*	*	
Plain X-rays	*	*	*		*	*	
CT Scan	*	*	*		*	*	
MRI	*	*	*		*	*	
Ultrasound	*	*	*	*	*	*	
EENT Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Wood's lamp corneal examination (with fluorescein staining)	*		*			*	

Cardiovascular Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG)	*	*	*			*	
Identify the following heart sounds: S1, S2, gallops, and murmurs	*	*	*	*	*	*	
Respiratory Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Pulmonary function testing (spirometry)	*	*	*			*	
Endotracheal intubation		*			*	*	
Laryngeal Mask Airway (LMA) placement		*				*	
GI/GU Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Urinary bladder catheterization		*	*		*	*	
Naso-/oro- gastric intubation		*			*	*	
Orthopedic Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Splinting	*		*		*	*	
Casting							
Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip)	*					*	
Bursa/joint aspirations and injections	*					*	
Reproductive Health Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing	*	*	*	*		*	
Pelvic exam for collection of vaginal and cervical specimens for cytology (PAP) examination	*	*	*	*			
Clinical breast exam	*		*	*	*		
Surgical Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Aseptic technique	*	*	*	*	*	*	
Administration of local anesthesia	*	*	*		*	*	
Wound closure with sutures, liquid skin adhesive, steri-strips and staples	*	*	*	*	*	*	
Life Support Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Basic life support (BLS) procedures		*			*	*	
Advance cardiac life support (ACLS) procedures		*			*	*	
Pediatric advanced life support (PALS) procedures					*	*	

Optional Diagnostic and Therapeutic Skills	FM	IM	PEDS ADOLESCENT	WH/ OBGYN	SURG	EM	BMHC
Anterior nasal packing	*		*		*	*	
Doppler assessment of peripheral or prenatal fetal pulses and US	*	*		*	*	*	
Needle decompression of a pneumothorax		*			*	*	
Thoracentesis and chest tube placement		*			*	*	
Anoscopy	*	*				*	
Lumbar puncture		*				*	
Superficial wound incision and drainage and packing	*		*		*	*	
Wound care, debridement, and dressing	*	*			*	*	
Skin punch, excisional and shave biopsy procedures	*	*			*		
Toenail removal/wedge resection	*				*	*	
Chemical and electrical cauterization	*		*		*	*	
Cryotherapy of skin lesions	*		*		*		
Electrodessication of skin lesions	*		*		*		
Subungual hematoma trephination	*		*			*	
Ventilator Management		*					
Central Line (insertion and management)		*				*	
Intraosseous Line (insertion and management)						*	
Bladder catheterization	*	*	*	*	*	*	

Summative Evaluation (B4.03a-e)

The Ithaca College MS-PAS program conducts a summative evaluation of each learner within the final four months of the program. Please see the [Summative Evaluation](#) section for more details.

PACKRAT

The PACKRAT™ exam is an objective, comprehensive self-assessment tool for learners. All learners will be given the opportunity to complete this examination during the clinical phase of the program. This examination is for self-evaluation **ONLY**.

Clinical Phase Calendar

2023			
Clinical Phase			
Clinical Orientation: <i>January 2nd, 2023- 8:00am – 11:00am</i>			
	First Day	Last Day	EOR Days
SCPE 1	January 2 nd , 2023	February 3 rd , 2023	February 1, 2, 3, 2023
SCPE 2	February 6 th , 2023	March 10 th , 2023	March 8, 9, 10, 2023
SCPE 3	March 13 th , 2023	April 14 th , 2023	April 12, 13, 14, 2023
SCPE 4	April 17 th , 2023	May 19 th , 2023	May 17, 18, 19, 2023
SCPE 5	May 22 nd , 2023	June 23 rd , 2023	June 21, 22, 23, 2023
SCPE 6	June 26 th , 2023	July 28 th , 2023	August 26, 27, 28, 2023
SCPE 7	July 31 st , 2023	September 1 st , 2023	August 30, 31, Sept 1, 2023
Summative Evaluation	September 5 th , 2023	September 8 th , 2023	
SCPE 8	September 11 th , 2023	October 13 th , 2023	October 11, 12, 13, 2023
SCPE 9	October 16 th , 2023	November 17 th , 2023	November 15, 16, 17, 2023
Transition	November 20 th , 2023	December 14 th , 2023	Graduation Project Presentation: December 12, 13, 14, 2023
Graduation: <i>December 15th, 2023</i>			

Clinical Seminar

At the end of each supervised clinical practice experience the learners return to the PA Program for a three-day Clinical Seminar. Clinical Seminar schedule is as follows:

End of Rotation Days Schedule	
Wednesday	
8:00 AM - 10:00 PM	End of Rotation Exam
10:00 AM - 10:15 AM	Break
10:15 AM – 11:00 AM	Director’s Hour
11:00 AM – 12:00 Noon	Professional Issues Seminar*
12:00 Noon -1:00 PM	Lunch
1:00 PM – 3:00 PM	Board Review
3:00 PM – 5:00 PM	Practice in Simulation Center
Thursday	
8:00 AM - 11:00 AM	OSCEs and Review Stations
11:00 AM – 12:00 Noon	Professional Issues Seminar*
12:00 Noon – 1:00 PM	Lunch
1:00 PM – 3:00 PM	Board Review
3:00 PM – 5:00 PM	Board Review
Friday	
8:00 AM – 12:00 Noon	Graduate Project Development
12:00 Noon – 1:00 PM	Lunch
1:00 – 3:00 PM	Academic Resources Available Upon Request

***Professional Issues Seminar Topic Schedule**

Topic	Method of Delivery	Possible Presenter(s)	Resources
EOR-1			
Welcome	Lecture PowerPoint Cases	TBD	
Clinical Rotation Pearls	Lecture PowerPoint	TBD	
Health care policy for PA	Lecture PowerPoint	NYSSPA representative	https://www.aapa.org/advocacy-central/
Health care trends/PA reimbursement/fraud reduction	Lecture PowerPoint	AAPA representative	https://www.appa.org
EOR-2			
Malpractice/liability insurance	Lecture PowerPoint	Local insurance/risk management company representative, PA faculty	https://www.rmfi.harvard.edu
EOR-3			
National/state/local organization involvement		Dr. Susan Salahshor, PA-C, DFAAPA	
Certification maintenance/CME process	Lecture PowerPoint	Michelle Zarko, PA-C	https://www.nccpa.net/
EOR-4			
Advanced coding/billing	Lecture PowerPoint Cases	Local hospital/practice billing specialist	https://www.aapa.org/advocacy-central/reimbursement/
EOR-5			
PANCE preparation/process	Lecture PowerPoint	NCCPA representative; Melodie Kolmetz, PA-C	https://www.nccpa.net/
EOR-6			
Post-graduate residency program introductions	Q&A panel or Lecture PowerPoint	Clinical educator to organize/ facilitate; may include alumni that have done fellowships and/or those who run the Programs	http://appap.org
Career coaching		Susan Salahshor, Ph.D., PA-C/Cayuga Health System Recruiter	

EOR-7			
Interviews/mocks	Lecture PowerPoint Role Play	Career coach; HR representative; university career center employee, faculty, adjuncts, alumni	https://www.aapa.org/career/interviewing-and-contracts/ http://www.pacareercoach.net/ http://mattcaseycoaching.com/
Physician/PA collaboration		PA faculty/Medical Director	
Contract negotiations		PA faculty	
EOR-8			
PA-S to PA-C checklist	Lecture PowerPoint Hand-out or Checklist	Clinical educator, alumni, NCCPA representative, PA preceptor, local hospital medical staff director	https://www.nccpa.net/
Job search strategies	Lecture PowerPoint Handouts	Career coach; HR representative; university career center employee	https://www.aapa.org/career-central/ http://www.pacareercoach.net/
State licensing/risk management	Lecture PowerPoint	State PA association board representatives	N/A
EOR-9			
Reflection	Learner essays, class discussions	Learners, faculty as facilitators	
Cover letter		PA faculty	
CV development		PA faculty	
Financial Literacy	Lecture PowerPoint Handouts	Ithaca College Office of Student Financial Services & Financial Advisor	

Graduate Project

A graduate project is a requirement for graduation. The learners may choose a graduate research project or a process improvement project. The first option is a three-part individual graduate research project which entails: a written case report, a literature review related to the case report, and an oral presentation of the case and key findings of the literature review. The second option is an individual or collaborative process improvement project where an individual or a small group of learners (four learners maximum) develop a process improvement quality project to address healthcare needs identified in an Upstate New York southern tier county health assessment report. Learners will conduct a literature review on the subject matter, design, and outline community health improvement plan. The report (written and oral presentation) includes a literature review, a description of the project and its anticipated outcomes.

Professionalism (B4.02e)

Definition

Medical Professionalism is defined as the daily expression of the desire to serve people and society as a whole by providing quality health care to those in need.¹ The Core Competencies for PAs states “... it involves prioritizing the interest of those being served above one’s own” which aligns with the principle of servant leadership.² As stated by Robert Greenleaf the father of servant leadership, “The servant leader is servant first... It begins with the natural feeling that one wants to serve, to serve first.”³ Servant leadership characterized by the highest ethical standards is a foundational principle for all faculty, staff, and learners of Ithaca College MS-PAS Program.

Expected Behaviors

All currently enrolled learners of the Ithaca College MS-PAS Program are expected to demonstrate at all times behaviors consistent with the:

- [Guidelines for Ethical Conduct for the Physician Assistant](#), published by the American Academy of Physician Assistants
- Established learning outcomes and expected competencies regarding Professionalism and Leadership & Advocacy for Healthcare Equity and Access: <https://www.ithaca.edu/academics/school-health-sciences-and-human-performance/graduate-programs/physician-assistant-studies/learner-handbook/professionalism-b402e>

Unacceptable Behaviors

Examples of unprofessional behaviors that **will** result in **prompt** referral to the Academic and Professional Performance Review Committee **dismissal** from the program:

- Violation of principles related to academic integrity (i.e. evidence of cheating on an assignment or test) and plagiarism as outlined by the Ithaca College Honor Code
- Learner intoxication or presumed intoxication from alcohol, prescription, or other drugs

¹ [\(01_02_2020\)](http://abimfoundation.org/what-we-do/medical-professionalism)

² [\(06_01_2020\)](https://www.aapa.org/career-central/employer-resources/employing-a-pa/competencies-physician-assistant-profession/)

³ [\(01_02_2020\)](https://www.greenleaf.org/what-is-servant-leadership/)

- Learner communication or interaction that is openly discriminatory, demeaning, or could reasonably be perceived as mentally or physically harmful to others, including but not limited to faculty, learners, staff, patients, patient's family or caregivers, and healthcare providers.

The program reserves the right to determine the degree of egregiousness of the behavior.

Assessment of Professional Behaviors

Employing a variety of strategies, assessment and monitoring of professional behaviors occurs on a continual basis during the learner's tenure with the program. Assessments may be required more frequently, and at any given time if areas of concern have been identified.

- Self-Assessment

Self-assessment offers an opportunity for the learner to evaluate his/her/they personal and professional qualities, identifying strengths and improvement areas. Self-Assessment will take place at the end of semester 2 and 4 of the Didactic Phase and Clinical Rotation 5 of the Clinical Phase.

If there are areas of concern, the learner with feedback from their faculty advisor will formulate an individualized plan of improvement geared toward positive behavior modification. Plans of improvement may include but are not limited to referral to appropriate external resources. The learner will meet with the faculty advisor, the Director of Didactic and/or Clinical Education, and the Program Director to review the plan of improvement and monitoring strategies. The Academic and Professional Performance Review Committee will be notified that the learner has entered into an individualized plan of improvement regarding professional behavior.

If behavior (s) persist or worsen the learner will be referred to the Academic and Professional Performance Review Committee for a formal review which may result in the learner's dismissal from the program.

- Faculty Advisor Assessment

At the end of semester 2 and 4 of the Didactic Phase and Clinical Rotation 5 of the Clinical Phase of the program, each learner's professional behavior will be evaluated by their assigned faculty advisor. The advisor will take in consideration any concerns reported by instructors or course directors. The advisors will meet with each learner and review the faculty advisor professionalism review form. If there are areas of concern the learner, with feedback from their faculty advisor will formulate an individualized plan of action geared toward positive behavior modification. Plans of action may include but are not limited to referral to appropriate external resources. The learner will meet with the faculty advisor, the Director of Didactic and/or Clinical Education, and the Program Director to review the plan of action and monitoring strategies. The Academic and Professional Performance Review Committee will be notified that the learner has entered into an individualized plan of action regarding professional behavior.

If behavior (s) persist or worsen the learner will be referred to the Academic and Professional Performance Review Committee for a formal review which may result in the learner's dismissal from the program.

- Academic and Professional Performance Review Committee

The Academic and Professional Performance Review Committee will evaluate each learner's professional behavior at the completion of the Didactic Phase of the program and Clinical Rotation 5. If there are areas of concern the learner will be placed on Professionalism Probation. With feedback from their faculty advisor, the learner will formulate an individualized plan of improvement geared toward positive behavior modification. Plans of improvement may include but are not limited to referral to appropriate external resources. The learner will meet with the faculty advisor, the Director of Didactic and/or Clinical Education, and the Program Director to review the plan of improvement and monitoring strategies. Professionalism Probation status will be removed once the learner demonstrates the desired behavior modification.

If behavior (s) persist or worsen the Academic and Professional Performance Review Committee will reconvene and review of all related documentation. This review may result in the learner's dismissal from the program.

Assessment of Professional Behaviors in the Clinical Phase

During the clinical phase, professional behaviors are assessed via preceptor evaluations and direct observation by faculty on clinical site visits (Preceptor Evaluation of Learner Form).

Clinical Rotations with Clinical Preceptors who are Friends and/or Relatives

Occasionally learners request to serve a clinical rotation with a friend or relative (who is also a health care provider) that will serve as the preceptor. Personal relationships can potentially interfere with the clinical evaluation process, which is both objective and subjective in nature, therefore, such clinical rotation arrangements are prohibited.

Personal Relationships with Clinical Preceptors or SCPE Site Personnel

Learners may find themselves attracted to a preceptor (or vice versa) or other personnel at the site(s) at which they are rotating. Pursuit of amorous or sexual relationships between learners and clinical rotation personnel during the rotation period compromises the integrity of the education and evaluation processes and should be avoided by learners.

Communication

All learners receive notification from the Ithaca College Office of the Registrar once the admission deposit is paid with instructions to activate their Netpass and Ithaca College email account. It is mandatory that learners check their Ithaca College e-mail account daily (including weekends). The Ithaca College e-mail is considered the official College email and the only account that the MS-PAS Program uses to communicate with currently enrolled learners. Likewise, learners should only use their Ithaca College e-mail account for email correspondence with the program as this prevents identification problems related to outside email. Faculty and staff will not respond to learners who utilize outside email addresses. The MS-PAS program faculty and staff use e-mail as an important means

for distributing information. The MS-PAS program is not responsible if a learner has inaccurate or missed information due to failure to routinely check, read, or clear their e-mail account.

Requirement to Report Criminal Incident

Learners are not required to inform their Faculty Advisor and/or the Program Director of any interaction with the police resulting in an arrest or being brought before the criminal justice system.

Criminal Background Checks/ Drug Screening

During the clinical phase of the program, learners will be required to undergo one or more national criminal background checks, which may include finger printing. Supervised clinical practice experience (SCPE) sites may require additional background checks, fingerprinting, and/or drug screening for learners who are assigned at those institutions. Learners are responsible for all expenses related to meeting additional drug screening, and background documentation required by the SCPE site. A criminal record or failure to pass a drug screen will result in a referral to the Academic and Professional Performance Review Committee and may result in the learner's dismissal from the program; if this occurs, tuition and fees will not be refunded.

By accepting admission to the program, a learner agrees to submit to national criminal background checks, which may include finger printing, as well as drug screening: and pay any associated expenses.

Medical Records and Patient Confidentiality

Patient confidentiality is a cornerstone in Physician Assistant practice and essential for establishing and maintaining the patient-provider relationship built on trust.

MS-PAS learners are privileged to learn information that patients share only with healthcare professionals and be present in very personal moments of patients' lives. Patients, in turn, trust that MS-PAS learners will preserve their confidentiality; as a key component of medical professionalism, MS-PAS learners must honor this trust.

Learners are not to discuss a patient in any manner or situation that would reveal any information about that patient to any person not directly involved in the patient's health care. Learners must refrain from discussing patients in public places, (i.e. cafeterias, elevators, etc.) where conversations may be overheard. Learners should remind those who may be inappropriately discussing patient information, about patient confidentiality.

Learners will adhere to ethical principles and use practical reasoning when dealing with patients at all times. No learner should medically treat other MS-PAS learners, friends, or family members while a learner is in the MS-PAS Program. All learners will receive formal instruction on and must follow the Health Insurance and Portability and Accountability Act (HIPAA) rules when participating in clinical activities at affiliated hospitals and clinics; HIPAA compliance includes maintaining confidentiality of paper and electronic health records. When violations of HIPAA by a learner are identified by a hospital, clinic, physician's office, etc., the violation will be reviewed by the Academic and Professional Performance Review Committee. Disciplinary actions may which

include remediation and/or sanctions, including the possibility of dismissal from the program.

Dress Code

Learner professional dress and conduct should, at all times, reflect the dignity and standards of the medical profession. It is important that physician assistant learners dress in a manner that is respectful to their professors, classmates, patients, interprofessional and administrative colleagues. The Ithaca College MS-PAS program has the authority to determine dress code requirements for learners admitted to the program.

The dress code at various clinical sites may be more or less rigorous than the guidelines outlined below. If the culture of a particular clinical setting supports a dress code that is inconsistent with the policy outlined below, the learner should discuss this with the clinical preceptor and the Director of Clinical Education to determine proper dress behavior for the learner.

Classroom Setting – similar to “business casual”

Examples:

- Khakis, dress pants, trousers, linen pants and corduroy pants
- Shirts, blouses, sweaters, turtlenecks, vests
 - Shirts must have collars. Three-button polo shirts and partial zipper shirts with collars are acceptable.
 - Shirts should be tucked in unless the style specifically prohibits this (e.g. sweater-style). All buttons except the top button should be fastened.
- Skirts, dresses
- Shoes with socks: oxfords, lace-ups, loafers, leather shoes
- Moderate heels (no socks required)

Not permitted:

- Jeans, regardless of style
- Shorts
- Halter-tops
- Tank tops
- Exposed midriffs
- Low-cut dresses
- Dresses with high slits
- Shirts with messages, lettering or logos (except for Ithaca College logo or designer logo)
- Sweatshirts
- Skin-tight clothing on upper or lower body
- Sneakers, tennis shoes, sandals, flip-flops or other open-toed shoes

Specific modifications to this dress code (e.g. for labs, clinical skills courses) are at the discretion of the course director. Learners should keep appropriate changes of clothes in their lockers.

In both clinical and non-clinical settings all learners should use discretion with fragrances, as patients, classmates and instructors may have allergies or sensitivities (see “Fragrance” below).

Jewelry and other adornments such as body piercing should be consistent with policies established in clinical settings.

No clothing should be unprofessionally revealing regardless for any learner. Please consult your Faculty Advisor if you are unsure whether a garment may be unprofessionally revealing.

Whether in class or on your personal time, your personal appearance will reflect on Ithaca College and your chosen profession as a Physician Assistant.

- **Clinical Setting**

- **Identification in the Clinical Setting**

Proper identification must be clearly displayed identifying that the learner is an Ithaca College MS-PAS

learner. Ithaca College MS-PAS learner ID badges must be worn at all times. The ID badge must be worn

so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access).

- **White Coats**

Learner-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the Course Director; they must be clean and neat. They will possess the Ithaca College MS-PAS patch. Exceptions to this rule are at the discretion of the clinical preceptor and must be approved by the Director of Clinical Education. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

- **Scrubs**

In general, scrubs should not be worn outside of the hospital or clinic. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual departmental/clinical policy.

- **Shoes**

Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas or designated laboratory components of didactic courses.

- **Fragrance**

No wearing of colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.

- **Hands**

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are prohibited. Some clinics/hospital settings do not permit any colored polish.

- **Hygiene**

Daily hygiene must include personal cleanliness, including use of deodorant. Clothing should be clean, pressed, and in good condition, including the white coat.

- **Hair**

Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Learners with long hair who participate in patient care should wear hair tied back, to avoid interfering with performance of procedures or having hair come into contact with patients.

- **Jewelry**

Jewelry should not be functionally restrictive or excessive. Learners should avoid wearing long or dangling earrings for their own safety and for patient safety. There should be no visible jewelry in body piercings with the exception of earrings. In the case of a faith, race or religious requirement, certain piercings may be acceptable. Please inform the Program Director or the Program Director's designee if you have a faith, race, or religious requirement for piercings so that faculty and clinical rotation preceptors can be appropriately notified. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

- **Head Coverings**

Learners may not wear head coverings (e.g., baseball caps, hats, etc.) unless it is a head covering required by the didactic course or clinical rotation site. Faith, race, or religious head coverings are permitted, however please inform the Program Director or the Program Director's designee so that faculty and clinical rotation preceptors can be appropriately notified.

- **Tattoos**

Tattoos shall be appropriately covered when necessary based on the dress code of the clinical setting.

Learners in violation of any of the above dress codes may be asked to change into appropriate attire. Repeated violations will result in referral of the learner to the APPRC for disciplinary action.

Social Media and the Medical Professional

The Ithaca College MS-PAS Program supports the American Medical Association's (AMA) opinion titled "Professionalism in the Use of Social Media". The opinion has been quoted below with modifications to align with physician assistant education and practice. The Code of Medical Ethics opinion is available at: <https://www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media>

The Internet has created the ability for physician assistant (PA) learners and PAs to easily communicate and share information with millions of people. Participating in social networking and other similar Internet opportunities can support a PAs personal expression, enable individual PAs to have a professional presence online, foster collegiality and camaraderie within the profession, and provide opportunity to widely disseminate public health messages and other health communications. Social networks, blogs, and other forms of communication

online also create new challenges to the patient- provider relationship. PAs should weigh a number of considerations when maintaining a presence online:

- (a) Physician Assistants should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- (b) When using social media for educational purposes or to exchange information professionally with other PA's, follow ethics guidance regarding confidentiality, privacy and informed consent.
- (c) When using the internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible but should realize that privacy settings are not absolute and that once on the internet, content is likely there permanently. Thus, PA's should routinely monitor their own internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- (d) If they interact with patients on the internet, PA's must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethics guidance just as they would in any other context.
- (e) To maintain appropriate professional boundaries PA's should consider separating personal and professional content online.
- (f) When physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he/she/they can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the PA should report the matter to appropriate authorities.
- (g) PA's must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students) and can undermine public trust in the medical profession.

Program-Specific Social Media Expectations

Ithaca College PA learners and faculty should understand and adhere to the following guidelines and professional considerations when engaging in social media networking:

- Ithaca College MS-PAS Faculty and Staff members are not permitted to extend or accept "friend requests" to/from learners.
- Classroom and clinical site training commitments should be respected. Learners should not engage in social networking during in-class and on-site clinical time.
- The integrity of the coursework of the Ithaca College MS-PAS Program, learner, and

classroom should be protected. Learners should not share questions or answers to assignments, exams, or quizzes via social media.

- Patient privacy must be protected. Learners should not share any identifiable patient or clinical information via social media. HIPAA laws apply to all social networking sites.
- Learners should ensure accuracy regarding statements made about the Ithaca College MS-PAS Program and its community members. Learners should not provide false, intentionally inaccurate, or inflammatory comments.
- All laws governing copyright and fair use of copyrighted material must be followed.
- Learners should recognize that one's professional reputation can be affected through social networking and therefore be judicious when posting content.

Academic Standards (A3.13d, A3.15a)

Overview

One of the overarching goals of the Ithaca College Master of Science in Physician Assistant Studies (MS-PAS) is to educate servant leaders who will successfully demonstrate entry-level mastery of the Competencies of Physician Assistant Practice. Servant leaders share responsibilities with others. They put the needs of others ahead of their own to develop them to exceed expectations. To ensure that learners are successfully achieving the expected competencies; they will be formally and frequently evaluated using a variety of assessment tools.

The program has developed this policy to provide appropriate guidance and feedback to those learners who struggle to meet established instructional objectives and expected competencies. This policy guides administrative decisions and procedures regarding learner progress, remediation and deceleration. All academic plans concerning learner progress, remediation and deceleration will be individualized and implemented when deficiencies are identified.

Progression in the Program (A3.15b)

Progression and continuance in the Ithaca College MS-PAS is not only based on scholastic achievement, but also professional performance and the ability to meet all requirements of the program.

All learners must:

- Successfully complete each required course/rotation with a grade of 70.0% or higher and maintain an overall GPA of 3.0
- Successfully complete all examinations (written, practical, oral, simulation, and OSCEs) with a 70.0% or higher
- Comply with program standards of conduct and guidelines for ethical conduct

Progression from the Didactic Phase to the Clinical Phase (A3.15b)

Clinical Phase Readiness Evaluation

In order to progress to the clinical phase of the program, the learner must pass each element of the Clinical

Phase Readiness Evaluation (CPRE) with a 70.0%. The CPRE is a program designed assessment that will be administered two weeks before the end of the didactic phase of the program, and will consist of the following:

- 120 question multiple choice question examination which follows the PANCE topic and task blueprint
- Perform one comprehensive history and physical examination with written submission
- Perform one focused OSCE with written SOAP note
 - Focused History
 - Focused Physical Examination
 - Order and interpret diagnostic studies
 - Differential Diagnosis
 - Treatment plan
 - Follow-up and or referral

Remediation of the Clinical Phase Readiness Evaluation (A3.15c)

If a learner fails to score a 70.0% in any element of the CPRE:

- The learner will meet with their faculty advisor to review areas of weakness and deficiency
- An individualized remediation plan will be formulated
- The learner will be re-evaluated one week after the original CPRE was administered

Failure to score a 70.0% in the second CPRE the learner will be referred to the APPRC to determine an individualized remediation plan, which may include a five (5) week deceleration with a prescribed plan of study. This may result in a delay in the learner's completion of the program and graduation.

Degree Completion (A3.15b)

All learners must:

- Successfully complete each required course/rotation with a grade of 70.0% or higher and maintain an overall GPA 3.0
- Successful completion of the Graduate Project
- Complete the Physician Assistant Clinical Knowledge Rating and Assessment Test (PACKRAT) for self-assessment only
- Comply with program standards of conduct and guidelines for ethical conduct
- Successfully complete each element of the Summative Evaluation with a grade of 70.0% or higher
- Complete Ithaca College MS-PAS National Commission on Certification of Physician Assistants (NCCPA) Board Review Course

Time to Completion (A3.15b)

Currently enrolled MS-PAS learners are expected to complete all curricular components in twenty-seven (27) consecutive months, and in the prescribed sequence.

Deceleration **MAY ONLY** be offered to a learner:

- Due to poor academic and/or professional performance.
- Upon recommendation of the APPRC
- For a maximum of 12 months.

Please see Deceleration Policy below:

Remediation of Didactic Courses (with the exception of Clinical Medicine I, II and III) (A3.15c)

General Considerations

All learners in the Ithaca College MS-PAS program will, at all times, possess one of five (5) states of academic standing:

1. Good Academic Standing
2. Academic Probation Level I
3. Academic Probation Level II
4. Academic Separation
5. Academic Dismissal

Each learner will start the didactic phase of the program in “Good Academic Standing”.

A score of <70.0% on any assessment is considered a failing grade for the assessment.

Academic plans concerning remediation will be tailored to each learner and may include but is not limited to obtaining instructor verification confirming 100% attendance of classes, writing a reflective summary of covered concepts after each class, completing additional assignment(s) on select topics, attending instructor supplemental/tutoring sessions for specific courses and/or topics.

Definitions

Good Academic Standing

- The learner has successfully passed all assessments with 70.0% or greater.
- All learners will meet with their assigned faculty advisor at the midpoint of each semester.

Academic Probation Standing Level I (low risk)

- **Low risk:** scoring 67.5-69.9% in any assessment. Risk level will be determined after each assessment.
 - **Low risk** learners will be placed on “**Academic Probation Level I**”.
 - The Course Director notifies the learner’s faculty advisor, the Director of Didactic Education and the Academic and Professional Performance Review Committee (APPRC).
 - Course Director will formulate, document and implement an individualized remediation plan that facilitates learner success in achieving the instructional objectives and expected course competencies.
 - The learner will review and sign a commitment statement stating that the learner is fully committed to completing all components of the individualized remediation plan, to attending mandatory monthly meetings with the Course Director, and that all questions and concerns were addressed.
 - The learner will be referred to the Academic Services for additional guidance and advisement.
 - Upon successful completion of all the components of the individualized remediation plan the learner will revert to Good Academic Standing.

Academic Probation Level II (high risk)

- **High risk** scoring less than 67.5% in any assessment. Risk level will be determined after each assessment.
 - **High risk** learners will be placed on “**Academic Probation Level II**”.
 - The Course Director notifies the learner’s faculty advisor, the Director of Didactic Education and the APPRC. The Course Director will formulate, document and implement an individualized remediation plan that facilitates learner success in achieving the instructional objectives and expected course competencies.
 - The learner will review and sign a commitment statement stating that the learner is fully committed to completing all components of the individualized remediation plan, to attending mandatory weekly or biweekly meetings with the Course Director, and that all questions and concerns were addressed.
 - The learner will be referred to the Academic Services for additional guidance and advisement.
 - Upon successful completion of all the components of the individualized remediation plan the learner will revert to Good Academic Standing.

Academic Separation (A3.15d)

- **Academic Separation** is defined as failure of one course.
 - The Course Director notifies the learner’s faculty advisor, the Director of Didactic Education, the Program Director and the APPRC.
 - APPRC will review the learner’s course documents confirming failure of the course.
 - The Program Director will then authorize Academic Separation and notify the Dean of Health Sciences and Human Performance and Provost.
 - The learner will then enter the Deceleration Process (Please see Deceleration Policy)

Academic Dismissal (A3.15d)

- **Academic Dismissal** is defined as failure of two courses.
 - Learners who fail two courses in the didactic phase will be dismissed from the program
 - The APPRC will review the learner’s course documents confirming failure of the courses.
 - The Program Director will then authorize Academic Dismissal and notify the Dean of Health Sciences and Human Performance and Provost.
 - If there is continued interest in the program; the learner must re-apply and go through the entire admissions process.

Assessments (B4.01)

Throughout the clinical phase of the program, learners will be evaluated and expected to meet the highest standards of achievement in the established learning outcomes and expected competencies.

In each of the clinical rotations (Family Medicine, Internal Medicine, General Surgery, Pediatric and Adolescent Medicine, Women’s Health (OB/GYN), Behavioral and Mental Health Care, Emergency Medicine, and two elective rotations) the learner will be evaluated by the Director of Clinical Education,

Clinical Preceptor(s) and Faculty Advisor (s) utilizing a variety of assessment tools, as follows:

- **Written case presentation and Critical Appraisal of Article**
 - This written voiced over PowerPoint presentation will include a SCPE specific case with thorough focused history, physical examination, differential diagnosis, treatment plan (including health maintenance and prevention), and follow-up plan.
 - The learner must write a PICO question and critically appraise an article related to the presenting problem using the appropriate work sheet.
 - This assignment will be due at 11:59 AM (EST) on the last Monday of the clinical rotation
 - This assignment will be submitted through the clinical rotation site on eMedley

- **Reflection paper**
 - The self-reflection is 250 words, double-spaced summary on a health disparity or social justice issue encountered during this SCPE, and how does the learner envision their role as a Physician Assistant in addressing these issues.
 - This assignment will be submitted through the clinical rotation site on eMedley, and it is due at 11:59 PM (EST) on the last Monday of the clinical rotation

- **End of rotation examination**
 - Will be administered at 8:00 AM on End of Rotation Day 1
 - Is comprised of 120 PANCE style, multiple choice questions based on the learning objectives of the clinical rotation completed.
 - Must be completed in 120 minutes.
 - Will follow the PAEA End of Rotation Exam topic list and blueprint
 - Exam results will be available on the morning of End of Rotation Day 2

- **Objective Structured Clinical Evaluations (OSCEs)**
 - On End of Rotation Day 2, at the assigned time, the learners will report to the Clinical Learning Center for a focused, clinical rotation specific OSCE utilizing standardized patients.
 - The assessment will be proctored by Ithaca College MS-PAS principal and adjunct faculty
 - The result of the assessment will be given to the learner upon completion of the exercise.

- **Learner evaluation of preceptor and site**
 - Mid-rotation evaluation
 - This evaluation MUST be submitted via E-Medley by the learner by the end of week 3 of the clinical rotation.

- **Preceptor evaluation of the learner**
 - End of rotation evaluation
 - This evaluation MUST be submitted via E-Medley by the clinical preceptor no later than the end of the last day of the clinical rotation.

- **Director of Clinical Education evaluation of the learner**
 - Mid-rotation evaluation
 - This evaluation MUST be submitted via E-medley by the Director of Clinical Education by the end of week 3 of the clinical rotation.

- **Clinical procedure log on E-Medley**
 - This log MUST be submitted via E-Medley by the learner no later than the end of the last day of

the clinical rotation

- **Patient profile log on E-Medley**
 - This log **MUST** be submitted via Evaluate by the learner no later than the end of the last day of the clinical rotation
- **Learner end of rotation evaluation**
 - This evaluation **MUST** be submitted via E-Medley by the learner no later than the end of the last day of the clinical rotation

All assessments become a part of the learner's permanent record.

Grade Breakdown (A3.15a)

Percentage	Grade
93 – 100	A
90 - 92.99	A-
87 - 89.99	B+
83 - 86.99	B
80 - 82.99	B-
77 - 79.99	C+
73 - 76.99	C
70 - 72.99	C-
≤ 69.99	F

Final Grade Calculation

The learner **MUST** achieve a grade of 70.0% in all of the following clinical rotation performance assessments in order to pass the clinical rotation:

- Written Case Presentation
- Critical Appraisal of an article related to the written case
- End of Rotation examination (***a pass or fail grade***)
- OSCE
- Preceptor evaluation

Failure to achieve a passing grade (70%) in any of the following assessments: Written Case Presentation, Critical Appraisal of an article related to the written case, End of Rotation examination, OSCE, and Preceptor evaluations will result in the failure of the clinical rotation, regardless of the final composite grade.

Assessment of Instructional Objectives and Competencies Map

Instructional Objective	Competency	Assessment	Percentage of Grade
Instructional Objectives	Learning Outcomes and Competencies	Assessment	Weight
	MK, ICS, P, PBLI SBP, P	Case presentation via PPT + oral narration	10%

See syllabi for required rotation instructional objectives	MK	End of Rotation Exam	30%
	PC, MK	Objective Structured Clinical Examination (OSCE)	30%
	PC, MK, ICS, PBLI, SBP, P	Preceptor Evaluation of Learner	30%
		TOTAL	100%
		Required for Successful Completion of All Rotations	
		Written	
	P	Reflection Paper	Required
		Evaluations	
	P	Learner Evaluation of Preceptor & Site	Required
		Logging	
	P	Patient Profiles	Required
	P	Clinical Procedures	Required

Key for IC PA Program Competencies: Patient Care (PC), Medical Knowledge(MK), Interpersonal & Communication Skills (ICS), Practice-Based learning & Improvement (PBLI), Systems-Based Practice (SBP), Professionalism (P), Interprofessional Collaboration (IC), Personal & Professional Development (PPD), Leadership & Advocacy for Healthcare Equity and Access (LA)

Remediation

Clinical Phase Remediation (A3.15c, A3.17d)

Written Case Presentation

- If a learner fails to score a minimum of 70% on the Written Case Presentation, the learner will meet with their academic advisor to review deficiencies. The learner must re-submit the Written Case Presentation with the corrections by 11:59 PM on the Friday of Clinical Seminar. The highest grade the learner will receive is a 70%.

Critical Appraisal of an article related to the written case

- If a learner fails to score a minimum of 70% on the Critical Appraisal of an article related to the written case, the learner will meet with their faculty advisor to review deficiencies. The learner must re-submit the Critical Appraisal with the corrections by 11:59 PM on the Friday of Clinical Seminar. The highest grade the learner will receive is a 70%.

End Of Rotation (EOR) Examination

- The program uses the PAEA EOR standardized exams to evaluate the medical knowledge gained in core clinical rotations.
 - The exams are PASS/FAIL
 - Scores one and a half (1 ½) standard deviations below the mean are considered as FAIL
- Failure of one EOR examination will result in the following:
 - Review areas of weakness
 - Individualized remediation plan of study
 - Learner will be re-assessed on the following Monday after Clinical Seminar Days
 - If the learner passes the repeat examination, then he/she/they may move onto the next rotation
 - If the learner fails:
 - Repeat the failed rotation at the end of the clinical phase of the program.
 - Failure of the repeated SCPE will result in a referral to the MS-PAS APPRC for consideration of Academic Dismissal Standing
- Failure of two SCPEs
 - Review areas of weakness
 - Individualized remediation plan of study
 - Learner will be re-assessed on the following Monday after Clinical Seminar Days
 - If the learner passes the repeat examination, then he/she/they may move onto the next rotation
 - If the learner fails:
 - Will result in a referral to the MS-PAS APPRC for consideration of Academic Dismissal Standing

Objective Structured Clinical Examination (OSCE)

- If a learner fails to score a minimum of 70% on the OSCE, the learner will meet with their faculty advisor to review deficiencies. The learner will be re-evaluated on Friday afternoon of Clinical Seminar. The highest grade the learner will receive is a 70%.

Preceptor Evaluation

- If a learner fails to score a minimum of 70% on the Preceptor evaluation, the DCE or faculty advisor will meet (in person or virtually) with the preceptor to discuss the reasons why the learner received the failing grade and gather any supporting documents from the preceptor and their staff.
- The DCE will then meet with the learner to discuss the Preceptor Evaluation on Friday afternoon of the Clinical Seminar.
- If there are no evidence of extenuating circumstances, the learner must repeat the clinical rotation at the end of clinical phase of the program. This may result in delay of completion of the program and graduation.

- The learner may appeal to the APPRC by means of the appeals process. The learner must request the appeal by 11:59 PM (EST) the Sunday after the Clinical Seminar. Please refer to Appeals Process in this handbook.

Summative Evaluation (B4.03a-e)

The Ithaca College MS-PAS program conducts a summative evaluation of each learner within the final four months of the program. The purpose of the summative evaluation is to verify and validate that each learner has successfully achieved the Learning Outcomes and Expected Competencies established by the program; and are necessary to enter clinical practice. The assessments composing the summative evaluation correlate with all didactic and clinical curricular components of the program. The elements of the summative evaluation are as follows:

- **120 Multiple Choice Examination**
- **Performance of a Complete Physical Examination**
- **Documentation of a Complete History and Physical**
- **Successful completion of three (3) OSCEs**
- **Documentation of a SOAP note of one of the OSCE scenarios**
- Formulation of a research question on the chosen scenario, using the PICO format; and Critical Appraisal of one article related to the research question
- Formulation of a performance improvement plan at the end of SCPE #5
- 500-word reflection essay on their role as a Physician Assistant regarding one of the following topics:
 - Health Disparities
 - Social Justice in Medicine
 - Population and Community Health Advocacy
 - Interprofessional Practice
 - Leadership

Learners must score a minimum of 70% on each of the **bolded** assessments. If a learner fails to achieve this benchmark:

- The learner will meet with their academic advisor to review areas of weakness and deficiency
- An individualized remediation plan will be formulated
- The learner will be re-evaluated on Friday afternoon of the following Clinical Seminar

Failure to achieve the established benchmark on the re-assessment will result in a referral to the APPRC, which may recommend deceleration or dismissal from the program.

Academic and Professional Performance Review Committee (APPRC)

The Ithaca College Master of Science in Physician Assistant Studies has established a fair and formal process for taking any action that may affect the status of any physician assistant learner who does not meet the established standards of academic and professionalism performance. The process is generally positive in approach and committed to supporting learners in the successful completion of the course work required by the program. Elements essential to the effectiveness of the process include but are not limited to: timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the physician assistant learner to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

The APPRC is charged with the responsibility of systematically reviewing the academic performance (didactic and clinical phases) and professional behaviors of each physician assistant learner, in order to make appropriate recommendations to the Program Director regarding graduation, progression, deceleration, remediation, academic probation, dismissal and readmission. The committee, in consultation with course directors, will also participate directly in the placement of learners on probation and in the design remediation for deficiencies.

Additionally, the APPRC serves to ensure that the policies outlined in all program policy manuals (including this document) are applied in a fair and equitable manner to all learners. However, claims of discrimination, including retaliation, and sexual harassment should be submitted to the Ithaca College Office of Academic Affairs by the learner.

Composition

The APPRC will be comprised of the following:

Voting Members (by appointment)

- Medical Director of the MS-PAS program
- Two Principal Faculty of the MS-PAS program
- One Instructional Faculty (didactic phase)
- One Clinical Preceptor (clinical phase)

Ex-officio (Non-voting) Members (by invitation)

- Institutional representatives that may provide support and insight as to the learner's performance and intentional or unintentional results of committee actions (i.e. course directors, registrar, financial aid, academic advising, university legal counsel)

All members are appointed by the Program Director. The Director of Didactic Education will serve as chair of the committee at all times.

Continuity

The MS-PAS program has an appointed APPRC for each cohort of learners. The committee is identified by the anticipated graduation year of the entering cohort (i.e. APPRC of 2023). This provides the committee greater insight into the abilities of the learners as they progress through the prescribed course of study.

Requirements for Quorum and Adoptive Action for the Committee

- A quorum for any regular or called meeting of the committee shall be defined as more than half of the voting members.
- All actions of the committee require a simple majority vote of those voting members in attendance.
- In extenuating circumstances only, a voting member who is unable to attend an APPRC meeting or who must recuse themselves from voting may delegate a proxy from among the non-voting members. If the committee chair is unable to attend, he/she/they will designate an acting chair for that meeting only.

Confidentiality

All deliberations and proceedings of the APPRC are confidential. Except as specified in this policy, the meetings are closed to persons other than individuals specifically authorized by the Program Director. Faculty must be apprised of the confidential nature of the information.

Evaluation Process

Ongoing Review

- End of Semester
 - The APPRC will meet following the completion of each semester to review the academic progress of each learner. The committee will verify and validate that learners are achieving the learning outcomes and expected competencies and will move on to the next semester based on Learner Progression Reports prepared by the Directors of Didactic and Clinical Education. The committee, in consultation with the Directors of Didactic and Clinical Education, will review recommended action plans for learners whose academic or professionalism performance warrants intervention.
- Progression from Didactic to Clinical Phase
 - The APPRC will meet following the completion of the didactic phase to review the academic progress of each learner and determine progression to the clinical phase. The committee will verify and validate that learners have demonstrated the learning outcomes and expected competencies based on Learner Progression Reports prepared by the Directors of Didactic and Clinical Education. The committee, in consultation with the Directors of Didactic and Clinical Education, will review recommended action plans for learners whose academic or professionalism performance warrants intervention.
- Graduation
 - The APPRC will meet following the completion of the clinical phase and the summative evaluation to verify and validate successful completion of all components of the program and recommend learner for graduation. The committee will confirm that learners have demonstrated the learning outcomes and expected competencies based on Learner Progression Reports prepared by the Directors of Didactic and Clinical Education. The committee, in consultation with the Directors of Didactic and Clinical Education, will review recommended action plans for learners whose academic or professionalism performance warrants intervention.

Episodic Review

- The program has developed a policy for progression, remediation and deceleration to provide appropriate guidance and feedback to those learners who struggle to meet established instructional objectives and expected competencies. This policy guides administrative decisions and procedures regarding learner progress, remediation and deceleration. All academic plans concerning learner progress, remediation and deceleration will be individualized and implemented when deficiencies are identified.
- The APPRC will utilize the Learner Academic Progress Report with recommendations submitted by the Directors of Didactic and Clinical Education. Learners who may have a potential impending committee action are to be notified in writing (e-mail) by the APPRC. Learners will be given the opportunity to provide additional information either prior to the meeting or meet with the APPRC at the scheduled meeting. The APPRC meetings are scheduled 5 to 15 business days following the notification to learners facing action, in order to provide adequate time for the learner to prepare for the meeting, while also ensuring that recommendations are made in a timely manner.

APPRC Evaluation Process and Procedure

The APPRC will use the following process for evaluation:

- Each learner is considered individually with emphasis upon quality of performance
- The APPRC shall review the academic performance (didactic and clinical phases) and professionalism of each physician assistant learner facing potential committee action, recommendations made by the Directors of Didactic or Clinical Education, and any additional information provided by other parties (i.e. course directors, administrative support staff or learners).
- The APPRC shall make recommendations regarding advancement, graduation, monitoring status, probation, dismissal, remediation, leaves of absence, and re-enrollment.
- The committee will review the performance of learners in academic difficulty, those learners demonstrating a potential for being in academic difficulty, and those learners who have exhibited unprofessional behavior or non-compliance with other standards of performance, as identified by the program faculty.
- The APPRC may recommend an improvement plan, may develop more comprehensive longer-term remedial plans for those learners having difficulty, or implement appropriate disciplinary action, possibly including dismissal from the educational program.
- Special meetings of the APPRC may be called when reports of unprofessional behavior or other serious concerns regarding a learner's academic performance. After review, a learner will receive written notification of the complaint/incident and that it has been referred to the APPRC. The APPRC may recommend an improvement plan, may develop more comprehensive longer-term remedial plans for those learners having difficulty, or implement appropriate disciplinary action, possibly including dismissal from the educational program.
- The committee chair will notify the program director of the committee's recommendation regarding potential action plans for ratification.

- The committee chair will notify each learner of the committee's recommendation regarding potential actions and provide the learner with an opportunity to appeal that recommendation if they desire.
- The dean and provost have final authority regarding an appropriate course of action for each learner.

Hearing and Appeals Procedure

Information Gathering

In the event that a matter is referred to the APPRC for evaluation and recommendation, the APPRC has the authority to gather information concerning the matter to assist with its deliberation and evaluation of the matter in the context of the learner's academic performance and overall professionalism. The APPRC may convene meetings for any purpose including assisting with preparation for the APPRC hearing.

Meeting with Learner and Confidentiality

All learner meetings are conducted in private. During the meeting with the learner, the learner is advised of the information that forms the basis of the inquiry or allegation; the learner then has an opportunity to respond to the information presented. The learner may have an individual present to provide support and advice; however, that individual may only advise the learner and may not address the APPRC member(s) directly or examine or cross-examine witnesses. The learner does not have the right to be represented by an attorney, and no attorney shall be permitted to attend the meeting on the learner's behalf or in any other capacity. The APPRC allows witnesses to the incident, if any, to present pertinent information at the meeting with the learner. The chair has the authority to exclude witnesses who provide redundant or duplicative information. Character witnesses shall not be permitted to testify at hearings. If witnesses make presentations at any hearing, the learner shall be entitled to pose relevant questions to such witnesses. The APPRC considers the information it has gathered, and any additional information provided by the learner and makes written findings of fact and recommendations based upon its assessment of the information presented. Such findings and recommendations shall be provided to the program director within 10 business days of the conclusion of the hearing.

Quorum and Voting

A quorum consists of at least three voting members of the APPRC. A recommendation is adopted when approved by a simple majority of the members present. A recommendation to dismiss a learner from the MS-PAS program must be approved by three-fifths of the entire APPRC.

Record of Hearing

Written decisions serve as the official records of a hearing.

Ithaca College MS-PAS Learner Evaluation and Promotion Committee Recommendations

The APPRC makes one or more of the following recommendations regarding the disposition of a matter of professional fitness considered by the Committee:

- Find that the matter does not warrant action;
- Issue a written reprimand or warning;
- Allow the learner to repeat or otherwise remediate academic deficiencies;
- Allow the learner to continue on a modified academic schedule;
- Refer the learner for counseling or psychological evaluation;
- Place the learner on probation with such conditions as deemed appropriate;
- Suspend the learner or place the learner on leave of absence for a specified time or until specific conditions are met;
- Suspend the learner for a period of time;
- Dismiss the learner from the MS-PAS program.

The APPRC may recommend to the program director removal of a learner's probation once the learner has fulfilled the conditions of probation.

Responsibilities of the Program Director

The APPRC's recommended action steps are reviewed by the program director for, among other things, logistical viability (faculty workload, support services, etc.). The program director either accepts, amends, or rejects the plan. The APPRC findings and recommendations with modifications, if any, are sent to the affected learner within 5 business days of the program director's receipt of the APPRC's written report notifying the learner of the proposed findings and recommendations. A learner may schedule an appointment with the program director to discuss the proposed findings and recommendations prior to the program director making them final. The appointment must be requested in writing and received by the program director no more than 3 business days after the learner receives written notification of the proposed findings and recommendations by the APPRC. If a meeting is requested, it will take place promptly. Within 5 days of the meeting between the program director and the affected learner or within 8 days of notice to the learner if no meeting is requested, the program director finalizes the written findings and recommendations and provides notice to the learner of the same and forwards the written findings and recommendations to the Dean of the Health Services and Human Performance for review. The Dean reviews the findings and recommendations and affirms or amends the findings and recommendations. Once the Dean has affirmed or amended the program director's findings and recommendations, the learner is notified by the program director.

Learner Appeals

A decision of the Dean of the Health Services and Human Performance may be appealed for the following reasons:

- There has been a violation of the learner's due process rights as outlined in the hearing procedures above;
- The severity of the sanction is not justified by the nature of the misconduct;
- New, relevant information not available during the earlier proceedings is made available, and the new information could have substantially affected the outcome of the hearing.

The appeal must be in writing, specify in detail the alleged procedural impropriety, and must be filed in the Office of the Provost within 14 calendar days of the date of receipt of the Dean's decision. The provost, or a designee, shall review the appeal and the record of the formal hearing and issue a decision. The decision of the Office of the Provost is final agency action.

Learner Grievances and Allegations of Harassment (A1.02j, A3.15f)

In compliance with federal and state laws, it is the policy of Ithaca College to prohibit unlawful harassment and sexual misconduct by any person and in any form.

For more information regarding the Ithaca College's Learner Grievance and Allegations of Harassment Policy

Title IX <https://www.ithaca.edu/ogc/harassment/title9/>

Policies and Procedures for Processing Learner Grievances and Allegations of Harassment Policy

In compliance with federal and state laws, it is the policy of Ithaca College to prohibit unlawful harassment and sexual misconduct by any person and in any form. TITLE IX Ithaca College is committed to providing equal access to its educational programs, activities, and facilities to all otherwise qualified learners without discrimination on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or any other category protected by applicable state or federal law. An equal opportunity employer, Ithaca College affirms its commitment to nondiscrimination in its employment policies and practices. In compliance with Title IX (20 U.S.C Sec. 1681 et seq.) Ithaca College prohibits sex discrimination, including sexual harassment. For learner- related disability discrimination concerns, contact the disability services coordinator, 607-274-1005. For all other concerns, including any arising under Title IX, contact the director of human resources, who is also Ithaca College's Title IX Coordinator, 607-274-7761.

For more information regarding the Ithaca College's Learner Grievance (Complaints) Policy, please see: <https://www.ithaca.edu/policy-manual/volume-ii-campus-community/27-guidelines-resolving-discrimination-complaints>

Incident Report Policy

Incidents involving learners may occur on or off campus while fulfilling requirements of the physician assistant program. These incidents must be documented for protection and safety of all learners, faculty, staff, members of the healthcare team, patients and or patient's caregivers. In the event of any incident where any learner (didactic or clinical phase) is harmed in any way, the learner must immediately notify the Ithaca College MS-PAS program.

If the incident is following the exposure of a learner to a blood born pathogen the learner should contact the Ithaca College MS-PAS Program immediately and adhere to the program's Policy and Guidelines for Exposure to Infectious and Environmental Hazards.

If a learner is at a supervised clinical practice experience (SCPE) site, they should immediately inform the clinical preceptor and follow the SCPE site protocols for incident reporting. The learner must also immediately inform the Ithaca College MS-PAS program Director of Clinical Education.

All learners must complete the Ithaca College MS-PAS Program Learner Incident Report (Appendix A) in the event of any incident.

Attendance

ATTENDANCE IS MANDATORY

Attendance and timeliness is a demonstration of professional behavior and conduct which impacts all members of the healthcare team, including fellow learners and patients. Any absence from the clinical rotation may have a direct impact on learner performance, the broad- spectrum clinical experience, evaluation of professionalism, overall grade, and the successful completion of the clinical rotation.

The PA learner should be involved in all activities that the preceptor would engage in during the clinical day. Learners are not exempt from on-call, evening, weekend, or holiday clinical responsibilities unless the preceptor has determined these activities are not contributory to the learners' learning experience.

Learners are expected to attend all scheduled clinical rotation didactic conferences, lectures, workshops, and daily patient rounds. Mandatory sessions and participation requirements in the clinical phase are determined by the individual clinical rotation. Recognizing that situations arise that require learners to miss time from their lectures/clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary.

- In the event of an illness or emergency necessitating absence from the clinical rotation, learners must notify both the Director of Clinical Education (DCE) and the clinical preceptor by 8:00 a.m. on the day of the absence. Learners should make every effort to reach, by phone, the clinical preceptor and DCE rather than utilizing voicemail and email. Learners are required to submit appropriate documentation supporting the reason for any unplanned absence(s).
- If a learner fails to report an absence, they will be required to make up the time missed from the clinical rotation and receive a 5-point deduction on the Clinical Preceptor End of Rotation Clinical Performance Evaluation.
- Learners are required to submit a written request for approval of any anticipated absence, to the DCE, prior to the absence. The DCE will communicate with the learner regarding details of the anticipated absence, preceptor notification and preceptor approval. Learners should not seek approval from the preceptor without prior approval by the DCE lest this be considered an unexcused absence.
- If a learner misses up to five (5) days on any rotation, he/she/they must discuss with the preceptor ways to make-up the missed time. If there is no opportunity for the learner to make up the missed days at that clinical site, the learner must discuss make-up time at another clinical site with the DCE. If there are no available clinical rotation site contiguous with the current cycle, the learner will receive an Incomplete-grade until the hours have been made up.
- In the event that a learner misses more than five (5) days on any rotation for an excused absence, they will be required to repeat the rotation.
- Learners may be required by some clinical sites to engage in clinical or educational activities during the evenings and/or weekends.
- If the preceptor or his/her/their designee is unavailable to work with the learner for 2 or more scheduled clinical days (e.g. vacation, scheduled days off, etc.), the learner is required to notify the DCE so that an alternate assignment may be made.
- Learners are required to return to campus at the completion of each rotation for academic and professional activities such as case presentations, End-of-Rotation Exams, OSCEs, and other designated program endeavors.

Timeliness

- If a learner arrives to the clinical site 30 minutes late or leaves the clinical site 30 minutes early, he/she/they is required to notify the Clinical Preceptor and the DCE immediately.
- If a learner accumulates lateness hours totaling 5 hours this constitutes 1 unexcused absence. The procedure and policy for unexcused absences will then be applied.

Professional Activities

- Absence from a clinical site during a PA educational conference (e.g., AAPA, NYSSPA) for the purpose of conference attendance may be permitted with the permission of the DCE in consultation with the Program Director. The learner is still responsible for ensuring that any rotation benchmarks are not compromised by conference attendance.

Consideration will be given for activities such as elected learner representation to various committees and/or organizations. The learner must provide the documentation requested to DCE. The DCE will respond to the learner's request in writing. Learners who miss scheduled hours are expected to acquire the same level of competency as other learners involved in the clinical rotation. Lectures, reading assignments and workload will not be re-created or offset to accommodate any absences.

Tardiness during an Examination (Didactic and Clinical Phase)

If a learner arrives late for an examination, the examination will commence upon his/her/they arrival. However, no allowances for extra time will be given. The learner who is tardy will still be required to end the examination within the same timeframe time as the rest of the class. Tardiness is considered unprofessional behavior and will result in deduction of 5 percentage points in the Professionalism portion of the course.

Missed Examinations or Assignments Due to an Absence (Didactic and Clinical Phase)

Learners are expected to be present for all scheduled examinations, written or practical, and any assignments. Assignments include but are not limited to clinical facility visits, interprofessional activities, interactive case based sessions, and professional development sessions.

- **Documented Absence**

Only urgent medical or emergent absences will be excused on exam days. Absences where learners will miss a written test or practical examination, learners **must** provide a reasonable form of evidence to the Course Director and the Director of Didactic Education (didactic phase learners), or the Director of Clinical Education (clinical phase learners). The Director of Didactic Education and the Director of Clinical Education will take the evidence presented in consideration and determine if a make-up exam will be granted.

- **Unexcused Absence***

Unexcused absences from an examination will result in a score of 0 (zero) for the examination.

Whether the learner is permitted to complete a make-up examination or assignment, is at the discretion of the Course Director. The date and time of the make-up will be determined by the Course Director. The content and format of the make-up examination or assignment may differ from

that of the original examination or assignment and will be determined by the Course Director. The maximum score a learner can earn on an UNEXCUSED make-up examination is the minimum passing score for the examination (70%). If the learner is not present for the scheduled make-up, he/she/they will receive a grade of zero for that examination or assignment. The Director of Didactic Education, Director of Clinical Education and the Program Director will be informed. The learner will then be referred to the APPRC for disciplinary action which may include dismissal from the program.

*NOTE: If a learner is absent from a scheduled examination or assignment more than twice during a semester in any course(s), the learner will be referred to the APPRC (even if a make-up exam was completed successfully). Excessive absences, even for documented illness, injury, or family emergency may interfere with the learner's ability to successfully complete a course or remain enrolled in the program.

Religious Observances

All learners, faculty, and staff at Ithaca College have a right to expect that the College will reasonably accommodate their religious observances, practices and beliefs. The College, through its faculty, will make every attempt to schedule required classes and examinations in view of customarily observed religious holidays of those religious groups or communities comprising the College's constituency.

No learner shall be compelled to attend class or sit for an examination at a day or time prohibited by his or her religious belief. Learners are expected to attend all sessions at assigned times unless granted an excused absence by the Course Director.

Learners are expected to notify the Course Directors if they intend to be absent for any lecture, Team-Based Learning (TBL), and/or clinical assessment session, in accordance with this policy, prior to the scheduled religious holiday. Learners absent for religious reasons will be given reasonable opportunities to make up any work missed. Any learner who believes that he/she/they has been treated unfairly with regard to the above should contact the Ithaca College Office of Academic Affairs.

Ithaca College MS-PAS Program Learner Hours in Clinical Phase

Ithaca College MS-PAS program learners are held to the following clinical-hours guidelines:

- Learners are limited to a maximum of 60 duty hours per week including in-house call, averaged over four weeks.
- Learners must be given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks.
- Learners cannot be scheduled for in-house call more than once every three nights, averaged over four weeks.
- Learners may not work more than 24 consecutive hours.
- Learners should be given at least ten hours for rest and personal activities between daily duty periods and after in-house call.

Any violation of these guidelines must be reported to the DCE and/or the Program Director immediately.

Learner Employment (A3.04, A3.05a, A3.05b, A3.15e)

The Ithaca College MS-PAS program does not require enrolled learners to be employed during the program and strongly discourages from being employed during their tenure with the program.

There will be no exceptions or accommodations granted to didactic or clinical course work, scheduling of classes, labs, exams, special assignments, community service work, or supervised clinical practice experience (SCPE) assignments due to employment.

Employment of any kind (paid/volunteer) during the program will not be accepted to excuse absence from scheduled learning activities, justify poor performance, or be considered as extenuating circumstances when assessing the learners' academic and professional progress.

The Ithaca College MS-PAS program does not permit matriculated learners to substitute for or function as instructional faculty; nor are they allowed to work (paid or voluntary) for the program in any capacity.

During SCPEs, learners may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised. The learner must contact the DCE or the Program Director immediately if asked to function as a clinical instructor and/or administrative staff. Learners must not accept compensation for any services provided during supervised clinical experiences.

Any violations to any component of this policy will result in referral to the Academic and Professional Performance Review Committee.

Health Requirements (A3.07a, A3.17b, A3.19)

The Ithaca College's Master of Science in Physician Assistant Studies (MS-PAS) program considers the health, safety and welfare of its faculty, learner body, staff and the community we serve of utmost importance. Therefore, based on the Centers for Disease Control Recommended Vaccines for Healthcare Workers most recent guidelines; the program has developed the following policy in order to safeguard the wellbeing of all.

Required Drug Screen

- All learners who have been offered conditional acceptance must successfully pass an initial chain of custody drug screen.
- All matriculated learners must complete and successfully pass a second chain of custody drug screen upon completion of the didactic phase prior to entering the clinical phase of the program.
- Additional chain of custody drug screens and "for cause" testing for any learner suspected of being under the influence of unlawful drugs or alcohol during their course of study remains at the discretion of affiliated hospitals or clinics and/or the Ithaca College MS-PAS program.
- A learner may be prevented from progressing in the program's didactic phase, being promoted to the clinical phase of the program, or being recommended for graduation if the learner fails a chain of custody drug screen. Therefore, the Ithaca College MS-PAS program reserves the right to withdraw offers of conditional acceptance if the candidate fails the initial chain of custody drug screen.

Required Physical Examination

- A comprehensive physical examination by a licensed medical provider (DO, MD, PA or NP) must be completed indicating that the conditionally accepted applicant is appropriately screened for TB, current on all immunization requirements, and has been medically cleared for admission. The Learner Health Packet includes instructions and the following forms:
 - Medical History
 - Physical Examination
 - Immunization Verification
 - Health Attestation Form
 - Chain of Custody Drug screen
 - All learners must have a second physical examination conducted by licensed medical provider (DO, MD, PA, or NP) prior to starting the clinical phase of the program indicating that the conditionally accepted applicant is appropriately screened for TB, current on all immunization requirements, and has been medically cleared for admission.

Immunizations

Immunization requirements based on the most current standards set by the Center for Disease Control (CDC) for Health Professionals.

All learners must complete the following requirements prior to matriculation: All learners must complete the following requirements prior to matriculation:

- **Tuberculosis (TB) Screening:**
 - The learner must submit documentation of ONE of the following:
 - Results of NEGATIVE “Two-Step” TB Skin Testing (TST/PPD)
 - This screening requires 2 separate TB skin tests administered at least one week apart but within 12 months of each other.
 - The last TST must be within 6 months of your start date.
 - Lab Copy showing a “NEGATIVE” Interferon Gamma Release Assay (IGRA) blood test (QFT or T-Spot) within 6 months of start date (accepted in lieu of the “Two- Step” TST).
 - Individuals with a history of a POSITIVE TB skin test or IGRA blood test must submit both of the following:
 - Verification of a NEGATIVE Chest X-ray within 12 months of start date and
 - A current NEGATIVE Screening Questionnaire
- **Rubella (German Measles):**
 - Serologic documentation of a positive Rubella immune titer OR immunization with at least one dose of live Rubella or MMR vaccine after 12 months of age.
- **Measles (Rubeola):**
 - Serologic documentation of a positive Rubeola immune titer OR immunization with two doses of live Rubeola or MMR vaccine administered after 12 months of age and separated by 28 days or more
- **Mumps:**
 - Serologic documentation of a positive Mumps immune titer OR immunization with at least two doses of live Mumps or MMR vaccine after 12 months of age.

- **Varicella (Chicken Pox):**
 - Serologic documentation of a positive Varicella titer OR two Varicella immunizations (given 4 to 8 weeks apart).
 - This requirement is satisfied only by a positive titer or the vaccine series.
- **Hepatitis B “Positive” Quantitative Surface Antibody Titer (Blood Test):**
 - Serologic documentation of a Positive (QUANTITATIVE) Hepatitis B surface antibody titer that verifies IMMUNITY to the Hepatitis B Virus.
 - The TITER is required in addition to completion of the vaccination series.
 - The results should be reported as “POSITIVE” or as a number.
 - “REACTIVE” results will NOT be accepted.
- **Adacel™ Or Boostrix® Vaccine Booster:**
 - Documentation of an Adult TETANUS/diphtheria/acellular pertussis (Tdap) vaccine booster is required.
 - Tdap was licensed in June, 2005 for use as a single dose booster vaccination (i.e. not for subsequent booster doses).
- The current CDC recommendation states “Healthcare personnel, regardless of age, should receive a single dose of **Tdap** as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose”.
- **Meningococcal Vaccination:**
 - Documentation of immunization with one dose of Meningococcal vaccine after 16th birthday.

All matriculated learners MUST present evidence of the following on an annual basis during their tenure with the program:

- **TB screening**
- **Influenza vaccine**

Learners are financially responsible for the cost of all health care services they may require while enrolled in the program, including any health care services required as a result of their participation in scheduled program activities (e.g. TB testing, immunizations, treatment of injuries, pathogen exposure evaluation and treatment). Learners are also required to sign a Health Screening and Immunization Information Release Form.

Noncompliance with any component of this policy will result in withholding the learner from progressing in the program, withdrawal from classes without credit and a referral to the Academic and Professionalism Performance Review Committee.

No one from the MS-PAS program has access to the learner’s health record. These are maintained by the university in a secured electronic depository.

The MS-PAS program will maintain the health attestation form confirming that the learner has met institution and program health screening requirements, immunization records, and tuberculosis screening of all matriculated learners through a HIPPA compliant, secure cloud based management system. These records will be reviewed by the Director Clinical Education and the Admissions Coordinator upon acceptance into the program and annually thereafter throughout the learner's tenure with program. The Director of Clinical Education will also continuously review the Centers for Disease Control Recommended Vaccines for Healthcare Workers guidelines and recommendations for updates.

Guidelines for Exposure to Infectious and Environmental Hazards (A3.08a-c)

Infectious/Communicable Disease Training and Post-Exposure

In order to minimize the risk of contracting any infection in the course of their clinical practice activities learners must follow the Universal Blood and Body Fluid Precautions developed by the Centers for Disease Control (CDC). Instruction regarding environmental hazards and infectious exposures is provided during the didactic phase of the program and reviewed prior to entering the clinical phase of the program. Upon completion of the module learners are expected to consistently and appropriately implement Universal Precautions and other appropriate safety measures thereafter. It is the learner's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the learner is assigned. All learners will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

Guidelines for Learner Exposure to Infectious and Environmental Hazards Blood and body fluid exposure (HIV, Hepatitis B, Hepatitis C)

An "exposure incident" refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a learner's clinical duties. Should a patient's blood or body fluid come into contact with a learner or if a patient comes in contact with the blood or body fluid of a learner, the learner should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of exposed site – vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report incident to appropriate clinical site personnel, including your preceptor, and follow established protocol for the site.
3. If there is no established protocol, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care relating to the exposure is provided.
 - a. This should occur within 2 hours for a known HIV infected source and 4-6 hours for all other exposures.
 - b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution or you may need to find the nearest Emergency Department. Learners should review site-specific exposure protocol.
 - c. Management may include confidential testing of the patient and the learner for hepatitis B, hepatitis C, HIV and other infectious agents.
 - d. In the event that additional follow-up medical care is necessary, learners will need to refer to site specific protocol to discover whether this will continue to be provided by the initial site or if the learner should arrange follow-up with their own health care provider.
5. Report the event via e-mail to the Director of Clinical Education or the Program Director within 24 hours of the event.

6. Please refer to the *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis*
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Other Exposures, Illness, or Injury

For learner and patient safety, learners who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. In such cases, or in the event of an injury, the learner should be evaluated by a health care provider in order to determine need for therapy and clearance for patient care. Learners must notify and work with the site preceptor to determine whether the situation requires the learner to be evaluated by the site occupational health provider or their own health care provider. Learners must report via email such instances to the Director of Clinical Education or the Program Director within 24 hours of the event.

Medical Follow-up and Clearance to Return to Clinical Activities

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a learner's exposure incident/illness/injury will be determined by the learner's health care provider (in collaboration with the learner) and other appropriate health care professionals. The learner must obtain a medical attestation form from their healthcare provider clearing the learner for participation in patient care.

Financial Responsibility

All learners are required to carry medical insurance to cover the expense of such unlikely event and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the learner.

Effects of Exposure/Illness/Injury on Learner Learning Activities

Learners may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of clinical exposure to infectious and environmental agents. In such case the APPRC will review the case and make recommendations regarding the learner's academic standing.

Learners should refer to the remediation, deceleration and progression policies regarding criteria for academic separation.

Clinical Phase Program, Preceptor and Learner Responsibilities

Program Responsibilities

The Ithaca College MS-PAS program is committed to:

- The continuous development of clinical sites that provide clinical experiences requisite for Physician Assistant education that have the physical facilities to ensure that the site is safe and possess the necessary space/equipment to facilitate appropriate and confidential patient care, clinical instruction, and assessment of the learner.
- Providing sufficient clinical sites for the Ithaca College MS-PAS program required clinical practice experiences.
- Monitoring and updating affiliation agreements, clinical preceptor licenses, certifications, resumes and any other documentation related to the clinical phase.
- Providing clinical preceptors and sites a thorough orientation on Physician Assistant education, and clearly delineating the Ithaca College MS-PAS program's goals and expectations.
- Providing learners a thorough orientation to the clinical phase of the program, clearly delineating the Ithaca College MS-PAS program's goals and expectations.
- Providing learners and clinical preceptors clinical rotation specific syllabi with clear learning objectives and goals.
- Being available to learners and clinical preceptors to answer any question regarding policy and procedure or intervene should any problem arise.
- Monitoring and assessing the learner's progress and achievement of the goals and objectives at the mid-point and the end of each clinical rotation.
- Monitoring and assessing that each clinical preceptor provides a high quality clinical experience.
- Provide remediation and support for those learners who are not achieving the goals and objectives of the clinical rotation.
- Abide by the policies and procedures set forth in this handbook.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Orient learners at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the learner informally each week or at a designated time and can be formally reported to the Director of Clinical Education by submitting mid-rotation and end-of-rotation evaluations.
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- Delegate to the learner increasing levels of responsibility for clinical assessment and management as appropriate to the learner's experience and expertise.
- 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
- Dialogue with faculty during site visits to evaluate learner progress and assist the learning process.
- Audit and co-sign charts in order to evaluate the learner's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.

- Complete the learner's electronic Clinical Performance Evaluation via E-Medley no later than the last day of the clinical rotation
- Promptly notify the Ithaca College MS-PAS 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 patients by serving as a role model for the learner
- Demonstrate cultural competency through interactions with patients.
- Spend a few minutes each week in a candid summary discussion with the learner as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship.
- Provide timely feedback to the learner and the program regarding learner performance.

Learner Responsibilities

In addition to adhering to the standards of professional conduct outlined later in this handbook, learners are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- Perform and/or interpret common lab results and diagnostics.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

Clinical Site Affiliation Agreements (A1.10a, A3.03, D1.05)

The Ithaca College MS-PAS Program is committed to the continuous development of effective clinical sites. The review, evaluation and approval of a supervised clinical practical experience (SCPE) site and preceptor is a rigorous process, this is to ensure that the SCPE site provides sufficient clinical experience to facilitate the achievement of the clinical rotation's learning objectives and expected competencies. The program requires a current and fully executed written and signed affiliation agreements between all SCPE sites and Ithaca College. These agreements are legal documents that address academic, physical, clinical, and liability issues. The process of attaining SCPE sites is solely the responsibility of the program and facilitated by the Ithaca College legal counsel.

The evaluation process to determine if the prospective SCPE site is suitable for educational purposes and meets all academic, physical, and clinical standards will be conducted by the DCE and approved by the Program Director. Learners or their agents are not allowed to solicit or negotiate an affiliation with a SCPE site. If a learner becomes aware of a potential clinical site; a SCPE Request Form must be submitted to the Director of Clinical Education (DCE) via E-Medley (See Appendix 2). A violation of this policy will result in an immediate referral to the APPRC for disciplinary action.

Learner Identification (A3.06)

Ithaca College identification badges are issued to all learners upon matriculation. These identification badges as well as a short white lab coat with the Ithaca College MS-PAS program seal patch on the left sleeve and the learner's name embroidered on the left chest, above the pocket, must be worn at all times while on campus and during clinical experiences. This is to clearly distinguish them from physicians, medical learners and other health profession learners and graduates.

Learners may be required to wear an additional site specific security identification badge at clinical sites. The clinical site(s) will make arrangements for the learner to attain an identification badge during orientation prior to beginning the clerkship. This badge is to be worn in addition to the Ithaca College MS-PAS program identification badge.

Physician Assistant learners must always and only identify themselves as "physician assistant student" to faculty, patients, clinical site staff, and never present themselves as physicians, residents, medical learners, or graduate physician assistants. While enrolled the Ithaca College MS-PAS program, learners may not use previously earned titles (i.e. RN, MD, DO, EMT, Ph.D., Dr. etc.) for identification purposes.

Closing of Campus (including Inclement Weather)

The President shall determine whether the condition is such a nature as to require cancellation of classes and/or closure of the College.

Example of events which may prompt such a decision include severe weather, natural disasters, act of terrorism, workplace violence, or significant utility outages.

Didactic Phase and Clinical Phase Learners Rotating within 60 miles of the Ithaca College Campus

If the President determine that classes are to be cancelled and/or the College closed due to inclement weather, the following steps shall be implemented for courses and rotations by the program:

- If the Ithaca College campus has closed, there will be no course activities that day on campus. This includes regularly scheduled lectures, laboratories and learning activities.
- Clinical activities will also be suspended in the following way:
 - If notification occurs by 5:30 a.m., learners are excused from clinical duties. Learners must notify the preceptor at their clinical site that according to the College's Inclement Weather policy they are not to attend clinicals.
 - If notification occurs during the day or before 3:00 p.m. for evening events and classes, the College will communicate with faculty, staff, and learners when this has occurred. Specific information regarding the weather status at the Ithaca College campus will be placed on the Ithaca College website.
 - Learners should be excused immediately from clinical duties in order to return home safely.
 - The program will also make efforts to communicate to faculty and to learners on their rotation by email when clinical duties are suspended.
 - Learners must notify the preceptor at their clinical site that according to the College Inclement Weather policy they are not to attend clinicals.

Clinical Phase Learners Rotating > 60 miles from the Ithaca College Campus

Learners are not expected to put themselves in dangerous situations. If a learner feels as though road conditions are too dangerous for driving, then they should report the absence to the Director of Clinical Education. If a clinical preceptor cancels a clinic day due to inclement weather, it does not need to be made up, but should be reported to the Director of Clinical Education. Learners should strive to still meet the minimum required hours for the rotation. If this is not possible, the learner should contact the Director of Clinical Education immediately to discuss options.

Non-inclement weather closure of campus

Should campus be closed for a reason other than inclement weather, clinical phase learners are expected to attend clinicals for the day. Should the campus closure be of such a nature that learners may be negatively affected in some way (emotionally, physically, etc.), the program will alert learners to not attend clinicals.

APPENDIX A: COMMITMENT STATEMENT

Working with Diverse Groups

I understand that as part of the educational experience in the Ithaca College MS-PAS Program, I will work with individuals representing a variety of cultural, religious, ethnic, racial, sexual orientation and socio-economic backgrounds. I agree to participate in such educational experiences with individuals regardless of their background.

Health Status

I have reviewed the Ithaca College MS-PAS Program Technical Standards, and to the best of my knowledge, I do not have any condition which will compromise my ability to perform the duties expected of me as a learner in this program. Further, I agree to fulfill any associated health testing or intervention necessary for me to participate fully in assigned SCPEs. I will submit any necessary documentation regarding my health status (e.g., records of immunization) as required by the program or the clinical site, and I will not be permitted to start a SCPE if the documentation has not been completed.

BLS & ACLS Certification

I understand that current BLS and ACLS - certifications are required prior to beginning the clinical phase of the Ithaca College MS-PAS Program and that it is my responsibility to maintain certification and immunizations during the entire clinical curriculum and to provide the appropriate documentation.

SCPE Agreement

I understand that the Ithaca College MS-PAS Program assigns all SCPEs and that there is no guarantee I will be assigned to a specific location or preceptor. I also understand that SCPE sites are subject to change, sometimes without advanced warning. During the clinical curriculum, PA learners may have to relocate for periods of time due to availability of clinical sites. Learners are expected to identify, and cover costs associated with transportation and housing.

Communications

I understand that my Ithaca College email is the primary means of communication for the Ithaca College MS-PAS Program. I will check my Ithaca College email account on a daily basis and respond in a timely manner. Furthermore, I understand that I may be subject to disciplinary action for failure to respond to faculty or staff communications in a timely manner.

Statement of Confidentiality

I acknowledge my responsibility under applicable federal law and the Affiliation Agreement between a clinical training facility and Ithaca College to keep confidential any information regarding facility patients, as well as all confidential information of the facility.

PA Program Clinical & Professional Phases Handbook

As a Master of Physician Assistant Studies Learner at Ithaca College, I have read, understand and accept, and agree to be bound by all the rules, policies and procedures of the Clinical & Professional Phases Handbook.

Learner Name (Please Print)

Date

Learner Signature

This acknowledgement is to be signed and returned to the Course Director by the end of the Preparation for Clinical Education course.

Note: If learners do not sign and return the form, they will still be held to the standards outlined in the handbook.

APPENDIX B: NEW Rotation Site Form

NEW Rotation Site Form

Corporate Name of Practice: _____

Discipline: _____

Doctor of Record (Full Name): _____ **MD/DO (Circle One)**

Mailing Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact Person: _____ **Phone/Extension:** _____

Appendix C: Learner Incident Report Form

Learner Incident Report Form
Today's Date:
Learner Name:
Semester:
Year:
Course/Rotation:
Course Director:
Instructor:
Preceptor:
Learner's Faculty Advisor:
Date of Incident:
Location (address) of Incident:
Time of Incident:
Learner's Account of Incident:
Learner Signature:
Date:
Course Director/Instructor/Preceptor Comments:
Course Director/Instructor/Preceptor Signature:
Date:
Received by:
Signature:
Date:

Appendix D: Acknowledgement Statement of Academic Advisement/Remediation

Date:

I, _____, acknowledge that I have met with my academic
advisor, Name of Learner

_____, regarding a failing grade in an assessment
in Name of Faculty Advisor

_____. I also acknowledge that I have received an individualized
Course Number and Title

plan of remediation for this assessment as determined by the course director. Lastly, I understand that the individualized plan of remediation must be completed to the satisfaction of the course director in the stated time frame.

Learner Signature: _____

Date: _____

Faculty Advisor Signature: _____

Date: _____

Course Director Signature: _____

Date: _____

Appendix E: Individualized Plan of Remediation

Date:
Learner Name:
Course Number and Title:
Course Director:
Assessment:
Remediation Attempt: First Second Third

Cause for Remediation

Areas of Deficits

Individualized Remediation Plan

Learner Signature

Date

Course Director Signature

Date

Faculty Advisor

Date

By signing this document all parties agree to adhere to the
program's
Remediation and Deceleration Policy