

School of Health Sciences and Human Performance



Master of Science in Physician Assistant Studies

# LEARNER HANDBOOK

Academic Year 2021-2022

## Table of Contents

<b>Welcome.....</b>	<b>5</b>
<b>Ithaca College Diversity, Equity and Inclusion Statement .....</b>	<b>6</b>
<b>Ithaca College PA Program Diversity, Equity and Inclusion Statement .....</b>	<b>6</b>
<b>About this Learner Handbook (A3.01) .....</b>	<b>7</b>
<b>Accreditation Statement (A3.12a) .....</b>	<b>8</b>
<b>Accreditation Standards for Physician Assistant Education .....</b>	<b>8</b>
<b>Ithaca College MS-PAS Program Directory.....</b>	<b>9</b>
<b>Ithaca College Institutional Organizational Chart .....</b>	<b>11</b>
<b>Mission-Vision-Values.....</b>	<b>12</b>
<b>Program Goals (A3.12b).....</b>	<b>13</b>
<b>Learning Outcomes &amp; Expected Competencies (A3.12g).....</b>	<b>14</b>
<b>Program Description (A3.12d, A3.12e).....</b>	<b>17</b>
<b>Curriculum Sequence (A3.12d) .....</b>	<b>19</b>
<b>Course Descriptions – Didactic (A3.12d, A3.12e) .....</b>	<b>21</b>
Semester I.....	21
Semester II.....	22
Semester III.....	24
Semester IV .....	25
Semesters V, VI, and VII .....	27
<b>Technical Standards (A3.13e).....</b>	<b>30</b>
<b>Special Accommodations.....</b>	<b>32</b>
<b>Cost of Attendance (A3.12f).....</b>	<b>32</b>
Tuition and Fees.....	32
Refund Policy (A1.02k) .....	33
Refunds and Financial Aid .....	33
<b>Physician Assistant Professional Oath .....</b>	<b>34</b>

<b>Professionalism (B4.02e)</b>	<b>35</b>
Definition.....	35
Expected Behaviors.....	35
Unacceptable Behaviors.....	35
Assessment of Professional Behaviors.....	35
Communication .....	37
Requirement to Report Criminal Incident.....	37
Criminal Background Checks/ Drug Screening .....	37
Medical Records and Patient Confidentiality .....	38
Dress Code.....	39
<b>Social Media and the Medical Professional</b>	<b>42</b>
Program-Specific Social Media Expectations .....	43
<b>Learner Employment (A3.04, A3.05a, A3.05b, A3.15e)</b>	<b>44</b>
<b>Academic Standards (A3.13d, A3.15a)</b>	<b>45</b>
Overview .....	45
Progression in the Program (A3.15b).....	45
Clinical Phase Readiness Evaluation .....	45
Remediation of the Clinical Phase Readiness Evaluation (A3.15c).....	46
Degree Completion (A3.15b).....	46
Time to Completion (A3.15b) .....	46
General Considerations.....	46
Definitions .....	47
Clinical Medicine I, II, III (A3.15c).....	48
<b>Deceleration Policy (A3.15c)</b>	<b>50</b>
<b>Grade Breakdown (A3.15a).....</b>	<b>51</b>
<b>Summary of the Remediation Policy for Didactic Courses (Except Clinical Medicine I, II and III)</b>	<b>52</b>
<b>Clinical Phase Remediation (A3.15c)</b>	<b>59</b>
<b>Summative Evaluation (B4.03a-e).....</b>	<b>60</b>
<b>Academic and Professional Performance Review Committee (APPRC).....</b>	<b>61</b>
Composition .....	61
Continuity .....	62
Requirements for Quorum and Adoptive Action for the Committee.....	62
Confidentiality .....	62
Evaluation Process .....	62
Hearings and Appeal Procedure .....	64

<b>Referrals for Counseling (A2.05e)</b>	<b>66</b>
<b>Grade Appeal/Disputes (A3.15g)</b>	<b>66</b>
<b>Attendance</b>	<b>67</b>
Tardiness during an Examination (Didactic and Clinical Phase)	69
Missed Examinations or Assignments Due To an Absence (Didactic and Clinical Phase)	69
Religious Observances	70
<b>Leave of Absence</b>	<b>70</b>
Petition for Readmission Following Leave of Absence	72
<b>Withdrawal (A3.15d)</b>	<b>72</b>
<b>Dismissal Policy (A3.15d)</b>	<b>73</b>
<b>Learner Grievances and Allegations of Harassment (A1.02j, A3.15f)</b>	<b>73</b>
<b>Health Requirements (A3.07a, A3.17b, A3.19)</b>	<b>74</b>
<b>Guidelines for Exposure to Infectious and Environmental Hazards (A3.08a-c)</b>	<b>77</b>
<b>Pregnancy</b>	<b>79</b>
<b>Provision of Health Services (A3.09)</b>	<b>79</b>
<b>Closing of Campus (including Inclement Weather)</b>	<b>79</b>
<b>Appendix A: Learner Incident Report Form</b>	<b>82</b>
<b>Appendix B Acknowledgement Statement</b>	<b>83</b>
<b>Appendix C Individualized Plan of Remediation</b>	<b>84</b>

## Welcome

Dear Physician Assistant Learners,

Welcome to Ithaca College Master of Science in Physician Assistant Studies (MS-PAS)!

We are excited to have you in our Inaugural Class of PA Learners. In undergrad you were a student, in PA school you are a learner, learning the practical skills to practice medicine with an underpinning of academic knowledge.

The faculty and staff of the program and the School of Health Sciences and Human Performance (HSHP) are here to support and guide you through the journey to becoming a **Physician Assistant Certified** (PA-C). This Learner Handbook is the first step in understanding the program.

Please read each section carefully and thoroughly. The Handbook is available here at:

<https://www.ithaca.edu/academics/school-health-sciences-and-human-performance/graduate-programs/physician-assistant-studies/learner-handbook>

Success,

*Susan Salahshor*

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

*“Success is a journey, not a destination. The doing is often more important than the outcome.” Arthur Ashe*

### **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.

### **About this Learner Handbook (A3.01)**

This Learner Handbook was developed to provide information regarding the policies and procedures applicable to learners currently enrolled in the Ithaca College Master of Science in Physician Assistant Studies (MS-PAS) program and acquaint learners with resources available to them.

The Ithaca College MS-PAS program policies align with the Ithaca College institutional policies; and apply to all enrolled learners, principal faculty, and the program director throughout all phases of the program regardless of location.

The Ithaca College MS-PAS program reserves the right to change the curriculum, any provision, policy, procedure, requirement, regulation or fee at any time, and at its own discretion subsequent to the publication of this handbook. Changes are applicable to all learners of the program without regard to date of admission application or date of enrollment. Nonetheless, every effort will be made to keep learners informed of any and all changes promptly and in writing. This Learner Handbook is neither a contract nor an offer to enter into a contract.

### **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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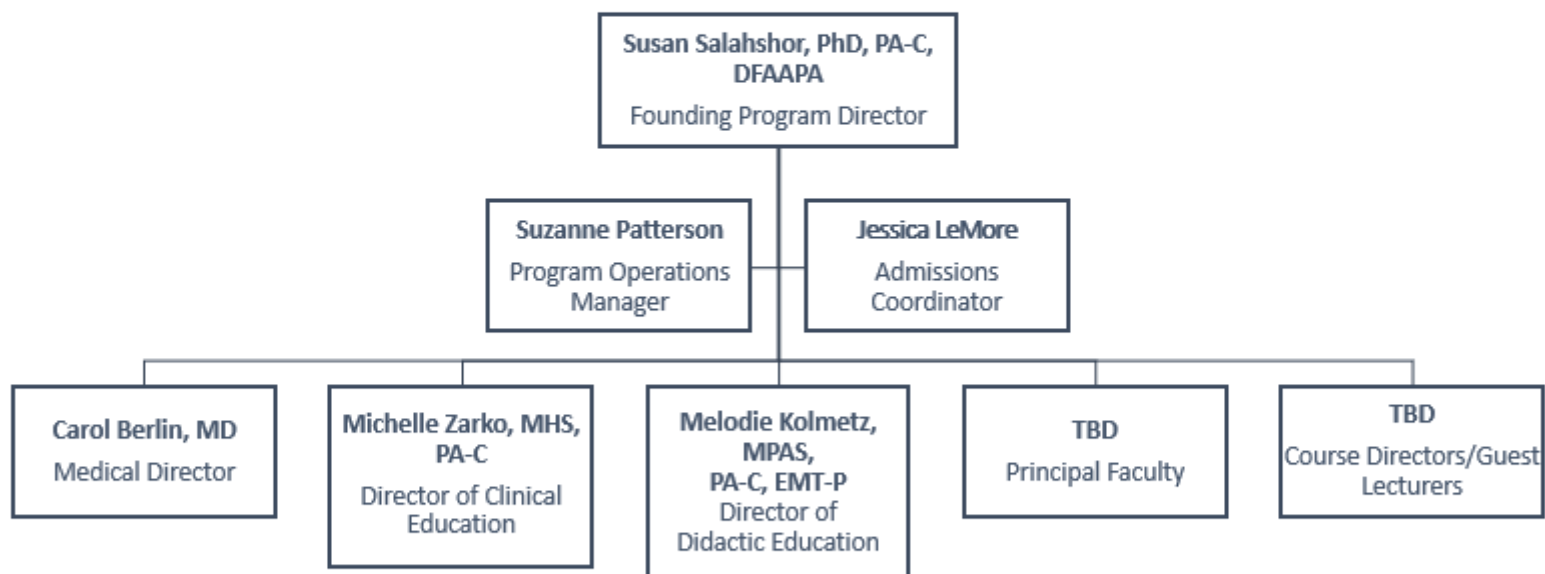
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## MS-PAS Organizational Chart



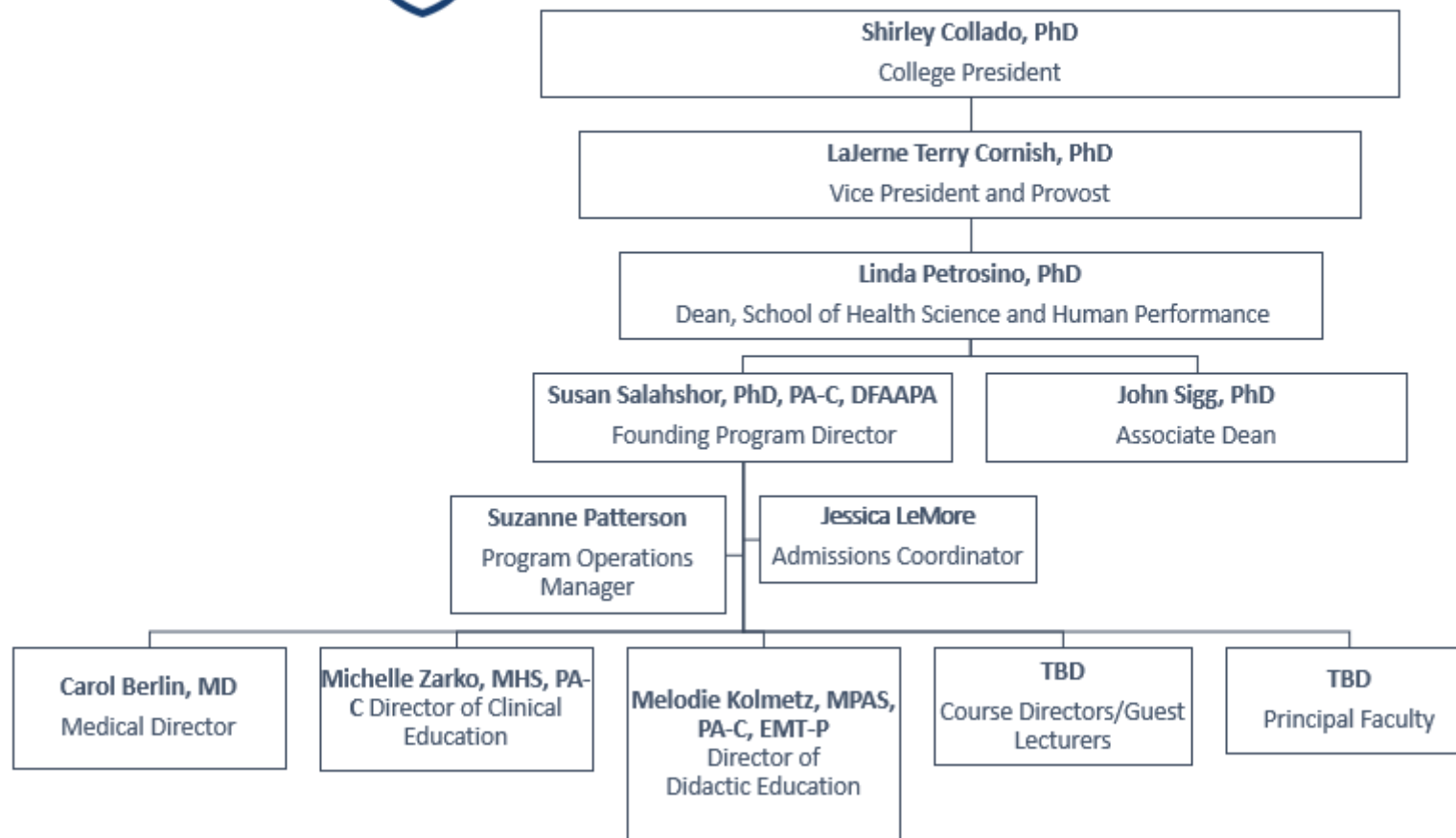
### Master of Science Physician Assistant Studies



## Ithaca College Institutional Organizational Chart



# ITHACA COLLEGE



## Mission-Vision-Values

### Mission

The mission of the Ithaca College Master of Science in Physician Assistant Studies program is to educate, engage, and empower physician assistant learners to achieve excellence through medical theory, clinical practice, and exemplary professional performance in the communities we serve.

### Vision

The vision of Ithaca College Master of Science in Physician Assistant Studies program is to be recognized for its servant leadership through innovative thinking and an equity framework.

### Values

To achieve our mission and vision the Ithaca College Master of Science in Physician Assistant Studies program will:

- Strive for **academic excellence** through integration of the medical knowledge, clinical practice, and exemplary professional performance.
- Cultivate and encourage a **culture of physical and emotional wellness**.
- **Respect and care** for all human beings and seek to create and foster an environment that supports their authentic self.
- Practice **self-awareness** to increase trust in our practices.
- Produce **innovative** Physician Assistant graduates with forward thinking, nimble, and adaptable to social and technological changes.
- Collaborate with our colleagues at Ithaca College to practice **good stewardship** of our resources and talents.
- Adopt an **equity** framework that seeks to be inclusive of all people including those impacted by systematic disadvantage, marginalization and exclusion.

### **Program Goals (A3.12b)**

The goals of the Ithaca College Master of Science in Physician Assistant Studies with respective measurements of success are as follows:

- Recruit, select, and retain highly qualified diverse applicants.
  - Admission Data and Graduation Survey
- Educate physician assistants who practice safe innovative patient-centered care in any healthcare setting.
  - Alumni and Employer Surveys
- Encourage interprofessional education and teamwork to meet the needs of patients from a diversity of backgrounds in our community, including of socio-economic, religious, cultural, sexual orientation and gender identity in our community.
  - Curriculum Analysis, IPE Assessment Scale, and Alumni Survey
- Develop physician assistants' leaders who strive for excellence through service to the PA profession and community.
  - Alumni and Employer Surveys
- Comply with ARC-PA Standards to obtain and maintain accreditation.
  - ARC-PA Accreditation Report
- Graduate physician assistants who maintain a pass rate above the Physician Assistant National Certification Examination (PANCE) national average.
  - NCCPA PANCE Pass Rate Report

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

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

<b>Competency</b>	<b>MEDICAL KNOWLEDGE</b> Physician Assistants must apply scientific principles and evidenced-based medicine in the management of patients.	<b>Outcome Domains**</b>
<b>MK1</b>	Demonstrate core knowledge about established and evolving biomedical and clinical sciences to manage general medical and surgical conditions in patients.	<b>KNWG</b>
<b>MK2</b>	Demonstrate an investigative and analytical thinking approach to evaluate patients across the lifespan with signs and symptoms of medical and surgical conditions.	<b>KNWG CRP</b>
<b>MK3</b>	Apply principles of epidemiologic, social and behavioral sciences to screen asymptomatic patients for conditions, to promote disease prevention, to promote health and mental wellness.	<b>KNWG CRP CTS</b>
<b>MK4</b>	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.	<b>KNWG CRP CTS</b>

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

<b>Competency</b>	<b>INTERPERSONAL &amp; COMMUNICATION SKILLS</b> 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.	<b>Outcome Domains**</b>
<b>ICS1</b>	Create and sustain a therapeutic and ethically sound relationship with patients using effective communication styles and skills to elicit and provide information.	<b>IS CTS PFLM</b>
<b>ICS2</b>	Document information, accurately and adequately, regarding care for medical, legal, quality, and financial purposes.	<b>IS CTS PFLM</b>
<b>ICS3</b>	Counsel and educate patients, families, and caregivers effectively using information technology and educational resources.	<b>IS CTS PFLM</b>

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

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

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

<b>Competency</b>	<b>SYSTEMS-BASED PRACTICE</b> 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.	<b>Outcome Domains**</b>
<b>SBP1</b>	Integrate funding sources and payment systems that provide cost-effective coverage for patients, without compromising quality care in a complex healthcare delivery system.	<b>KNWG</b> <b>CTS</b> <b>PFLM</b>

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

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

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

<b>Competency</b>	<b>INTERPROFESSIONAL COLLABORATION</b>	<b>Outcome Domains**</b>
<b>IC1</b>	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.	<b>KNWG</b> <b>CRP</b> <b>IS</b> <b>CTS</b> <b>PFLM</b>

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

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

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



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

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

### Program Description (A3.12d, A3.12e)

- **Overview**

The Ithaca College MS-PAS Program is a 27-month continuous residential program; committed to creating academic excellence in Physician Assistant education, through integration of medical knowledge, clinical practice and exemplary professional performance.

The Ithaca College MS-PAS Program has a strong emphasis on respect and care for all human beings, a culture of physical and emotional wellness and adopting an equity framework of inclusion to meet the needs of patients from a diversity of backgrounds in our community, including socio-economic, religious, cultural, sexual orientation and gender identity while practicing good stewardship. Learners receive instruction in leadership, advocacy, ethics, health policy, social justice, population and community health in an interprofessional environment to serve their communities and narrow the health disparity gap.

Interprofessional education is a foundational practice in Ithaca College School of Health Sciences and Human Performance. Learners actively participate in interprofessional learning activities based in population and community health with emphasis on continuous quality improvement to narrow the healthcare disparities gap. Learners identify a specific patient-centered project within the community, design and defend a quality improvement project that addresses a health disparity and empowers the community. Through these activities, learners will gain real life experience in clinical practice and learn leadership and advocacy skills.

Learners are evaluated and expected to meet the highest standards of competency in the six (6) areas of Competencies for the Physician Assistant Profession: 1) Patient Care, 2) Medical Knowledge, 3) Interpersonal and Communication Skills, 4) Practice Based Learning and Improvement, 5) System-Based Practice, and 6) Professionalism, throughout both the didactic and clinical phases of the program. Learners are evaluated using a variety of assessment tools such as multiple-choice questions, verbal and written case presentations, simulation activities, objective structured clinical examinations (OSCEs), reflection journals, research projects, and clinical preceptor evaluations.

*Upon successful completion of all curricular elements of the program, the learner will be awarded a Master of Science in Physician Assistant Studies.*

- **Didactic Phase**

The program begins with a 15-month rigorous didactic phase which includes robust instruction in anatomy, physiology, pathophysiology, pharmacology, pharmacotherapeutics, clinical laboratory and diagnostic studies, clinical assessment, clinical medicine, behavioral medicine, community medicine, clinical research design, medical writing, evidence based medicine, legal and ethical issues in medicine, and cultural and social issues in medicine. Instruction in leadership, professionalism, patient safety, advocacy and community engagement are interwoven throughout the curriculum. The program provides instruction on collaborative leadership and the four (4) core competencies for Interprofessional Collaborative Practice: 1) Values/Ethics for Interprofessional Practice, 2) Roles/Responsibilities, 3) Interprofessional Communication, and 4) Teams and Teamwork – through creative and innovative active learning strategies such as interdisciplinary team based and simulation learning. Learners participate in interprofessional experiences alongside other Ithaca College health professions learners.

- **Clinical Phase**

The didactic phase is followed by a 12-month clinical phase where the learners will engage in well over 2100 hours of supervised clinical practice experiences (SCPEs). Learners participate in seven core SCPEs Family Medicine, Internal Medicine, General Surgery, Pediatrics and Adolescent Care, Women's Health and Prenatal Care, Behavioral and Mental Health, Emergency Medicine, and two elective SCPEs (all SCPEs are five weeks long).

At the end of each SCPE the learners return to the main campus and participate in a three-day Clinical Seminar. Clinical Seminar activities include an end of SCPE examination, OSCE, focused NCCPA board review with case discussions, a NCCPA-type practice exam, professional workshops and round table discussions on topics regarding PA practice, population and community health issues.

- **Scholarly Concentrations**

While there are no specific scholarly concentrations, in response to the County Health Assessment reports in the Southern Tier of Upstate New York, there is a of critical need of health care providers in the areas of Behavioral and Mental Health, Rural Medicine, Maternal Health and Pediatrics. Ithaca College MS-PAS Program strongly encourages graduate research projects in identified areas of improvement.

- **Research**

A graduate project is a requirement for graduation. The learners may choose a graduate research project or a process improvement project. The first graduate 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.

### Curriculum Sequence (A3.12d)

Didactic Phase		
Semester I Fall		
Course Number	Course Name	Credits
PASG 60000	Medical Interviewing, Documentation and Counseling	3
PASG 60100	Foundations of Medical Sciences: Genetics/Microbiology & ID	3
PASG 60200	Foundations of Medical Sciences: Physiology	3
PASG 60300	Diagnostic Imaging	2
PASG 60400	Human and Radiographic Anatomy and Lab	6
PASG 60500	Physician Assistant Professional Practice	1
TOTAL CREDITS		18
Semester II Spring		
PASG 60610	Clinical Assessment I	4
PASG 60710	Clinical Laboratory and Diagnostics I	2
PASG 60810	Clinical Medicine I	6
PASG 60910	Evidenced Based Medicine I	2
PASG 61010	Pharmacology and Therapeutics I	2
PASG 61100	Leadership and Advocacy	1
PASG 61210	Inter-Professional Education I	0
PASG 61310	Pathophysiology I	2
TOTAL CREDITS		19
Semester III Summer		
PASG 60620	Clinical Assessment II	4
PASG 60720	Clinical Laboratory and Diagnostics II	2
PASG 60820	Clinical Medicine II	6
PASG 60920	Evidenced Based Medicine II	2
PASG 61020	Pharmacology and Therapeutics II	2
PASG 61220	Inter-Professional Education II	0
PASG 61320	Pathophysiology II	2
TOTAL CREDITS		18
Semester IV Fall		
PASG 61400	Behavioral and Mental Health Care	3
PASG 60830	Clinical Medicine III	6
PASG 61500	Clinical Skills and Procedures	4
PASG 61600	Ethics, Law, and Social Justice in Healthcare	1
PASG 60930	Evidenced Based Medicine III	2
PASG 61700	Population and Community Health	2
TOTAL CREDITS		18
<b>DIDATIC PHASE TOTAL CREDITS</b>		<b>73</b>

Clinical Phase		
Semester V, VI and VII Spring, Summer and Fall		
Course Number	Course Name	Credits
PASG 70000	Supervised Clinical Practice Experience – Family Medicine	4
PASG 70100	Supervised Clinical Practice Experience – Internal Medicine	4
PASG 70200	Supervised Clinical Practice Experience – Surgery	4
PASG 70300	Supervised Clinical Practice Experience – Pediatric and Adolescent Medicine	4
PASG 70400	Supervised Clinical Practice Experience – Women’s Health	4
PASG 70500	Supervised Clinical Practice Experience – Behavioral and Mental Health	4
PASG 70600	Supervised Clinical Practice Experience – Emergency Medicine	4
PASG 70700	Supervised Clinical Practice Experience – General Elective I	4
PASG 70800	Supervised Clinical Practice Experience – General Elective II	4
PASG 70900	Transition to Clinical Practice	3
<b>CLINICAL PHASE TOTAL CREDITS</b>		<b>39</b>
<b>TOTAL PROGRAM CREDITS</b>		<b>112</b>

## **Course Descriptions – Didactic (A3.12d, A3.12e)**

### **DIDACTIC PHASE**

#### **Semester I**

##### **PASG 60000 Medical Interviewing, Documentation and Counseling**

###### **3 Credits**

Equip the learner with the fundamentals of patient-centered communication skills, patient education and basic counseling techniques as well as the components of the medical interview. Develop competency in behavioral change counseling strategies such as motivational interviewing. Reinforce these concepts through the introduction to medical documentation.

##### **PASG 60100 Foundations of Medical Sciences – Genetics, Microbiology & Infectious Disease**

###### **3 Credits**

Introduces topics in Genetics, Microbiology, and Infectious Disease in the context of clinical practice. Genetics has a clinical focus based on understanding different disease processes, the role of genetic counseling, the ethical and legal issues related to genetic screening and genetic testing. Microbiology and Infectious Disease covers mechanisms of transmission, principles of aseptic practice, and the role of the human body's normal microflora and the mechanisms by which pathogens cause disease in the human body.

##### **PASG 60200 Foundations of Medical Sciences – Physiology**

###### **3 Credits**

Describes the normal physiologic function of the cell and organ systems from a clinical perspective. Describes and explains selected disease states in preparation for Clinical Medicine lecture series, Pathophysiology I and Pathophysiology II.

##### **PASG 60300 Diagnostic Imaging**

###### **2 Credits**

Describe and explain typical radiographic findings versus abnormal findings. Recognize how to determine the most appropriate imaging study to order for screening and diagnosis to manage the patient's signs and symptoms. Practice verbal and written communication with healthcare professionals in the radiology department based on the patient's signs and symptoms. Practice verbal communication about the radiological findings with patients.

##### **PASG 60400 Human and Radiographic Anatomy and Lab**

###### **6 Credits**

Conduct a complete dissection of the human body to understand the structure and function, and aid in the performance of physical examination and clinical procedures.

##### **PASG 60500 Physician Assistant Professional Practice**

###### **1 Credit**

Provide learners with the history of the Physician Assistant profession, social, regulatory, economic and political aspects of becoming a Physician Assistant. Discuss the professional organizations that represent Physician Assistants. Utilize the knowledge gained to advocate for Physician Assistant profession. Engage with other health professionals to advance clinical practice to meet the needs of patients. Recognize and consider ethical responsibilities in patient care. Identify and assess risk of stress and burnout has a healthcare professional.

## Semester II

### **PASG 60610 Clinical Assessment I**

#### **4 credits**

Develop patient-centered communication skills through history taking and interviewing. Use medical diagnostic equipment in conjunction with patient-centered history taking and interview to develop skills for performing a complete and focused physical examination from head-to-toe. Examine lab partners and standardized patients to gain the skills and knowledge to perform a thorough history and physical examination. *Prerequisite: PASG 60000 Medical Interviewing, Documentation and Counseling*

### **PASG 60710 Clinical Laboratory and Diagnostics I**

#### **2 credits**

Select, utilize and interpret clinical laboratory, imaging and other diagnostic test to evaluate each system's principal functions. The topics are synchronized with and correlate to topics in Clinical Medicine I, Pathophysiology of Disease I, Clinical Assessment I and Pharmacology and Therapeutics I. The first of a two-part series, where the learner receives instruction in medical laboratory and radiographic studies used in the diagnosis and management of common disorders of the major body systems. *Prerequisites: PASG 60100 - Foundations of Medical Sciences, Genetics/Microbiology/ID and PASG 60200 - Foundations of Medical Sciences, Physiology*

### **PASG 60810 Clinical Medicine I**

#### **6 credits**

Integrates epidemiology, risk factors (including genetics, as applicable), pathophysiology, signs and symptoms, history and physical findings, laboratory and diagnostic tests, differential diagnosis, therapeutic management, possible complications, prognosis, prevention measures, patient education, referral and follow up of disorders encountered in a primary care setting across the lifespan. Applies a system approach delivered through a combination of traditional lecture and Team Based Learning (TBL) sessions. The topics synchronized with and correlative to topics in Pathophysiology of Disease I, Pharmacology & Therapeutics I, Clinical Assessment I and Clinical Laboratory Medicine I. Organ systems covered in Clinical Medicine I include: Dermatology, Ophthalmology, Otolaryngology (ENT), Cardiology, Electrocardiography (ECG), Pulmonary Medicine and Hematology/Oncology (Liquid Malignancies). *Prerequisite: PASG 60100 - Foundations of Medical Sciences: Genetics, Microbiology, ID; PASG 60200 – Foundations of Medical Sciences: Physiology; PASG 60400 – Human Radiographic Anatomy and Lab*

### **PASG 60910 Evidenced Based Medicine I**

#### **2 credits**

Describe the foundational principles and terms related to evidenced-based medicine and practice. Identify typical research design models and methodology. Explain basic statistical principles. Learn methods to appraise the quality of clinical research. Explain how to use evidenced-based medicine to communicate with and inform patients about clinical practice. First in a series of three courses.

**PASG 61010 Pharmacology and Therapeutics I****2 credits**

Describe and explain the general principles of the effects of drugs on different organ systems and disease processes. Describe and explain the mechanism by which drugs produce their therapeutic and toxic effects, and the factors influencing their absorption, distribution and biological actions. Topics are synchronized with and correlative to topics in Clinical Medicine I, Pathophysiology of Disease I, Clinical Assessment I and Clinical Laboratory Medicine I. The first in a series of two. *Prerequisites: PASG 60100 - Foundations in Medical Sciences in Genetics, Microbiology, Infectious Disease & PASG 60200 - Foundations in Medical Sciences in Physiology*

**PASG 61100 Leadership and Advocacy****1 credit**

Define and describe the attributes of a leader. Explain the roles of Physician Assistant leaders. Prepare Physician Assistant learners to take a leadership role in the delivery of patient-centered care. Recognize and appropriately address gaps in medical knowledge, physical and mental limitations in self and others. Advocate for patients through involvement in quality improvement initiatives. Advocate for the PA profession by developing leadership skills and an understanding of the importance of quality improvement in patient safety. Commitment to excellence and ongoing professional development. *Prerequisite PASG 60500: Physician Assistant Professional Practice*

**PASG 61210 Inter-Professional Education I****0 credits**

Identify and implement the principles of interprofessional education and collaborative practice. Apply the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations (IPEC Competency 2). Define collaboration more effectively and creatively across health care disciplines to optimize health care and improve population outcomes. The first of two courses. *Prerequisite: PASG 60500 - PA Professional Practice*

**PASG 61310 Pathophysiology I****2 credits**

Apply knowledge from the basic medical sciences to clinical medicine. Expand on the overview of medical physiology and introduce underlying pathological basis for specific disease processes common to primary care. Explore congenital and acquired diseases with an emphasis on providing understanding of pathologic physiology in conjunction with information regarding medical history and laboratory data to solve case based clinical problems during small group discussions. Examine how pathophysiology translates into patient signs, symptoms and laboratory test results. Identify the thought processes leading to development of differential diagnoses. The first of a two-semester series. Synchronized with appropriate and correlative lectures in Clinical Assessment I, Clinical Medicine I, Clinical Laboratory Medicine I and Pharmacology & Therapeutics I. *Prerequisite: PASG 60200 - Foundations of Medical Sciences: Physiology*

## Semester III

### **PASG 60620 Clinical Assessment II**

#### **4 credits**

Develop proficiency in patient-centered communication skills through comprehensive population specific and focused history taking and interviewing. Use medical diagnostic equipment to refine skills for performing comprehensive population specific and focused physical examinations. Examine peers and standardized patients to advance the skills and knowledge to perform focused history and physical examinations. *Prerequisite: PASG 60610 - Clinical Assessment I*

### **PASG 60720 Clinical Laboratory and Diagnostics II**

#### **2 credits**

Select, utilize and interpret clinical laboratory, imaging and other diagnostic test to evaluate each system's principal functions. The topics are synchronized with and correlate to topics in Clinical Medicine II, Pathophysiology of Disease II, Clinical Assessment II and Pharmacology and Therapeutics II. The second of a two-part series, where the learner receives instruction in medical laboratory and radiographic studies used in the diagnosis and management of common disorders of the major body systems. *Prerequisite: PASG 60710 – Clinical Laboratory and Diagnostics I*

### **PASG 60820 Clinical Medicine II**

#### **6 credits**

Integrates the epidemiology, risk factors (including genetics, as applicable), pathophysiology, signs and symptoms, history and physical findings, laboratory and diagnostic tests, differential diagnosis, therapeutic management, possible complications, prognosis, prevention measures, patient education, referral, and follow up of disorders encountered in a primary care setting across the lifespan. Applies a system approach delivered through a combination of traditional lecture and Team Based Learning (TBL) sessions. The topics synchronized with and correlative to topics in Pathophysiology of Disease II, Pharmacology & Therapeutics II, Clinical Assessment II and Clinical Laboratory Medicine II. Organ systems covered in Clinical Medicine II include: Gastroenterology, Nephrology/Urology, Endocrinology, Rheumatology, Orthopedics, Neurology, and Oncology. *PASG 60810 - Clinical Medicine I, PASG 60610 - Clinical Assessment I, PASG 60710 - Clinical Laboratory & Diagnostic I, PASG 61010 - Pharmacology & Therapeutics I, PASG 61310 - Pathophysiology of Diseases I.*

### **PASG 60920 Evidenced Based Medicine II**

#### **2 credits**

Apply the principles of Evidenced-Based Medicine and Practice (EBM and EBP) to an answerable clinical question. Create a literature review plan based on a clinical research question using appropriate search terms, database, and information sources. Analyze and appraise the medical literature and pharmaceutical materials. Create literature review. The second in a series of three courses. *Prerequisite PASG 60910 - Evidenced-Based Medicine I*



**PASG 61020 Pharmacology and Therapeutics II****2 credits**

Describe and explain the general principles of the effects of drugs on different organ systems and disease processes. Describe and explain the mechanism by which drugs produce their therapeutic and toxic effects, and the factors influencing their absorption, distribution and biological actions. Topics are synchronized with and correlative to topics in Clinical Medicine II, Pathophysiology of Disease II, Clinical Assessment II and Clinical Laboratory Medicine II. The second in a series of two. *Prerequisite: PASG 61010 - Pharmacology and Therapeutics I*

**PASG 61220 Inter-Professional Education II****0 credits**

Expand on identification and implementation of the principles of interprofessional education and collaborative practice. Communicate with patients, families, communities, professionals in health and other fields to promote and maintain health and prevention of disease (IPEC Competency 3). Develop communication skills to collaborate more effectively and creatively across health care disciplines to optimize health care and improve population outcomes. Builds on IPE I. *Prerequisites: PASG 60500 – Physician Assistant Professional Practice, PASG 61210 - IPE I; and PASG 61100 -Leadership & Advocacy*

**PASG 61320 Pathophysiology II****2 credits**

Apply knowledge from the basic medical sciences to clinical medicine. Expand on the overview of medical physiology and introduce underlying pathological basis for specific disease processes common to primary care. Explore congenital and acquired diseases with an emphasis on providing understanding of pathologic physiology in conjunction with information regarding medical history and laboratory data to solve case based clinical problems during small group discussions. Examine how pathophysiology translates into patient signs, symptoms and laboratory test results. Identify the thought processes leading to development of differential diagnoses. The second of a two-semester series. Synchronized with appropriate and correlative lectures in Clinical Assessment II, Clinical Medicine II, Clinical Laboratory Medicine II and Pharmacology & Therapeutics II. *Prerequisite: PASG 61310 - Pathophysiology I*

**Semester IV****PASG 61400 Behavioral and Mental Health Care****3 Credits**

Integrates the epidemiology, risk factors (including genetics, as applicable), pathophysiology, signs and symptoms, history and physical findings, laboratory and diagnostic tests, differential diagnosis, therapeutic management, possible complications, prevention measures, prognosis, patient education and follow-up of emergent and non-emergent disorders encountered across the lifespan in primary care related to Behavioral and Mental Health. Utilizes a systems approach and is delivered through a combination of traditional lectures and Team Based Learning (TBL) sessions. *Prerequisite: PASG 60820 - Clinical Medicine II, PASG 61020 - Pharmacology & Therapeutics II and PASG 61320 - Pathophysiology of Diseases II*

**PASG 60830 Clinical Medicine III****6 Credits**

Integrates the epidemiology, risk factors (including genetics, as applicable), pathophysiology, signs and symptoms, history and physical findings, laboratory and diagnostic tests, differential diagnosis, therapeutic management, possible complications, prevention measures, prognosis, patient education, referral, and follow-up of emergent and non-emergent disorders encountered across the lifespan in primary care. Apply knowledge obtained in Clinical Medicine I and II to specific populations and clinical situations. It is delivered through a combination of traditional lectures and Team Based Learning (TBL) sessions. Topics covered in Clinical Medicine III: Emergency Medicine, General Surgery, Geriatrics, Pediatrics, and Women's Health. Throughout each module, learners will engage in critical thinking and integration of clinical concepts exercises through TBL. *Prerequisites: PASG 60810 - Clinical Medicine I, PASG 60820 - Clinical Medicine II, PASG 60720 - Clinical Laboratory and Diagnostic II, PASG 60620 - Clinical Assessment II, PASG 61020 - Pharmacology & Therapeutics II and PASG 61320 - Pathophysiology of Disease II*

**PASG 61500 Clinical Skills and Procedures****4 Credits**

Introduce learners to essential procedures and skills necessary for primary care practice such as venipuncture; injection techniques; casting and splinting; suturing and more. Participate in Basic Life Support, Advanced Cardiac Life Support and Pediatric Advanced Life Support Certification training. *Prerequisites: PASG 60620 – Clinical Assessment II and PASG 60820 – Clinical Medicine II*

**PASG 61600 Ethics, Law, and Social Justice****1 Credit**

Describe and define principles of ethics and laws in healthcare. Apply understanding of principles of healthcare ethics and the laws to cases that illustrate where social determinants of health (i.e. access to justice), ethics and the law intersect. Explore roles and responsibilities as healthcare providers and discover how interdisciplinary collaboration is key for effective advocacy and changes in health policy that address health disparities and social injustice. *Prerequisite: PASG 61100 – Leadership and Advocacy*

**PASG 60930 Evidenced Based Medicine III****2 Credits**

Apply the principles of Evidenced-Based Medicine and Practice (EBM and EBP) to Community-Based Participatory Research. Create an answerable clinical question or examine a process in clinical practice for improvement to deliver safe, efficient, timely, quality patient care. Analyze and appraise the quality improvement medical literature. Practice summarizing findings in a scholarly format appropriate for publication. The third in a series of three courses. *Prerequisite: PASG 60920 – Evidence-Based Medicine II*

**PASG 61700 Population and Community Health****2 Credits**

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable (IPEC Competency 4). Expand on identification and implementation of the principles of interprofessional education and collaborative practice in the communities served. Enhance communication skills with patients, families, communities, professionals in health and other fields to promote and maintain health and prevention of disease. Collaborate more effectively and creatively across health care disciplines to optimize health care and improve population outcomes. Consider effective leadership skills needed to advocate for patients and quality improvement in patient safety. *Prerequisites: PASG 61220 - Inter-Professional Education II & PASG 61100 - Leadership & Advocacy*

**CINICAL PHASE**  
**Semesters V, VI, and VII**

**PASG 70000 SCPE, Family Medicine****4 Credits**

Clinical experience in Family Medicine with direct supervision of a physician board-certified in Family medicine and licensed preceptor (PA and/or other health care provider) for five (5) weeks. Provide practical patient care experience in common diseases and disorders in conjunction with other members of the healthcare team. Further development and refinement the learners' skills in taking a history and performing a physical exam, ordering and interpreting laboratory/diagnostic tests, synthesizing information in establishing a diagnosis, formulating and implementing a cost-effective treatment plan and promoting patient education. *Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70100 SCPE, Internal Medicine****4 Credits**

Clinical experience in Inpatient Internal Medicine with direct supervision of a qualified licensed preceptor for five (5) weeks in a wide variety of Internal Medicine care activities. Provide practical clinical experience in working with the hospitalized patients with acute or chronic diseases that are routinely seen by internists. Emphasis is on medical history review, physical examination, diagnostic testing, and management on a multidisciplinary team. *Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70200 SCPE, Surgery****4 Credits**

Clinical experience in Surgery with direct supervision of a qualified licensed preceptor for five (5) weeks in a surgical setting. Provide practical clinical experience in working with surgical patients. Emphasis in pre-operative, intra-operative and post-operative management. *Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70300 SCPE, Pediatric & Adolescent Medicine****4 Credits**

Clinical experience in Pediatric (infant and child) and Adolescent Medicine with direct supervision of a qualified licensed preceptor for five (5) weeks. Experience with patients in the Pediatric and Adolescent setting who require acute, emergent, chronic, and preventive care. Emphasis is on medical history review, physical examination, diagnostic testing, and management on a multidisciplinary team.

*Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70400 SCPE, Women's Health****4 Credits**

Clinical experience in Women's Health (includes prenatal and gynecological care) with direct supervision of a qualified licensed preceptor for five (5) weeks in a wide variety of Women's Health care activities. Provide practical clinical experience in working with the Women's Health patients seen by OB/GYN physicians. Emphasis is on sexual history, prenatal history, surgery history, physical examination, diagnostic testing, and management on a multidisciplinary team.

*Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70500 SCPE, Behavioral and Mental Health****4 Credits**

Clinical experience in Behavioral and Mental Health with direct supervision of a qualified licensed preceptor for five (5) weeks in a wide variety of behavioral and mental health care activities. Focuses on physician assistants' role in assessment and treatment of mental health disorders and psychosocial issues. Includes diagnostic, communication, and clinical skills involved in providing care for patients with psychiatric disorders.

*Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70600 SCPE, Emergency Medicine****4 Credits**

Clinical experience in Emergency Medicine with direct supervision of a qualified licensed preceptor for five (5) weeks. Receives clinical experience in triage, stabilization, in-depth exposure to traumatic illnesses, injuries and surgical issues that necessitate emergent care for patients across the life span. Provide practical clinical experience working with the patients across the lifespan who presents with emergent, urgent and life-threatening illnesses and injuries. Emphasis is on increasing experience and exposure to patient assessment, ordering and interpreting laboratory/diagnostic tests; synthesize information to establish diagnosis, and learning proper disposition of patients and performing lifesaving techniques.

*Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70700 SCPE, General Elective Rotation I****4 Credits**

Clinical experience in any core/required clinical rotation or specialty, selected by the learner from a program list, with the direct supervision of a qualified licensed preceptor for five (5) weeks. First of two required general elective rotation in clinical experience year. Provide practical clinical experience working in the inpatient and outpatient settings and seeing patients across the lifespan with acute or chronic diseases. Emphasis is on increasing experience and exposure to patient assessment, diagnosis, and management pertinent to the specialty on a multidisciplinary team. *Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70800 SCPE, General Elective Rotation II****4 Credits**

Clinical experience in any core/required clinical rotation or specialty, selected by the learner from a program list, with the direct supervision of a qualified licensed preceptor for five (5) weeks. Second general rotation in clinical experience year. Provide practical clinical experience working in the inpatient and outpatient settings and seeing patients across the lifespan with acute or chronic diseases. Emphasis is on increasing experience and exposure to patient assessment, diagnosis, and management pertinent to the specialty on a multidisciplinary team. *Prerequisites: PASG 61400, PASG 60830, PASG 61500, PASG 61600, PASG 60930 and PASG 61700*

**PASG 70900 SCPE, Transition to Clinical Practice****3 Credits**

Practice clinical procedures and skills learned during the nine clinical rotations. Conduct Objective Structured Clinical Evaluations (OSCEs) for problem-focused history and physical on the diseases, conditions and illnesses encountered in the seven required rotations and the two elective rotations. Expand training in procedures performed during Supervised Clinical Practice Experience (SCPE) and Clinical Skills and Procedures. Complete a weeklong review in preparation for the Physician Assistant National Certifying Examination (PANCE). Provide advance education in special populations and special topics not encountered commonly in clinical rotations but required for the delivery of inclusive care. Improve areas of weakness or knowledge gaps in preparation for the PANCE exam and clinical practice as a PA. *Prerequisites: PASG 70000, PASG 70100, PASG 70200, PASG 70300, PASG 70400, PASG 70500, PASG 70600, PASG 70700, PASG 70800*

## 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, clinical experiences, and meetings.
  - c) Prepare fully for classes, clinical experiences, and meetings; submits assignments and reports on time.
  - d) Abide by college, school, department, program, clinical 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 and mentally taxing 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 (measurement, calculation, reasoning, analysis, and synthesis) 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.

## Special Accommodations

In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, reasonable accommodation will be provided to learners with documented disabilities. Learners seeking accommodations must register with Student Accessibility Services (SAS) and provide appropriate documentation to SAS before any accommodations can be provided. Please note that accommodations are not retroactive so timely contact with SAS is encouraged. More information on registering with SAS is available on their website at <http://www.ithaca.edu/sas/>; by visiting the office in 100 Rothschild Place; or contacting the office at 274-1005.

## Cost of Attendance (A3.12f)

### Tuition and Fees

Tuition and fees for the Ithaca College MS-PAS program is one comprehensive fee. The comprehensive fee is determined annually and may change somewhat from year to year. Therefore, the figures cited here should be used for estimation purposes only. The comprehensive fee does not include books or course specific fees. Changes to the tuition and fees listed here will be updated on this page in a timely manner.

Total estimated tuition for the 27-month program for Academic Year 2021-2022 (class entering in August 2021) is \$103,000.

The chart below provides an outline for the estimated cost of attendance including books, housing, transportation etc. broken down by semester.



<b>Total Gross Cost for Cohort 1 Learners (estimated per year)</b>					
<b>Cost Item</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>	<b>Comment</b>
Gross Tuition	\$50,580	\$38,625	\$13,795	\$103,000	
Room/Board	\$11,400	\$11,400	\$5,700	\$28,500	Only a 6 month lease in year 3
<i>Fees:</i>					
Books, Subscriptions & Memberships (AAPA, NYSSPA)	\$1,665	\$-	\$-	\$1,665	
SonoSim Technology	\$1,635	\$-	\$-	\$1,635	
ACLS, BLS, and PALS Certification	\$500	\$-	\$-	\$500	
Standardized Patients/Skills Testing	\$600	\$-	\$-	\$600	
Medical Equipment	\$1,500	\$-	\$-	\$1,500	
Learner Laptop	\$1,450			\$1,450	
White Coats, Name Tags, Patches	\$150	\$-	\$-	\$150	
Learner Health Insurance (Optional)	\$2,192	\$2,400	\$2,600	\$7,192	
<b>Total</b>	<b>\$71,672</b>	<b>\$52,425</b>	<b>\$22,095</b>	<b>\$146,192</b>	

#### **Refund Policy (A1.02k)**

If a learner withdraws or is separated from the Ithaca College MS-PAS program for any reason other than a disability once the semester has started, a credit for fees charged is given on the following basis:

<b>Weeks Attended</b>	<b>Refund Rate</b>
1 <sup>st</sup> week	100%
2 <sup>nd</sup> week	85%
3 <sup>rd</sup> week	70%
4 <sup>th</sup> week	60%
5 <sup>th</sup> week	50%
6 <sup>th</sup> week	40%
7 <sup>th</sup> week	30%
8 <sup>th</sup> week	15%
9 <sup>th</sup> week	0%

#### **Refunds and Financial Aid**

Federal regulations governing Title IV financial aid programs require that the Office of Financial Aid determine the amount of the refund that must be paid back to the financial aid programs if the learner received aid for educational expenses. Therefore, some or all of a learner's credit may be allocated to financial aid programs and not refunded to the learner. For more information please contact the Office of Financial Aid at [sfs@ithaca.edu](mailto:sfs@ithaca.edu)

## Physician Assistant Professional Oath

I pledge to perform the following duties with honesty and dedication:

- I will hold as my primary responsibility the health, safety, welfare and dignity of all human beings.
- I will uphold the tenets of patient autonomy, beneficence, non-maleficence and justice.
- I will recognize and promote the value of diversity.
- I will treat equally all persons who seek my care.
- I will hold in confidence the information shared in the course of practicing medicine.
- I will assess my personal capabilities and limitations, striving always to improve my medical practice.
- I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.
- I will work with other members of the health care team to provide compassionate and effective care of patients.
- I will use my knowledge and experience to contribute to an improved community.
- I will respect my professional relationship with the physician.
- I will share and expand knowledge within the profession.

These duties are pledged with sincerity and upon my honor.

## 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.<sup>1</sup> 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.<sup>2</sup> 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.”<sup>3</sup> 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 for potential **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
- 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.

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<sup>1</sup> <http://abimfoundation.org/what-we-do/medical-professionalism> (01\_02\_2020)

<sup>2</sup> <https://www.aapa.org/career-central/employer-resources/employing-a-pa/competencies-physician-assistant-profession/> (06\_01\_2020)

<sup>3</sup> <https://www.greenleaf.org/what-is-servant-leadership/> (01\_02\_2020)

- 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.

### **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.

*Rev: 04.05.21*

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.

*Rev: 04.05.21*

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 (A3.06)**

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

*Rev: 04.05.21*



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, physician assistants 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-provider 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 physician assistants sees content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he or she 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 physician assistant-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.

### **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 any form of employment 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. 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.

## **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**

- **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**

- **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.

### **Clinical Medicine I, II, III (A3.15c)**

Clinical Medicine I, II, and III are divided into modules, each module functions as its own "course" with specific instructional objectives, learning outcomes and expected competencies. Learners must pass each module with a minimum score of 70.0%. The final grade for Clinical Medicine I, II, III is the average of the grades of the modules included in each course.

- **If a learner fails a module**
  - 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.



- The learner will be re-assessed two weeks after original module examination.
  - If the learner fails the re-assessment
    - An individualized remediation plan is re-formulated
    - The learner will be re-assessed at the end of the course with a 50 multiple choice examination on failed module
    - In addition to the 50 multiple choice examination, the learner will also be reassessed at the end of the course in one of the following ways:
      - Oral case presentation on failed module or
      - Reflection essay
  - If the learner fails second re-assessment
    - The learner has failed the course, irrespective of the composite grade
- **If a learner fails two modules**
- The Course Director notifies the learner's faculty advisor, the Director of Didactic Education and the 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 Advising for additional guidance and advisement.
  - The learner will be re-assessed two weeks after original module examination
  - If the learner fails the re-assessment
    - An individualized remediation plan is re-formulated
    - The learner will be re-assessed at the end of the course as follows in two of the following ways:
      - 100 multiple choice examination on failed modules (50 each)
      - Oral case presentation on failed modules
      - Reflection essay
  - If the learner fails second re-assessment
    - The learner has failed the course, irrespective of the composite grade
- **If a learner fails three modules**
- The Course Director notifies the learner's faculty advisor, the Director of Didactic Education and the 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 Advising for additional guidance and advisement.

- The learner will be re-assessed two weeks after original module examination
- If the learner fails the re-assessment
  - The learner has failed the course, irrespective of the composite grade
- Failure of Clinical Medicine I, II or III will result in Academic Deceleration

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

- **Definition**

- The loss of a learner from the entering cohort, who remains matriculated in the physician assistant program.
  - Note: The number of learners in the program and those considered decelerated cannot exceed the maximum limit designated by our accrediting agency, the ARC-PA.

- **Procedure**

- All learners that are placed on Academic Separation will be offered a one-time opportunity to reenter at the point of the failed course.
- The learner has 5 business days from the date the final course grade is posted to submit their written acceptance of the one-time offer for deceleration to the Program Director via email.
- The learner will receive a written response from the Program Director acknowledging the learner's acceptance into deceleration.
- An individualized academic plan of remediation will be discussed with the learner.
- In order to be re-instated in the program the learner must demonstrate competency in the knowledge and skills of all courses that were completed successfully.
- Reentry Requirements:
  - Because interruption of the educational process does not promote nor ensure currency of the medical knowledge needed to prepare the learner to reenter at the point of the failed course, competency (covering the semester of the failed course and all prior semesters) must be proven by two examinations: a written and a clinical skills examination given the semester prior to the point of the failed course.
  - Competency must be demonstrated with a minimum of a 70.0% on the written examination **and** a minimum of 70.0% on the clinical skills examination in order to be permitted to reenter and progress to the next semester.
  - The objectives for both examinations will be the same as those presented during the didactic year. The dates for both the written and clinical examinations will be arranged by the faculty.
  - Upon successful completion of **each** examination the learner will reenter at the point of the failed course

- The failed course must be successfully repeated (the next semester it is offered) with a minimum of a 70.0% in order to progress to the next semester.
- The learner must audit all the courses that are offered in the semester that the failed course is offered.
- Failure to successfully complete all reentry requirements listed above will result in dismissal from the Program.
- After a period of five years, learners may reapply to the program.
- Decisions on reentry will be made utilizing the Physician Assistant Admissions Ranking System.

#### **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

### Summary of the Remediation Policy for Didactic Courses (Except Clinical Medicine I, II and III)

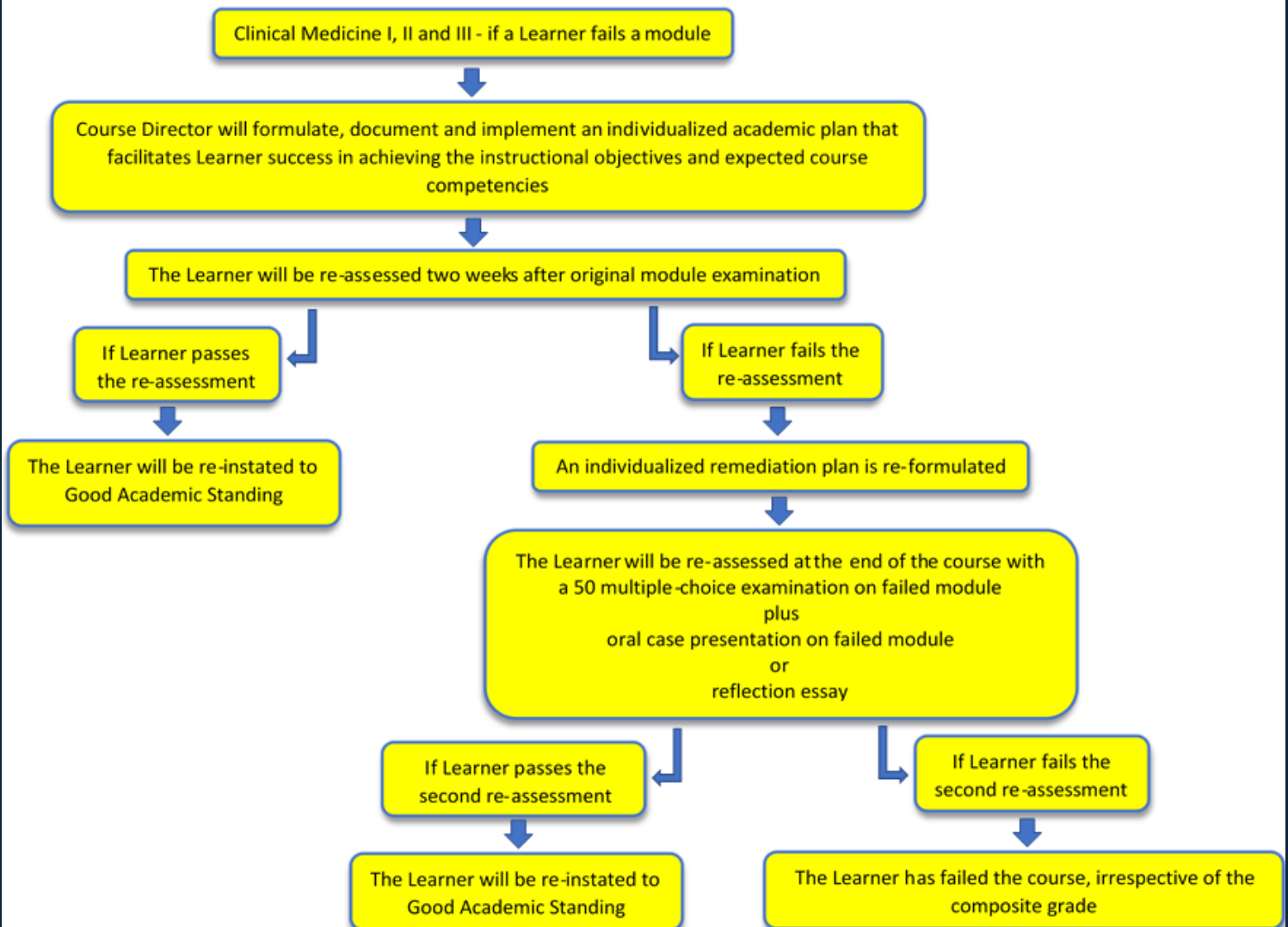
<b>Good Academic Standing</b> <ul style="list-style-type: none"> <li>➤ Learner has successfully passed all assessments with 70.0% or greater</li> </ul>	<b>Strategy</b> <ul style="list-style-type: none"> <li>➤ No remediation needed</li> <li>➤ All Learners will meet with their assigned faculty advisor at the midpoint of each semester</li> </ul>	<b>Duration of Academic Standing</b> <ul style="list-style-type: none"> <li>➤ N/A</li> </ul>
<b>Academic Probation Level I (low risk)</b> <ul style="list-style-type: none"> <li>➤ Scoring between 67.5-69.9% on any assessment. Risk level will be determined after each assessment</li> </ul>	<b>Strategy</b> <ul style="list-style-type: none"> <li>➤ The Course Director notifies the Learner's faculty advisor, the Director of Didactic Education and the Academic and Professional Performance Review Committee (APPRC).</li> <li>➤ Course Director will formulate, document and implement an individualized remediation plan that facilitates Learner success in achieving the instructional objectives and expected course competencies.</li> <li>➤ 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.</li> <li>➤ The Learner will be referred to the Academic Services for additional guidance and advisement.</li> </ul>	<b>Duration of Academic Standing</b> <ul style="list-style-type: none"> <li>➤ Upon successful completion of all the components of the individualized remediation plan, the Learner will revert to Good Academic Standing.</li> </ul>

Academic Probation Level II (high risk)	Strategy	Duration of Academic Standing
<ul style="list-style-type: none"> <li>➤ Scoring &lt;67.5% in any assessment. Risk level will be determined after each assessment</li> </ul>	<ul style="list-style-type: none"> <li>➤ The Course Director notifies the Learner's faculty advisor, the Director of Didactic Education and the Academic and Professional Performance Review Committee (APPRC).</li> <li>➤ Course Director will formulate, document and implement an individualized remediation plan that facilitates Learner success in achieving the instructional objectives and expected course competencies.</li> <li>➤ 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.</li> <li>➤ The Learner will be referred to the Academic Services for additional guidance and advisement.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Upon successful completion of all the components of the individualized remediation plan, the Learner will revert to Good Academic Standing.</li> </ul>

Academic Separation	Strategy	Duration of Academic Standing
<p>➤ Learner fails one course</p>	<p>➤ The Course Director notifies the Learner's faculty advisor, the Director of Didactic Education, the Program Director and the Academic and Professional Performance Review Committee (APPRC).</p> <p>➤ APPRC will review the Learner's course documents confirming failure of the course.</p> <p>➤ The Program Director will then authorize Academic Separation and notify the Dean of the School of Health Sciences and Human Performance and the Provost.</p> <p>➤ The Learner will then enter the Deceleration Process.</p> <ul style="list-style-type: none"> <li>• All Learners that are placed on Academic Separation will be offered a one-time opportunity to reenter at the point of the failed course.</li> <li>• The Learner has 5 business days from the date the final course grade is posted to submit their written acceptance of the one-time offer for deceleration to the Program Director via e-mail.</li> <li>• The Learner will receive a written response from the Program Director acknowledging the Learner's acceptance into deceleration.</li> <li>• An individualized academic plan of remediation will be discussed with the Learner.</li> <li>• In order to be re-instated in the program the Learner must demonstrate competency in the knowledge and skills of all</li> </ul>	<p>➤ Reentry Requirements:</p> <ul style="list-style-type: none"> <li>• Because interruption of the educational process does not promote nor ensure currency of the medical knowledge needed to prepare the Learner to reenter at the point of the failed course, competency (covering the semester of the failed course and all prior semesters) must be proven by two examinations: a written and a clinical skills examination given the semester prior to the point of the failed course.</li> <li>• Competency must be demonstrated with a minimum of a 70.0% on the written examination <b>and</b> a minimum of 70.0% on the clinical skills examination in order to be permitted to reenter and progress to the next semester.</li> <li>• The objectives for both examinations will be the same as those presented during the didactic year. The dates for both the written and clinical examinations will be arranged by the faculty.</li> <li>• Upon successful completion of <b>each</b> examination the Learner will reenter at the point of the failed course.</li> <li>• The failed course must be successfully repeated (the next semester it is offered) with a minimum of a 70.0% in order to progress to the next semester.</li> </ul>

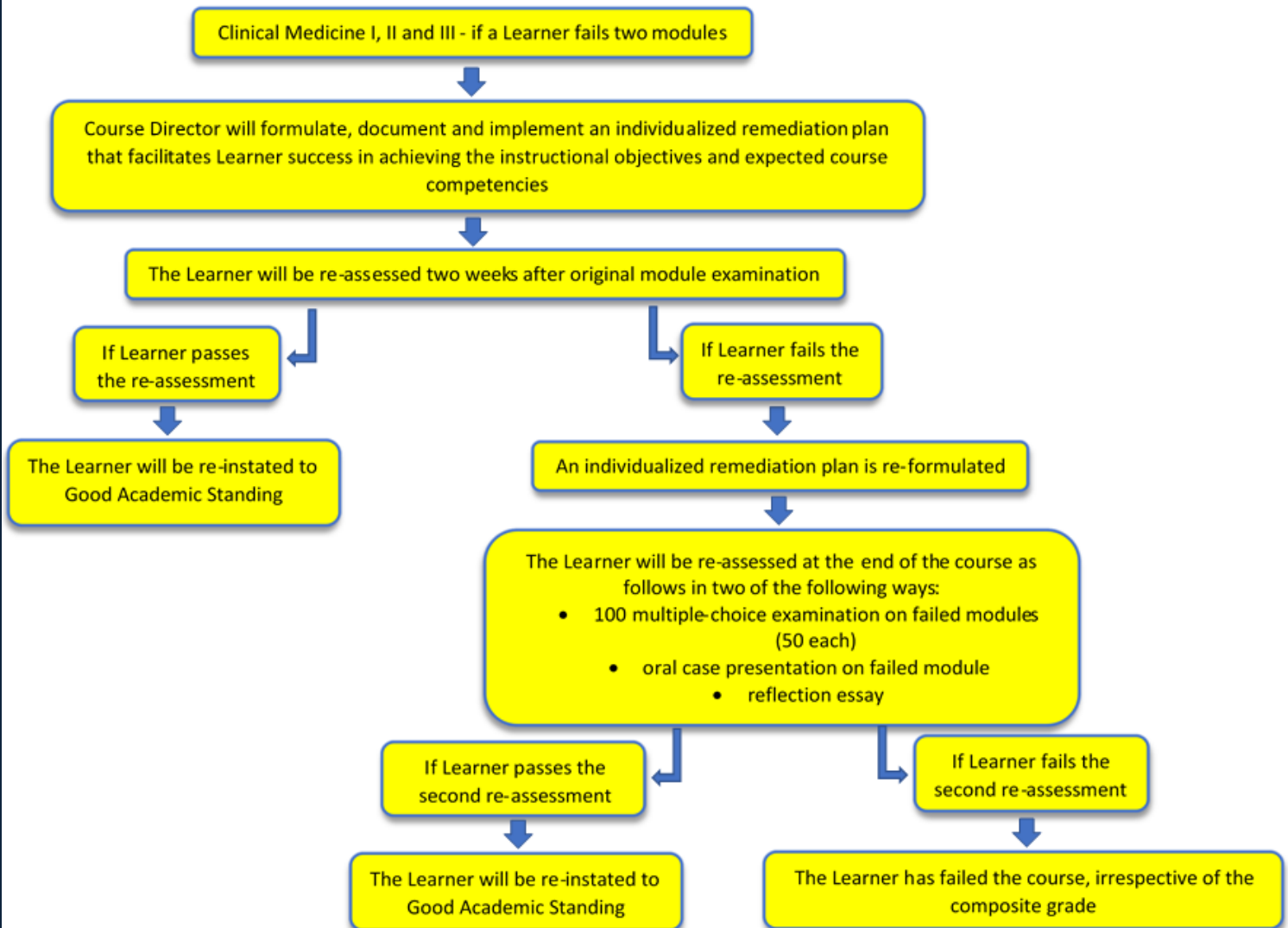
	courses that were completed successfully.	<ul style="list-style-type: none"> <li>• The Learner must audit all the courses that are offered in the semester that the failed course is offered.</li> <li>• Failure to successfully complete all reentry requirements listed above will result in dismissal from the program.</li> <li>• After a period of five years, Learners may reapply to the program. <ul style="list-style-type: none"> <li>○ Decisions on reentry will be made utilizing the Physician Assistant Admissions Ranking System.</li> </ul> </li> </ul>
<b>Academic Dismissal</b> <ul style="list-style-type: none"> <li>➤ Learner fails two courses</li> </ul>	<b>Strategy</b> <ul style="list-style-type: none"> <li>➤ Learners who fail two courses in the didactic phase will be dismissed from the program.</li> <li>➤ APPRC will review the Learner's course documents confirming failure of the courses.</li> <li>➤ The Program Director will then authorize Academic Dismissal and notify the Dean of the School of Health Sciences and Human Performance and the Provost.</li> </ul>	<b>Duration of Academic Standing</b> <ul style="list-style-type: none"> <li>➤ If there is continued interest in the program, the Learner must re-apply and go through the entire admissions process.</li> </ul>

### Summary of Remediation Policy for Clinical Medicine I, II and III

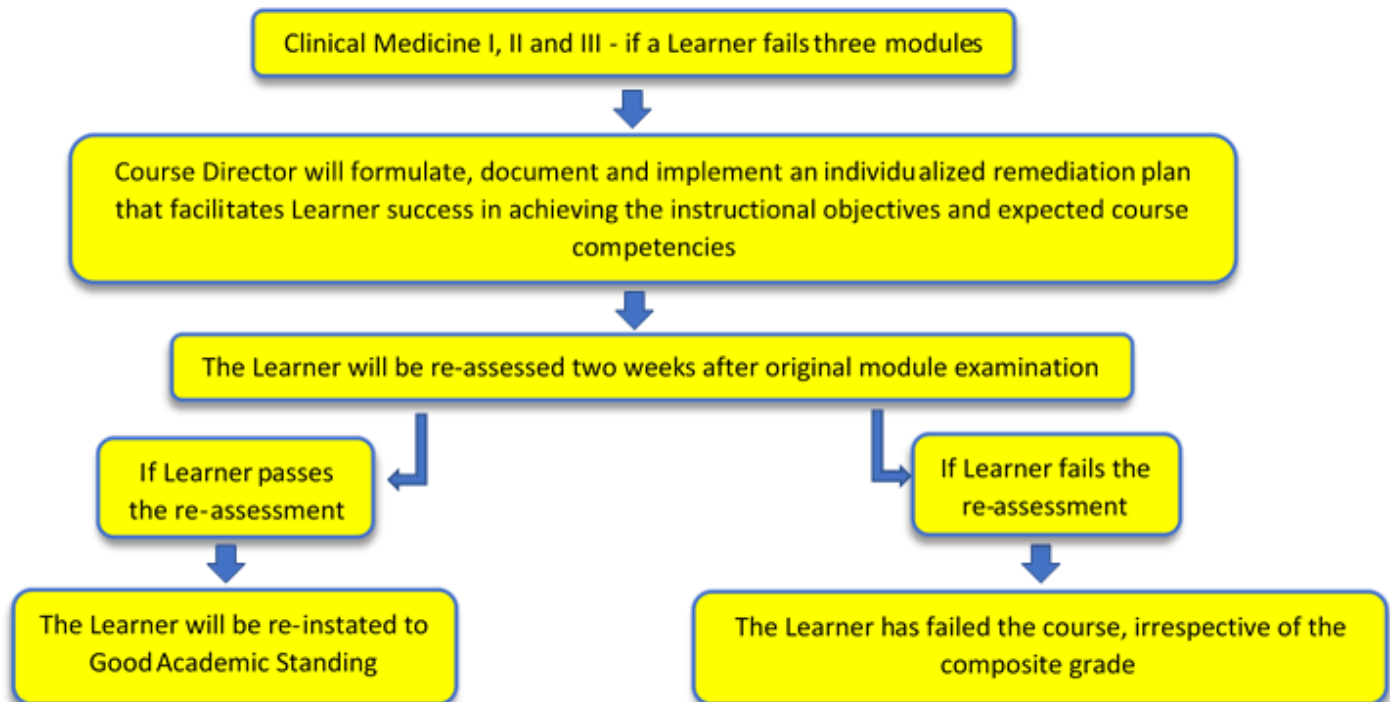




### Summary of Remediation Policy for Clinical Medicine I, II and III



### Summary of Remediation Policy for Clinical Medicine I, II and III



## Clinical Phase Remediation (A3.15c)

### Written Case Presentation

- If a learner fails to score a minimum of 70.0% on the Written Case Presentation, the learner will meet with their faculty 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 70.0%.

### Critical Appraisal of an article related to the written case

- If a learner fails to score a minimum of 70.0% 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 70.0%.

### 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 unto 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 unto 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 70.0% 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 70.0%.

### Preceptor Evaluation

- If a learner fails to score a minimum of 70.0% 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 based on one of the three OSCE scenarios**
- Formulation of a research question on the chosen scenario, using PICO format and Critical Appraisal of one article related to research question
- Formulation of a performance improvement plan regarding a challenge identified on 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 70.0% on each of the **bolded** assessments. If a learner fails to achieve this benchmark:

- 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 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, 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 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.

### **AAPRC 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.

## **Hearings and Appeal 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.

### **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.

### **Referrals for Counseling (A2.05e)**

The Ithaca College Master of Science in Physician Assistant Studies (MS-PAS) program considers the wellness of its learners of utmost importance. Therefore, the program has developed the following policy in order to address learners facing personal and diminished mental health issues that may impact their progress in the program.

An appropriate and timely referral to the APPRC as soon as the MS-PAS program director, medical director, principal and/or instructional faculty have knowledge of a learner facing personal and diminished mental health issues that may impact their progress in the program. The APPRC may recommend a learner to receive professional care for a variety of problems (e.g. emotional, addictive or psychiatric disorders).

Ithaca College provides cost-free Counseling Services to support academic success of learners.

If a learner is directed to seek these services, the learner has a choice of choosing resources recommended by the college or other resources arranged by the learner her/him/themselves.

Verification that the learner has received these services may be required. In addition, the APPRC may require that the learner have his/her/they counselor/healthcare provider submit information and/or recommendation to the committee chair relating to the learner's academic program.

If a learner is directed to arrange for such services, but does not do so, the APPRC may evaluate the learner's professional attitudes.

### **Grade Appeal/Disputes (A3.15g)**

If a learner believes an error has been made regarding a course grade, he/she/they should contact the course director immediately after the grade is posted to set up a meeting to discuss the grade. It is the learner's responsibility to demonstrate that the appeal has merit; therefore, the learner should bring to the meeting any evidence that the grade was assigned incorrectly.

At the meeting, the faculty will:

1. Review the evidence the learner has submitted
2. Present any of the learner's work that remains in the Course Director's possession (e.g., papers, examinations, etc.)
3. Explain how the learner's grade was determined based on the guidelines presented at the beginning of the course and in the course syllabus
4. Recalculate the numerical computation of the grade to determine if there has been a clerical error

## **I. Resolving Grade Disputes**

If the learner wishes to continue the appeal following this meeting, they must file a written appeal with the Program Director within one week of the meeting. If the Program Director is the faculty involved, the written appeal will go to the Dean. The learner will submit to the Program Director the Learner Grade Appeal Statement Form together with copies of the course syllabus, tests, assignments, and papers in the learner's possession. The Program Director will notify the Course Director, and the faculty will file the Course Director Grade Appeal Statement Form with the Program Director within one week together with copies of the syllabus, assignments, and any of the learner's work that remain in the Course Director's possession. The Program Director will render a decision in writing regarding the grade appeal within one week.

## **II. Petitioning Dean and Provost for Grade and Other Academic Issues**

Once the decision is made, the learner has the right to petition the dean and provost. Learners may also petition the provost to review any other academic issue that has not been resolved first by the course director, or subsequently by the graduate program director, and then by the dean. In order to be considered, any such petition must be received by the office of the provost no later than the last day of classes of the fall, spring or summer semester after the events, which gave rise to the academic issue addressed in the petition. Petitions related to grades must first follow the guideline under "Policy on Grade Appeal/Disputes." To petition the provost, the learner should submit a written petition to the dean with a copy to the graduate program director and a copy to any faculty member(s) involved. The dean sends the petition to the provost along with his or her recommendation. Each petition is considered by the provost or designee on an individual basis and is decided based on the facts that pertain to the particular learner's situation. When it is appropriate and feasible, the provost or designee consults with the individuals involved before making the final decision. While a decision on appeal is pending, the learner may continue to take courses in the program, except for clinical or fieldwork courses see:

<https://catalog.ithaca.edu/graduate/academic-information/policies/>

**All decisions regarding course grade appeals made by the Provost are considered final.**

## **Attendance**

### **● Didactic Phase**

Due to the intense rigor and rapid pace of the program, attendance for all classes, labs and curriculum related activities is mandatory. Learners are expected to be on time for class and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for excused absences must be submitted to the Director of Didactic Education and Course Director using the program's "Didactic Phase Absence Request Form" prior to the absence. All absences due to illness, accident or other unexpected personal or family events must be reported via e-mail or office phone number; to the Director of Didactic Education, the Course Director and the Program Director as soon as the learner is aware that he/she/they may miss class time. All other absences that are not pre-approved by the Director of Didactic Education and Course Director will be considered unexcused. An obligation for a professional organization responsibility may be considered. Requests for social events (early start to vacation, family reunion, weddings etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. Unexcused absences, repeated absences or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

- **Clinical Phase**

**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/they 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.

### **Leave of Absence**

#### **Definition**

A Leave of Absence is defined as a temporary break in a learner's attendance of five (5) days or longer.

#### **Guidelines for Leave of Absence**

In the event of a serious medical condition (including psychiatric illness), familial or personal circumstances that significantly impact the learner's progress in the MS-PAS program; a leave of absence may be requested by the learner. Learners may request a leave of absence and deceleration

for up to one year in length. All requests must be made in writing to the Program Director.

The MS-PAS program reserves the right to determine the conditions for re-entry after any leave of absence. Coursework, exams, and clinical experiences missed during any leave must be made-up within a time-frame agreed upon by the Course Director and the Program Director before the learner may continue in the program in good standing. Additional tuition may be required to complete the program after re-entry.

#### **Voluntary**

- Voluntary Leaves of Absence must be for a specified period of time with an expected date of re-enrollment.
- A learner in good academic standing, without deficiencies, may request and be approved for a Leave of Absence for a fixed period of time as a result of a health problem or other personal circumstances that may impact the learner's academic performance.
- The learner must submit the request in writing to the Program Director.

#### **Involuntary**

- The APPRC may recommend that a learner be placed on a Leave of Absence if the learner is deemed capable of completing the MS-PAS program within the allotted time limits of the MS-PAS program, but has current non-academic problems that make ongoing enrollment detrimental to the learner's best interest.
- If the learner disagrees with the recommendation, the procedure for an appeal may be initiated by the learner (see Appeals Process section in Remediation, Deceleration and Dismissal Policy).

All decisions regarding leave of absence (voluntary or involuntary) are made by the MS-PAS principal faculty, Program Director, and in consultation with the Dean of Health Sciences and Human Performance.

### **Petition for Readmission Following Leave of Absence**

- Readmission into the program following a leave of absence is not guaranteed.
- The learner must notify the Program Director and the Director of Didactic Education (for Year 1) or the Director of Clinical Education (for Year 2) of intent to resume enrollment in writing at least one month prior to return to the MS-PAS Program.
- Requests for reinstatement must be made in writing. The learner must present evidence that the problem leading to the leave of absence has been resolved such that success in this program will follow if the learner is reinstated. Reinstatement is also dependent on the availability of clinical training sites.
- Learners who are on a Leave of Absence specified by the APPRC must fulfill all requirements specified in their letter from the APPRC prior to return to the MS-PAS Program.
- Learners placed on Leave of Absence may maintain such status for a maximum of one (1) year. In order to return to enrollment, the learner must petition the APPRC within the time period allowed. The APPRC will consider petitions for readmission regardless of the reason enrollment was discontinued. When petitioning to the APPRC, the learner must submit information that will support that return to enrollment is justified. This is required regardless of the reason for leave.
- Petitions for readmission may be considered at any regular or called meeting of the APPRC. The time of readmission will be based upon that which is deemed most appropriate to the learner's status and scheduled by the APPRC.
- Learners may be required to repeat parts of the curriculum that have previously been successfully completed.
- Readmission may be denied if all available seats are filled, even if the learner meets all other qualifications for admission.

### **Withdrawal (A3.15d)**

Withdrawal from the Ithaca College MS-PAS program should only be considered after a judicious and thorough assessment of the academic, financial, and personal impacts from such action. Prior to requesting an official withdrawal from the program, learners should discuss options with their faculty advisor and the program director.

Learners may withdraw from the MS-PAS program at their discretion, and at any time. Unless a leave of absence is requested and granted (see Leave of Absence Policy), withdrawal from any individual course will not allow a learner to progress in the program and therefore constitutes withdrawal from the entire program. There is no "partial withdrawal" or "part-time" status in the MS-PAS program.

#### **Process:**

- Official Withdrawal
  - o The learner must submit a withdrawal letter in writing to their faculty advisor, the Program Director, the Dean of Health Sciences and Human Performance, and the office of the Registrar.
  - o The learner must complete all required forms as per Withdrawal Policy stated in the Ithaca College Graduate Catalog
- Unofficial Withdrawal
- Learners will be considered as having withdrawn from the program and the college after two



consecutive weeks of unexplained absence and/or academic inactivity.

## **Dismissal Policy (A3.15d)**

### **Academic Dismissal**

- Academic Dismissal is defined as failure of two courses.
  - Didactic Phase
    - Learners who fail two courses, after completion of an individualized plan of remediation as per policy, 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.
    - If there is continued interest in the program; the learner must re-apply and go through the entire admissions process.
  - Clinical Phase
    - Please refer to **Clinical Phase Remediation**

### **Dismissal due to Unprofessional Behavior**

- **Unprofessional Behaviors**
  - Examples of unprofessional behaviors that **will** result in **prompt** referral to the Academic and APPRC and **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.
    - Learner communication or interaction that is openly discriminatory, demeaning, or could reasonably be perceived as mentally or physically harmful to others, including but limited to faculty, learners, patients, patient's family or caregivers, and healthcare providers.

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

### **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.

### **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 drugscreen.

### **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:

- **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.

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)  
<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.

## **Pregnancy**

In the event of pregnancy:

- The learner must provide early and written notification of the pregnancy to the Program Director in order to formulate an individualized academic plan that will lead to satisfactory completion of the program.
- Written documentation from the OB/GYN provider must either release the learner as unrestricted or identify any limitations in the event that activities need to be restricted. This documentation must be submitted directly to the Program Director as soon as the pregnancy is confirmed.
- Upon the return to the program, OB/GYN provider must also submit written documentation directly to the Program Director, releasing the learner to return as a full-time learner with no restrictions.
- Time and assignments missed (either during the didactic or clinical phase) due to pregnancy must be made up and will delay graduation.
- All requirements must be completed successfully in order to graduate.

## **Provision of Health Services (A3.09)**

The Program Director, Medical Director and the Faculty of the program will not participate as health care providers for learners in the program. Learners in need of medical care may seek care at Ithaca College Hammond Health Center on campus at 953 Danby Rd, Ithaca, NY 14850, which is open Monday through Thursday 8 a.m. – 8 p.m., Friday 8 a.m. – 6 p.m., Saturday, 12:00 p.m. – 4:00 p.m. and summer hours are Monday – Friday 8:00 a.m. - 3:00 p.m. In the event of an illness or injury requiring emergency treatment learners may visit Cayuga Medical Center Urgent Care, 10 Arrowood Dr, Ithaca NY 14850, (607) 274-4150, WellNow Urgent Care, 740 South Meadow St, Ithaca, NY 14850, (607) 319-4563 and Cayuga Medical Center 24/7 Emergency Room, 101 Dates Dr., Ithaca, NY 14850, (607) 274-4011. **If an emergency call 911.**

## **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 at the School of Health Sciences and Human Performance. 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. using the Emergency Notification System, the learner is excused from clinical duties. Learners must notify the preceptor at their clinical site that according to the College 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 School of Health Sciences and Human Performance will communicate an announcement from the Dean's office to faculty and staff when this has occurred. Specific information regarding the weather status at the Center for the Health Sciences will be placed on the Ithaca College.
- 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 he/she/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.



**ACADEMIC CALENDAR  
2021 – 2022**

**Didactic Phase**

July 26 <sup>th</sup> – July 30 <sup>th</sup> , 2021	Orientation
August 2 <sup>nd</sup> , 2021	First Day of Class – Semester I, Block 1
September 6 <sup>th</sup> , 2021	Labor Day Holiday (no classes)
September 27 <sup>th</sup> , 2021	Last Day of Class – Semester I, Block I
September 28 <sup>th</sup> – October 1 <sup>st</sup> , 2021	Finals
October 4 <sup>th</sup> – October 8 <sup>th</sup> , 2021	Service Week
October 11 <sup>th</sup> , 2021	First Day of Class – Semester I, Block 2
November 23 <sup>rd</sup> – 26 <sup>th</sup>	Thanksgiving Holiday (no classes)
December 13 <sup>th</sup> , 2021	Last Day of Class – Semester I, Block 2
December 14 <sup>th</sup> – December 17 <sup>th</sup> , 2021	Finals
December 20 <sup>th</sup> – 31 <sup>st</sup> , 2021	Christmas Holiday/Winter Break (no classes)
January 3 <sup>rd</sup> , 2022	First day of Class – Semester II
January 17 <sup>th</sup> , 2022	Martin Luther King, Jr. Holiday (no classes)
April 18 <sup>th</sup> , 2022	Last Day of Class – Semester II
April 19 <sup>th</sup> – April 22 <sup>nd</sup> , 2022	Finals
April 25 <sup>th</sup> – 29 <sup>th</sup> , 2022	Spring Break
May 2 <sup>nd</sup> , 2022	First Day of Class – Semester III
May 30 <sup>th</sup> , 2022	Memorial Day Holiday (no classes)
June 20 <sup>th</sup> , 2022	Juneteenth (no classes)
July 4 <sup>th</sup> , 2022	July 4 <sup>th</sup> Holiday (no classes)
August 15 <sup>th</sup> , 2022	Last Day of Class – Semester III
August 16 <sup>th</sup> – August 19 <sup>th</sup> , 2022	Finals
August 22 <sup>nd</sup> – August 26 <sup>th</sup> , 2022	Break
August 29 <sup>th</sup> , 2022	First Day of Class – Semester IV
September 5 <sup>th</sup> , 2022	Labor Day Holiday (no classes)
November 23 <sup>rd</sup> – 25 <sup>th</sup> , 2022	Thanksgiving Holiday (no classes)
December 12 <sup>th</sup> , 2022	Last Day of Class – Semester IV
December 13 <sup>th</sup> – 16 <sup>th</sup> , 2022	Finals
December 19 <sup>th</sup> – December 30 <sup>th</sup> , 2022	Christmas Holiday/Winter Break (no classes)

**2023**

**Clinical Phase**

Clinical Orientation: *January 2<sup>nd</sup>, 2023- 8:00am – 11:00am*

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

Graduation: *December 15<sup>th</sup>, 2023*

## Appendix A: 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 B  
Acknowledgement  
Statement  
Academic Advisement/Remediation

Date:

I, \_\_\_\_\_, acknowledge that I have met with my faculty 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 C

### Individualized Plan of Remediation

Date:
Learner Name:
Course Number and Title:
Course Director:
Assessment:
Remediation Attempt: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Cause for Remediation
Areas of Deficits
Individualized Plan of Remediation
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

PA Program Learner 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 Learner 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 program orientation.

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