



UNIVERSITY OF
SAINT FRANCIS
INDIANA



PHYSICIAN ASSISTANT STUDENT HANDBOOK

August 2026-July 2027

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1.0 INTRODUCTION

The *Physician Assistant Student Handbook* is a yearly publication provided for students currently accepted into and enrolled in the University of Saint Francis (SF) Physician Assistant Studies Program (hereby referred to simply as the 'SF PA Program' or 'PA Program'). This repository contains information on the program, its policies, and procedures and helps to ensure that the SF PA Program continues to meet the accreditation *Standards* set forth by the Accreditation Review Commission on the Education of the Physician Assistant (ARC-PA). Throughout this work, parenthetical citations are included to reference specific standards from the ARC-PA *Standards*, 6th edition (e.g., A3.01).

This handbook is an extension of the student policies upheld by the University of Saint Francis. In cases of perceived conflict, institutional policies and procedures shall take precedence. The SF PA Program reserves the right to change, delete or add to any of the provisions included herein at its sole discretion at any time. Additionally, the provisions of this document are designed to serve as firm guidelines rather than absolute rules, and exceptions may be made based on extenuating circumstances.

The University's [Student Handbook](#), [Graduate Catalog](#), and Policy Library on [Knowledgebase](#) additionally contain important information for students, including the code of student conduct; Title IX Sexual Misconduct Policy; financial aid policies; course descriptions; requirements for graduation; the student complaint process; and requirements of the institution, including but not limited to health forms, health insurance requirements, confidentiality statements, and injury protocols. As a student of the SF PA Program and the University of Saint Francis, you are responsible for reading each of these documents, reviewing their policies and procedures, asking questions about anything unclear, and upholding all policies stated therein.

2.0 THE UNIVERSITY OF SAINT FRANCIS PA PROGRAM

2.1 PROGRAM OVERVIEW

The SF PA Program is an intense, 27-month, cohort-based curriculum comprised of 98 credits. A Master of Science in Physician Assistant Studies (MS) is awarded upon completion of program requirements and fulfillment of SF requirements. Students must attend the program on a full-time basis. The first fifteen months of the program are spent primarily in the classroom obtaining a foundation of medical knowledge in the areas of human anatomy, human physiology, pharmacology, pathophysiology, microbiology, genetics, immunology, human behavior (e.g., sociology, psychology), clinical medicine, physical assessment, diagnostics, therapeutics, public health, and various medical specialties. During the last twelve months of the program, students complete supervised clinical practice experiences (SCPEs) in which they work with a clinician preceptor in various settings, including the emergency department, inpatient, outpatient, and operating room settings (B3.04a-d). All students complete core rotations in the areas of family medicine, emergency medicine (including emergent care), internal medicine (including elderly patients), surgery (including pre-operative, intra-operative, and post-operative care), pediatrics (including care for infants, children, and adolescents), women's health (including prenatal and gynecologic care), and behavioral and mental health care (B3.06a-g). Students also complete a series of elective rotations.

2.2 HISTORY OF THE PA PROGRAM

The Lutheran College of Health Professions established its PA Program in the early 1990s following the release of a report by the Indiana Health Care Commission that highlighted the need for additional care providers in the state of Indiana. After a few years of programmatic development, the PA Program admitted its first class of 20 students in 1995. Following two years of study, students graduated with a Bachelor of Science. In 1998, the Lutheran College of Health Professions and its PA Program were acquired by the College of Saint Francis. That same year, the institution officially became the University of Saint Francis following a significant increase in student enrollment. The SF PA Program continued as a bachelor's-level program until 2002, when it matriculated its first cohort of 12 master's-level graduate students. Following successful completion of the program in 2004, graduating students were awarded a Master of Science in Physician Assistant Studies. Graduates of the SF PA Program have continued to receive this degree since then.

2.3 PROGRAM LOCATION

The University of Saint Francis is the sole sponsoring institution of the SF PA Program. The SF PA Program is located on the Fort Wayne, IN, campus and is not offered at a geographically distant campus location. Programmatic services and resources are only available to students and faculty on the main campus (A1.05).

2.4 ACCREDITATION STATUS

The University of Saint Francis is accredited by the [Higher Learning Commission](#). Original accreditation was attained April 5, 1957, and the most recent accreditation review occurred in February 2018. The date of the next accreditation review is 2027-2028.

The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted **Accreditation-Continued** status to the **University of Saint Francis Fort Wayne Physician Assistant Program** sponsored by **University of Saint Francis**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*. Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **March 2034**. The review date is contingent upon continued compliance with the *Accreditation Standards* and ARC-PA policy. The program's accreditation history can be viewed on the ARC-PA website at <https://www.arc-pa.org/accreditation-history-university-of-st-francis-in/>. Specific questions regarding the program and its plans should be directed to the program director and/or the appropriate institutional official(s) (A3.11a).

2.5 MISSION STATEMENTS

The SF PA Program endeavors to serve its students, the Sciences and Medical Studies Pathway, and the wider university. Principal faculty, administrative support staff, the medical director, and the program director annually develop, review, and revise the mission statement of the SF PA Program to ensure alignment with the goals, competencies, and curriculum of the program (A2.05a, B1.01ab).

	Mission Statement
Physician Assistant Studies Program	Grounded in the tenets of Catholic identity and Franciscan charism, the Physician Assistant Program advances formation of the whole person through rigorous academic and clinical education. The program prepares competent physician assistants for lives of virtue, service, and joy who are committed to professional excellence and engaged in the communities they serve.
University of Saint Francis	The University of Saint Francis offers formation of the whole person by providing an encounter with the heart and mind of Jesus Christ so that God, who is Love, may be loved. Through our Catholic identity, Franciscan charism, and liberal arts tradition, we prepare students for personal and professional lives of virtue, service, and joy.

2.6 PROGRAM GOALS

The SF PA Program has four program goals:

1. Graduates will demonstrate the medical knowledge, clinical reasoning, and patient care skills necessary to provide evidence-based care.
2. Graduates will demonstrate effective interpersonal skills and professional behaviors with all patients.
3. Graduates will demonstrate the values of virtue, service, and joy in a manner consistent with the physician assistant profession.
4. Graduates will collaborate effectively with interprofessional healthcare teams.

Evidence of SF PA Program effectiveness in meeting its goals is available on the PA Program's [website](#) (A3.11b).

2.7 PROGRAM CONTACT INFORMATION

Physician Assistant Studies Program
University of Saint Francis
2701 Spring St., Doermer 017-026
Fort Wayne, IN 46808

University Phone: (260) 399-7700
PA Program Phone: (260) 399-7700 x8502
PA Program Office Fax: (260) 399-8187
Website: <https://www.sf.edu/programs/physician-assistant-studies-ms/>
General Email: PAprogram@sf.edu
PA-Seat Admission Email: paseatadmissions@sf.edu

2.8 PROGRAM FACULTY

All program faculty meet program-defined academic and experiential qualifications to teach in their assigned instructional areas and are evaluated for effectiveness in their assigned instructional areas (A2.01b). Program faculty include (A2.02):

2.8.1 PROGRAM DIRECTOR, MEDICAL DIRECTOR & PRINCIPAL FACULTY

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2.10 PROGRAM SELF-ASSESSMENT

The SF PA Program has a robust and systematic process of ongoing self-assessment designed to review the quality and effectiveness of its educational practices, policies, and outcomes. This process is conducted within the context of the mission and goals of SF and the PA Program, in accordance with the ARC-PA *Standards*. Analysis occurs throughout the academic year and across all phases of the program. It includes review of quantitative and qualitative data collected from students, faculty, and staff. Ongoing assessment of educational experiences is used to identify strengths and areas in need of improvement and leads to the development of plans for corrective action.

This process of self-assessment includes collection and analysis of data related to (C1.01, C1.02):

- Program-defined admissions data
- PANCE scores and sub-scores
- Didactic attrition, clinical attrition, and overall attrition
- Course grades, didactic and clinical (including exam scores)
- Course and instructor evaluations, including clinical sites and preceptors
- Summative evaluation results
- Graduating/exiting student evaluation of the program
- Program-defined measures of effectiveness of the program director, principal faculty, and medical director in their roles outside of teaching
- Remediation
- Student, faculty, and staff evaluation of the sufficiency of personnel by type or task
- Principal faculty and staff full-time equivalents (FTE) filled and vacant with attrition rates
- Workload calculation for each program faculty and staff member
- Institutional support

Within the SF PA Program, program assessment includes the incorporation of quantitative and qualitative data from surveys administered to faculty (principal and instructional), staff, and current students. Current students will be asked to reply to surveys or questionnaires that rate the quality of instruction, the level of satisfaction with career preparation, and the overall satisfaction of the SF experience. Use of this information is vital to programmatic accreditation maintenance with the ARC-PA. The SF PA Program is committed to providing quality educational experiences for its students. The information gathered through the assessment process provides information for continual improvement of the program.

2.10.1 STUDENT ROLE IN ASSESSMENT

Students will be required to complete non-anonymous evaluations on various aspects of the SF PA Program throughout their tenure. At the end of each course (didactic and clinical), students are asked to complete an evaluation of the course (“Student Evaluation of Didactic Course,” “Student Evaluation of Clinical Course and Team”), an evaluation of each course instructor (“Student Evaluation of Didactic Instructor,” “Student Evaluation of EOR Instructor,” and “Student Evaluation of Rotation Point of Contact”) and guest instructors (“Student Evaluation of Guest Instructor”), and when applicable, the rotation experience, including preceptors and clinical sites (“Student Evaluation of Clinical Rotation Experience”). Near the mid-point of each clinical experience, students will also be asked to complete a “Mid-Experience Check-In Report.” Prior to matriculation into the clinical phase, students are asked to complete an “End of Didactic Phase Survey.” Prior to graduation, students are asked to complete an “End of Clinical Phase (Graduate Exit) Survey.” Additional surveys, including those related to admissions, orientation, institutional support, sufficiency, efficiency, and other programmatic aspects may be presented throughout the program.

A compilation of the evaluations is provided to course principal faculty, the PA Program Director, and the Assistant Dean of the Science and Medical Studies Pathway. Evaluations are reviewed and used to make improvements in faculty teaching, individual courses, as well as the overall curriculum. Constructive student feedback is extremely important to the program and its personnel.

2.10.2 ALUMNI ROLE IN ASSESSMENT

Graduated students may be asked to participate in post-graduation assessments. A “Graduating Student Contact and Demographic Survey” will collect contact information and poll graduating students on their employment prospects. A request for updated employment status and demographic information may be requested post-graduation.

2.11 PROGRAMMATIC ASSESSMENT COMMITTEES

Shared Governance within the University of Saint Francis (SF) Physician Assistant (PA) Studies Program provides an opportunity for administration, faculty, and staff to provide input on programmatic policies, procedures, and priorities by creating an atmosphere of respect, communication, and consensus.

The SF PA Shared Governance model is subsumed into the institution’s larger Shared Governance framework. Decisions related to curriculum, admissions, and larger programmatic modifications progress from the PA Program’s governance framework into the institution’s framework in accordance with institutional policy and procedure.

The Shared Governance model within the SF PA Program consists of a single governing Council, one Committee, and five Teams. The Council serves as the model’s strategic governing body. It receives recommendations from each Team and Committee and issues directives, tasks, and action plans as appropriate. The model’s sole Committee is uniquely positioned to both provide directives and recommendations to the Council regarding accreditation compliance while also receiving directives and recommendations from the Council.

Each Team consists of a distinct Team Lead. Additional team membership is flexible based on the operational needs of the program. Within this structure, the Program Director maintains supervision over the Medical Director, Principal and Instructional Faculty, and Staff in all activities that directly relate to the PA Program (A2.10).

2.11.1 FACULTY EXECUTIVE COUNCIL (FEC)

The FEC oversees all programmatic decisions, including educational, operational, and accreditation-related matters; and evaluates the overall effectiveness of the PA Program and achievement of programmatic goals.

2.11.2 ACCREDITATION AND COMPLIANCE COMMITTEE (ACC)

The ACC ensures programmatic and institutional compliance with the latest edition of the *Standards*.

2.11.3 ADMISSIONS AND RECRUITMENT TEAM (ART)

The ART meets as needed to offer recommendations to FEC regarding the processes, policies, and procedures associated with student recruitment, enrollment, and matriculation.

2.11.4 CURRICULUM AND ADVANCEMENT TEAM (CAT)

The CAT serves to evaluate the effectiveness of the curriculum and monitor emerging instructional modalities, evolving science, and clinical practice trends.

2.11.5 DATA OPERATIONS TEAM (DOT)

The DOT manages the data infrastructure of the PA program and develops and delivers data analytics to the FEC.

2.11.6 OUTREACH AND FLOURISHING TEAM (OFT)

The OFT prioritizes opportunities to promote student, staff, faculty, and alumni wellness; cultivates a positive programmatic culture mindful of diverse, equitable, and inclusive practices; and organizes opportunities for programmatic outreach and community service.

2.11.7 STUDENT ACHIEVEMENT TEAM (SAT)

The SAT serves to monitor student academic and professional performance throughout all phases of the curriculum and determine if the student has achieved the program competencies needed for entry-level clinical practice.

3.0 INSTITUTIONAL ACADEMIC SUPPORT & STUDENT SERVICES

SF provides numerous academic support resources and student services to promote student success. These services are equivalent to those provided to other comparable students of the institution (A1.04). These include:

3.1 STUDENT ACCESSIBILITY SERVICES

SF provides free, coordinated services for students with disabilities. Students who anticipate or experience academic barriers due to disability (i.e., learning disability, chronic or temporary medical conditions) or identify aspects of the instruction or design of the course that result in barriers to inclusion or accurate assessment of achievement (e.g., time-limited exams, inaccessible web content or other course accommodation concerns) should contact the Coordinator of Accessibility Services in the Academic & Career Development Center (ACDC) at 260-399-8065 or acdc@sf.edu. The ACDC is in JPII Suite 210 and can provide resources, services, and reasonable accommodations for students with documented disabilities. To receive services, students may register and provide documentation on My Cougar Connection > Knowledgebase > Student Forms > Student Accessibility Registration. After accommodations are arranged with the Coordinator of Accessibility Services, Geneva Burgess, students should notify the Program Director of their intention to use any approved accommodations. Testing Center hours for the 2026-2027 academic year include: M-T 8:00a, 9:30a, 12:00p, and 1:30p; W-R 9:00a, 12:00p, 1:30p, and 3:00p; and F 9:00a. Testing Center hours will differ for the summer semester.

3.1.1 AMERICANS WITH DISABILITIES ACT

Any student who has a disabling condition that will require accommodation in tests or class structure should contact the Coordinator of Accessibility Services in the Academic & Career Development Center to initiate self-identification and provide the PA Program with the necessary documentation needed to grant the accommodation.

3.2 ACADEMIC WRITING SERVICES

The Writing Center at the University of Saint Francis offers free one-on-one assistance to undergraduate and graduate writers of all stages of development and with writing projects at any stage of the process. Premised on the Franciscan values of honoring individual dignity and encouraging a prayerful community of learners, the Writing Center desires to help students communicate their own unique voices and perspectives more effectively in writing by speaking with them about and offering feedback on their work.

This service is available to all students enrolled at SF. Graduate students are afforded their own dedicated hours to interact with a professional consultant employed by the institution.

The [Writing Center's SharePoint page](#) provides detailed information on services offered, consultants, and an ability to schedule an appointment.

Appointments are available in-person, virtual, and asynchronously (written feedback only) in 25- and 55-minute intervals, which each appointment type offering distinct benefits and drawbacks (see the image to the right). Appointments may be scheduled at the center's SharePoint site. The Writing Center is in JPII, Suite 210.

	Benefits	Drawbacks	Recommendation
In Person	<ul style="list-style-type: none">• More in-depth feedback is given• You can ask questions throughout and gain immediate answers• Feedback will be offered on a wide array of writing strategies	<ul style="list-style-type: none">• Only available for Fort Wayne Campus	<p>Use this option when you've never used the USF Writing Center before</p>
Virtual	<ul style="list-style-type: none">• You can ask questions throughout and gain immediate answers• You can attend your session from anywhere• Make edits to document in real time alongside your Consultant	<ul style="list-style-type: none">• There could be technical difficulties or issues with internet access/connection• Does not align with everyone's learning style	<p>Use this option if you know a virtual meeting works well with your learning style</p>
Asynchronous Written Feedback	<ul style="list-style-type: none">• Offers flexibility with asynchronous scheduling when you have a busy schedule	<ul style="list-style-type: none">• Responses will not be immediate• You need to identify and communicate specific writing needs/requests when you book• Other writing concerns, outside of your instructions, will not be commented on	<p>Use this option when you know exactly what you want help with, and you aren't looking for other recommendations</p>

3.3 TUTORING SERVICES

PA Program faculty provide tutoring and academic help during office hours, via Microsoft Teams, and optional small-group or whole-class review sessions. Students are encouraged to contact the appropriate faculty member on an as-needed basis. Brainfuse Online Tutoring is also available for all SF students through Canvas, which includes "Live Tutoring" sessions that focus on a specific skill or subject and a "Writing Lab," where expert analysis is provided on student-submitted papers.

3.4 CAREER DEVELOPMENT SERVICES

All SF students have access to Career Development services, which provide research-based training, education, and support to students and graduates in the areas of job search assistance, resume review and interview preparation, and other employment-related needs. Career Development services are in JP11, Suite 210. They can be reached at 260-399-8065 or acdc@sf.edu.

3.5 LIBRARY SERVICES & RESOURCES

The SF Lee and Jim Vann Library is open and equally accessible to all university students. Students have access to a wide variety of paper and digital resources, including databases, journals, and texts. UpToDate and Clinical Key Databases are available to SF PA students both on- and off-campus, with log-in information provided during new student orientation. The library offers several workshops, including those on Zotero citation manager, as well as MLA and APA citation styles and plagiarism. From their website (<https://library.sf.edu/home>), students can request resources through InterLibrary Loan, search for resources via ONESEARCH, make an appointment with a librarian, reserve a study room, access a variety of research-based tutorials, and access the PA Studies Research Guide (https://library.sf.edu/pa_research). The library is in JP on the first and second floors (rooms 101 and 201). The library may be reached at 260-399-8060.

3.6 FINANCIAL AID SERVICES & THE BUSINESS OFFICE

SF offers financial aid services to all enrolled students. Financial aid staff are available to discuss federal loans, disbursement checks, the cost of tuition and fees, and the completion of FAFSA paperwork. The Financial Aid Office is in the Welcome Center at North Campus. Staff there may be reached at 260-399-8003 or finaid@sf.edu between 8:30a-5p, Monday-Friday.

All SF students also have access to the Business Office, located on the first floor of St. Michael's Hall (3102 Spring St.). Students are encouraged to speak with Business Office personnel about questions or concerns related to billing. They may be reached at 260-399-8004 or busofc@sf.edu between 8:30a-4:30p, Monday-Friday.

3.7 TECHNOLOGY SERVICES

Technology support is available 24/7 to all students via Information Technology Services. In-person technical support is also provided from 8a-4p, Monday-Thursday at St. Michael's Hall. Information Technology Services may be reached at 260-399-8195 or via support@sf.edu. More information is available at <https://usfmail.sharepoint.com/sites/Help>.

3.8 SECURITY SERVICES & RISK MANAGEMENT

Student safety and security is a priority at SF. The Saint Francis Public Safety Department may be reached 24/7 at 260-399-7888 or via safetyandsecurity@sf.edu. More information is available at <https://usfmail.sharepoint.com/sites/campuservices/SitePages/Campus-Safety-Information.aspx>. Security is located just inside the main entrance of St. Michael's Hall. [Campus Emergency Response and Safety Procedure Manuals](#) are readily accessible to all students and provide guidance for emergency situations, including adverse weather, fire, bomb / phone threats, medical emergencies, mechanical emergencies, active shooter / armed intruder, and threatening or harassing behavior. More information related to Risk Management at SF is available at <https://usfmail.sharepoint.com/sites/campuservices/SitePages/Risk-and-Safety.aspx>.

3.9 VIRTUAL HEALTH SERVICES

SF partners with Franciscan HEALTHeACCESS to provide virtual health visits for students. The clinic's services include virtual visits for commonly treated conditions, like chills, cold, cough, diarrhea, ear pain, fever, headache, heartburn, rashes, pinkeye, sinus infections, and urinary tract infections.

Students may call 833-278-3478 between the hours of 9a-5p, Monday through Friday, to check-in. More information is available at <https://usfmail.sharepoint.com/sites/campuservices/SitePages/Medical.aspx>.

3.9.1 FACULTY AS STUDENT HEALTH CARE PROVIDERS

The SF PA Program principal faculty, program director, and medical director cannot participate as health care providers for students in the program, except in emergency situations (A3.06). Students are encouraged to utilize the institution's virtual health services when appropriate. Students with more severe symptoms are encouraged to seek care at the emergency room or call 911.

3.9.2 REFERRAL OF STUDENTS TO SERVICES ADDRESSING PERSONAL ISSUES

Students who experience personal issues that may impact their progress in the SF PA Program are provided timely access and timely referral to services (A3.07) according to the following procedure:

On-Campus Notification [for situations when the student is on-campus during normal business hours]

1. The student contacts a principal faculty member, support staff member, or the program director via phone, email, Microsoft Teams, or in-person communication to advise them of their needs.
2. If the student needs a psychiatric or counseling referral or other student services, the approached programmatic personnel will immediately call and assist the student in being seen in a timely manner.

Off-Campus Notification [for situations when the student contacts programmatic personnel outside of normal business hours]

1. The student contacts a principal faculty member, support staff member, or the program director via phone, email, or Microsoft Teams to advise them of their needs.
2. If the student needs immediate psychiatric referral or mental health care, the contacted programmatic personnel will call 911 with the student on the phone and stay on the phone with them until emergency services personnel arrive.
3. If the student's need is not an emergency, the contacted programmatic personnel will make the appropriate referral at the beginning of the next business day.

3.10 COUNSELING & CONSULTATION SERVICES

The Student Assistance Program provides support in dealing with the pressures and challenges students face during their academic careers to keep them safe, healthy and successful in their studies. The program is available to all SF students and are provided by the Franciscan Employee Assistance Program. Offerings include in-person counseling with a licensed professional; individualized educational materials and resources; risk assessment for behavioral problems; referrals to medical providers and community resources; financial/legal consultation; and assistance with life's challenges.

Services are available Monday-Thursday from 8a-5:30p with an appointment at Trinity Hall, room 93. Appointments may be scheduled for an in-person, telephonic, or virtual session by calling 260-222-9272 or 800-963-0060. Parking is available in front of Trinity Hall or in the student parking lot. More information is available at

<https://usfmail.sharepoint.com/sites/campuservices/SitePages/Counseling-and-Consultation.aspx?web=1>.

3.11 PASTORAL CONVERSATION & CARE SERVICES

All SF students have access to confidential support and conversation (including grief support) via Campus Ministry. Campus Ministry is located on the other side of the Lake behind Brookside. They may be reached at 260-399-8010 or campusministry@sf.edu. More information is available at <https://usfmail.sharepoint.com/sites/campuservices/SitePages/Pastoral-Conversation-and-Care.aspx>.

4.0 PROGRAMMATIC POLICIES & PROCEDURES: ADMINISTRATIVE

This section outlines the policies and procedures related to the administrative practices of the SF PA Program.

SF PA Program policies and practices apply consistently to all students, principal faculty, staff, and the program director regardless of location with the rare exception of a clinical site in which a signed clinical affiliation agreement or memorandum of understanding may have policies that supersede those of the PA Program (A3.01). Program policies and practices consistently apply to all students (A1.01b). These policies and practices are defined, published, and made readily available in the *PA Student Handbook*, distributed with the *Physician Assistant Enrollment Packet*, and available 24/7 on cohort-specific Canvas LMS pages. Policies and practices are reviewed with students during new student orientation and again at the start of each new academic year.

Nonadherence to SF PA Program policies and/or practices will result in review by the SAT and may subject the student to sanctions that include but are not limited to counseling/coaching, remediation, probation (academic or professional), failure (of a course, assignment, assessment, or activity), delay of graduation, deceleration, or programmatic dismissal. The SF PA Program reserves the right to modify, add, or delete policies and procedures at any time. Students will be informed of any modifications, additions, or deletions in writing and asked to provide their signature regarding advisement of the new policy and/or procedure.

4.1 ANNUAL ACKNOWLEDGEMENT OF SF PA STUDENT HANDBOOK

Each year, principal faculty, instructional faculty, staff, students, and the program director are required to read, review, sign, and adhere to the updated *PA Student Handbook* (see [section 9.0](#)). A signed copy of the acknowledgement form will be kept in the students' programmatic files and employees' personnel files.

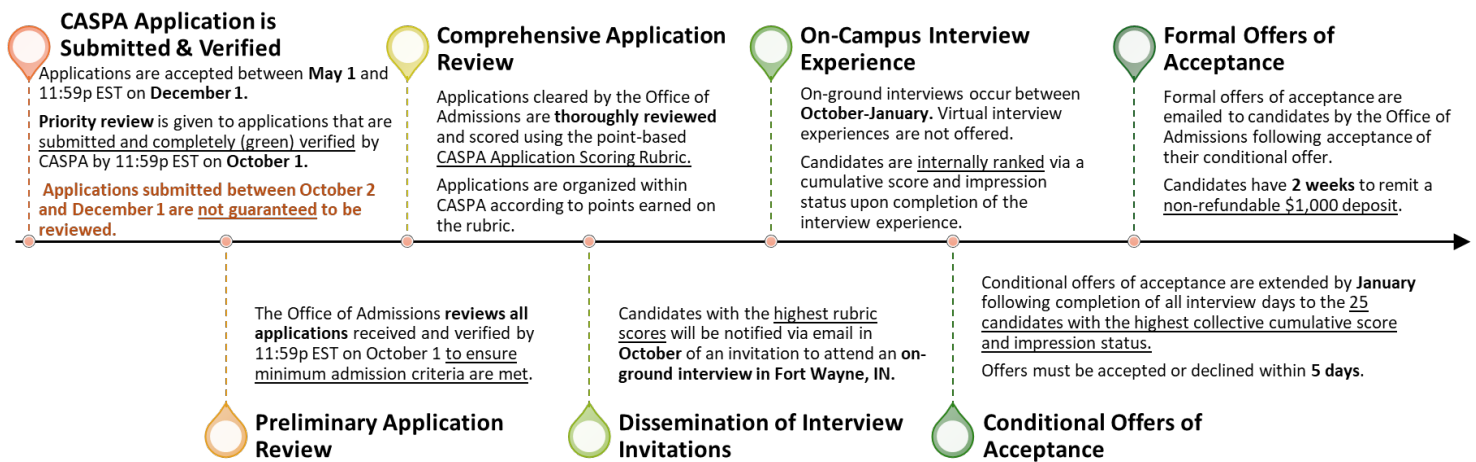
4.2 ADMISSIONS PROCESS & REQUIREMENTS

4.2.1 OVERVIEW OF THE ADMISSIONS PROCESS & TIMELINE

The PA Program makes student admission decisions in accordance with clearly defined and published practices of the institution and program. These are outlined below and available to prospective students on the program's public facing website (<https://www.sf.edu/programs/physician-assistant-studies-ms/>) (A3.13).

Admission to the PA Program is granted through a competitive selection process. Successful applicants to the PA Program must meet both general admission criteria for the University of Saint Francis and program-specific requirements. All accepted applicants to the PA Program must have all entrance requirements fulfilled at the time of matriculation.

A graphical representation of the PA Program's admissions process and timeline is included below, with detailed information to follow in each subsection.



4.2.2 APPLICATION SUBMISSION & CASPA VERIFICATION

All candidates file using the Centralized Application Service for the PA (CASPA) between the dates of **May 1** and **11:59p EST on December 1** for the class beginning the following August. Applications will not be reviewed unless they are **completely (green) verified by the due date**.

Priority review will be given to all applications that have been submitted and **completely (green) verified** by CASPA by **11:59p EST on October 1**. Priority review is guaranteed if the verified application is received by the priority review deadline. Applications submitted and/or verified by CASPA after **October 1** are not guaranteed to be reviewed.

4.2.3 PRELIMINARY APPLICATION REVIEW

All applications received and completely verified by the priority review deadline will be preliminarily reviewed by the Office of Admissions for completion of the minimum admission requirements. Applications received and/or verified after the priority review deadline are not guaranteed to be reviewed.

Applications that meet minimum admission requirements will be forwarded on to the PA Program for comprehensive application review. Applications that do not meet minimum admission requirements will not be further reviewed.

Minimum admission requirements for the SF PA Program include (A3.13b, d):

- The possession of a baccalaureate degree from an accredited institution in the United States of America prior to matriculation.
- A cumulative overall total GPA and overall science GPA of 3.0/4.0 as calculated by CASPA.
- Completion of the following prerequisite courses with a grade of “C” or better. Grades of “C-,” “pass/fail,” or advanced placement credit will not be accepted. Each course must have a minimum of 3 total semester credit hours:
 - Human anatomy with lab
 - Human physiology with lab
 - Microbiology with lab
 - Organic chemistry with lab OR Biochemistry with or without lab
- Completion of two courses (minimum of 6 total semester credit hours) within the behavioral sciences discipline with a grade of “C” or better. Grades of “C-,” “pass/fail,” or advanced placement credit will not be accepted. Accepted courses include those in the disciplines of psychology, sociology, social work, criminal justice, and anthropology.
- Three letters of recommendation. One recommendation must be from a clinician (i.e., MD, DO, PA, or NP) who has worked alongside the candidate in a clinical setting through observation, shadowing, or prior/current work experience. The other two letters are at the candidates’ discretion, though letters of recommendation from relatives or family friends are not accepted.
- Direct patient care experience. There is no minimum hour requirement.
- Shadowing experiences, volunteer experiences, and extracurricular experiences are not required but are encouraged.

4.2.3.1 CLARIFICATIONS REGARDING THE MINIMUM ADMISSION REQUIREMENTS

Candidates are encouraged to review the following clarifying notes regarding the program’s minimum admission requirements:

- Meeting the minimum admission criteria does not automatically result in an interview invitation.
- The courses and semester credit hours listed as prerequisites for enrollment do not substitute for more advanced applied content within the professional component of the curriculum.
- The credit hour minimums listed for prerequisite courses refer specifically to semester credit hours. Applicants who have completed coursework using a quarter credit system may calculate their semester credit hour equivalence by dividing the quarter hour credits by 1.5. For example, a course worth 4 quarter credits is equivalent to a course worth 2.67 semester credit hours (as $4/1.5 = 2.67$).
- Prerequisite courses may be completed at any traditional institution (e.g., regionally accredited college or university, four-year institution, community college, or two-year institution). Online or hybrid courses (including labs) are accepted.
- Candidates may have no more than 2 outstanding prerequisite courses (6 semester credit hours) remaining at the time of submission. This includes “in progress” courses that are listed on the CASPA application as ongoing or planned and have not been awarded a verified grade. All prerequisite courses must be completed no later than three months prior to matriculation with final transcripts sent to the Office of Admissions.
- Two courses of combined human anatomy and physiology with labs (minimum total of 6 semester credit hours) may be used to satisfy the individual human anatomy and physiology requirements. Comparative anatomy and/or physiology courses are not considered acceptable substitutions for human anatomy or human physiology. Mammalian anatomy, gross anatomy, and vertebrate anatomy are considered acceptable substitutions for human anatomy.
- The program does not accept advanced placement credit or Pass/Fail grades for any prerequisite courses.

- Direct patient care experience is defined as hands-on experience with patients in an approved paid clinical position. Though volunteer experience is encouraged, volunteer experiences cannot be used to satisfy the requirement for direct patient care experience.
 - Positions that qualify for direct patient care experience include medical assistant; patient care technician; surgical technician or technologist; first assistant; scribe; certified nursing assistant or student nursing assistant; occupational therapist or occupational therapy assistant/tech/aide; physical therapist or physical therapy assistant/tech/aide; certified athletic trainer or personal trainer; phlebotomist; respiratory therapist; emergency room technician; lab technician (if phlebotomy and/or direct patient care is the majority of the job description); pharmacist; certified pharmacy technician with hands-on patient care; dietician; emergency medical technician; paramedic; registered nurse or nursing assistant/aide; radiologic technician or technologist; ultrasound technician or technologist; EKG/ECG/EEG technician; chiropractor or chiropractor assistant; dental hygienist; military medic or corpsman; ophthalmic or optometric assistant; rehabilitation technician; or social worker (with a clinical focus).
 - Positions that do not qualify for direct patient care experience include personal care assistant; clerical pharmacy technician; unit clerk; patient transporter; lifeguard; camp counselor; counselor; front office staff or clerical administrator; drug and/or equipment sales representative; or medical researcher.

4.2.4 COMPREHENSIVE APPLICATION REVIEW

All applications received and verified by the priority review deadline that meet the minimum admission requirements will be comprehensively reviewed by the PA Program. During this review, the PA Program scores each application it receives using a point based CASPA Application Scoring Rubric. All candidates are highly encouraged to review the specifics of the CASPA Application Scoring Rubric to maximize their chances of receiving an interview invitation. A copy of the rubric is included below.

Degree

Item	In Progress	Completed
Bachelor's Degree	0.5 points	1 point

GPA

Item	0.5 points each	1 point each	3 points each	5 points each (preference)
Overall total GPA	3.00 – 3.20	3.21-3.39	3.40 – 3.59	≥ 3.60
Overall science total GPA	3.00 – 3.20	3.21-3.29	3.30 – 3.44	≥ 3.45

Coursework (must all be completed with grade of "C" or higher; grades of "pass/fail" and advanced placement credit are not accepted).

Item	Uninitiated	In Progress [^]	Completed
Human anatomy <u>with</u> lab*	0 points	0.5 points	1 point
Human physiology <u>with</u> lab*	0 points	0.5 points	1 point
<i>Two courses of combined human anatomy and physiology with labs (minimum total of 6 semester credit hours) may be used to satisfy the individual human anatomy and physiology requirements. Comparative anatomy and/or physiology courses are <u>not</u> considered acceptable substitutions for human anatomy or human physiology. Mammalian anatomy, gross anatomy, and vertebrate anatomy are considered acceptable substitutions for human anatomy.</i>			
Microbiology <u>with</u> lab*	0 points	0.5 points	1 point
Organic chemistry <u>with</u> lab* OR Biochemistry <u>with or without</u> lab*	0 points	0.5 points	1 point
6 credits of behavioral science coursework [^]	0 points	0.5 points	1 point
Medical terminology ⁵	0 points	0.5 points (preference)	1 point (preference)
Pathophysiology ⁵	0 points	0.5 points (preference)	1 point (preference)

^{*}Must have a minimum of 3 total semester credit hours. See the clarifying notes for more information.

[^]In progress courses are courses that are listed on the CASPA application as ongoing or planned and have not been awarded a verified grade.

[^]Accepted courses include those in the disciplines of psychology, sociology, social work, criminal justice, and anthropology.

⁵There are no semester credit hour minimums for medical terminology or pathophysiology courses.

Recency of Coursework [not required]

Item	0 points	2 points (preference)
Amount of time that has passed since the <u>science prerequisite courses</u> (i.e., anatomy, physiology, microbiology, organic chemistry / biochemistry) and labs, if applicable, were <u>successfully completed with a grade of "C" or better</u> .	< 3 of 4 completed within the last 5 years*.	≥ 3 of 4 completed within the last 5 years*.

^{*}Dating occurs in relation to (and is inclusive of) the application year. Within five years of the application year includes 2022-2026.

Letters of Recommendation

Item	0.5 points each	1 point each	2 points each (preference)
Letter from a clinician (i.e., MD, DO, PA, or NP)	≥ 7 ratings on individual reference are "Average," "Below Average," or "Poor"	≥ 7 ratings on individual reference are "Good"	≥ 7 ratings on individual reference are "Excellent"
2 nd Letter (Applicant's choice)			
3 rd Letter (Applicant's choice)			

Letters from relatives or family friends are not accepted.

Direct Patient Care Experience

Item	0.5 points	1 point	2 points (preference)
Hours of Direct Patient Care Experience	1-499 hours	500-999 hours	≥ 1000 hours

See the clarifying notes for a list of positions that do and do not meet the requirements of Direct Patient Care.

Volunteer Service/ Community Enrichment Experience [not required]

Item	0 points	1 point (preference)
Hours of Volunteer Experience	< 200 hours	≥ 200 hours

Shadowing Experience [not required]

Item	0 points	1 point (preference)
Hours of Shadowing Experience	< 50 hours	≥ 50 hours

Extracurricular Activities [not required]

Item	0 points	1 point (preference)
Hours of Extracurricular Activities	< 1000 hours	≥ 1000 hours

Each candidate's application may earn a maximum of 31 points, including preference points for all applicable rubric components except for those associated with the SF PA Preference Pathway. Preferences represent components of the application that are considered highly desirable by the PA Program (A3.12a). Preferences are not required for admission, but they are associated with a higher point value and therefore increase a candidate's competitiveness.

Preference points are awarded to candidates who:

- Possess an overall total GPA ≥ 3.60.
- Possess an overall science total GPA ≥ 3.45.
- Have completed (or are in the process of completing) an undergraduate or graduate level medical terminology course with a grade of "C" or better. There is no semester credit hour minimum, but grades of "C-," "pass/fail," or advanced placement credit will not be accepted.
- Have completed (or are in the process of completing) an undergraduate or graduate level pathophysiology course with a grade of "C" or better. There is no semester credit hour minimum, but grades of "C-," "pass/fail," or advanced placement credit will not be accepted.
- Have completed at least 3 of the 4 science prerequisite courses (i.e., anatomy with lab, physiology with lab, microbiology with lab, and organic chemistry with lab OR biochemistry with or without lab) within the last 5 years. Dating occurs in relation to (and is inclusive of) the application year. Within five years of the application year includes 2022-2026.
- Submit letters of recommendation that have ≥ 7 ratings of "Excellent" each.
- Possess ≥ 1000 hours of direct patient care experience.
- Possess ≥ 200 hours of volunteer service/community enrichment activities.
- Possess ≥ 50 hours of shadowing experience.
- Possess ≥ 1000 hours of extracurricular activities.

For applicants who interviewed in the 2025-2026 application cycle and were waitlisted:

Additional preference points are available to individuals who interviewed for a seat in the SF PA Program during the 2025-2026 CASPA cycle and were awarded a post-interview impression status of "accept" or "preference."* These individuals are contacted by a representative from the SF PA Program or the Office of Admissions to inform them of their eligibility to earn more points towards admission through the SF PA Preference Pathway.^

Applicants who meet these criteria may earn additional preference points towards admission within the SF PA Preference Pathway by:

- **Completing 3 credits / 1 course towards the Master of Healthcare Administration (MHA) degree at SF with a grade of “B+” or better while the waitlist remains active for the 2025-2026 admissions cycle. While on the waitlist, these individuals may earn 2 preference points towards their cumulative score for each MHA course completed at SF with a grade of “B+” or better. This increases a candidate’s likelihood of being admitted into the SF PA Program for matriculation in August 2026 if an opportunity to join the cohort arises. Candidates must email Dr. Courtney Lloyd (clloyd@sf.edu) a copy of their unofficial transcript at the culmination of each completed course to receive earned preference points after verification.**
- **Completing 12 credits / 4 courses towards the MHA degree at SF with a grade of “B+” or better by the end of the 1st 8 week fall semester (October 16, 2026, for the current cycle) while reapplying for admission during the 2026-2027 admission cycle. Applicants who meet these criteria along with minimum admission criteria will be awarded 3 preference points towards their cumulative score and are guaranteed an interview in the 2026-2027 admission cycle. This increases a candidate’s likelihood of being admitted into the SF AP Program for matriculation in August 2027. Candidates must email Dr. Courtney Lloyd (clloyd@sf.edu) a copy of their unofficial transcript at the culmination of each completed course to receive earned preference points after verification.**

**See [section 4.2.7](#) for more information on candidate scoring and conditional offers of acceptance.*

^See [section 4.2.9](#) for more information on the SF PA Preference Pathway.

4.2.5 DISSEMINATION OF INTERVIEW INVITATIONS

Candidates with the highest scores on the point based CASPA Application Scoring Rubric will be notified via email in October of an invitation to attend an on-ground interview with the PA Program in Fort Wayne, IN. Interviews will be scheduled between October-January in accordance with the program’s schedule.

There is no minimum threshold value required for an interview invitation. Rather, the most competitive candidates (i.e., those with the highest scores on the point-based scoring rubric) will be invited to interview. Should multiple candidates have the same score on the point-based scoring rubric, the individuals who have completed all minimum requirements for admission at the time of application submission will be ranked highest. If, beyond this point, further differentiation among candidates with the same rubric score is required, candidates will be ranked according to overall science total GPA.

Current University of Saint Francis students or alumni with a score ≥ 25 on the point based CASPA Application Scoring Rubric will also receive an invitation to attend an on-ground interview with the PA Program in Fort Wayne, IN, during the month of October (A3.12a).

4.2.6 INTERVIEW INVITATIONS & THE INTERVIEW PROCESS

The half-day interview experience begins with a simple check-in process that requires candidates to provide a professional, passport sized headshot and complete the Health Requirements and Technical Standards Disclosure Form required by the institution and the PA Program Technical Standards for enrollment (A3.12e). Next, candidates will receive a formal welcome by program faculty and learn more about the PA Program and the University of Saint Francis. After a short break, candidates will be divided into two groups. One group will participate in an interview and complete a critical thinking assessment. The other group will receive a student-led campus tour and engage in a Q&A session with current PA students. Following another short break, the groups will switch, allowing each candidate to complete each activity. The penultimate task requires candidates to complete a brief non-academic assessment before attending a final Q&A session with program faculty. The wrap-up experience will include an opportunity to ask any remaining questions and afford candidates time to complete an anonymous survey on their interview experience.

Time	Activity	
25 minutes	Check-In	
45 minutes	Welcome and Program Overview	
15 minutes	Break	
	Interview & Critical Thinking Assessment	Student-Led Campus Tour & Q/A
60 minutes	Group 1	Group 2
15 minutes	Break	
60 minutes	Group 2	Group 1
15 minutes	Non-Academic Assessment	
30 minutes	Q/A with Faculty & Wrap-Up	

4.2.7 CANDIDATE SCORING & CONDITIONAL OFFERS OF ACCEPTANCE

Candidates are awarded a cumulative score and impression status upon completion of the interview experience. The cumulative score and impression status are both recorded in an Excel spreadsheet and reviewed collectively to make conditional offers of acceptance.

Activities used to calculate each candidate's cumulative score include the candidate's overall total and overall science total GPAs (15% each); scores on the critical thinking assessment and non-academic assessment (5% each); observed professionalism (10%); and responses to rubric-assessed questions during the interview (50%).

A candidate's impression status is the result of the subjective experience of each interviewer with the candidate. This impression is formed through the observed behaviors and interactions of the applicant with the interviewers during the interview experience. At the completion of the interview, each interviewer records their impression separately as "accept," "neutral," or "decline." The overall impression status of a candidate is then produced by combining the impression scores from each interviewer. A list of possible impression statuses and their description is as follows:

- "Accept": Both interviewers recorded their impression as "accept."
- "Preference": One interviewer recorded their impression as "accept" and the other as "neutral."
- "Neutral": Both interviewers recorded their impression as "neutral."
- "Decline-neutral": One interviewer recorded their impression as "decline" and the other as "neutral."
- "Split": One interviewer recorded their impression as "accept" and the other as "decline."
- "Decline": Both interviewers recorded their impression as "decline."

At the completion of all scheduled interview days, candidates are placed in rank order using their cumulative score. Offers of conditional acceptance are extended to the 25 applicants with the highest cumulative score and an impression status of "Accept" followed by those with an impression status of "Preference," with notification sent to the email address or phone number provided on the CASPA Application. Should multiple candidates have the same score and impression status, the candidates will be ranked according to overall science total GPA.

A minimum of 50 candidates with the next highest cumulative scores and impression statuses, including "Accept," "Preference," or "Neutral," will be placed on the PA Program's waitlist and will be notified of their status via the email address or phone number included on the CASPA application. Candidates who are placed on the waitlist are offered conditional acceptance into the program based on availability and may be contacted at any time prior to the start of classes in August according to waitlist rankings.

Candidates not offered conditional acceptance nor placed on the waitlist, including those with impression statuses of "Decline-neutral," "Split," and "Decline," will be notified of their results via the email address provided on the CASPA application at the time offers are made.

A secondary round of the admissions process may begin in January if necessary. The review would include a duplication of the process described above for applications received between October 2 and December 1. Review of applications submitted between October 2 and December 1 is not guaranteed.

All candidates offered conditional acceptance are required to formally accept or decline their seat within 5 days of notification of conditional acceptance by responding to the email or phone call notification. Candidates who do not indicate their acceptance or declination of the conditional acceptance within 5 days will be considered not interested in their seat acceptance and the offer will be rescinded. All candidates who formally accept their seat will be required to remit a non-refundable \$1,000.00 deposit to secure their seat in the program within two weeks of receipt of their formal acceptance letter distributed by the Office of Admissions. Following matriculation, the deposit is applied to the student's tuition. Candidates who choose not to pay the deposit within the two-week period and/or do not communicate with the PA Program during this time are considered to have declined the offer of acceptance. Candidates who remit the \$1,000 deposit and later withdraw from the PA Program will not be refunded under any circumstance.

4.2.8 SF PHYSICIAN ASSISTANT STUDIES EARLY ADMITTANCE TRACK (PA-SEAT)

The University of Saint Francis offers an early acceptance track to the Physician Assistant Studies Program. Students accepted into this highly competitive track earn their bachelor's degree in their program of study at the University of Saint Francis and are guaranteed admission to the master's-level physician assistant program to the cohort for which they applied upon meeting all PA-Seat progression standards.

A maximum of four students is admitted to the PA-Seat per cohort.

Information related to the PA-Seat, including admission requirements, the admissions process, the programmatic interview, profession standards, and programmatic pre-requisites are available on the program's public facing website (<https://www.sf.edu/programs/physician-assistant-studies-ms/>).

4.2.9 SF PA PREFERENCE PATHWAY

Candidates placed on the waitlist with an impression status of "Accept" or "Preference" are eligible to participate in the PA Preference Pathway. Through this pathway, candidates are offered immediate acceptance into SF's Master of Healthcare Administration (MHA) Program and can begin taking graduate coursework as soon as the next 8-week term begins.

This pathway offers candidates two distinct advantages to increase their chances of admittance into the SF PA Program, as described in [section 4.2.4](#). Applicants accepted into the PA Program after beginning their MHA will pause their MHA coursework to focus entirely on their PA studies. Following graduation, students will have the option to finish their MHA degree at the standard rate of \$550/credit hour; or apply earned MHA coursework towards the completion of the Doctor of Medical Science (DMSc) Program with a 25% tuition discount on all DMSc credit hours (discounted rate of \$562.50/credit hour).

More information related to the SF PA Preference Pathway, including an overview of the MHA program, MHA course description and sequencing, cost, and the opportunity to apply applicable MHA credit earned towards the DMSc degree after SF PA Program completion can be obtained by emailing Dr. Kyle Moser, the Health Administration and Medical Science Program Director, at kmoser@sf.edu.

4.2.10 ARTICULATION AGREEMENTS

The SF PA Program currently maintains articulation agreements with six institutions:

- Goshen College
- Huntington University
- Indiana Tech
- Indiana Wesleyan University
- Manchester University
- Ohio Northern University

Under the terms of each agreement, two seats are reserved for students from each institution per admission cycle. All applicants admitted under articulation agreements are required to meet the course and credit hour program prerequisites.

The most recent copy of each agreement is shown on the program's public facing website (<https://www.sf.edu/programs/physician-assistant-studies-ms/>). New agreements may be established at the discretion of the PA Program in consultation with the Provost and Dean of Academics.

4.2.11 STATEMENT OF NON-DISCRIMINATION

In its employment practices, selection of students, and administration of all programs, the University of Saint Francis maintains a policy of non-discrimination regarding age, race, national origin, religion, sex, disability, genetics, and veteran status.

4.2.12 NON-ACADEMIC EXCLUSION

Any individual may be denied admission to the SF PA Program and any student may be dismissed or excluded from the program if it is determined by the responsible administrator that the individual or student does not possess the likely capabilities required of a practicing healthcare professional or practitioner in the field of that student's training. This may be based upon the individual's knowledge, conduct, character, or mental or physical fitness.

4.3 INSTITUTION & PROGRAMMATIC TECHNICAL STANDARDS

4.3.1 HEALTH SCIENCES PROGRAM TECHNICAL STANDARDS

The University of Saint Francis has identified technical standards that must be met by students to successfully progress in and graduate from its health science programs. These standards establish performance standards that will enable students to become competent practitioners who are able to provide safe care for their patients (persons, families and/or communities) with critical judgment, broadly based knowledge, and well-honed technical skills (A3.13e).

Technical standards (see below) outline skills, abilities and behavioral characteristics required to successfully complete health science programs at the university. Key areas include having abilities and skills in the areas of: (1) acquiring fundamental knowledge; (2) developing communication skills; (3) interpreting data; (4) integrating knowledge to establish clinical judgment; and, (5) incorporating professional attitudes and behaviors into practice.

The university provides reasonable accommodations to all students on a nondiscriminatory basis and consistent with legal requirements as outlined in the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008. A reasonable accommodation is a modification or adjustment to an instructional activity, equipment, facility, program or service that enables a qualified student with a disability to have an equal opportunity to fulfill the requirements necessary for graduation from the program. To be eligible for accommodations, a student must have a documented disability of (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such impairment; or, (c) be regarded as having such a condition.

- **Acquiring Fundamental Knowledge:** Students must be able to learn in classroom and other educational settings via lectures, demonstrations, review of research and patient care situations. Students must have the ability to find sources of knowledge, acquire the knowledge, be a life-long learner and demonstrate adaptive thinking.
- **Developing Communication Skills:** Students must have the ability to effectively communicate verbally, nonverbally, in writing, with groups and using information technology. Students must be able to interact appropriately with patients (persons, families and/or communities), peers, and with all members of the health care team. Students must be able to interpret and convey information gathered from communications. They must be able to speak, read and write in English.
- **Interpreting Data:** Students must have the ability to measure, calculate, reason, analyze and synthesize data in a timely manner. They must successfully fulfill examination requirements of the program, including written and practical examinations. Students must have the ability to (1) observe patient conditions and responses to health and illness, (2) assess and monitor health needs, (3) translate data into abstract concepts, and (4) understand evidence-based reasoning.
- **Integrating Knowledge to Establish Clinical Judgment:** Students must demonstrate critical thinking, problem-solving and decision making ability needed to care for individuals, families and/or communities across the health continuum. They must demonstrate clinical competency and the ability to participate in clinical experiences. Students must possess sensory capacity and motor function to gather patient data, perform patient assessment and implement therapeutic interventions.
- **Incorporating Professional Attitudes and Behaviors into Practice:** Students must demonstrate cross cultural competency, integrity, moral reasoning, ethical behaviors and concern for others. They must have the ability to acquire interpersonal skills for professional interactions with diverse individuals, families and/or communities. They must be able to work cooperatively

with intra and inter professional teams, adapt to changing environments inherent in clinical practice, and function effectively under stress.

The University of Saint Francis is committed to providing equal access to all students, including those students with disabilities. Once students are admitted to a health sciences program, they should contact Academic and Career Development Center at (260) 399-7700 extension 6075 if they believe that they may require reasonable accommodation to fulfill the Health Science Technical Standards. A copy of this form in its entirety is readily accessible on SharePoint and will additionally be made available upon request to a PA Program principal faculty.

4.3.2 PA PROGRAM TECHNICAL STANDARDS

In alignment with the University of Saint Francis and the expectations of the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the following technical standards delineate the essential abilities and characteristics required for admission to, progression in, and graduation from the Physician Assistant (PA) Program.

These standards ensure that graduates are prepared to enter clinical practice with the foundational competencies necessary for patient care, as defined by the ARC-PA. Accordingly, students must demonstrate the physical, cognitive, and emotional capacities needed to acquire and apply knowledge, perform clinical and technical functions, and interact in a manner that reflects both professional standards and the Franciscan values of compassion, respect, and service to others.

The PA Program is committed to providing reasonable accommodations in accordance with applicable federal and state laws. Students who may require accommodations are encouraged to contact the Academic and Career Development Center at (260) 399-7700 ext. 6075.

To successfully complete the PA Program, students must meet the following six categories of technical standards:

1. **Acquiring and Applying Fundamental Knowledge:** Students must demonstrate the ability to acquire, comprehend, integrate, and apply knowledge from biomedical, clinical, and behavioral sciences essential to medical practice. This includes:
 - Learning through lectures, small groups, labs, simulations, and clinical settings.
 - Engaging in critical inquiry and evidence-based learning.
 - Demonstrating adaptability and a commitment to lifelong learning.
2. **Communication Skills:** Students must be able to communicate effectively, respectfully, and compassionately with patients, families, faculty, peers, preceptors, and all members of the healthcare team. This includes:
 - Receiving and interpreting verbal, non-verbal, and written communication.
 - Communicating clearly in spoken and written English.
 - Documenting patient encounters accurately in electronic and written formats.
 - Demonstrating communication that reflects cultural humility, empathy, and the Franciscan charism in diverse settings.
3. **Motor and Sensory Function:** Students must possess sufficient motor and sensory capacity to perform physical examinations and medical procedures. This includes:
 - Performing tasks such as auscultation, palpation, percussion, and diagnostic maneuvers.
 - Executing gross and fine motor movements to carry out diagnostic and therapeutic interventions (e.g., suturing, venipuncture, airway management).
 - Maintaining physical stamina and coordination to participate in didactic and clinical activities for extended periods, including in hospital, ambulatory, and emergency settings.
4. **Intellectual-Conceptual and Quantitative Abilities:** Students must demonstrate cognitive abilities that allow for effective problem-solving and clinical decision-making. This includes:
 - Measuring, calculating, reasoning, and analyzing data.
 - Interpreting diagnostic and laboratory results.
 - Developing and evaluating differential diagnoses and treatment plans.

- Integrating new knowledge quickly and effectively in dynamic clinical environments.

5. Professional Behavior, Emotional Intelligence, and Social Attributes: Students must exhibit professional demeanor and emotional resilience required to function under stress in academic and clinical settings. This includes:

- Demonstrating integrity, accountability, and ethical behavior.
- Working effectively in teams and adapting to changing environments.
- Managing constructive feedback and demonstrating maturity, compassion, and respect in interpersonal interactions.
- Understanding and adhering to standards of patient confidentiality and informed consent.

6. Ability to Practice Medicine: Students must demonstrate the foundational capabilities and professional disposition required to safely and effectively practice medicine upon graduation. This includes:

- Integrating medical knowledge, patient history, physical examination findings, and diagnostic data to develop appropriate clinical assessments and treatment plans.
- Performing clinical interventions under supervision in a manner consistent with current practice standards and patient safety.
- Applying clinical reasoning to promote patient-centered care across diverse populations and settings.
- Demonstrating self-awareness and reflective practice to identify personal limitations and seek help when needed.

Accommodations and Equal Access

The University of Saint Francis provides reasonable accommodations to qualified students in compliance with the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2008. A reasonable accommodation is a modification or adjustment to an activity, environment, or service that allows a qualified student with a disability to meet the essential requirements of the program. Students requesting accommodations must contact the Academic and Career Development Center to initiate the process. Accommodations cannot alter the fundamental nature of the PA curriculum, clinical requirements, or compromise patient safety.

4.4 ENROLLMENT

To be qualified for enrollment in the SF PA Program, candidates must be able to meet the [Health Science Program Technical Standards](#) and the [PA Program Technical Standards](#) (A3.13e), with or without reasonable accommodations.

4.4.1 ENROLLMENT PROCESS

Students admitted to the SF PA Program are responsible for following appropriate enrollment procedures and deadlines. The program's administrative assistant and lead of the Admissions and Recruitment Team handle new student registration and provide oversight of the enrollment process, ensuring compliance with requirements and maintenance of accurate and complete student records and files.

4.4.2 ENROLLMENT REQUIREMENTS

All students admitted to the SF PA Program must complete a series of steps to finish the enrollment process. These steps are detailed in the Checklist and Programmatic Expectations section of the *Physician Assistant Enrollment Packet* that is emailed to all admitted students preceding matriculation. As stated on the checklist, students are required to complete the following:

1. Submit a criminal background check using PreCheck.
 - The SF PA Program requires individuals who have been accepted to the program to complete a background check prior to programmatic enrollment to meet requirements of clinical training affiliates. This background check must include criminal history, driving history, and Office of Inspector General's list of excluded individuals.
 - Students who have a record of any of the following are generally prevented from participating in clinical experiences:
 - i. Evidence of positive drug screens.
 - ii. Drug and other substance abuse-related crimes.
 - iii. History of recent DUI or driving violations/penalties (other than minor traffic/parking violations).
 - iv. Crimes against the person, such as battery or assault.
 - v. Crimes based on dishonesty or untruthfulness, such as theft or embezzlement.

- All students who have held a driver’s license must include their driver’s license information in the online background check application. Generally minor traffic violations will not typically prevent clinical participation.
 - Individuals who have been convicted of a misdemeanor within the past 3-5 years and/or a felony conviction within 7-10 years are typically excluded from clinical participation and cannot be admitted until the specified time has passed and the individual has been reviewed and approved for clinical participation by university clinical affiliates. Specific details regarding admission policies for applicants who have been convicted of a misdemeanor (not including routine traffic offenses which do not involve property or personal injury) can be found in the [Graduate Catalog](#).
 - Individuals who have been convicted of crimes of abuse, sexual assault, dishonesty (any theft), crimes against a person (e.g., assault, battery, kidnapping, manslaughter, murder), or are a registered sex-offender will never be eligible for clinical participation and will not be admitted to the SF PA Program.
 - If infringements exclude an individual from participating in clinical experiences, the student may not enroll in or continue with the SF PA Program. If infringements are revealed by the background check and were not listed on both the Health Sciences Programs Health Requirements and Technical Standards Disclosure Form and the PA Program Technical Standards Disclosure Form, this lack of disclosure may be considered a breach of academic honesty and professionalism and may exclude a student from matriculation into the SF PA Program.
2. Complete the SF Health Form and return it in a separate, sealed envelope.
 3. Sign the Policy and Procedure Acknowledgement Form.
 4. Complete the Plans for Fort Wayne Residence Form.
 5. Sign the Physician Assistant Student Honor Code.
 6. Sign the Physician Assistant Student Technology Honor Code.
 7. Sign the HIPAA Information and Regulations for Physician Assistant Students document.
 8. Sign the Financial Aid Information for Physician Assistant Students document.
 9. Sign the Official Transcript Acknowledgement.
 10. Sign the Family and Friends Letter Acknowledgement.
 11. Sign the Textbooks, Equipment, and Materials List Acknowledgement.
 12. Complete the Health Sciences Programs Health Requirements and Technical Standards Disclosure.
 13. Complete the PA Program Technical Standards Disclosure.
 14. Sign the Student Acknowledgement of Responsibility Form, which includes the:
 - Confidentiality Acknowledgement.
 - Informed Consent Acknowledgement.
 - Health Insurance and Medical Cost Incurred Acknowledgement.
 - Immunizations Acknowledgement.
 - Consent to Release Information.
 - Procedure for Reporting Student Injury.
 - Procedure for Reporting Patient/Client Incident Report.
 - Acknowledgement of Responsibility.
 15. A professional headshot.

4.4.3 ENROLLMENT FEES

Upon acceptance to the SF PA Program, each successful candidate is required to remit a \$1,000.00 deposit to secure their place in the incoming class. This fee is non-refundable. However, the fee is applied to the student’s tuition and is not in addition to the tuition due.

All expenses incurred as part of the enrollment process are the responsibility of the student. These include but are not limited to:

- Obtaining a physical exam.
- Receiving necessary laboratory tests, titers, and / or immunizations.
- Providing evidence of other health requirements, as requested.
- Ordering a criminal background check.

4.5 ESTIMATE OF PROGRAM COSTS

The following subsections detail the estimates of all costs (tuition, fees, other program costs (including books, equipment, housing for the length of the program, clinical rotations travel and housing, transportation, etc.) related to the program beginning with enrollment (A3.12f). The individual total cost for a typical student entering the SF PA Program in August 2026 is estimated to be \$184,193.00.

- Total tuition: \$132,475.00
- Total required fees: \$9,310.00
- Total other program costs: \$42,408.00
- **Overall total: \$184,193.00**

4.5.1 TUITION, INSTITUTIONAL FEES & PROGRAM FEES

Tuition is established by the institution each year. SF PA students are billed at a block tuition rate, such that the cost of tuition does not change based on the number of enrolled credit hours. An institutional semester fee and technology fee are also included in the block tuition rate. The total cost of tuition and institutional fees across the seven-semester program is estimated to be \$132,475.00.

- PA students matriculating August 2026 will be billed at a block tuition rate of \$18,925.00 per semester, which also includes semester fees and technology fees set by the institution. Updated tuition information is available at <https://www.sf.edu/cost-and-aid/graduate-tuition-and-fees/>.
- Each student is financially responsible for any additional enrollment fees, tuition, and institutional fees associated with course or exam failure, remediation, delay of graduation, or deceleration in the PA Program for any reason. Cost of additional tuition and institutional fees will be established by the institution.

In addition to published tuition and institutional fees, a PA Program Fee and institutional Technology Fee will also be billed to students each semester. Cumulatively, these fees result in a total cost of \$9,310.00 across the program.

- The PA Program Fee of \$1,080.00 supports instruction in programmatic lab experiences (i.e., cadaver lab, simulation lab, physical exam/ procedural labs), program assessments (i.e., PAEA exams), and use of training software (i.e., SonoSim, ExamSoft, Aquifer, MedCram, and BluePrint, OSHA Blood Borne Pathogen Training, Gaples Institute Nutrition Modules).
- An additional institutional Technology Fee of \$250.00 required of all students enrolled in a health science program.

Each student is financially responsible for any additional required institution and/or program fees associated with course or exam failure, remediation, delay of graduation, or deceleration in the PA Program for any reason. Cost of additional required fees will be established by the institution.

4.5.2 OTHER COSTS RELATED TO THE PA PROGRAM

Program cost of attendance is also associated with purchasing books, equipment, housing for the length of the program, clinical rotations travel and housing, transportation, and other expenses, including vaccinations, training certifications, background checks, PPE, and drug screens.

The following tables provide an estimate of costs by semester and their tentative schedule for a typical student. Cumulatively, other program costs are estimated to total \$42,408.00.

Transportation and Living Expenses	
Item/Fee	Cost
1-Bedroom Apartment in Fort Wayne for 27-months (assuming rent of \$1,000/ month)	\$27,000.00
Utilities for 27-months (including electric, water, sewage, trash, and internet)	\$7,560.00
Didactic Phase Travel (assuming average round trip to and from campus is 10 miles with a car that averages 30 miles per gallon at \$3.50/gallon)	\$380.00
Clinical Phase Travel	
<u>Local Core or Elective Rotations</u> (assuming an average round trip per day of 95 miles with a car that averages 30 miles per gallon at \$3.50/gallon for 20 days) x 6 rotations	\$1,332.00
<u>Distant Core Rotations</u> (assuming an average distant rotation is 153 miles from campus and that a student stays in housing 10 miles from the site, with transportation provided by a car that averages 30 miles per gallon at \$3.50/gallon for 20 days) x 2 rotations	\$165.00
<u>Distant Elective Rotations</u> (assuming an average round trip per rotation is 136 miles with a car that averages 30 miles per gallon at \$3.50/gallon) x 1 rotation	\$79.00
Clinical Phase Housing (assuming student stays in Fort Wayne apartment, program provided housing, or privately-arranged, no-cost lodging)	\$0.00

Prior to Matriculation	
Item/Fee	Cost
Personal laptop	\$1,000.00
Scrubs and professional clothes	\$400.00
Medical Equipment	\$1,500.00
Suture Pad	\$70.00
Annual Physical Exam	\$150.00
Lab Tests/ Immunizations	\$200.00
Background Check	\$30.00
Typhon Software	\$90.00
Titers for Hep. B, Varicella, MMR	\$310.00

Didactic Semesters III-IV	
Item/Fee	Cost
ACLS Certification	\$350.00
OSHA Form and Fit Test	\$40.00
Annual Physical Exam	\$150.00
2-Step TB Testing	\$50.00
Second Background Check	\$30.00
Drug Screen	\$50.00
Possible 3rd TB*	\$50.00
Required Textbooks^	\$0.00

Didactic Semester I	
Item/Fee	Cost
Required Textbooks^	\$800.00
Name Badge	\$12.00

Clinical Year (Semesters V-VII)	
Item/Fee	Cost
Flu Shot	\$20.00
Graduation Pictures	\$50.00
Annual Physical Exam	\$150.00
2-Step TB Testing	\$50.00
Third Background Check	\$30.00
Drug Screen	\$50.00
Required Textbooks^	\$100.00
Possible Additional TB Test**	\$50.00

Didactic Semester II	
Item/Fee	Cost
Required Textbooks^	\$0.00
Flu Shot	\$20.00
BLS Certification	\$90.00

Total Estimated Cost: \$42,408.00

^Only includes required texts not offered as a free eText

*Based on individual results, included in "typical student" average cost

**Requirement varies by clinical site, included in "typical student" average cost

4.5.3 REFUND OF TUITION AND FEES POLICY & PROCEDURE

SF publishes a "[Refund Policy](#)" and procedure in the Graduate Catalog. The policy and procedure (A1.02k) are repeated here. As stated in [section 4.2.7](#), the \$1,000 admission deposit is non-refundable.

1. Registration constitutes a contractual agreement between the student and the University of Saint Francis.
2. Should a student decide not to attend classes at SF any longer, the student must login to Cougar Connection and fill out the electronic complete withdraw form in Knowledgebase. This form will also count as an exit interview.
3. Failure to attend classes does not withdraw a student from classes.
4. Students that drop below full-time during the drop/add period may have a refund due to them. This refund amount will be calculated based on revised billing and financial aid packaging.
5. If a student does not begin the withdrawal process or otherwise notify the University of his/her intent to withdraw due to illness, accident, grievous personal loss, or other circumstances beyond the student's control, the University may determine the appropriate withdrawal date.
6. The return of grant funding from the state of Indiana's Division of Student Financial Aid (SFA) is defined by the SFA Refund Policy. Under the SFA policy, if a student completely withdraws from SF before the end of the fourth week, the student is not eligible for the state award and SF must return 100 percent of the semester's award to SFA. If a student withdraws after the fourth week, the SFA aid would be 100 percent earned and no SFA funds would be returned. Funds must be returned to SFA independent of other financial aid.
7. Students who receive Title IV funding (Federal Pell Grant, Federal Supplemental Education Opportunity Grant (FSEOG), Federal Stafford Loans, PLUS or Perkins Loan) and completely withdraw from SF are subject to the Title IV return of funds calculation, as mandated by the Department of Education. The Title IV refund calculation is different than SF's refund calculation; therefore, a student who withdraws before completing 60 percent of an enrollment period may owe SF for charges no longer covered by returned federal aid.
8. All SF and private financial aid will be refunded according to the tuition and fees schedule shown below.
9. Refunds will be made in the following order:
 - Unearned SFA Awards
 - Unearned Federal Aid
 - Unearned SF scholarships and awards
 - Outside agencies
 - The student
10. If, prior to withdrawing, a student has received a disbursement of federal aid in the form of a refund, the student may be required to return part of the funds to the University of Saint Francis. If funds are to be returned by the student, this must be done within 15 days of notification by the University.
11. Students are responsible to pay any outstanding balance owed to SF after all adjustments have been made to their account based on the SFA, Title IV, and SF refund policies.

4.5.3.1 REFUND SCHEDULE

The University maintains several refund schedules that may apply to students in the PA Program. Each of these refund schedules is included in the Graduate Catalog's "[Refund Policy](#)" and detailed below.

For the Fall and Spring semesters, students who completely withdraw:

- Prior to the first day or during the first week of the semester are refunded 100% of paid tuition and fees.
- During the second week of the semester are refunded 75% of paid tuition and fees.
- During the third week of the semester are refunded 50% of paid tuition and fees.
- During the fourth week of the semester are refunded 25% of paid tuition and fees.
- During the fifth week of the semester or later are not refunded any paid tuition or fees.

For the Summer semester, students who completely withdraw:

- Prior to the first day or during the first week of the semester are refunded 100% of paid tuition and fees.
- During the second week of the semester are refunded 50% of paid tuition and fees.
- During the third week of the semester or later are not refunded any paid tuition or fees.

Maryland residents who completely withdrawal follow a different refund schedule. Students who have completed:

- Less than 10% of the course as of the date of withdrawal are refunded 90% of paid tuition.
- 10-19% of the course as of the date of withdrawal are refunded 80% of paid tuition.
- 20-29% of the course as of the date of withdrawal are refunded 60% of paid tuition.
- 30-39% of the course as of the date of withdrawal are refunded 40% of paid tuition.
- 40-59% of the course as of the date of withdrawal are refunded 20% of paid tuition.
- 60% or more of the course as of the date of withdrawal are refunded 0% of paid tuition.

The following refund schedule applies for Department of Defense Tuition Assistant Program recipients:

- Any unearned Tuition Assistance Program (TAP) funds are refunded on a proportional basis through at least the 60 percent portion of the period for which the funds were provided. TAP funds are earned proportionally during an enrollment period, with unearned funds returned based upon when a student stops attending. In instances when a Service member stops attending due to a military service obligation, the university will work with the affected Service member to identify solutions that will not result in a student debt for the returned portion of the funds.

4.5.3.2 REFUND PROCESSING

- Refunds are processed through the Business Office, and any refunds will be available approximately one month after a student withdraws officially and after all debts are paid and all charges/ credits are posted.
- A completed official withdrawal form from the Registrar's Office is required for a refund to be processed.

4.5.3.3 REFUND POLICY APPEALS

If for any reason a student is dissatisfied with a financial aid award and cannot resolve his or her differences with the Office of Financial Aid, an appeal may be submitted to the Scholarship and Financial Appeals Committee. Current students can submit an appeal on Knowledgebase through their My Cougar Connection account. Non-current students can submit an appeal in writing addressed to:

Scholarship and Financial Appeals Committee
 University of Saint Francis
 2701 Spring Street
 Fort Wayne, IN 46808-3994

This committee will review the appeal and is responsible for rendering a final decision.

4.6 HOUSING, TRANSPORTATION, & HEALTH INSURANCE

4.6.1 HOUSING EXPECTATIONS

Students are required to procure and maintain their own housing throughout the duration of the PA Program. Graduate housing is not offered by the University of Saint Francis. All transportation and living expenses are to be covered by the student while enrolled. All students (didactic and clinical) are required to maintain housing within a 1-hour commute of the Fort Wayne area throughout the entirety of the PA Program. See [section 7.2.8](#) for additional information regarding housing expectations and housing support during the clinical phase of the program.

Any changes in housing throughout the duration of the program must be communicated to the program's administrative assistant. Nonadherence to program policy will result in review by the SAT and possible sanctions at the discretion of the FEC, including but not limited to delay of graduation, deceleration, or programmatic dismissal.

Former and current students have enjoyed living at Canal Flats Apartments, The Willows of Coventry, Liberty Mills Apartments, The Ventry, West Wind Apartments, Steeplechase Apartments, DuPont Lakes, and Centlivre. Neither the University of Saint Francis nor the SF PA Program have any affiliation with the housing options listed. These are provided solely as examples of possible housing opportunities based on positive feedback shared by former and current PA students. The PA Program does not endorse the habitability or safety of any named housing options.

4.6.2 STUDENT TRANSPORTATION

Students must independently secure and maintain reliable transportation throughout the duration of the PA Program, including for all clinical rotations, classroom activities, and any other program-related obligations (e.g., IPE events, service activities, etc.). This may include, but is not limited to, the use of a personal vehicle, ride-sharing services, or public transportation. Neither SF nor the SF PA Program are responsible for personal injury to students when traveling to or from programmatic activities. Nonadherence to program policy will result in review by the SAT and possible sanctions at the discretion of the FEC, including but not limited to delay of graduation, deceleration, or programmatic dismissal.

4.6.3 HEALTH INSURANCE

As noted in the Student Acknowledgement of Responsibility Form, all students participating in clinical, field, and internship experiences within healthcare organizations must have health insurance. Students are required to have a current health insurance plan and maintain that plan through the entirety of their off-site experiences occurring within a healthcare organization associated with their enrollment in the PA Program at the University of Saint Francis. If a student's current health insurance plan is cancelled or changed, the student is required to promptly notify the director of clinical education. It must also be understood that students may be required by either the University of Saint Francis or the assigned clinical site to demonstrate proof of current health insurance by providing a copy of a valid insurance card or other documentation as requested. Failure to comply with this requirement may result in the student being dropped from clinical rotations until the student obtains appropriate health insurance. This may also result in a delay of graduation, deceleration, and or programmatic dismissal.

4.7 STUDENT RECORDS

Student academic records are kept by the SF PA Program in both paper and electronic formats. These documents are readily accessible to authorized program personnel only and include documentation:

- That the student has met published admission criteria (A3.16a).
- That the student has met institution and program health screening and immunization requirements (A3.16b).
- Of student performance while enrolled (A3.16c).
- Of remediation efforts and outcomes (A3.16d).
- Of any formal disciplinary action taken against the student (A3.16e).
- That the student met requirements for program completion (A3.16f).

PA students and other unauthorized persons are not allowed access to the academic records or other confidential information of other students or faculty (A3.17).

Student health records are confidential and are not accessible to or reviewed by SF PA Program principal or instructional faculty or staff, except for immunization and screening results, which may be maintained and released with written permission from the student (A3.18). Student health records are stored electronically in a locked SharePoint folder and maintained by an institutional staff member not associated with the SF PA Program.

Physical copies of student records are kept for one-year post-graduation in a locked filing cabinet behind a locked door. Only PA Program faculty and staff maintain access to this room and the filing cabinet. After the one year has elapsed, physical copies are digitized and added to student's electronic files; the physical copies are then securely shredded. Any physical copies of student health records or immunization records are scanned and returned immediately to the student or shredded within one-week if not picked-up by the student. No digital copies are preserved post-graduation. Digital copies of student records, excluding health records and immunization records, are then kept for 11 years on the PA Program's internal SharePoint site.

4.8 STUDENT EMPLOYMENT POLICIES

4.8.1 STUDENT EMPLOYMENT DURING ENROLLMENT

The SF PA Program is an intense educational experience and a full-time responsibility. There is limited time for activities beyond the curriculum. Working while enrolled in the program is not advised, as academic activities must always take precedence over employment activities. If a student must work during the program, they must first meet with the program director to inform them of their intentions. Failure to do so will result in review by the SAT. The program does not excuse missing classes, rotations, or other program sanctioned activities for employment (A3.14i).

Should a student choose to be employed in a health care setting, these guidelines must be followed. Confirmed violations of this policy will result in immediate dismissal from the SF PA Program:

1. SF PA students employed in health care settings must not represent themselves in any way as a physician assistant or a SF PA student.
2. SF PA students employed in health care settings must not represent themselves as official representatives of the SF PA Program or the University of Saint Francis.

4.8.2 STUDENT EMPLOYMENT BY THE PA PROGRAM

Students in the SF PA program are not required to work for the program (A3.02).

4.8.3 PA STUDENTS CANNOT SUBSTITUTE FOR FACULTY OR STAFF

Students in the SF PA Program cannot substitute for or function as didactic or clinical instructional faculty, clinical staff, or administrative staff even if they are qualified and inclined to formally assist in an academic setting (A3.03ab).

5.0 PROGRAMMATIC POLICIES & PROCEDURES: ACADEMIC

This section outlines the policies and procedures related to the academic practices of the SF PA Program. The program endeavors to maintain academic standards and policies that promote the achievement of program goals, competencies, and student learning outcomes.

5.1 PROGRAM CURRICULUM

The SF PA Program requires the successful completion of a 98-credit hour curriculum (A3.11e). The curriculum is consistent with the mission, goals, and competencies of the program; includes core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care; and provides the necessary breadth and depth to prepare the student for the clinical practice of medicine (B1.01a-d). The curriculum design also reflects content and course sequencing that builds upon previously achieved student learning (B1.02). Students in each cohort are expected to enroll full-time, take courses in the same order, and graduate at the same time.

5.1.1 DIDACTIC PHASE OVERVIEW & COURSE DESCRIPTIONS

The didactic phase of the curriculum consists of the first four semesters of enrollment. Classes, labs, and most other program sanctioned activities occur in-person and on campus, though a few class-related activities, including interprofessional educational experiences, occur in the greater Fort Wayne area in an in-person, synchronous, or asynchronous format. During the didactic phase, students develop a foundational knowledge of human anatomy, human physiology, immunology, pathophysiology, pharmacology and pharmacotherapeutics, human behavior, and the genetic and molecular mechanisms of health and disease that permit application in clinical practice (B2.02a-e). Course descriptions are available on course syllabi and are published in the SF Graduate Catalog. The didactic phase curriculum is also repeated here:

- **PAC 505 Foundations of Clinical Medicine with lab (2.5 cr):** A survey of the foundational topics necessary for a comprehensive approach to patient care. Students will learn relevant principles of anatomy, physiology, pathophysiology, pharmacology and pharmacotherapeutics, and the genetic and molecular mechanisms of health and disease.
- **PAC 506 Patient Assessment and Documentation with lab (2.5 cr):** In this lecture and laboratory-based course, students will begin to develop their patient interviewing, physical examination, and medical documentation skills. Lectures will emphasize the art of patient interviewing, the components of a comprehensive physical, and required sections of medical documentation. Laboratory experiences will allow students to cultivate their physical examination skills. Strong emphasis will additionally be placed on patient-centered communicative practices and professional behaviors becoming of a PA.
- **PAC 508 Infectious Disease and Immunology Essentials with lab (2 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of infectious disease and immunological medicine. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis.

Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.

- **PAC 509 Dermatology Essentials with lab (2 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the integumentary system. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 514 Musculoskeletal and Rheumatologic Essentials I with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the musculoskeletal and rheumatologic systems. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 518 Ophthalmology and Otorhinolaryngology Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the ophthalmological and otorhinolaryngological systems. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 528 Hematology Essentials with lab (2 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of hematology. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 532 Cardiovascular Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the cardiovascular system. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 535 Pulmonology Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the pulmonology system. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 537 Nephrology Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the nephrology system. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular

concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.

- **PAC 539 Integrated Medicine I with lab (4 cr):** Integrating knowledge from subsequent and concurrent modules, students will assimilate critical thinking skills, effective communication practices, and professional behaviors to develop differential diagnoses and appropriate treatment plans for diverse patient cases. Pertinent aspects of the PA profession, including scope of practice, evidence-based medicine practices, public health policies, and professional organizations, are emphasized to maximize compassionate and effective care for the whole patient. Legal, social, and ethical considerations are further explored as they relate to patient care.
- **PAC 558 Gastrointestinal and Nutrition Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the gastrointestinal system and nutritional medicine principles. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 562 Neurology Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the neurological system. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 563 Musculoskeletal and Rheumatologic Essentials II with lab (2 cr):** An engagingly thorough continuation of the approach to surveying the disease processes and sequelae of the musculoskeletal and rheumatologic systems. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 566 Endocrinology Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the endocrine system. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 568 Integrated Medicine II with lab (4 cr):** Integrating knowledge from subsequent and concurrent modules, students will assimilate critical thinking skills, effective communication practices, and professional behaviors to develop differential diagnoses and appropriate treatment plans for diverse patient cases. Pertinent aspects of the PA profession, including scope of practice, evidence-based medicine practices, public health policies, and professional organizations, are emphasized to maximize compassionate and effective care for the whole patient. Legal, social, and ethical considerations are further explored as they relate to patient care.
- **PAC 572 Evidence Based Research (1 cr):** A survey of the defining principles of evidence-based research considered foundational to the practice of medicine. Students will learn to search, interpret, and evaluate medical literature. Emphasis is placed on framing research questions, using databases to identify scholarly sources, identifying types of sampling methods, interpreting basic biostatistical methods, assessing article quality, and understanding the limits of medical research.

- **PAC 575 Capstone Project (1 cr):** Students expand upon the research skills acquired earlier in the curriculum to complete a scholarly project under faculty mentorship. The selection of a topic will be followed by a detailed literature search and compilation of findings into an analytical literature review. The course culminates with a formal presentation of students' scholarly works.
- **PAC 582 Behavioral Health Essentials with lab (2 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of behavioral health medicine. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 583 Urology Essentials with lab (2 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the urology system. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 584 Women's Health Essentials with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of women's health medicine. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 587 Lifespan Medicine with lab (3 cr):** An engagingly thorough and integrated approach to surveying the disease processes and sequelae of the lifespan, including pediatric and geriatric populations. Modular components include instruction on foundational scientific principles, including related anatomy (including human dissection), physiology, pathophysiology, and genetic and molecular concepts. Students will expand history taking and physical examination skills, learn to order and interpret diagnostic and laboratory studies, and methodically devise a differential diagnosis. Pharmacologic therapeutics and clinical interventions, as well as patient education, health maintenance, and preventative measures, are also included. Significant emphasis is placed on the development of problem-solving and clinical reasoning skills, as well as behaviors necessary for professional practice.
- **PAC 588 Surgical Essentials with lab (1 cr):** Students will learn the fundamentals of care needed for interactions with surgical patients, including pre-operative evaluation, and peri- and post-operative principles. Students will additionally practice suturing skills and demonstrate donning and doffing of surgical PPE.
- **PAC 589 Integrated Medicine III with lab (4 cr):** Integrating knowledge from subsequent and concurrent modules, students will assimilate critical thinking skills, effective communication practices, and professional behaviors to develop differential diagnoses and appropriate treatment plans for diverse patient cases. Pertinent aspects of the PA profession, including scope of practice, evidence-based medicine practices, public health policies, and professional organizations, are emphasized to maximize compassionate and effective care for the whole patient. Legal, social, and ethical considerations are further explored as they relate to patient care.

Courses may be repeated as necessary in case of required course remediations or didactic phase decelerations.

5.1.2 CLINICAL PHASE OVERVIEW & COURSE DESCRIPTIONS

The clinical phase of the curriculum consists of the final three semesters of enrollment. Each student is required to complete nine clinical courses. These courses include in-person supervised clinical practice experiences (SCPEs) with preceptors who enable students to meet program defined learning outcomes for family medicine, emergency medicine (including emergent care), internal medicine (including elderly patients), surgery (including pre-operative, intra-operative, and post-operative care), pediatrics

(including care for infants, children, and adolescents), behavioral and mental health care, and women’s health (including prenatal and gynecologic care) (A3.11d; B3.06a-g). Telemedicine experiences may be offered in the behavioral and mental health care SCPE. Students will also complete three elective rotations. The final course on the student’s transcript, PAC 650, is a 0-credit hour, non-letter graded course that represents student completion of the programmatic requirements specified in [section 5.5.2](#). Course descriptions are available on course syllabi and are published in the SF Graduate Catalog, as well as repeated here.

- **PAC 641-PAC 649 Supervised Clinical Practice Experience I-IX (4 cr each, totaling 36 cr):** These structured clinical practice experiences provide students with a licensed preceptor-supervised rotation in a variety of clinical disciplines, including family medicine, emergency medicine, internal medicine, surgery, pediatrics, women’s health (including prenatal and gynecological care), and behavioral and mental health care. Students will rotate through clinical settings in the emergency department, inpatient and outpatient settings, and the operating room. Throughout rotations, students will be provided opportunities to demonstrate knowledge in history taking, physical examination skills, formulation of a differential diagnosis, ordering and interpretation of laboratory and diagnostic exams, clinical interventions, medical and drug knowledge, health maintenance, patient education, basic sciences, and professional etiquette. Students’ application of oral and written communication, interprofessional team care, evidence-based medicine practices, problem-solving/critical thinking skills, cultural sensitivity, and understanding of the PA role will be emphasized as they apply to patient care.
- **PAC 650 PA Requirements for Program Completion (0 cr).** This course serves only as an administrative checklist designed to ensure that the student has satisfied all requirements for programmatic completion.

Courses may be repeated as necessary in case of required course remediations or clinical phase decelerations.

5.1.3 PROGRAM ACADEMIC PLAN

The 98-credit hour curriculum is shown in the image below (A3.11e). Each student is required to complete supervised clinical practice experiences (SCPEs) with preceptors who enable students to meet program defined learning outcomes for family medicine, emergency medicine, internal medicine, surgery, pediatrics, behavioral and mental health care, and women’s health (A3.11d; B3.06a-g).

ACADEMIC PLAN: UNIVERSITY OF SAINT FRANCIS			2026-2028
Master of Science Physician Assistant Studies (27 MONTHS)			
Fall I	Spring I	Summer I	
PAC 505 Foundations of Clinical Medicine with Lab (2.5 cr.)	PAC 528 Hematology Essentials with Lab (2 cr.)	PAC 558 Gastrointestinal & Nutrition Essentials with Lab (3 cr.)	
PAC 506 Patient Assessment & Documentation with Lab (2.5 cr.)	PAC 535 Pulmonology Essentials with Lab (3 cr.)	PAC 562 Neurology Essentials with Lab (3 cr.)	
PAC 508 Infectious Disease & Immunology Essentials with Lab (2 cr.)	PAC 532 Cardiovascular Essentials with Lab (3 cr.)	PAC 563 Musculoskeletal & Rheumatologic Essentials II with Lab (2 cr.)	
PAC 509 Dermatology Essentials with Lab (2 cr.)	PAC 537 Nephrology Essentials with Lab (3 cr.)	PAC 566 Endocrinology Essentials with Lab (3 cr.)	
PAC 514 Musculoskeletal & Rheumatologic Essentials I with Lab (3 cr.)	PAC 539 Integrated Medicine I with Lab (4 cr.)	PAC 568 Integrated Medicine II with Lab (4 cr.)	
PAC 518 Ophthalmology & Otorhinolaryngology Essentials with Lab (3 cr.)	PAC 572 Evidence Based Research (1 cr.)	PAC 575 Capstone Project (1 cr.)	
15 credit hours (15 credit hours total)	16 credit hours (31 credit hours total)	16 semester credit hours (47 credit hours total)	
Fall II	Spring II	Summer II	
PAC 582 Behavioral Health Essentials with Lab (2 cr.)	PAC 641 Supervised Clinical Practice Experience I (4 cr.)	PAC 644 Supervised Clinical Practice Experience IV (4 cr.)	
PAC 588 Surgical Essentials with Lab (1 cr.)	PAC 642 Supervised Clinical Practice Experience II (4 cr.)	PAC 645 Supervised Clinical Practice Experience V (4 cr.)	
PAC 583 Urology Essentials with Lab (2 cr.)	PAC 643 Supervised Clinical Practice Experience III (4 cr.)	PAC 646 Supervised Clinical Practice Experience VI (4 cr.)	
PAC 584 Women’s Health Essentials with Lab (3 cr.)			
PAC 587 Lifespan Medicine with Lab (3 cr.)			
PAC 589 Integrated Medicine III with Lab (4 cr.)			
15 credit hours (62 credit hours total)	12 credit hours (74 credit hours total)	12 credit hours (86 credit hours total)	
Fall III			
PAC 647 Supervised Clinical Practice Experience VII (4 cr.)			
PAC 648 Supervised Clinical Practice Experience VIII (4 cr.)			
PAC 649 Supervised Clinical Practice Experience IX (4 cr.)			
PAC 650 PA Requirements for Program Completion (0 cr.)			
12 credit hours (98 credit hours total)			

5.1.4 ACADEMIC CREDIT OFFERED BY THE PROGRAM

The SF PA Program requires the successful completion of a 98-credit hour curriculum (A3.11e). This includes:

- 62 credit hours in the didactic phase (semesters one through four)
 - 15 credits during the first semester
 - 16 credits during the second semester
 - 16 credits during the third semester
 - 15 credits during the fourth semester

- 36 credits hours in the clinical phase (semesters five through seven)
 - 12 credits during the fifth semester
 - 12 credits during the sixth semester
 - 12 credits during the seventh semester

5.1.5 ADVANCED PLACEMENT DEFINITION & POLICY

The SF PA Program defines ‘advanced placement’ as a waiver of required coursework included in the PA curriculum for applicants to the program and/or a waiver of required coursework included in the PA curriculum for currently enrolled students in the program which results in the student advancing in the curriculum without completing required curriculum components at SF.

The SF PA Program will not award or grant advanced placement credit for any applicant or enrolled student that would allow curricular advancement without completing required curricular components (A3.12c, A3.15a-c).

All matriculated and enrolled students must complete each required component of the SF PA Program curriculum to graduate from the program. No transfer credit, academic placement credit, prior learning assessment, or credit by portfolio will be accepted toward graduation from the program or completion of programmatic learning outcomes.

5.2 ACADEMIC CALENDAR

The SF PA Program is an intense, continuous, 27-month program that begins each August. Students will progress through 7 semesters on a full-time basis. The academic calendar, including holidays and scheduled breaks, will generally mirror that of the University of Saint Francis but may differ with approval from the Provost and Academic Dean. The PA Program routinely maintains a different academic schedule for fall break (two days), spring break (five days), end-term testing, and breaks between spring-summer and summer-fall semesters. Details regarding these breaks can be acquired by speaking with principal faculty.

5.2.1 DIDACTIC PHASE

During the didactic phase of the SF PA Program, students follow the University of Saint Francis’s undergraduate academic calendar, established by the Registrar’s Office (<https://www.sf.edu/about/offices-and-departments/the-registrars-office/academic-calendar/>), unless otherwise instructed by principal faculty following approval by the Provost and Academic Dean. Students with specific schedule-related questions should contact a principal faculty member to confirm the dates of scheduled breaks and holidays prior to scheduling personal events or vacations.

5.2.2 CLINICAL PHASE

During the clinical phase of the SF PA Program, students are required to follow the schedule of their assigned preceptor / clinical site as assigned by the director of clinical education unless otherwise instructed by principal faculty.

5.3 COURSE SCHEDULES

Due to the nature of the curriculum and modular design, faculty clinical schedules, and the availability of guest lecturers, the weekly class schedule consistently varies. It is prudent that no other personal activities be scheduled without checking with principal faculty first.

Students in the didactic phase are sent an updated schedule for the upcoming course module no later than one week before the module begins. Although the SF PA Program endeavors to adhere to the schedule originally provided, the class schedule may change on a weekly, daily, or hourly basis following distribution. Students may be required to attend classes as early as 7a EST and/or as late

as 9p EST. Some weekdays may be short while others may require 12-hours of class time. In general, students should plan to be in class Monday-Friday each week from 8a-5p EST.

Students in the clinical phase are sent an updated End of Rotation (EOR) schedule for the upcoming EOR week one week before EOR begins. During the clinical phase, students follow the rotation schedule set forth by the director of clinical education and are required to follow the schedule of their assigned preceptor/ clinical site. This schedule may include first shift, second shift, third shift, weekend hours, ‘on call’ hours, and/or more than five sequential days on rotation. Students may also be required to attend interprofessional education (IPE) events during clinical courses. During required call-back weeks, students may be required to attend classes as early as 7a EST and/or as late as 9p EST.

5.4 REQUIRED ACADEMIC STANDARDS

Academic standards define the academic criteria needed to maintain enrollment and progress through the curriculum. The required academic standards of the SF PA Program (A3.14a) include:

- Maintenance of a cumulative GPA of ≥ 3.00 .
- Earn a “B-” in all courses.
 - It should be noted that repeatedly earning a grade of “B-” may result in the student’s GPA dropping below the required maintenance of a cumulative GPA of ≥ 3.00 .

5.5 REQUIREMENTS & DEADLINES FOR PROGRAM PROGRESSION & COMPLETION

The following subsections list the specific requirements and deadlines for progression in and completion of the SF PA Program (A3.14b).

5.5.1 REQUIREMENTS & DEADLINES FOR PROGRAM PROGRESSION

To progress in the SF PA program, students must maintain both good academic standing ([section 5.5.1.1](#)) and professional standing ([section 5.5.1.2](#)), as well as achieve the following criteria by their respective deadlines.

Criteria	Deadline
Complete the Health Science Programs Technical Standards	Prior to matriculation into the program and entry into the clinical phase of the program
Complete the PA Program Technical Standards	Prior to matriculation into the program and again each semester (total of 8 times)
Achieve a score $\geq 80\%$ on the Medical Terminology Competency Exam	Prior to the start of the second semester of the didactic phase
Possess certification in Basic Life Support (including CPR) <u>and</u> Advanced Cardiovascular Life Support	Prior to entry into the clinical phase of the program
Complete the didactic summative evaluation with a score ≥ 1 standard deviation below class average on <u>each component, competency, medical content category, and task area</u>	Prior to entry into the clinical phase of the program
Complete all didactic courses with a grade of “B-” or better	Prior to entry into the clinical phase of the program
Complete the didactic phase summative checklist	Prior to entry into the clinical phase of the program
Complete the PACKRAT1	Prior to entry into the clinical phase of the program

5.5.1.1 MAINTAIN GOOD ACADEMIC STANDING

A student must be in good academic standing to be eligible to have a master’s degree conferred at SF. To remain in good academic standing, a graduate student must maintain a minimum cumulative GPA of 3.00 in all graduate courses required on the student’s program. No graduate course within the SF PA Program with a grade below a “B-” may be counted toward the degree program. The GPA is computed on a cumulative basis by dividing the total number of grade points by the total number of credit hours a student has taken in courses earning grade points. The GPA includes any course work taken at SF for which a student earned graduate credit. Courses in which a student has received an “I,” “P,” or “W” are not included in this computation.

A student may be placed on academic probation no more than twice throughout the entirety of the program. Should a student's cumulative GPA fall below 3.00 for a third time, the student will be decelerated or dismissed from the SF PA Program. This decision is at the discretion of the FEC following recommendation from the SAT.

5.5.1.1.1 ACADEMIC PROBATION (FOLLOWING SEMESTERS I-VI)

Following any academic semester (except the final semester of the program) in which a student's cumulative graduate GPA falls below 3.00, the student will:

1. Be considered on academic probation and poor academic standing.
2. Be required to meet with the SAT at the start of the subsequent semester and be subject to a thorough review of academic performance throughout the program.
3. Be counseled by and receive tailored guidance from the SAT via an academic improvement plan (AIP) that addresses the student's specific academic challenges and requires that the student bring the cumulative GPA to 3.00 upon the completion of the subsequent semester. The student may be required to participate in the creation of the AIP.

The AIP may include the following items or other activities determined by the SAT to assist the student in raising the cumulative GPA:

- Completing an educational activity to improve study strategies and/or test-taking skills.
- Requiring meetings with institutional academic support staff/or the Coordinator of Student Accessibility Services.
- Requiring the student to receive tutoring from the SF Writing Center.
- Completing assigned readings, videos, trainings, and/or related assignments.
- Completing a research paper or project.
- Requiring scheduled meetings with faculty, the student's advisor, and/or a success coach.
- Re-evaluating the student's learning style, study strategies, and/or testing strategies.
- Performing self-critique, self-analysis, or metacognitive activities.
- Requiring completion of a remedial activity.
- Other activities as assigned.

Upon completion of the subsequent semester:

- A student who successfully brings the cumulative GPA to the required level of 3.00 and completes the terms of the AIP will be removed from academic probation and will regain good academic standing within the SF PA Program.
- A student who fails to bring the cumulative GPA to the required level of 3.00 and/or fails to complete the terms of the AIP will remain in poor academic standing and be decelerated or dismissed from the SF PA Program. This decision is at the discretion of the FEC following recommendation from the SAT.

Any student decelerated because of poor academic standing will resume their studies in the SF PA Program on academic probation and remain in poor academic standing. Failure to bring the cumulative GPA to the required level of 3.00 upon completion of the first semester (including repeated coursework required by the deceleration) will result in dismissal from the SF PA Program.

5.5.1.1.2 ACADEMIC PROBATION (FOLLOWING SEMESTER VII)

Should a student's cumulative graduate GPA fall below 3.00 upon completion of the final semester of the program, the student will:

1. Be considered on academic probation and poor academic standing within the SF PA Program.
2. Not receive degree conferral with their cohort.
3. Be required to meet with the SAT and be subject to a thorough review of academic performance throughout the program.
4. Be subject to the final decision of the FEC, which will be made following recommendation by the SAT. This decision may include exam or course remediation, deceleration, delay of graduation, or dismissal.

5.5.1.2 MAINTAIN GOOD PROFESSIONAL STANDING

A student must be in good professional standing to be eligible to graduate from the SF PA program. To remain in good professional standing, a student must display professional behaviors becoming of a physician assistant as described in the Honor Code (see [section 6.3](#)).

Perceived deficiencies in any areas of professionalism will be brought to the student's attention by the SAT in the form of written documentation. Violations of professionalism may remove a student from good professional standing by resulting in the student being placed on Professional Probation Risk (Tier 1) or Professional Probation (Tier 2).

If a student is placed on Tier 1 or Tier 2, they will be assigned a professionalism improvement plan (PIP) designed to return the student to good professional standing.

At the discretion of the SAT, the PIP may include:

- Completing educational activities to demonstrate adherence to and understanding of the principles of intellectual honesty, academic integrity, and/or professional conduct required of the institution and the PA profession.
- Reviewing and reflecting on the PA student Honor Code.
- Reviewing the AAPA's Guidelines for Ethical Conduct for the PA Profession.
- Reviewing and reflecting on scenarios related to emotional intelligence and/or medical ethics.
- Completing assigned readings, videos, trainings, and/or related assignments.
- Completing relevant online course work or assignments.
- Completing a research paper.
- Obtaining additional clinical hours.
- Completing additional simulation training.
- Performing self-critique, self-analysis, reflection, and/or metacognitive activities.
- Completing assigned training modules.
- Other activities as assigned.

A student must be removed from Tier 1 or Tier 2 status prior to program completion to demonstrate good professional standing and be eligible for graduation from the SF PA program.

5.5.1.2.1 PROFESSIONAL PROBATION RISK (TIER 1)

A student may be placed on Tier 1 at the discretion of the SAT for lower-level professionalism offenses, including but not limited to non-adherence to programmatic policies and/or procedures, repeated submission of late course assignments, repeated tardiness, failure to attend required programmatic activities / events, failure to complete programmatic required documentation (including improvement plans, evaluations, and clinical phase paperwork such as facility requirements), or repeated disregard for faculty feedback on course assignments.

A student may be placed on Tier 1 more than once during programmatic enrollment. A student on Tier 1 may also be elevated to Tier 2 for violating a second Tier 1 offense while already on Tier 1 or for repeating unprofessional behavior for which the student was previously placed on Tier 1. A student placed on Tier 1 more than two times, regardless of the violation, will automatically be placed on Tier 2 and may be referred to FEC by the SAT for a recommended delay of graduation, deceleration, or dismissal.

The PA Program may reference a student's standing on Tier 1 when responding to regulatory questions or when providing recommendations for employment or privileges at institutions.

Any student placed on Tier 1:

1. Will be required to meet with the SAT.
2. Will be subject to a thorough review of professional behavior throughout the program.
3. Will be required to remedy the behavior(s)/activity(ies) of concern via a PIP. The student may be required to participate in the creation of the PIP.
4. Remain on Tier 1 for a minimum of 8 weeks or the completion of the program, whichever comes first, at which time the student's progress toward completion of the PIP will be evaluated by the SAT.

If a student is found to have successfully completed the PIP at the end of the 8-week period (or at the completion of the program, whichever comes first), they will be removed from Tier 1 and regain good professional standing. If the PIP has not been successfully completed during the assigned period, the PIP will be extended for an additional 8 weeks (or until the completion of the program, whichever comes first) and result in subsequent re-evaluation by the SAT. This process may be repeated for no more than 32 consecutive weeks. If the PIP has not been successfully completed at the end of the 32-week period, if required, the student will be elevated to Tier 2 by the FEC at the recommendation of the SAT and remain in poor professional standing.

5.5.1.2.2 PROFESSIONAL PROBATION (TIER 2)

Higher-level professional offenses may place a student on Tier 2. These offenses include but are not limited to academic dishonesty; violations of patient safety / confidentiality / HIPAA; disrespectful behaviors (e.g., actions, written or verbal communications, lying) directed toward faculty, staff, students, administrators, the PA Program, or the University of Saint Francis; or violations of programmatic policy and/or procedures. The decision to place a student on Tier 2 is at the discretion of the FEC following recommendation of the SAT. A student may be placed on Tier 2 only once during programmatic enrollment.

The PA Program will reference a student's standing on Tier 2 when responding to regulatory questions or when providing recommendations for employment or privileges at institutions. Record of Tier 2 status is recorded in the student's electronic file, but no mark is evident on the student's official transcript.

Any student placed on Tier 2:

1. Will be required to meet with the SAT.
2. Will be subject to a thorough review of professional behavior throughout the program.
3. Will be required to remedy the behavior(s)/activity(ies) of concern via a PIP. The student may be required to participate in the creation of the PIP.
4. Remain on Tier 2 until the final month of the PA Program, at which time the SAT will convene to evaluate the student's progress toward completion of the PIP.

If a student is found to have successfully completed the PIP by the final month of the PA Program, they will be removed from Tier 2 and regain good professional standing. This decision will be shared with the student and their academic advisor. If the PIP has not been successfully completed by the final month of the PA Program, the student will remain on Tier 2 and be required to meet with the SAT to discuss additional options, including a delay of graduation, deceleration, or program dismissal. The resulting decision is at the discretion of the FEC following recommendation by the SAT.

Any student decelerated because of poor professional standing will resume their studies in the SF PA Program on professional probation (Tier 2). They will be required to repeat the process outlined above. Failure to successfully complete the PIP by the final month of the PA Program will result in dismissal from the PA Program.

Additional professionalism concerns or offenses while on Tier 2, as indicated by a Tier 1 infraction or second Tier 2 infraction, will result in programmatic dismissal, delay of graduation, or deceleration. This decision is at the discretion of the FEC, following recommendation from the SAT.

5.5.2 REQUIREMENTS & DEADLINES FOR PROGRAM COMPLETION

To complete the SF PA program, students must complete all required criteria by the stated deadline.

Criteria	Deadline
Complete all required medical documentation assignments associated with the clinical phase curriculum (see section 7.1.5)	Prior to graduation
Complete <u>all</u> PAEA End of Rotation (EOR) exams with a score ≥ 1 standard deviation below the national mean for each assessment (i.e., family medicine, emergency medicine, internal medicine, surgery, pediatrics, psychiatry and behavioral health, women's health)	Prior to graduation
Demonstrate achievement of <u>all</u> clinical rotation learning outcomes with a score of ≥ 3	Prior to graduation
Demonstrate achievement of <u>all</u> program competencies with a score $\geq 80\%$ as determined by the clinical year summative evaluation	Within the last four months of the program and prior to graduation
Complete <u>all</u> clinical summative evaluation components with a score ≥ 1 standard deviation below the class average	Within the last four months of the program and prior to graduation
Achieve a score \geq the PANCE first time national pass rate average percentage on each medical content category and task area tested on the clinical summative evaluation	Within the last four months of the program and prior to graduation

Complete the PACKRAT2	Prior to graduation
Complete the PAEA End of Curriculum Exam	Prior to graduation
Complete the clinical phase summative checklist	Prior to graduation
Complete <u>all</u> outstanding improvement plans (success, academic, competency, and/or professional)	Prior to graduation
Complete all 98 credit hours in the PA curriculum with a grade of "B-" or above	Prior to graduation and within 5 years of matriculation to the PA program
Acquire a minimum of 28 service or volunteer hours	Prior to graduation
Fulfill all financial obligations to the University of Saint Francis	Prior to graduation

Failure to meet a criterion by the specified deadline will result in a meeting with the SAT, and at the discretion of the FEC, may require remediation, delay of graduation, deceleration, or programmatic dismissal.

5.6 GRADUATION DATE & TRANSCRIPTS

Following programmatic completion, SF PA graduates will receive a diploma with a December graduation date. Those who have a delay of graduation will have a later graduation date than their cohort. Official diplomas and transcripts are issued to those in compliance with the requirements and deadlines for program completion, as well as the university requirements and timelines.

5.7 PROGRAM REQUIRED COMPETENCIES FOR ENTRY LEVEL PRACTICE

The following list defines the SF PA Program's competencies, or the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry level practice. These competencies are consistent with the competencies as defined by the PA profession (<https://www.aapa.org/download/90503/>) (A3.11g):

1. Practice within the scope of the physician assistant role while recognizing personal and professional limitations.
2. Apply clinical reasoning and problem-solving abilities to all aspects of patient care.
3. Demonstrate self-directed learning by identifying knowledge gaps, retrieving and appraising evidence, applying findings to patient care, and reflecting on outcomes.
4. Communicate effectively with patients and families by utilizing patient centered interpersonal skills that incorporate mutual respect with the patient and effective provider-patient interactions.
5. Document patient encounters accurately in accordance with legal and professional standards.
6. Elicit and evaluate a problem-oriented and comprehensive history that is patient-centered from patients of any age and gender.
7. Perform and evaluate a focused and comprehensive physical examination for patients of any age and gender.
8. Apply ethical principles and legal standards relevant to professional practice.
9. Formulate an appropriate problem list and differential diagnosis by integrating risk factors, epidemiology, and findings from history and physical examination.
10. Present diverse patient cases clearly and concisely to collaborating providers while incorporating relevant clinical data.
11. Perform patient education which considers social determinants and promotes treatment adherence, informed decision-making, and lifestyle modification.
12. Implement age- and gender-appropriate preventative care strategies, including screening, immunizations, risk reduction counseling, and health promotion.
13. Select, order, and interpret laboratory and diagnostic studies to refine the differential diagnosis and guide management decisions.
14. Develop, implement, and monitor cost-effective pharmacologic and non-pharmacologic treatment plans across the lifespan.
15. Perform indicated diagnostic and therapeutic procedures safely and competently, to include informed consent and providing appropriate counseling and follow-up care.
16. Apply medical knowledge of acute and chronic medical and surgical conditions to evaluate and manage patients across the lifespan.
17. Distinguish between emergent and non-emergent patient presentation and initiate timely evaluation and stabilization using evidence-based practice.
18. Incorporate public health and patient safety strategies to improve the quality of patient care.
19. Demonstrate professionalism in clinical practice, including ethical conduct, integrity, respect, and patient advocacy.
20. Collaborate effectively with interprofessional healthcare teams, recognizing and respecting the roles of other healthcare professionals.

21. Integrate foundational biomedical sciences to explain normal anatomy and physiology, human behavior, mechanisms of health and disease, and therapeutic principles relevant to patient care across the lifespan.
22. Participate in reflective practice to support professional development, resilience, and purposeful engagement with patients, communities, and the PA profession.

5.8 INTERPROFESSIONAL EDUCATION

The SF PA Program participates in several interprofessional educational (IPE) experiences each academic year. These experiences ensure that students are prepared to work collaboratively in interprofessional patient centered teams, and that they receive instruction on the roles and responsibilities of various health care professionals; emphasize the team approach to patient-centered care beyond the traditional physician-PA team approach; and include application of these principles in interprofessional teams (B2.10a-c). Student attendance and participation in these formal activities is required. Students should expect to engage in IPE activities via:

- The Fort Wayne Area Interprofessional Education Consortium (FWAIPEC). The consortium includes graduate-level medical education institutions and represents programs with PA students, nurse practitioner students, physical therapy students, speech and language pathology students, occupational therapy students, pharmacy students, and athletic training students. The consortium meets several times each academic year as a collaborative effort to introduce students to the team concept of health care, strengthen patient outcomes, and add value to the community.
- Collaborations with Manchester University nursing and pharmacy students.
- Activities with other SF programs.
- Other activities as assigned.

5.9 BLS & ACLS CERTIFICATION

Students are required to possess certification in Basic Life Support (BLS, including CPR) and Advanced Cardiovascular Life Support (ACLS) prior to beginning the clinical phase of the SF PA Program. The program will not allow students to participate in any clinical rotation without current BLS and ACLS certifications. BLS training is provided during the second semester of the didactic phase and ACLS training is provided in either the third or fourth semester of the didactic phase. The SF PA Program expects students to attend and participate in scheduled BLS and ACLS trainings regardless of active certification to standardize student expiration dates. Students are also expected to maintain personal copies of their certifications, as each clinical site reserves the right to require proof of compliance. Additional certifications may be required by specific clinical sites.

If, due to extenuating circumstances, a student is unable to participate in the BLS or ACLS training courses arranged by the SF PA Program, the student may request permission from the SAT to obtain the certification at a different, program-approved, American Heart Association (AHA)-sponsored training course. Students who are decelerated or receive a delay of graduation are required to maintain current BLS and ACLS certification through graduation. Recertification must be obtained through a program-approved training course in accordance with program timelines. Students will be responsible for all fees required for certification and/or recertification.

5.10 STUDENT EVALUATION & PROGRAM GRADING SCALE

5.10.1 EVALUATION OF STUDENTS

Students will be evaluated during both didactic and clinical components of the curriculum at established intervals as indicated on course syllabi, as well as on modular, rotation, and end-of-rotation week schedules. Course learning outcomes that guide student acquisition of required competencies, instructional objectives that guide student learning, assessment and evaluation methods, and plans for grading are listed on each course syllabus (B1.03 ef,hi).

Faculty maintain objectivity in evaluation of students using the following guidelines:

- All students in a cohort class are evaluated using the same methods and given the same testing instruments to ensure that students are evaluated equally. If a student needs to take an examination later due to extenuating circumstances, the program reserves the right to give a similar, but not identical, test that assesses the student on the same course learning outcomes.
- Test questions and answers are based on recognized information taken from reputable sources and not the personal opinion of the item writer.

- To ensure objectivity on essay type exams, clinical skills exams, technical skills exams, and oral exams are conducted using a scoring rubric to judge performance.
- To ensure inter-rater reliability on essay exams, oral exams, and clinical / technical skills exams where multiple raters are used, the raters confer prior to the exam to discuss the use of consistent methods and during the grading process to discuss interpretation and scoring.
- Students who decelerate or take a leave of absence may be required to complete additional evaluations prior to returning to the cohort. At re-entry, the expected performance outcomes of these evaluations will be based on the same performance standards as expected of the cohort at the time the deceleration or leave of absence began.
- For students in academic difficulty (e.g., completing a formal remediation process, decelerated, experiencing an academic related delay of graduation, and/or on poor academic standing, etc.), recording of practicum or oral exams and/or a second proctor may be utilized to ensure inter-rater reliability. The student will be notified before the recording starts, if applicable.

5.10.2 GRADING SCALE

SF operates on a 4.0 grading system (see the [Graduate Catalog](#) for more information). The following grading scale has been adopted for letter-grade courses in the SF PA Program curriculum:

A	93-100%	B	83-87%
A-	90-92%	B-	80-82%
B+	88-89%	F	79-0%

No rounding of any grades will occur throughout the curriculum.

5.11 ASSESSMENTS & TESTING ENVIRONMENT

The following policies and procedures apply to all programmatic assessments.

5.11.1 TESTING POLICY

Testing (written, oral, and practicum/OSCE) is confidential and the sole responsibility of the student. Students are not permitted to give or receive help on assessments, papers, projects, or assignments unless directed by the course director or proctor. No communication devices other than the device(s) being used to take an assessment on ExamSoft or participate in assessment proctoring are permitted during testing. All other devices (computers, phones, tablets, smart watches/jewelry, etc.), books, and personal belongings (e.g., coats and bags) are not permitted in the testing environment. Students are not to wear bulky clothing with pockets (e.g., hoodies, large sweaters, etc.) nor hats during assessments. If a proctor notices that a student is not conforming to these principles prior to beginning an assessment, the proctor will immediately remind the student that they must abide by the policy prior to beginning the assessment. On exams where additional oral or written instructions have been provided (e.g., instructions that accompany testing schedules for oral and practicum/OSCEs), students are required to adhere to all provided instructions.

Failure to comply with the proctor and/or assessment instructions will result in failure of the assessment and review by the SAT. Any student found not abiding by the testing policy and/or assessment instructions during an assessment will also fail the assessment and be brought before the SAT.

Assessments will be administered in each course as stated on the syllabus and class schedule. Programmatic assessments will be administered as stated on modular schedules, testing schedules, or end-of-rotation schedules. Students are expected to take these assessments on the given date at the stated time, and if applicable, with the assigned proctor. Students should contact the program director should an emergency arise. A make-up assessment may be given at the discretion of the program director. Rescheduling of assessments for non-emergent reasons will be at the discretion of the program director but is highly discouraged. If for some reason the assessment is missed, and the program director is not informed prior to the absence, a zero may be given for the assessment with no possibility for a make-up exam at the discretion of the program director.

Students are expected to be seated in the testing room 5 minutes prior to the start of the assessment with all necessary exam-related processes completed (e.g., exam files downloaded, device charged and/or plugged in, testing software updated, prohibited items properly stored, etc.). Students are encouraged to download the testing file (if testing via ExamSoft) prior to arriving on campus to ensure that the assessment may be completed as scheduled.

Students are allowed to use non-electronic earplugs (e.g., foam ear plugs) during assessments after alerting the proctor to their intended use.

5.11.1.1 CELL PHONE CHECK-IN DURING INDIVIDUALIZED PROCTORED ASSESSMENTS POLICY

Prior to the start of all assessments that are proctored in an individualized manner, including but not limited to oral examinations, clinical skills examinations, OSCEs, professionalism examinations, and technical skills examinations, each student is required to submit their turned-off cell phone to the program's administrative assistant or other assigned proctor. Phones will remain in the administrative assistant's office or with the assigned proctor until all students have completed their individually proctored assessments. Once students have been officially released from the testing environment by a program official at the completion of all student exams, students will pick-up their cell phones from the administrative assistant's office or from the assigned proctor. In instances where a student is expecting an emergent call, the program's administrative assistant/ cell phone proctor and the program director must be notified ahead of time. The decision to allow a student to keep their phone on their person during an assessment is at the discretion of the program director.

5.11.2 REMOTE TESTING POLICY

Students may be given an opportunity to complete an assessment remotely with programmatic faculty approval. The remote testing policy also applies to students with accommodations who require a quiet testing environment and are unable to complete an assessment at the university's Testing Center. Under such circumstances, the following protocol must be strictly adhered to:

1. The student completing the remote assessment must have access to two devices: One device will be used to take the assessment on ExamSoft, Internet Testing Services, or the appropriate website / software, and the other will be used to establish a proctored testing environment. It is the student's responsibility to ensure that both devices are powered and working properly.
2. The proctor device must remain on and be always focused on the student and the workspace. If internet or the connection is lost for more than 30 seconds, the proctor will attempt to call the student via Teams. If the proctor is unable to reestablish connection with the student within 2 minutes, the test is considered null and will need to be rescheduled for a different time. The proctor maintains the right to cancel and reschedule an exam if the student and/or proctor continue to experience connectivity difficulties. If the student leaves the view of the camera without prior approval or permission, the student will receive a zero for the assessment and will not be given an opportunity to repeat the assessment for a grade. Students may also utilize their proctoring device to ask a question of their proctor within Microsoft Teams.
3. Before beginning an assessment, the student must use the proctor device to show the proctor the testing environment, including walls, floor, ceiling, and workspace. The student must also demonstrate that the testing environment includes no other persons beyond the student. Students are not allowed to use scratch paper but are allowed access to a personal or programmatic whiteboard. After the testing period has ended, the student must erase the content of the whiteboard and demonstrate this to the proctor before ending the Teams call. Failure to do so will result in a zero for the assessment without an opportunity to repeat the assessment for a grade.

5.11.3 EXAMINATION REVIEW POLICY

Students are allowed to review graded assessments under faculty or staff supervision. During any review, students are not permitted access to any electronic devices indicated by the faculty/staff supervisor. Students may have access to paper-based resources (e.g., reference texts, hand-written notes) but are strictly prohibited from using any electronic-based resources or writing instruments unless instructed otherwise.

The following provisions apply:

- Multiple-choice exams (didactic phase): The review of multiple-choice exams occurs via one of two formats at the discretion of the faculty or staff member proctoring the review:
 - Students may have an opportunity to study a blank version of the assessment as well as a copy of their Strengths and Opportunities Report from ExamSoft for the specific assessment. This report will include the instructional objectives that correspond to the questions missed on the assessment but will not include the question text, answer choice text, or anything that clearly indicates the content of the question. Students are allowed to keep this report to guide their studying efforts. Students must return any blank copies of the exam prior to leaving the

room or will be required to meet with the SAT and may result in exam failure. This review may occur by appointment or with the cohort as a whole.

- Students may have an opportunity to perform a metacognitive reflection and multiple-choice item analysis of a completed examination. This process involves identifying the core knowledge required to answer each question on the assessment; classifying the thought process required by each question on the assessment; identifying the reason each question answered incorrectly on the assessment was missed; and considering where the material may be reviewed or referenced in course materials. During this review, students will be provided with a copy of their Strengths and Opportunities Report from Examsoft for the specific assessment. This report will include the question text and answer choice text and may additionally include the student's selected answer choice for each question. Students are not permitted to keep their metacognitive reflection or their Strengths and Opportunities Report and must submit both to the proctor prior to leaving the room or will be required to meet with the SAT.
- Multiple-choice exams (when wanting to review/prepare for summative evaluation): Students may have an opportunity to study a blank version of specific prior exams provided by faculty or staff proctors in preparation for summative evaluations. Blank versions of exams other than those provided will not be available for review. Students must return any blank copies of exams prior to leaving the room or will be required to meet with the SAT. This review may occur by appointment or with the cohort as a whole.
- Clinical skills exams, OSCEs, technical skills exams, and oral exams (didactic and clinical phases): Students will have an opportunity to review the rubric completed by the faculty proctor. Students are encouraged to schedule an appointment with the original proctor but may schedule with any course instructor. Students are not permitted to keep their graded rubrics. Failure to return a graded rubric at the conclusion of the meeting will result in a meeting with the SAT and may result in exam failure.
- Essay exams (including white space exams case study exams): Students will have an opportunity to review the original test questions alongside grader feedback. Review will typically occur in a classroom setting, but students may make an appointment with a course instructor or staff member to review privately if desired. Students are not permitted to keep grader comments, the original test questions, or any other documents including reference to exam content. Failure to return any of these items will result in a meeting with the SAT.
- Classroom reviews: Some review opportunities, including those for multiple-choice exams, take home exams, essay exams, clinical skills exams, technical skills exams, and oral exams, will take place in a classroom setting with the entire class. In these instances, exam questions and grading rubrics may be projected onto the screen.

5.11.4 TESTING IN THE TESTING CENTER

All PA students with testing related accommodations are expected to complete examinations in the Testing Center (in ACDC) in accordance with testing center hours and policies. If ACDC facilities or staff are not available, the course director or instructor will work with ACDC staff to identify an alternative testing measure and/or environment for a student's specific test-related accommodation.

5.12 SUMMATIVE EVALUATION

The ARC-PA defines the summative evaluation as "an assessment of the learner that is conducted by the program to ensure that the learner has met the program's competencies for the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry into the profession."

SF PA students complete summative evaluations in both the didactic and clinical phases.

5.12.1 SUMMATIVE EVALUATION COMPETENCY DOMAIN ASSESSMENT

The SF PA Program is committed to ensuring that all graduates of the SF PA Program have the medical knowledge (MK), interpersonal skills (IPS), clinical skills (CS), technical skills (TS), professional behaviors (PB), and clinical reasoning and problem-solving abilities (CRPSA) required for entry into the profession.

The following table demonstrates how each of the ARC-PA competency domains identified in the *Standards* is mapped to SF PA Program competencies and NCCPA task areas (if appropriate) and illustrates where each competency domain and program competency are assessed in the didactic and clinical summative evaluations.

USF PA Program Competencies	NCCPA Task Area	Competency Domains						Summative Evaluation Components			
		CS	TS	CRPSA	IPS	MK	PB	MC	CTSA	OSCE	WR
1. Practice within the scope of the physician assistant role while recognizing personal and professional limitations.	Professional Practice						x			x	
2. Apply clinical reasoning and problem-solving abilities to all aspects of patient care.	--			x					x		
3. Demonstrate self-directed learning by identifying knowledge gaps, retrieving and appraising evidence, applying findings to patient care, and reflecting on outcomes.	Professional Practice			x						x	
4. Communicate effectively with patients and families by utilizing patient centered interpersonal skills that incorporate mutual respect with the patient and effective provider-patient interactions.	Professional Practice				x					x	
5. Document patient encounters accurately in accordance with legal and professional standards.	Professional Practice	x								x	
6. Elicit and evaluate a problem-oriented and comprehensive history that is patient-centered from patients of any age and gender.	History Taking and Performing Physical Examination	x								x	
7. Perform and evaluate a focused and comprehensive physical examination for patients of any age and gender.	History Taking and Performing Physical Examination	x								x	
8. Apply ethical principles and legal standards relevant to professional practice.	Professional Practice						x	x			
9. Formulate an appropriate problem list and differential diagnosis by integrating risk factors, epidemiology, and findings from history and physical examination.	Formulating Most Likely Diagnosis			x					x		
10. Present diverse patient cases clearly and concisely to collaborating providers while incorporating relevant clinical data.	Professional Practice	x								x	
11. Perform patient education which considers social determinants and promotes treatment adherence, informed decision-making, and lifestyle modification.	Managing Patients				x					x	
12. Implement age- and gender-appropriate preventative care strategies, including screening, immunizations, risk reduction counseling, and health promotion.	Managing Patients	x							x		
13. Select, order, and interpret laboratory and diagnostic studies to refine the differential diagnosis and guide management decisions.	Using Diagnostic and Laboratory Studies			x					x		
14. Develop, implement, and monitor cost-effective pharmacologic and non-pharmacologic treatment plans across the lifespan.	Managing Patients	x							x		
15. Perform indicated diagnostic and therapeutic procedures safely and competently, to include informed consent and providing appropriate counseling and follow-up care.	Managing Patients		x							x	
16. Apply medical knowledge of acute and chronic medical and surgical conditions to evaluate and manage patients across the lifespan.	Managing Patients					x		x			
17. Distinguish between emergent and non-emergent patient presentation and initiate timely evaluation and stabilization using evidence-based practice.	Managing Patients			x					x		
18. Incorporate public health and patient safety strategies to improve the quality of patient care.	Professional Practice					x		x			
19. Demonstrate professionalism in clinical practice, including ethical conduct, integrity, respect, and patient advocacy.	Professional Practice						x			x	
20. Collaborate effectively with interprofessional healthcare teams, recognizing and respecting the roles of other healthcare professionals.	Professional Practice						x			x	
21. Integrate foundational biomedical sciences to explain normal anatomy and physiology, human behavior, mechanisms of health and disease, and therapeutic principles relevant to patient care across the lifespan.	Applying Foundational Scientific Concepts					x		x			
22. Participate in reflective practice to support professional development, resilience, and purposeful engagement with patients, communities, and the PA profession.	Professional Practice						x				x

5.12.2 DIDACTIC PHASE SUMMATIVE EVALUATION

The didactic phase summative evaluation consists of three components that must be completed prior to progression into the clinical phase of the program. Each component must be completed with a score ≥ 1 standard deviation below the class average. Additionally, students must achieve a score ≥ 1 standard deviation below the class average on each competency, medical content category, and task area. These exams are completed during PAC 587 Lifespan Medicine and PAC 589 Integrated Medicine III.

The components of the evaluation include:

1. Didactic Summative – Comprehensive Written Exam
 - A cumulative, multiple-choice assessment designed to assess student comprehension of ethical principles and legal standards relevant to professional practice; public health and patient safety strategies; medical knowledge of medical and surgical conditions; and foundational biomedical sciences relevant to patient care.
2. Didactic Summative – Critical Thinking Short Answer Exam
 - A cumulative, short answer assessment that contains case study scaffolded questions as well as “white space” questions, wherein a student answers a multiple-choice question and provides written rationale for the available answer choices. This assessment is designed to assess a student’s clinical reasoning and problem-solving abilities; formulation of a problem list and differential diagnosis; implementation of preventative care strategies; interpretation of lab and diagnostic studies; development and implementation of pharmacologic and non-pharmacologic treatment plans; and ability to discriminate between emergent and non-emergent patient presentations.
3. Didactic Summative – Objective Structured Clinical Examination (OSCE)
 - A cumulative, multi-station assessment graded by multiple proctors. The assessment is designed to assess a student’s knowledge of the scope of the PA role; ability to demonstrate self-directed learning practices; use of patient and family communication skills; documentation, history, and physical examination skills; ability to staff to a collaborating provider and perform patient education; perform diagnostic and therapeutic procedures; and demonstrate professionalism and the ability to collaborate with interprofessional healthcare teams.
4. Didactic Summative – Written Reflection
 - A written, reflective essay designed to assess a student’s ability to participate in reflective practices that support professional development, resilience, and purposeful engagement with patients, communities, and the PA profession.

Any student who scores less than 1 standard deviation below the class average on one or more components of the evaluation, program competencies, medical content categories, and/or task areas will:

1. Review their performance and receive appropriate counseling.
2. Complete a CIP developed to support the student’s success and receive a success coach. The student may be required to participate in the creation of the CIP. A single CIP may be provided for all deficiencies related to the didactic phase summative evaluation at the discretion of the SAT lead.
3. Be required to remediate the failed component(s), competency(ies), medical content category(ies), and task area(s) prior to entry into the clinical phase and receive a passing score on each, as appropriate:
 - a. Each failed component must be passed with a score ≥ 1 standard deviation below the class average on the original assessment.
 - b. Each failed competency(ies), medical content category(ies), and task area(s) must be passed with a score $\geq 80\%$ on the remediation attempt(s).

Students who achieve a passing score on the remediation for each component, competency, medical content category, and/or task area and satisfy the terms of the CIP will be allowed to begin the clinical phase with their cohort (pending all other program requirements have been met). Students who do not achieve a passing score on the remediation attempt for each component, competency, medical content category, and/or task area and/or do not satisfy the terms of the CIP will:

1. Review their performance and receive appropriate counseling.
2. Fail the original CIP.

3. Complete a new CIP developed to support the student’s success that includes a specific, detailed, and required study plan. The student may be required to participate in the creation of the CIP. A single CIP may be provided for all deficiencies related to the didactic phase summative evaluation at the discretion of the SAT lead.
4. Experience a delay in graduation for a minimum of 2 weeks.
5. Be required to remediate the failed component(s), competency(ies), organ system(s), and task area(s) at the end of the delay period and receive a score on each, as appropriate:
 - a. Each failed component must be passed with a score ≥ 1 standard deviation below the class average on the original assessment.
 - b. Each failed competency(ies), medical content category(ies), and task area(s) must be passed with a score $\geq 80\%$ on the remediation attempt(s).

Students who achieve a passing score on the remediation for each component, competency, medical content category, and/or task area and satisfy the terms of the second CIP will be allowed to begin the clinical phase (pending all other progression requirements have been met). Students who do not achieve a passing score on the remediation for each component, competency, medical content category, and/or task area and/or do not satisfy the terms of the CIP will be required to repeat this process once more. Failure of a subsequent remediation attempt will result in dismissal from the SF PA Program or deceleration, at the discretion of the FEC following the recommendation by the SAT.

5.12.2.1 DIDACTIC PHASE SUMMATIVE CHECKLIST

After successful completion of the Didactic Phase Summative Evaluation, all SF PA students must meet with their faculty advisors to complete the Didactic Phase Summative Checklist. This checklist consists of all progression requirements needed to enter the clinical phase, including affirmation of the student’s continued ability to meet the PA Program Technical Standards; possession of BLS and ACLS certifications; passage of each component of the didactic summative evaluation with passing scores on each medical content category, competency, and task area; completion of all didactic coursework with a grade of “B-” or better; a cumulative GPA of at least 3.0/4.0; and completion of PACKRAT1. The checklist also includes a review of the student’s advising file and professional development; the decision regarding completion of the didactic phase and matriculation into the clinical phase; additional recommendations for improvement or preparation for the clinical phase; and student and faculty signatures. It must be completed prior to matriculation into the clinical phase. A record of this checklist is stored electronically in students’ files.

5.12.3 CLINICAL PHASE SUMMATIVE EVALUATION

The clinical phase summative evaluation consists of four components designed to verify that each student meets all program competencies (see [section 5.12.1](#)) required to enter clinical practice (B4.03). Each component must be completed within the final four months of the program with a score ≥ 1 standard deviation below the class average. Additionally, students must achieve a score:

- Greater than or equal to the PANCE first time national pass rate average percentages for each medical content category and task area from the preceding year (e.g., Cohort 2026 students will have benchmarks determined by the PANCE first time national pass rate percentages from 2025). These values are derived from the NCCPA Program Performance Report. For Cohort 2026, passing percentages for medical content categories and task areas include:

Medical Content Area	Ntl Mean	Task Area	Ntl Mean
Cardiovascular System	78	Applying Basic Scientific Concepts	79
Dermatologic System	77	Clinical Intervention	76
Endocrine System	80	Formulating Most Likely Diagnosis	79
Eyes, Ears, Nose, and Throat	77	Health Maintenance, Patient Education, and Preventive Measures	79
Gastrointestinal System/ Nutrition	80	History Taking and Performing Physical Examination	79
Genitourinary System	79	PANCE Professional Practice	78

Hematologic System	76	Pharmaceutical Therapeutics	73
Infectious Diseases	77	Using Diagnostic and Laboratory Studies	78
Musculoskeletal System	73		
Neurologic System	76		
Psychiatric/ Behavioral	82		
Pulmonary System	74		
Renal System	82		
Reproductive System	73		

- Greater than or equal to 80% for each program competency.

The components of the evaluation include:

- Clinical Summative – Comprehensive Written Exam
 - A cumulative, multiple-choice assessment designed to assess student comprehension of ethical principles and legal standards relevant to professional practice; public health and patient safety strategies; medical knowledge of medical and surgical conditions; and foundational biomedical sciences relevant to patient care.
- Clinical Summative – Critical Thinking Short Answer Exam
 - A cumulative, short answer assessment that contains case study scaffolded questions as well as “white space” questions, wherein a student answers a multiple-choice question and provides written rationale for the available answer choices. This assessment is designed to assess a student’s clinical reasoning and problem-solving abilities; formulation of a problem list and differential diagnosis; implementation of preventative care strategies; interpretation of lab and diagnostic studies; development and implementation of pharmacologic and non-pharmacologic treatment plans; and ability to discriminate between emergent and non-emergent patient presentations.
- Clinical Summative – Objective Structured Clinical Examination (OSCE)
 - A cumulative, multi-station assessment graded by multiple proctors. The assessment is designed to assess a student’s knowledge of the scope of the PA role; ability to demonstrate self-directed learning practices; use of patient and family communication skills; documentation, history, and physical examination skills; ability to staff to a collaborating provider and perform patient education; perform diagnostic and therapeutic procedures; and demonstrate professionalism and the ability to collaborate with interprofessional healthcare teams.
- Clinical Summative – Written Reflection
 - A written, reflective essay designed to assess a student’s ability to participate in reflective practices that support professional development, resilience, and purposeful engagement with patients, communities, and the PA profession.

Any student who scores less than the passing scores indicated above for a component of the evaluation, program competency, medical content category, and/or task area will:

- Review their performance and receive appropriate counseling.
- Complete a CIP developed to support the student’s success and receive a success coach. The student may be required to participate in the creation of the CIP. A single CIP may be provided for all deficiencies related to the summative evaluation at the discretion of the SAT lead.
- Be required to remediate the failed component(s), competency(ies), medical content category(ies), and/or task area(s) a second time prior to graduation and receive a passing score on each, as appropriate:
 - Each failed component must be passed with a score ≥ 1 standard deviation below the class average on the original assessment.
 - Each failed medical content category or task area must be passed with a score \geq the PANCE first time national pass rate average percentages noted above.

- c. Each failed competency must be passed with a score $\geq 80\%$.

Students who achieve a passing score on the remediation for each component, competency, medical content category, and/or task area and satisfy the terms of the CIP will be allowed to graduate with their cohort (pending all other program requirements have been met). Students who do not achieve a passing score on the remediation for each component, competency, medical content category, and/or task area will:

1. Review their performance and receive appropriate counseling.
2. Fail the original CIP.
3. Complete a new CIP developed to support the student's success that includes a specific, detailed, and required study plan. The student may be required to participate in the creation of the CIP. A single CIP may be provided for all deficiencies related to the summative evaluation at the discretion of the SAT lead.
4. Experience a delay in graduation for a minimum of 2 weeks.
5. Be required to remediate the failed component(s), competency(ies), medical content category(ies), and/or task area(s) at the end of the delay period and receive a passing score on each, as appropriate:
 - a. Each failed component must be passed with a score ≥ 1 standard deviation below the class average on the original assessment.
 - b. Each failed medical content category or task area must be passed with a score \geq the PANCE first time national pass rate average percentages noted above.
 - c. Each failed competency must be passed with a score $\geq 80\%$.

Students who achieve a passing score on the remediation for each component, competency, medical content category, and/or task area and satisfy the terms of the second CIP will be allowed to graduate (pending all other requirements have been met). Students who do not achieve a passing score on the remediation for each component, competency, medical content category, and/or task area and/or do not satisfy the terms of the CIP will be required to repeat this process once more. Failure of a subsequent remediation attempt will result in dismissal from the PA program or deceleration, at the discretion of the FEC following recommendation by the SAT.

5.12.3.1 CLINICAL PHASE SUMMATIVE CHECKLIST

After successful completion of the Clinical Phase Summative Evaluation, all SF PA students must meet with their faculty advisors to complete the Clinical Phase Summative Checklist. This checklist consists of all program completion requirements needed to complete the SF PA program, including completion of all required medical documentation assignments associated with the clinical phase curriculum; passage of all PAEA End of Rotation exams; achievement of all clinical rotation learning outcomes and program competencies with a passing score; passage of all clinical summative evaluation components with passing scores on each medical content category and task area; completion of PACKRAT2; passage of PAEA End of Curriculum Exam; completion of all outstanding improvement plans; completion of all 98 credits in the SF PA curriculum with a grade of "B-" or better; possession of a minimum of 28 volunteer or service hours; and fulfillment of all SF financial obligations. The checklist also includes a review of the student's transcript; advising file and professional standing; the decision regarding programmatic completion and graduation; additional recommendations for improvement or preparation for the PANCE; and student, advisor, and program director signatures. It must be completed prior to graduation. A record of this checklist is stored electronically in students' files.

5.13 RISK ASSESSMENT EVALUATIONS

All SF PA students will complete several risk assessment evaluations while enrolled in the SF PA Program. Completion of these assessments is required for programmatic progression and graduation. Failure to complete any of the risk assessment evaluations will result in a delay of graduation or dismissal from the PA Program at the discretion of the FEC following recommendation by the SAT.

5.13.1 PACKRAT1

The PAEA Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) exam is an objective, comprehensive self-assessment tool for student and curricular evaluation. The exam consists of 225 multiple-choice questions. Students take the PACKRAT1 near the end of the didactic phase of the program. At the recommendation of the SAT and discretion of the FEC, students may be counseled on their performance, assigned an AIP to promote content mastery and preparation for the PANCE, and/or be

required to begin the clinical phase of the program with a PACE rotation. See [section 7.1.1.3.2](#) for more information about the PACE rotation.

5.13.2 PACKRAT2

The PAEA Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) exam is an objective, comprehensive self-assessment tool for student and curricular evaluation. The exam consists of 225 multiple-choice questions. Students will take the PACKRAT2 near the end of the clinical phase of the program. At the recommendation of the SAT and discretion of the FEC, students may be counseled on their performance and/or assigned an AIP to promote content mastery and preparation for the PANCE.

5.13.3 END OF CURRICULUM EXAM

The PAEA End of Curriculum Exam (EOCE) is an objective, standardized evaluation of a student's medical knowledge as one component of their readiness for graduation. The exam consists of 300 multiple-choice questions and will occur within the final four months of the PA program. Though a specific score is not required for program completion, each student is expected to score ≥ 1475 . Students who score <1475 may be counseled on their performance and assigned an AIP at the recommendation of the SAT to promote content mastery and preparation for the PANCE according to the following procedure.

Those who score below 1475 may be assigned an AIP based on the following procedure:

1. Students review their performance on the exam and receive appropriate counseling.
2. Students complete an AIP developed to support the student's success and receive a success coach. The AIP will require that the student take an [NCCPA practice exam](#) between 30-42 days after the date of the first EOCE.
3. Students who:
 - Receive an overall performance in the green "strong" region that suggests that the student would achieve a score of 350 or above on the PANCE are considered to have passed the NCCPA practice exam. These students may then retake the EOCE no sooner than 42 days from the date of the first EOCE administration (as established by PAEA). Students who desire more time to prepare for the second EOCE administration may request a delay of graduation, to be approved at the discretion of the FEC.
 - Do not receive an overall performance in the green "strong" region are considered to have failed the NCCPA practice exam. These students will be required to take a second NCCPA practice exam no sooner than 30 days from the date of the first NCCPA practice exam administration. If the student is successful on the second NCCPA practice exam, they may retake the EOCE within the week or request additional time to study and a delay of graduation at the discretion of the FEC. If the student is unsuccessful on the second NCCPA practice exam, they will experience a delay of graduation for a minimum of 30 days and then be required to take a third NCCPA practice exam. If the student is successful on the third NCCPA practice exam, they may retake the EOCE within the week or request additional time to study and an extended delay of graduation at the discretion of the FEC.
4. Students who pass the EOCE on the second attempt with a score ≥ 1475 will satisfy the terms of the AIP.
5. Students who do not pass the EOCE on the second attempt with a score ≥ 1475 OR fail the third NCCPA practice exam may be subject to an additional AIP attempt with mandatory completion of a provided CME course at the student's expense, clinical phase deceleration, or programmatic dismissal, to be approved at the discretion of the FEC.

5.14 ACADEMIC SUCCESS

5.14.1 ACADEMIC ADVISORS & ADVISING

All SF PA students are assigned to a principal faculty member or the program director for academic and professional mentoring throughout the didactic and clinical phases. Each student is required to meet with the assigned advisor at least twice each semester during the didactic phase and once each semester during the clinical phase unless otherwise indicated. Additional meetings may be scheduled by faculty or students as needed for personal, professional, or academic concerns.

Advisors provide guidance on curricular and professional matters and require students to engage in metacognitive practices to self-identify areas of concern, as well as strengths and goals. Prior to most required advising sessions, students download, complete, and upload an Advising Form on the cohort's Canvas site. Advisors review this form and add notes to it during and/or upon completion of the meeting. A completed copy of the form is stored in the student's electronic file. When the completion of this form is not

required before a scheduled advising session, the advisor will complete a separate advising note to be stored in the student's electronic file.

In accordance with SF student success expectations, academic advisors may also use the Nova early alert and retention case management system. This system is designed to support students through early outreach and intervention and improve student success. Advisors may submit a Nova alert for academic concerns (e.g., repeated absences, incomplete or late assignments, poor participation, poor grades) and non-academic concerns (e.g., observed changes in behavior or appearance; concerns for the safety of the student or other students; financial hardship/concerns; threatening words (verbal or written) or actions). Advisors are asked to use their best judgement for sending alerts and are encouraged to reach out to students as situations arise.

5.14.2 FACULTY OFFICE HOURS

Programmatic faculty make every attempt possible to help students through these difficult 27-months in preparation for a career as a physician assistant. Full-time principal faculty maintain at least 8 hours of office hours each week, while part-time principal faculty members maintain 4 hours. Given the variable nature of the course schedule, faculty availability is displayed outside each faculty member's office door and repeated on weekly class schedules. Students are highly encouraged to schedule meetings ahead of time for longer appointments.

5.15 ACADEMIC DIFFICULTY

Throughout the SF PA Program, the SAT monitors students for academic difficulty. This includes, but is not limited to, concerns related to adapting to graduate level academic expectations and/or requirements; achieving a course or rotation learning outcome; failing an assignment, assessment (course or programmatic), or course; repeated poor performance on course assessments, programmatic assessments, or course learning outcomes; repeated poor performance with a type of assessment (e.g., multiple choice exams, oral exams, etc.); demonstrating difficulty with clinical skills, technical skills, medical knowledge, or perceived unprofessionalism that may cause a student to fail a course or clinical rotation; demonstrating difficulty with meeting required academic standards; and failing to demonstrate achievement of program competencies.

5.15.1 SAT REFERRAL FOR ACADEMIC DIFFICULTY & IMPROVEMENT PLANS

Throughout both the didactic and clinical curricula, programmatic faculty may submit to the SAT a referral for academic review and/or intervention. Students may also submit a self-referral for an improvement plan if they believe one is necessary for their educational success. The referral may be based on any of the concerns or patterns of deficiency indicated in [section 5.15](#). The SAT will review all referrals and may assign improvement plans according to the following procedure:

1. The SAT receives a referral for academic review and/or intervention.
2. The SAT reviews the referral and determines an appropriate action.
3. If academic review is warranted, the SAT will fully review the student's academic performance up to the date of the referral and determine if the student should be assigned an improvement plan (IP). Improvement plans may be related to success (SIP), academics (AIP), professionalism (PIP), or competencies (CIP).

Any student assigned an IP is expected to satisfy the requirements of the IP by the indicated timelines. The consequences of failing to satisfy the requirements of the IP by the indicated timelines are detailed in the respective sections indicated above.

5.15.1.1 SUCCESS IMPROVEMENT PLANS

The SAT will assign a success improvement plan (SIP) to improve a student's study skills, testing skills, and/or metacognitive abilities; adapt to graduate level academic expectations and/or requirements; and enhance performance on a specific type of assessment (e.g., multiple choice exams, oral exams, etc.).

A SIP may include:

- Completing an educational activity to improve study strategies and/or test-taking skills.
- Performing self-critique, self-analysis, or metacognitive activities.
- Requiring meetings with institutional academic support staff/or the Coordinator of Student Accessibility Services.
- Requiring the student to receive tutoring from the SF Writing Center.
- Completing guided questions, audit questions, or practice questions.

- Completing assigned readings, videos, trainings, and/or related assignments.
- Requiring scheduled meetings with faculty, the student's advisor, and/or a success coach.
- Re-evaluating the student's learning style, study strategies, and/or testing strategies.
- Requiring completion of a remedial activity.
- Other relevant activities as assigned by the SAT.

5.15.1.2 ACADEMIC IMPROVEMENT PLANS

The SAT will assign an academic improvement plan (AIP) to address knowledge gaps or concerns regarding critical thinking / clinical reasoning skills or problem-solving abilities; remediate course or clinical rotation learning outcomes; improve clinical skills, technical skills, and/or oral communication skills; remedy global patterns of academic deficiencies; remediate didactic and/or clinical phase deficits; strengthen academic performance identified via risk assessment evaluations; and promote attainment of required academic standards.

An AIP may include:

- Performing a detailed study of instructional objectives and/or learning outcomes.
- Re-testing on instructional objectives and/or learning outcomes.
- Repeating an assessment or an alternative version of the assessment.
- Complete one or more NCCPA practice exams.
- Completing an educational activity to improve test-taking skills.
- Completing relevant online course work or assignments.
- Completing guided questions, audit questions, or practice questions.
- Completing a research paper, written reflection, or project.
- Completing a self-critique, self-analysis, or metacognitive activity.
- Completing simulation training or an OSCE.
- Assignment of a 2- or 4-week Physician Assistant Certification Enhancement (PACE) rotation in place of a requested elective rotation or supplemental experience.
- Re-testing of a clinical item / learning outcome via a simulated experience, encounter with a standardized patient, technology (e.g., Aquifer) assignment, or case study.
- Obtaining additional clinical hours to repeat exposure and testing of the item / learning outcome in a clinical setting.
- Remediation of an item(s) that received a score < 3 on the general knowledge, skills, and professionalism area of the Preceptor Evaluation of Student Performance for a SCPE.
- Remediation of a learning outcome(s) that received a score < 3 on the Preceptor Evaluation of Student Performance for a SCPE.
- Requiring meetings with institutional academic support staff/or the Coordinator of Student Accessibility Services.
- Requiring the student to receive tutoring from the SF Writing Center.
- Requiring scheduled meetings with faculty, the student's advisor, and/or a success coach.
- Requiring completion of a remedial activity.
- Other relevant activities assigned by the SAT.

5.15.1.3 PROFESSIONALISM IMPROVEMENT PLANS

The SAT will assign a professionalism improvement plan (PIP) to remedy professionalism concerns and/or concerns with interpersonal skills.

A PIP may include:

- Completing educational activities to demonstrate adherence to and understanding of the principles of intellectual honesty, academic integrity, and/or professional conduct required of the institution and the PA profession.
- Reviewing and reflecting on the PA student Honor Code.
- Reviewing the AAPA's Guidelines for Ethical Conduct for the PA Profession.
- Reviewing and reflecting on scenarios related to emotional intelligence and/or medical ethics.
- Completing assigned readings, videos, trainings, and/or related assignments.
- Completing relevant online course work or assignments.
- Completing a research paper.
- Obtaining additional clinical hours.

- Completing addition simulation training.
- Performing self-critique, self-analysis, reflection, and/or metacognitive activities.
- Completing assigned training modules.
- Other relevant activities as assigned by the SAT.

5.15.1.4 COMPETENCY IMPROVEMENT PLANS

The SAT will assign a competency improvement plan (CIP) to remedy deficiencies or concerns with summative evaluations, program competencies, NCCPA task areas, and NCCPA medical content areas.

A CIP may include:

- Re-testing on deficient program competencies.
- Re-testing on deficient medical content areas.
- Re-testing on deficient task areas.
- Re-testing on deficient didactic or clinical summative evaluation components.
- Other relevant activities as assigned by the SAT.

5.15.2 REMEDIATION

Within the SF PA Program, a trigger for remediation evaluation (A3.14c) by the SAT occurs when a student has met a trigger specific to didactic phase remediation, clinical phase remediation, or competency remediation. These triggers are detailed in the subsections below.

Upon conclusion of the SAT's review of the trigger for remediation evaluation, the SAT may elect to remediate the student on the deficient area / course via a formalized improvement plan; or submit to the FEC a recommendation for a delay of graduation, deceleration, or dismissal. The decision to permit a remediation or decelerate, dismiss, or delay the graduation of a student is at the discretion of the FEC.

Any costs associated with remediation activities are to be paid by the student at the time of remediation.

Remediation may occur within a regularly scheduled semester or may utilize breaks or other opportunities where more time would be available. This may include plan execution during a scheduled break, returning from a scheduled break a few days early, or a delay in starting / resuming the clinical phase.

5.15.2.1 DIDACTIC PHASE REMEDIATION

Didactic phase remediation may take place when a student has met a trigger for remediation evaluation related to the didactic phase. This includes:

- Failure to achieve a required score on a programmatic assessment.
- Failure to complete a didactic phase course with a total course score $\geq 80\%$.
- Failure to achieve a score $\geq 80\%$ for one or more course learning outcomes.

When a trigger for a didactic phase remediation occurs, the SAT will meet with the student to review their performance and discuss the trigger. Following the meeting, the SAT may recommend to the FEC:

- Remediation of the programmatic assessment, course, or course learning outcome via an Academic Improvement Plan (AIP).
- Deceleration.
- Delay of graduation.
- Programmatic dismissal.

If a remediation is granted, an AIP will be created, and a success coach will be assigned. The AIP will identify the challenges that impacted the student's performance and include strategies to overcome those challenges, in addition to action on the deficient material. Other relevant activities / assignments may additionally be assigned by the SAT.

The student, their assigned success coach, and the SAT lead will sign the AIP to demonstrate understanding of the required plan. Students must successfully complete the AIP within the time specified. Failure to do so will result in referral back to the SAT for further action, which may include deceleration, delay of graduation, or programmatic dismissal at the discretion of the FEC.

5.15.2.1.1 DIDACTIC PHASE PROGRAMMATIC ASSESSMENT REMEDIATION

During the didactic phase of the curriculum, all students are required to score $\geq 80\%$ on three sets of programmatic assessments. These include:

- The Medical Terminology Competency Exam within the first semester (PAC 506).
- Physical exam check-offs within the first semester (PAC 506).
- The Head-to-Toe physical skills exam within the second semester (PAC 539).

Any student who scores $< 80\%$ on a required programmatic assessment will:

1. Review their performance on the exam and receive counseling via a success coach.
2. Complete an AIP developed to support the student's success. The student may be required to participate in the creation of the AIP.
3. Be required to repeat the assessment according to the timeframe noted in the AIP.

Students who achieve an overall score $\geq 80\%$ on the retest and satisfy the terms of the AIP will pass the assessment. Students who score $< 80\%$ on the exam and/or do not satisfy the terms of the AIP will:

1. Review their performance on the exam and receive counseling.
2. Fail the original AIP.
3. Complete a new AIP developed to support the student's success that includes a specific, detailed, and required study plan. The student may be required to participate in the creation of the AIP.
4. Be required to repeat the assessment according to the timeframe noted in the AIP.

Successful remediation of the programmatic assessment with a score $\geq 80\%$ results in passage of the program requirement but does not change the student's original score on the assessment if the assessment contributes to a course grade. Students who score $< 80\%$ on the exam and/or do not satisfy the terms of the AIP will be required to repeat this process once more during the semester in which the assessment occurs. Failure of a subsequent attempt will result in dismissal from the SF PA Program.

5.15.2.1.2 REMEDIATION OF A DIDACTIC PHASE COURSE

When a trigger for a didactic phase course remediation occurs, the SAT will meet with the student to review their performance and discuss the course failure. Following the meeting, the SAT may recommend to the FEC:

- Course remediation through an Academic Improvement Plan (AIP). Each student is permitted no more than one didactic phase course failure and didactic phase course remediation.
- Deceleration.
- Delay of graduation.
- Programmatic dismissal.

Any student granted a didactic phase course remediation by the FEC will:

1. Review their performance throughout the course and receive counseling via a success coach.
2. Complete an AIP developed to support the student's success. The student may be required to participate in the creation of the AIP. The AIP will minimally require that the student:
 - Perform a detailed study of the course learning outcomes;
 - Achieve a score $\geq 80\%$ on the course learning outcomes via one or more summative assessments / projects;
 - Experience a delay of graduation prior to beginning the clinical phase; and
 - Register for the course to be remediated.
3. Remain an active student in the matriculated cohort through the remainder of the didactic phase of the curriculum. Upon completion of the fourth didactic semester with no additional course failures, the student will experience a delay of

graduation prior to beginning the clinical phase to complete the course remediation. The length of the delay of graduation will be determined by the credit hours associated with the course to be remediated, such that the remediation of a:

- 1-credit course will result in a 1-week delay of graduation.
- 2-credit course will result in a 2-week delay of graduation.
- 3-credit course will result in a 3-week delay of graduation.
- 4-credit course will result in a 4-week delay of graduation.

Successful remediation of a didactic phase course with a score $\geq 80\%$ on the remediation assessment(s) / project will result in a passing grade for the course equal to the percentage of points earned on the remediation assessment(s) / project. This grade will replace the student's original failing grade, though both grades will remain on the student's official transcript. The student will then begin their clinical phase studies.

Unsuccessful remediation of a didactic phase course with a score $< 80\%$ on the remediation assessment(s) / project will result in a failing grade for the course (F). This grade will not replace the student's original failing grade, and both grades will remain on the student's official transcript. At the recommendation of the SAT, the FEC will vote to decelerate or dismiss the student.

5.15.2.1.3 REMEDIATION OF A DIDACTIC COURSE LEARNING OUTCOME

During the didactic phase of the curriculum, all students are required to score $\geq 80\%$ on each course learning outcome for a given course.

Any student who scores $< 80\%$ on a course learning outcome will:

1. Review their performance on the course learning outcome and receive counseling via a success coach.
2. Complete an AIP developed to support the student's success. The student may be required to participate in the creation of the AIP.
3. Be required to remediate the deficient course learning outcome according to the timeframe noted in the AIP.

Students who achieve an overall score $\geq 80\%$ on the remediation effort and satisfy the terms of the AIP will receive a score of 80% on the remediated course learning outcome. Students who score $< 80\%$ on the remediation effort and/or do not satisfy the terms of the AIP will:

1. Review their performance on the remediation effort and receive counseling.
2. Fail the original AIP.
3. Complete a new AIP developed to support the student's success that includes a specific, detailed, and required study plan. The student may be required to participate in the creation of the AIP.
4. Be required to remediate the deficient course learning outcome a second time according to the timeframe noted in the AIP.

Students who achieve an overall score $\geq 80\%$ on the remediation effort and satisfy the terms of the AIP will receive a score of 80% on the remediated course learning outcome. Students who score $< 80\%$ on the remediation effort and/or do not satisfy the terms of the on the second remediation attempt will receive a failing grade (F) for the course.

The successful remediation of a course learning outcome may affect a student's overall grade on the assignment or assessment for which the course learning outcome was summatively assessed according to the following guidelines:

- If the student originally attained an overall score on the assignment / assessment $\geq 80\%$, the student's grade will not improve following successful remediation of the deficient course learning outcome(s).
- If the student earned an overall score on the assignment / assessment $< 80\%$, the student's grade will increase to a maximum of 80% following successful remediation of all deficient course learning outcome(s).

5.15.2.2 CLINICAL PHASE REMEDIATION

Clinical phase remediation may take place when a student has met a trigger for remediation evaluation related to the clinical phase. This includes:

- Failure to attain a score ≥ 1 standard deviation below the national mean on the PAEA End of Rotation Exam (EORE).
- Receiving a score < 3 for one or more items assessed on the general knowledge, skills, and professionalism area of the Preceptor Evaluation of Student Performance for a structured clinical practice experience (SCPE).

- Receiving a score < 3 for one or more of the learning outcomes assessed on the Preceptor Evaluation of Student Performance for a SCPE.
- Failure to complete a clinical phase course with a total course score ≥ 80%.
- Failure to achieve a score ≥ 80% for one or more course learning outcomes.

When a trigger for a clinical phase remediation occurs, the SAT will meet with the student to review their performance and discuss the deficiency. Following the meeting, the SAT may:

Require, at the discretion of the FEC:

- Remediation of the course or course learning outcome via an Academic Improvement Plan (AIP).
- EORE remediation through an AIP.
- Assignment of a 2- or 4-week Physician Assistant Certification Enhancement (PACE) rotation in place of a requested elective rotation or supplemental experience.
- Remediation of an item(s) that received a score < 3 on the general knowledge, skills, and professionalism area of the Preceptor Evaluation of Student Performance for a SCPE through an AIP.
- Remediation of a learning outcome(s) that received a score < 3 on the Preceptor Evaluation of Student Performance for a SCPE through an AIP.

Recommend, at the discretion of the FEC:

- That other sources of evidence be considered (e.g., medical documentation assignments, simulation, a second Preceptor Evaluation of Student Performance submitted by a different preceptor for the same SCPE, etc.) to determine if the student has appropriately demonstrated achievement of a rotation learning outcome that was scored < 3 on the Preceptor Evaluation of Student Performance for a SCPE.
- That other sources of evidence be considered (e.g., medical documentation assignments, simulation, a second Preceptor Evaluation of Student Performance submitted by a different preceptor for the same SCPE, etc.) to determine if the student has appropriately demonstrated achievement of an item that was scored < 3 on the general knowledge, skills, and professionalism area of the Preceptor Evaluation of Student Performance for a SCPE.
- Deceleration.
- Delay of graduation.
- Programmatic dismissal.

If a remediation is granted, an AIP will be created, and a success coach will be assigned. The AIP will identify the challenges that impacted the student's performance and include strategies to overcome those challenges, in addition to action on the deficient material. Other relevant activities / assignments may additionally be assigned by the SAT.

The student, their assigned success coach, and the SAT lead will sign the AIP to demonstrate understanding of the required plan. Students must successfully complete the AIP within the time specified. Failure to do so will result in referral back to the SAT for further action, which may include deceleration, delay of graduation, or programmatic dismissal at the discretion of the FEC.

5.15.2.2.1 REMEDIATION OF AN EORE

If an EORE remediation is required by the FEC, the procedure stated in [section 7.1.4](#) will be followed.

5.15.2.2.2 REMEDIATION OF AN ITEM OR LEARNING OUTCOME FROM A PRECEPTOR EVALUATION

If a remediation for a score < 3 is required for one or more 1) item(s) assessed on the general knowledge, skills, and professionalism area of the Preceptor Evaluation of Student Performance for a structured clinical practice experience (SCPE) or 2) learning outcome(s) assessed on the Preceptor Evaluation of Student Performance for a SCPE, an AIP will be created and a success coach will be assigned. The AIP will identify the challenges that impacted the student's performance and include strategies to overcome those challenges, in addition to action on the deficient material.

The AIP may include one or more of the following:

- Re-testing of the item / learning outcome via a simulated experience, OSCE, encounter with a standardized patient, or technology (e.g., Aquifer) assignment.

- Obtaining additional clinical hours to repeat exposure and testing of the item / learning outcome in a clinical setting.
- Assignment of a 2- or 4-week Physician Assistant Certification Enhancement (PACE) rotation in place of a requested elective rotation or supplemental experience.
- Crafting a written reflection on a deficient item.
- Completing an examination on a deficient item.
- Taking an additional OSCE.
- Other relevant activities as assigned by the SAT.

Alternatively, the SAT may also recommend:

- That other sources of evidence be considered (e.g., medical documentation assignments, simulation, a second Preceptor Evaluation of Student Performance (submitted by a different preceptor for the same SCPE or a preceptor on a separate SCPE for which it is appropriate to meet the learning outcome), encounter with a standardized patient, OSCE, technology assignment, etc.) to determine if the student has appropriately demonstrated achievement of a rotation learning outcome that scored < 3 on the Preceptor Evaluation of Student Performance for a SCPE.
- That other sources of evidence be considered (e.g., medical documentation assignments, simulation, a second Preceptor Evaluation of Student Performance (submitted by a different preceptor for the same SCPE or a preceptor on a separate SCPE for which it is appropriate to meet the item), encounter with a standardized patient, OSCE, technology assignment, etc.) to determine if the student has appropriately demonstrated achievement of an item that scored < 3 on the general knowledge, skills, and professionalism area of the Preceptor Evaluation of Student Performance for a SCPE.

The student, their assigned success coach, and the SAT lead will sign the AIP to demonstrate understanding of the required plan. Students must successfully complete the AIP within the time specified. Failure to do so will result in referral back to the SAT for further action, which may include delay of graduation, deceleration, or programmatic dismissal at the discretion of the FEC.

5.15.2.2.3 REMEDIATION OF A CLINICAL PHASE COURSE

When a trigger for a clinical phase course remediation occurs, the SAT will meet with the student to review their performance and discuss the course failure. Following the meeting, the SAT may recommend to the FEC:

- Course remediation through an Academic Improvement Plan (AIP). Each student is permitted no more than one clinical phase course failure and clinical phase course remediation.
- Deceleration.
- Delay of graduation.
- Programmatic dismissal.

Any student granted a clinical phase course remediation by the FEC will:

1. Review their performance throughout the course and receive counseling via a success coach.
2. Complete an AIP developed to support the student's success. The student may be required to participate in the creation of the AIP. The AIP will minimally require that the student:
 - Perform a detailed study of the course learning outcomes;
 - Achieve a score $\geq 80\%$ on the course learning outcomes via one or more summative assessments / projects;
 - Experience a delay of graduation;
 - Register for the course to be remediated.
3. Remain an active student in the matriculated cohort through the remainder of the clinical phase of the curriculum. Upon completion of the third clinical phase semester with no additional course failures, the student will experience a 5-week delay of graduation prior to programmatic completion to complete the course remediation.

Successful remediation of a clinical phase course with a score $\geq 80\%$ on the remediation assessment(s) / project will result in a passing grade for the course equal to the percentage of points earned on the remediation assessment(s) / project. This grade will replace the student's original failing grade, though both grades will remain on the student's official transcript. The student will then be eligible for program completion assuming all other requirements have been met.

Unsuccessful remediation of a clinical phase course with a score <80% on the remediation assessment(s) / project will result in a failing grade for the course (F). This grade will not replace the student's original failing grade and both grades will remain on the student's official transcript. At the recommendation of the SAT, the FEC will vote to decelerate or dismiss the student.

5.15.2.2.4 REMEDIATION OF A CLINICAL COURSE LEARNING OUTCOME

During the clinical phase of the curriculum, all students are required to score $\geq 80\%$ on each course learning outcome for a given course.

Any student who scores <80% on a course learning outcome will:

1. Review their performance on the course learning outcome and receive counseling via a success coach.
2. Complete an AIP developed to support the student's success. The student may be required to participate in the creation of the AIP.
3. Be required to remediate the deficient course learning outcome according to the timeframe noted in the AIP.

Students who achieve an overall score $\geq 80\%$ on the remediation effort and satisfy the terms of the AIP will receive a score of 80% on the remediated course learning outcome. Students who score <80% on the remediation effort and/or do not satisfy the terms of the AIP will:

1. Review their performance on the remediation effort and receive counseling.
2. Fail the original AIP.
3. Complete a new AIP developed to support the student's success that includes a specific, detailed, and required study plan. The student may be required to participate in the creation of the AIP.
4. Be required to remediate the deficient course learning outcome a second time according to the timeframe noted in the AIP.

Students who achieve an overall score $\geq 80\%$ on the remediation effort and satisfy the terms of the AIP will receive a score of 80% on the remediated course learning outcome. Students who score <80% on the remediation effort and/or do not satisfy the terms of the on the second remediation attempt will receive a failing grade (F) for the course.

The successful remediation of a course learning outcome may affect a student's overall grade on the assignment or assessment for which the course learning outcome was summatively assessed according to the following guidelines:

- If the student originally attained an overall score on the assignment / assessment $\geq 80\%$, the student's grade will not improve following successful remediation of the deficient course learning outcome(s).
- If the student earned an overall score on the assignment /assessment <80%, the student's grade will increase to a maximum of 80% following successful remediation of all deficient course learning outcome(s).

5.15.2.3 COMPETENCY REMEDIATION

Within the SF PA Program, competencies are defined as the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry level practice. Competency remediation may take place when a student has met a trigger for remediation evaluation related to program competencies, medical content categories, or task areas. This includes:

- Failure to achieve a score ≥ 1 standard deviation below the class mean on one or more components, program competencies, medical content areas, and/or task areas of the didactic phase summative evaluation.
- Failure to achieve a score ≥ 1 standard deviation below the class mean on one or more components of the clinical phase summative evaluation.
- Failure to achieve a score \geq the PANCE first time national pass rate average percentage for a medical content category or task area on the clinical year summative evaluation.
- Failure to meet a programmatic competency with a score $\geq 80\%$ on the clinical phase summative evaluation.

When a trigger for a competency remediation occurs, the SAT may recommend:

- Competency remediation through a Competency Improvement Plan (CIP).
- Didactic phase summative evaluation component remediation through a CIP.
- Didactic phase summative evaluation medical content area / task area remediation through a CIP.

- Clinical phase summative evaluation component remediation through a CIP.
- Clinical phase summative evaluation medical content area / task area remediation through a CIP.
- Deceleration.
- Delay of graduation.
- Programmatic dismissal.

The CIP may include:

- Re-testing on deficient program competencies.
- Re-testing on deficient medical content areas.
- Re-testing on deficient task areas.
- Re-testing on deficient didactic or clinical summative evaluation components.
- Other relevant activities as assigned.

Any student granted a competency remediation by the FEC will:

1. Review their performance on the evaluation / component and receive counseling via a success coach.
2. Complete a CIP developed to support the student's success. The student may be required to participate in the creation of the CIP.
3. Be required to re-test on the deficiencies identified in the CIP and achieve a passing score for the remediation. Passing scores are as follows:
 - Didactic phase summative evaluation – Component, program competency, medical content area, and task area: ≥ 1 standard deviation below the class mean for the component, competency, medical content area, or task area.
 - Clinical phase summative evaluation – Component: ≥ 1 standard deviation below the class mean for that component.
 - Clinical phase summative evaluation – Medical content category or task area: \geq the PANCE first time national pass rate average percentage for the medical content area or task area.
 - Clinical phase summative evaluation – Program competency: $\geq 80\%$ on competency.

Students who achieve the overall passing score on the re-test (noted above) and satisfy the terms of the CIP will pass the remediation for the component, competency, medical content area, or task area. Students who do not achieve a passing score on the remediation and/or do not satisfy the terms of the CIP will:

1. Review their performance on the evaluation / component and receive counseling.
2. Fail the original CIP.
3. Complete a new CIP developed to support the student's success that includes a specific, detailed, and required study plan. The student may be required to participate in the creation of the CIP.
4. Be required to re-test on the deficiencies identified in the CIP and achieve a passing score as indicated above.

Students who achieve the overall passing score on the re-test (noted above) and satisfy the terms of the CIP will pass the remediation for the component, competency, medical content area, or task area. Students who do not achieve a passing score on the remediation and/or do not satisfy the terms of the CIP will be required to repeat this process once more. Failure of a subsequent attempt will result in dismissal from the SF PA Program.

5.15.3 DECELERATION

Within the SF PA Program, deceleration occurs when a student leaves their entering cohort to join a subsequent cohort through programmatic completion and graduation (A3.14d).

- Any student who decelerates during the didactic phase will start the SF PA Program curriculum over, repeating any previously successful and unsuccessful courses with the new cohort.
- Any student who decelerates during the clinical phase will start the clinical curriculum over, repeating any previously successful and unsuccessful clinical courses with the new cohort.

With the approval of the FEC, the SAT may recommend or require deceleration of a student due to poor academic standing (i.e., placement on academic probation; course failure; three or more failures of a given exam type [e.g., multiple choice assessments,

oral exams, etc.]; repeated failure of course learning outcomes); poor professional standing or a history of perceived unprofessionalism; failure to demonstrate achievement of a program competency; or another extenuating circumstance according to the following procedure:

1. The SAT meets to review the student's academic and professional standing and/or history within the program, and/or discuss a student's extenuating circumstances as they relate to programmatic enrollment and progression.
2. Team members vote on whether the student should be offered an opportunity to decelerate or be required to decelerate to continue within the PA Program.
3. The SAT relays their recommendation regarding deceleration to the FEC, which votes to approve or deny the recommendation.
4. After the FEC meeting, the lead of the SAT invites the student to discuss the council's decision. If the FEC votes in favor of required deceleration or recommending (but not requiring) deceleration, the lead of the SAT meets with the student to discuss the deceleration process, including review of this policy and procedure, and the effect deceleration has on the student's academic journey. The SAT lead also provides the student with a written summary of the team's recommendation for or requirement of deceleration and the deceleration process.
5. The student has 10 business days following receipt of the written summary to accept or decline the deceleration.
 - If the student accepts the deceleration, the student is provided with course withdrawal instructions, documentation of the decision, and instructions for continuing their enrollment in the program with a subsequent cohort.
 - If the student declines an opportunity to decelerate, the student remains in their matriculation cohort and is provided with documentation of the decision.
 - If the student declines a required deceleration, the student is dismissed from the SF PA Program. The student is provided with course withdrawal instructions and documentation of their dismissal from the PA Program.

A student may also request deceleration due to poor academic standing, leave of absence, personal or family emergencies, or another extenuating circumstance according to the following procedure:

1. The student drafts a petition.
 - The petition must minimally include a 1) clear statement describing the rationale for a deceleration, 2) description of how deceleration would aid the student in the completion of their academic and professional goals, and 3) evidence to support the likelihood that a deceleration will result in successful completion of the program.
 - The petition may not exceed two, double-spaced typed pages in 12-point font.
2. The student emails the petition as an attachment to the SAT lead (kmoser@sf.edu).
3. The SAT reviews the student's petition, shares it with the FEC, and responds in writing within 10 business days of receipt of the petition. During this time, the SAT and/or the FEC may request an in-person or electronic meeting with the student.

The decision to allow a student to decelerate is entirely at the discretion of the FEC following recommendation from the SAT. Any student wishing to appeal a decision of the FEC is required to follow the steps outlined in the program's appeal process (see [section 6.7.1](#)).

5.15.4 DELAY OF GRADUATION

Within the SF PA Program, delay of graduation occurs when a student completes the degree requirements after their cohort's scheduled graduation date. This is a separate and distinct matter from deceleration, as the student remains a member of their entering cohort.

The FEC may require a student to experience a delay of graduation at their discretion, following the recommendation of the SAT, due to poor academic standing, poor professional standing, failure of an improvement plan (academic, professional, or competency) or remediation effort, or another extenuating circumstance according to the following procedure:

1. The SAT meets to review the student's academic and professional standing within the program, and/or discuss a student's extenuating circumstances as they relate to program enrollment and progression.
2. Team members vote on whether the student should be required to experience a delay of graduation.
3. The SAT relays their recommendation regarding delay of graduation to the FEC, which votes to approve or deny the recommendation.

4. After the FEC meeting, the lead of the SAT invites the student to discuss the council's decision. If the council votes in favor of requiring a delay of graduation, the SAT lead relays the decision and explains how the delay of graduation will affect the student's academic journey, including review of this policy and procedure. The SAT chair also provides the student with a written summary of the decision.

A student may also request a delay of graduation due to poor academic standing, leave of absence, personal or family emergencies, or another circumstance according to the following procedure:

1. The student drafts a petition.
 - The petition must minimally include a 1) clear statement describing the rationale for a delay of graduation, 2) description of how a delay of graduation would aid the student in the completion of their academic and professional goals, and 3) evidence to support the likelihood that a delay of graduation will result in successful completion of the program.
 - The petition may not exceed two, double-spaced typed pages in 12-point font.
2. The student emails the petition as an attachment to the SAT lead (kmoser@sf.edu).
3. The SAT reviews the student's petition, shares it with the FEC, and responds in writing within 10 business days of receipt of the petition. During this time, the SAT and/or the FEC may request an in-person or electronic meeting with the student.

The decision to allow a student to delay their graduation is entirely at the discretion of the FEC following recommendation from the SAT. Any student wishing to appeal a decision of the FEC is required to follow the steps outlined in the program's appeal process (see [section 6.7.1](#)).

5.15.5 DISMISSAL FROM THE PA PROGRAM

Dismissal from the SF PA Program is defined as a termination of the student's enrollment in the program (A3.14f). Dismissal of students from the SF PA Program is under the jurisdiction of the FEC following recommendation by the SAT. Any student who meets one or more of the following criteria will be immediately reviewed by the SAT and considered for dismissal:

- Receiving a course grade < "B-" (80%) for either the didactic or clinical phase. A student may fail no more than one course in each phase of the program.
- Maintaining a cumulative GPA < 3.00 for two consecutive semesters.
- Having the cumulative GPA fall below 3.00 for three semesters across the duration of the PA Program.
- Failing to regain good professional standing by the last month of programmatic enrollment.
- Committing a severe professionalism offense (e.g., academic dishonesty, breach of patient confidentiality, HIPAA violation, jeopardize the safety of others).
- Exhibiting harassing, threatening, or violent behavior.

Additionally, any student who meets one or more of the following criteria may be reviewed by the SAT and considered for dismissal:

- Failing a formal remediation effort.
- Failing an improvement plan (success, academic, professional, or competency).
- Failing seven or more programmatic multiple-choice exams through PAC 537 Nephrology Essentials and scoring ≤ -1.50 standard deviations below the class average on three or more of those exams.
- Failing ten or more total programmatic exams through PAC 537 Nephrology Essentials.

Any student considered for dismissal from the SF PA Program will be required to adhere to the following procedure:

1. The SAT will contact the student to arrange an in-person or electronic meeting.
2. The student's academic and professional record will be reviewed and discussed by the student and the members of the SAT at the meeting. The student will be provided an opportunity to explain why programmatic dismissal is not warranted and demonstrate evidence, as appropriate.
3. The members of the SAT will hold a second meeting within 10 business days of the first meeting to discuss the student's case privately and make a recommendation regarding programmatic dismissal.
4. The SAT relays their recommendation regarding dismissal to the FEC, which votes to approve or deny the recommendation within 10 business days of receiving the SAT's recommendation.

5. After the FEC meeting, the lead of the SAT invites the student to discuss the council's decision. If the council votes in favor of programmatic dismissal, the SAT lead relays the decision and reviews policy and procedure with the student, including the requirement that any SF-affiliated identification (e.g., student ID badge, parking pass) or materials provided to the student (e.g., locker key) must be returned to the SF PA Program prior to the dismissal. The SAT chair provides the student with a written summary of the decision and instructions on how to submit the "Complete Withdrawal" Form on Knowledgebase.

The decision to dismiss a student from the SF PA Program is entirely at the discretion of the FEC following recommendation from the SAT. Any student wishing to appeal a decision of the FEC is required to follow the steps outlined in the program's appeal process (see [section 6.7.1](#)).

5.15.6 WITHDRAWAL FROM THE PA PROGRAM

According to graduate school policy, a student may request a programmatic withdrawal due to extenuating circumstances (including medical reasons) or for circumstances that are reasonably beyond the student's control which have caused the student to be unable to attend classes, complete the semester, or otherwise become delinquent academically (A3.14e). Students in the SF PA Program are not allowed to withdraw from a single course. A request to withdraw implies that the student is requesting to withdraw from the SF PA Program and the University of Saint Francis (unless otherwise indicated by the student). Requests to withdraw may be submitted at any time throughout the curriculum. A student who is called to active military duty, after proof of the call up is submitted, will be withdrawn with no punitive grade on their record. A student who withdraws from the SF PA Program should also consult the tuition and fees refund policy (see [section 4.5.3](#)).

A student may request a withdrawal from the SF PA Program according to the following procedure:

1. The student drafts a written request.
 - The request must minimally include a clear statement describing the rationale for programmatic withdrawal.
 - The request may not exceed two, double-spaced typed pages in 12-point font.
2. The student emails the request as an attachment to the SAT lead (kmoser@sf.edu).
3. The SAT reviews the student's request and responds in writing within 10 business days of receipt of the request. During this time, the SAT may request an in-person or electronic meeting with the student.
4. The SAT will provide the student with instructions on how to submit the "Complete Withdrawal" Form on Knowledgebase. Any SF-affiliated identification (e.g., student ID badge, parking pass) or materials provided to the student (e.g., locker key) must be returned to the SF PA Program prior to the withdrawal.

Any student granted a withdrawal from the SF PA Program and the University of Saint Francis must re-apply through traditional admission processes to be considered for readmittance.

5.15.7 LEAVE OF ABSENCE OR INTERRUPTION OF STUDIES

A SF PA student may request an official leave of absence (LOA) from programmatic enrollment:

- During the didactic phase for personal, medical, or academic reasons. A LOA during the didactic phase must span, at minimum, through the end of the last successfully completed semester. Upon return, the student will be required to resume their studies at the beginning of the first incomplete semester, repeating any coursework as necessary to ensure continuity and competency. The LOA is not to exceed one calendar year.
- Between successful completion of the fourth didactic semester and the start of clinical phase for personal, medical, or academic reasons for a period not to exceed one calendar year.
- During the clinical phase for personal, medical, or academic reasons for a period not to exceed one calendar year. A student with an approved LOA request for a maximum of two rotations, not to exceed 10-consecutive weeks, may return to their studies without completing re-entry testing or providing a formal notice to the program director. Such a request will result in a delay of graduation. A LOA request that exceeds two rotations or 10-consecutive weeks will result in a delay of graduation or deceleration.

Any student granted a LOA is still required to complete the full curriculum to be eligible to earn the MS in Physician Assistant Studies degree. Any SF-affiliated identification (e.g., student ID badge, parking pass) or materials provided to the student (e.g., locker key) must be returned to the PA Program prior to the approved absence.

According to policy set forth by the graduate school, once a student has begun coursework toward a graduate degree, a maximum of five years is allowed for completion of all degree requirements. Courses more than five years old may not be accepted toward revised programs.

To request a LOA, a student must adhere to the following procedure:

1. The student drafts a written request.
 - The request must minimally include 1) a clear statement describing the rationale for the LOA, 2) the duration of the requested LOA, 3) a description of how a LOA would aid the student in the completion of their academic and professional goals, and 4) evidence to support the likelihood that a LOA will result in successful completion of the program.
 - The request may not exceed two, double-spaced typed pages in 12-point font.
2. The student emails the request as an attachment to the SAT lead (kmoser@sf.edu).
3. The SAT will contact the student to arrange an in-person or electronic meeting within 10 business days of receiving the petition.
4. The student's petition will be reviewed and discussed with the student and the members of the SAT at the meeting.
5. The members of the SAT will hold a second meeting within 10 business days of the first meeting to discuss the student's petition privately and make a recommendation regarding a LOA.
6. The SAT relays their recommendation regarding the requested LOA to the FEC, which votes to approve or deny the recommendation within 10 business days of receiving the SAT's recommendation.
7. After the FEC meeting, the lead of the SAT invites the student to discuss the council's decision. If the LOA is approved, the SAT lead and the student review relevant policy and procedure related to LOA. The SAT lead also provides the student with written documentation of the decision.
8. The PA program director provides written notification including applicable beginning and ending dates to the student and the assistant dean of the sciences and medical studies pathway.

The decision to grant a student a LOA is entirely at the discretion of the FEC following recommendation from the SAT. Any student wishing to appeal a decision of the FEC is required to follow the steps outlined in the program's appeal process (see [section 6.7.1](#)).

5.15.8 LEAVE OF ABSENCE EXTENSION

A student wishing to extend an approved LOA must notify the SAT lead (kmoser@sf.edu) in writing at least 10 business days prior to the anticipated date of re-entry.

Any student with an approved LOA who wishes to receive an extension must adhere to the following procedure:

1. The student drafts a written request.
 - The request must minimally include 1) a clear statement describing the rationale for the LOA extension, 2) the duration of the requested LOA extension, 3) a description of how a LOA extension would aid the student in the completion of his/her academic and professional goals, and 4) evidence to support the likelihood that a LOA extension will result in successful completion of the program.
 - The request may not exceed two, double-spaced typed pages in 12-point font.
2. The student emails the request as an attachment to the SAT lead (kmoser@sf.edu).
3. The SAT will contact the student to arrange an in-person or electronic meeting within 1 business day of receiving the request.
4. The student's request will be reviewed and discussed with the student and the members of the SAT at the meeting.
5. The members of the SAT will hold a second meeting within 1 business day of the first meeting to discuss the student's petition privately and make a recommendation regarding an LOA extension.
6. The SAT relays their recommendation regarding the requested LOA extension to the FEC, which votes to approve or deny the recommendation within 2 business days of receiving the SAT's recommendation.
7. After the FEC meeting, the lead of the SAT invites the student to discuss the council's decision. If the LOA extension is approved, the SAT lead and the student review relevant policy and procedure related to LOA extension. The SAT lead also provides the student with written documentation of the decision.
9. The PA program director provides written notification including amended beginning and ending dates to the student and the assistant dean of the sciences and medical studies pathway.

The decision to grant a student an LOA extension is entirely at the discretion of the FEC following recommendation from the SAT. Any student wishing to appeal a decision of the FEC is required to follow the steps outlined in the program's appeal process (see [section 6.7.1](#)).

5.15.9 PROGRAMMATIC READMITTANCE

Any student who has taken an approved LOA exceeding the time limits specified below must formally petition the SAT for programmatic readmittance according to the published procedure:

- One calendar year during the didactic phase.
 - Two clinical phase courses / 10-consecutive weeks at the start of the clinical phase or during the clinical phase.
1. The student drafts a written request.
 - The request must minimally include 1) a clear statement describing why the student desires to return and 2) why this is the appropriate time to return.
 - If the student is requesting readmittance following an LOA taken for medical reasons, the student must also include documentation from an appropriate healthcare provider indicating that the student is able to safely return to class.
 - The request may not exceed two, double-spaced typed pages in 12-point font.
 2. The student emails the request as an attachment to the SAT lead (kmoser@sf.edu) and program director (kwolf@sf.edu) at least 45 business days prior to the start of the semester of desired readmittance.
 3. The SAT will meet with the student virtually or in-person within 10 business days of receipt of the letter to discuss its contents and related matters.
 4. The SAT/FEC will provide a decision regarding readmittance to the student in writing within 10 business days of the meeting.
 5. If readmittance is granted, the student will be required to successfully complete re-entry testing. Unsuccessful performance on re-entry testing as outlined in [section 5.15.11](#) will result in dismissal from the SF PA Program.

Any student re-entering the SF PA Program will also be required, at minimum, to pay fees associated with a criminal background check, immunizations, TB testing, and BLS/ACLS certification. The student will be responsible for all fees assessed by the University, including but not limited to, semester fees and technology fees. The student will be charged current, published tuition and fees at the time of readmittance.

5.15.10 RE-ENTRY TESTING

Any student who meets the following criteria must successfully complete re-entry testing to resume their studies according to the published procedure:

- Took a LOA during the didactic phase.
- Took a LOA for a period greater than two clinical phase courses / 10-consecutive weeks at the start of the clinical phase or during the clinical phase.
- Experienced a clinical phase deceleration.

Re-entry testing may not occur until the student has received formal communication from the SAT but must be completed at least 10 business days prior to programmatic re-enrollment.

Each component of the re-testing requirements must be passed with the specific score noted below. Students are allowed two attempts at each component. Failure of the second attempt of any component of the re-entry testing requirements results in dismissal from the SF PA Program. Additional attempts may be requested of the SAT according to the appeal process outlined in [section 6.7.1](#). Any student dismissed from the program following failure of the re-entry requirements may reapply through the traditional application process.

Re-entry testing requires the student to demonstrate competence for the portion of the curriculum completed prior to the LOA or clinical phase deceleration.

Re-entry testing requirements for the didactic phase include achieving a score $\geq 80\%$ on each of the following components:

- A cumulative multiple-choice exam over content taught during the didactic phase. The assessment will consist of 50-questions per semester that the student completed prior to the didactic phase LOA, such that an exam completed after:

- First semester consists of 50-questions.
- Second semester consists of 100-questions.
- Third semester consists of 150-questions.
- Fourth semester consists of 200-questions.

Re-entry testing requirements for the clinical phase include achieving a score ≥ 1 standard deviation below the class average on alternative versions of the didactic year summative evaluation for the student's original matriculating cohort, to include:

- A cumulative, 200-question multiple-choice exam.
- A cumulative short-answer case study and white space exam.
- A comprehensive skills OSCE.

If the curriculum has been updated during the student's LOA or clinical phase deceleration, question content will be based on the course descriptions for the courses completed by the student. Detailed item analysis of examination questions will be reviewed by two separate faculty members following completion of the examination(s). Any discrepancies will be discussed with final score(s) calculated following deliberation.

5.16 CERTIFICATION

Students who graduate from an accredited physician assistant program are eligible to take the certification examination offered by the National Commission on Certification for Physician Assistants (NCCPA). Successful completion of the examination allows the individual to use the title "Physician Assistant Certified," abbreviated as "PA-C." The most current *NCCPA PANCE Exam Performance Summary Report Last 5 Years* is updated on the PA Program's website by April 1 of each year (A3.11c).

6.0 PROGRAMMATIC POLICIES & PROCEDURES: BEHAVIORAL CONDUCT & PROFESSIONALISM

Students are expected to demonstrate professionalism in all interpersonal interactions associated with their participation in the SF PA Program, including but not limited to interactions with members of the academic community, clinical partners, patients, and the public. Students must be respectful, punctual, responsible; practice good communication skills; and demonstrate awareness of their limitations as PA students.

Faculty and staff of the SF PA Program may use professionalism violations when responding to regulatory questions or when providing recommendations for employment or privileges at institutions. Deficiencies in any areas of professionalism will be brought to the student's attention in the form of written documentation and will include a meeting with the SAT. Professionalism Improvement Plans (PIPs) will be implemented when appropriate. Violations may also result in counseling, poor professional standing, failure (of an assignment, assessment, course, or remediation), delay of graduation, deceleration, or programmatic dismissal.

6.1 COMMUNICATION WITH FACULTY & STAFF

Communication between faculty, staff, and students is of vital importance. Faculty and staff of the SF PA Program must be able to contact students easily. Students are expected to provide the PA Program's administrative assistant with accurate address, telephone, and e-mail information. Changes to this information must be immediately reported to both the PA Program's administrative assistant and updated on Colleague Self-Service (on my.sf.edu). These changes include modifications to place of residence during the clinical phase, including rotations at distant sites.

The normal means of communication from the program to the students is via university e-mail or Microsoft Teams. Students are responsible for checking messages daily to avoid missing important information. Faculty and staff email queries or Microsoft Teams messages must be answered within 48 hours (Monday-Friday, excluding weekends). Failure to respond within 48 hours may result in review by the SAT regarding professionalism and professional conduct. Faculty and staff will respond to emergent student queries or concerns as soon as possible, and non-emergent student queries or concerns within 3 business days.

6.2 ACADEMIC HONESTY

The PA profession depends on professional integrity, and the SF PA Program requires academic integrity of every student. Examples of academic dishonesty include plagiarism, misrepresenting data, falsification of academic records or documents, inappropriate use

of generative AI, and unauthorized access to computerized academic or administrative systems. Standards of academic honesty are posted in the university's Graduate Catalog and on course syllabi.

Any accusation or violation of professional or academic integrity will be reported to and investigated by the SAT and be subject to any disciplinary actions of the committee, including programmatic dismissal. A report of official disciplinary action will also be sent to the Provost and Academic Dean. A student has the right to appeal at each reported violation following the procedure listed in [section 6.7.1](#).

6.2.1 ACADEMIC INTEGRITY

As an institution guided by Christian principles, the University of Saint Francis places the highest importance upon honesty in all academic work. As such, academic integrity is a fundamental principle of collegial life at the University of Saint Francis and is essential to the credibility of the university's education programs. Moreover, because assessment may be competitive, students who misrepresent their academic work violate the rights of their fellow students. The University of Saint Francis, therefore, views any act of academic dishonesty as a serious offense requiring disciplinary measures, including failing the assignment, failing the course, and even expulsion from the university. In addition, an act of academic dishonesty may have unforeseen effects far beyond any officially imposed penalties. Violations of academic integrity include cheating or assisting others to cheat. Examples of academic dishonesty include plagiarism, misrepresenting data, falsification of academic records or documents, inappropriate use of generative AI, and unauthorized access to computerized academic or administrative systems.

6.2.2 PLAGIARISM

Plagiarism is the presenting of others' ideas as if they were one's own. When writing an essay, creating a project, doing a project, or creating anything original, it is assumed that all the work, except for that which is attributed to another author or creator is one's own work. Be aware that word-for-word copying is not the only form of plagiarism. Plagiarism is considered a serious academic offense and may take the following forms [Adapted from the Modern Language Association's *MLA Handbook for Writers of Research Papers*. New York: MLA, 1995: 26.]:

- Copying word-for-word from another source and not giving that source credit.
- Cutting and pasting from internet or database sources without giving that source credit.
- Paraphrasing the work of another and not giving that source credit.
- Adopting a particularly apt phrase as one's own.
- Reproducing any published or copyrighted artwork, both fine and commercial.
- Digitally duplicating or downloading any copyrighted software, programs, or files.
- Paraphrasing another's line of thinking in the development of a topic as one's own.
- Receiving excessive help from a friend or elsewhere or using another project as one's own.

6.2.3 ACADEMIC CONSEQUENCES & STUDENT RIGHTS

All violations of academic integrity will be reported through the Academic Integrity Violation Form (in Knowledgebase > Employee Forms > Advising and Academic Support > Academic Integrity Violation).

1. A first offense will be handled according to the consequences regarding individual acts of academic dishonesty or plagiarism detailed in each individual course syllabus. A student is required to meet with a representative from the Academic and Career Development Center, advisor, and faculty member who reported the offense. A student will be prohibited from course registration until the remediation is completed. A first offense is reported through Knowledgebase by the faculty member.
2. A second offense of academic dishonesty as recorded by the Academic and Career Development Center will result in a final grade of failure (F) for the course which will supersede any withdrawal action by the student. In addition, the case will be brought forward by the Provost and Academic Dean or designee to a committee that consists of the following:
 - Provost and Academic Dean, who will chair the committee.
 - Pathway director.
 - PA program director.
 - Instructor of the course in which the academic dishonesty or plagiarism occurred.
 - Two faculty members, at least one of whom is outside of the PA Program, appointed by the Faculty Senate Chair.

- Two graduate students appointed by the president of the Student Government Association or Dean of Students.
3. The committee will determine whether the student will receive either a one-year suspension or a permanent dismissal from the university. The student will receive a certified letter stating the committee's decision. The decision of this committee is final and cannot be appealed.

A student has the right to appeal each reported violation. See [section 6.7.2](#) for more information.

6.3 PHYSICIAN ASSISTANT STUDENT HONOR CODE

All SF PA Program students are expected to adhere to the tenets of the Physician Assistant Student Honor Code throughout the entirety of the curriculum. This document is provided to all students prior to matriculation as part of the *Physician Assistant Enrollment Packet*. A student's signature serves as their assent to unwaveringly adhere to the highest standards of personal, academic, and professional ethics throughout their tenure as a physician assistant student. Failure to adhere to the Honor Code will result in sanctions including, but not limited to, counseling, remediation, failure of an assignment or course, professionalism sanctions, or dismissal from the SF PA Program. Any student dismissed from the SF PA Program for a violation of the Honor Code is indefinitely ineligible for re-admittance.

The Physician Assistant Student Honor Code is included below for review.

Professionalism and academic integrity are primary goals of the training of physician assistant students. As such, the following honor code must be signed and unwaveringly adhered to by all physician assistant students enrolled in the Physician Assistant Studies Program at the University of Saint Francis (SF).

I, _____, affirm that I will adhere to the highest standards of personal, academic, and professional ethics throughout my tenure as a physician assistant student. I will:

- *Demonstrate academic integrity in all academic work.* Examples of academic dishonesty include, but are not limited to, cheating, using generative AI tools (e.g., ChatGPT, OpenEvidence, etc.) inappropriately (e.g., to complete assignments, papers, or presentations), plagiarism, misrepresenting data, falsification of academic records or documents, unauthorized access to computerized academic or administrative systems, unauthorized possession of or distribution of curricular materials from the current academic year or past years (including test materials, quizzes, homework assignments, or information about patients discussed in the active learning curriculum) to students in the SF PA Program.
- *Demonstrate professional behaviors becoming of a physician assistant.* The American Academy of Physician Assistants defines professionalism as, "The expression of positive values and ideas as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements." Unprofessional behaviors related to patient confidentiality/ privacy, or patient safety are of upmost importance and will not be tolerated under any circumstances. Such behaviors include electronically reproducing or photocopying any part of the patient medical record or violating a clinical affiliation agreement. Flirtatious behaviors and/or intimate relationships with patients, faculty, staff, or preceptors are unacceptable under any circumstances.
- *Uphold the Core Values of Student Conduct and abide by the Code of Student Conduct.* Both may be reviewed by visiting the [SF Student Handbook](#).

I agree to adhere to the highest standards of personal, academic, and professional ethics throughout my tenure as a physician assistant student. I understand that failure to adhere to the Honor Code will result in sanctions including, but not limited to, counseling, remediation, failure (of an assignment, examination, project, or course), professionalism sanctions, or dismissal from the SF PA Program. Any student dismissed from the SF PA Program for a violation of the Honor Code is indefinitely ineligible for re-admittance.

6.4 DRESS CODE

Enrolled students are expected to demonstrate professionalism by maintaining appropriate hygiene and dressing appropriately for all SF PA Program sanctioned events. Appropriate hygiene includes regular bathing, management of hair and nails, and the consistent use of antiperspirants or deodorant. Clothing should be clean, well-kept, and free of holes, tears, or patches. Clothing and

jewelry are expected to meet standards of health care professionals. Dress and appearance play a fundamental role in establishing trust and confidence. Students should consider the cultural sensitivities of their most conservative potential patients and present themselves in a manner that will earn their respect, ensure their trust, and make them feel comfortable. Recent trends in clothing, body art, and body piercing may not be generally accepted by patients and should not be worn by physician assistant students.

6.4.1 DIDACTIC PHASE

During the didactic phase, students are expected to adhere to the following guidelines:

1. In the classroom, students are expected to wear:
 - Business casual attire for any programmatic activities on campus that are led by faculty and staff of the PA Program, including adjunct faculty. ‘Business casual’ attire refers to the following: Collared shirts/polos (long or short-sleeved), khaki pants, black “jeans” or other colored jeans (without holes, rips, or patches), zipped jackets (e.g., Columbia or North Face style zipped-jackets; not brand specific), professional medical scrubs (with clean athletic shoes or medical-style clogs), and any of the ‘professional attire’ items. Unacceptable business casual attire includes blue jeans, sweatpants, hoodies, leggings, spandex, cut-off/shortened shirts/sweaters, translucent or transparent tops/bottoms, hats, or flip flops.
 - i. On Fridays only, students may wear blue jeans with a blouse/collared shirt/polo/sweater, or university-affiliated clothing item.
 - Professional attire for any programmatic activities on- or off-campus that are led by non-PA Program faculty or staff. ‘Professional attire’ refers to “dress clothes,” and includes any of the following: Dress pants, dress shoes (e.g., ballet flats, stylized sandals (not flip flops), wedges, heels, loafers, mules, Mary Janes), suit jackets, business jackets/blazers, button-down shirts with a tie, blouses (long or short-sleeved), cardigans, sweaters, professional skirts, and professional dresses (with or without hose/leggings underneath). Leggings are allowed when worn with a long tunic or dress long enough to cover the buttocks.
2. On laboratory days, students are required to wear scrubs with a t-shirt, sports bra (if applicable), and shorts underneath, with clean closed-toe shoes. Students should not wear tank tops, sweatpants, sweatshirts, spandex, or cut-off type clothing. Any student who has concerns regarding lab attire may speak with the program director to identify alternatively acceptable attire.
3. During patient encounters and in the clinical setting, students are required to wear scrubs or professional attire, along with their whitecoat and nametag, to be clearly identified as a PA student (A3.04).
4. Students are not required to wear make-up or style their hair in a certain fashion, but hair is expected to be clean, well-kept, and of a natural color. Facial hair should be clean and well-trimmed. Nails should be clean and trimmed so as not to cause discomfort to a lab partner or patient.
5. Students should avoid heavily scented perfumes, personal care products, and/or aftershave.

Students who do not comply with hygiene and dress code expectations may be sent home and asked to change. Any missed class/activity time because of inappropriate dress or hygiene will be counted as an unexcused absence. Students who repeatedly exhibit noncompliance with hygiene or dress code policy will be required to meet with the SAT and may receive professional sanctions.

The dress code is only enforceable during PA Program sanctioned events.

6.4.2 CLINICAL PHASE

During the clinical phase, students are expected to adhere to the following guidelines at their assigned clinical sites:

1. SF PA students must represent themselves as PA students within the clinical setting and wear a nametag or badge (purchased by the student through the university) that identifies them specifically as a physician assistant student and includes their name (A3.04).
2. Students are required to wear a short, white laboratory coat/ jacket with programmatic identification (purchased by the student), unless otherwise directed by program faculty or the preceptor.
 - In some settings (e.g., pediatrics, behavioral health), the preceptor may ask the student not to wear a white coat or may recommend business-causal dress.

3. Medium-length skirts or tailored slacks are appropriate for pants. Button-down shirts (with tie, if desired), collared shirts, or other dress shirts are also appropriate. Shoes must be closed-toed, comfortable, clean, in good repair, and worn with socks or hose. In locations where personal scrubs may be worn, they must be dark gray/ charcoal in color and embroidered with a SF emblem.
4. Hair is expected to be clean, well-kept, of a natural color, and secured off the face / out of the eyes. Shoulder-length hair or longer must be secured to avoid interference with job duties. Facial hair must be neatly trimmed. Nails should be clean, trimmed, of short-to-medium length, and devoid of bright/dark colors. Artificial nails are not allowed. Jewelry should be kept at a minimum. A small stud in the nose and/or pierced ears (one or two earrings per ear, only) are allowed. No other visible piercings (including tongue piercings) are allowed. Distracting tattoos should be covered.
5. The following items are specifically prohibited in the hospital or clinic environments: Blue jeans, regardless of color, or pants of a blue jean style; shorts, leggings, athletic wear, or sweat suits; sandals or open-toed shoes, high-heeled or canvas shoes (blood or needles may penetrate the fabric); midriff tops, t-shirts, halters, translucent or transparent tops; shirts or tops with plunging necklines, tank tops, or sweatshirts.
6. Students should avoid heavily scented perfumes, personal care products, and/or aftershave.

Ultimately, students are expected to follow the specific policies of the clinical facilities. When on campus or at program-required events (e.g., IPE events), clinical phase students are expected to follow the dress code expectations of the didactic phase.

Students who do not comply with hygiene and dress code expectations may be sent home and asked to change. Any missed class/activity time because of inappropriate dress or hygiene will be counted as an unexcused absence. Students who repeatedly exhibit noncompliance with hygiene and dress code will be required to meet with the SAT and may receive professional sanctions.

6.4.3 PHYSICAL EXAM LABORATORY EXPERIENCES

Throughout the didactic and clinical phases of the SF PA Program, students will be required to act as a patient for one or more classmates in physical examination labs. During these encounters, students may be asked to remove articles of clothing (e.g., shirt over sports bra or bare chest; pants over shorts) to facilitate proper exam technique. In these instances, students may choose to complete the laboratory experience behind a privacy curtain within the lab. Faculty will observe all student-student interactions to offer guidance on technique and examination and monitor the conduct of the laboratory environment.

6.4.4 STUDENT IDENTIFICATION

SF PA students must represent themselves as physician assistant students within the clinical setting to distinguish themselves from other health profession students and practitioners. Students must wear a nametag or badge (purchased by the student through the university) that identifies them specifically as a physician assistant student and includes their name (A3.04).

6.5 ATTENDANCE

The pursuit of a graduate medical degree is a considerable endeavor that requires diligence and commitment. Accordingly, the SF PA Program maintains attendance policies for both the didactic and clinical phases of the curriculum. Attendance and punctuality are required for all SF PA Program sanctioned events and constitute an essential component of professional behavior, including but not limited to classes, labs, seminars, workshops, small group discussions, interprofessional educational (IPE) experiences, and clinical experiences, except in cases of illness, emergencies, legal obligations (e.g., Jury Duty, National Guard Duty), or prior excusal. Explicit permission from the program director is required to vary any component of the written policy. Failure to comply with the policy as written may result in professionalism review, disciplinary action, and/or programmatic dismissal.

6.5.1 DIDACTIC PHASE & DIDACTIC ACTIVITIES

The following provisions apply specifically to the didactic phase of the program and didactic activities during the clinical phase, including but not limited to lectures, labs, simulation sessions, small-group learning activities, examinations, quizzes, presentations, end of rotation week activities, and other program-sanctioned events.

Policy Definitions

Relevant definitions for this policy include:

- Tardy: Arriving <10 minutes after the scheduled start time of a required activity.
- Early Departure: Leaving a required activity prior to dismissal without approval.

- **Excused Absence:** An absence approved by the program for qualifying circumstances and supported by appropriate notification and documentation (if requested).
- **Unexcused Absence:** Any absence not approved as excused, including arriving >10 minutes after the scheduled start time of a required activity.

Overview of the Attendance Model

The program utilizes a cumulative attendance model for the didactic phase of the program and didactic activities during the clinical phase. All absences, regardless of reason, count toward the total allowable absence limit, except for absences protected by law or university / programmatic policy (e.g., Jury Duty, National Guard Duty, ADA accommodations, Bereavement Leave, etc.). Unless otherwise noted, all absences are recorded in hours that correspond to the time blocks noted on course schedules.

Excused Absences

Requests for excused absences must be submitted in writing via email or Microsoft Teams to the program director and the instructor(s) of the affected class(es) prior to the absence whenever possible. Approval is not guaranteed and is granted at the discretion of the program director and the instructor(s) of missed class(es). In emergent situations, students must notify the program director as soon as safely possible, followed by written notification via email or Microsoft Teams within 24 hours. Supporting documentation may be required and must be submitted within 48 hours of the absence.

Excused absences may be considered for the following circumstances:

- Acute personal illness, injury, or medical emergency.
- Acute illness or medical emergency of an immediate family member.
- Religious observances / pilgrimages.
- Rehearsal dinner/ wedding day when the student is a member of the wedding party.
- Funeral or celebration of life event for a non-immediate family member. For the death of an immediate family member, see the Bereavement Policy in [section 6.5.3](#).
- Mental health day. Each student is permitted one personal, mental health day per semester. This day must be requested and approved at least 72 hours in advance. Mental health days may not be used on examination days, simulation lab days, OSCE days, or specialty / technical skills lab days (e.g., VA lab, introduction to suturing, cadaver lab, ultrasound lab, etc.) or scheduled rotation days. Students approved for a mental health day will have 8 hours recorded towards their total absence hours allotted for the semester regardless of the number of class hours scheduled for that day.

Virtual Attendance

Virtual attendance via Microsoft Teams may be approved on a case-by-case basis at the discretion of the course director or end of rotation week instructor. Virtual attendance / participation does not constitute physical attendance and is recorded as excused absence hours. Virtual attendance is not permitted for laboratories, examinations, or other activities requiring in-person participation. Virtual attendance to simulation experiences may be approved at the discretion of the course director or end of rotation week instructor.

Make-Up Work and Assignments / Assessments

Students are responsible for all missed content. Make-up assessments and assignments are not guaranteed. A student who has been granted an excused absence may have the opportunity to reschedule any evaluative measures (e.g., quiz, test, presentation, assignment) planned during the absence at a different time at the discretion of the course director or end of rotation instructor. Make-up assessments / assignments may differ in format, timing, and difficulty from the original.

Unexcused absences result in a grade of zero for any missed assignments or assessments, with no opportunity for make-up. In cases where a student has an unexcused absence for a programmatic assessment (e.g., head-to-toe clinical skills exam, medical terminology exam, clinical skills check-offs in PAD 506) or other required assessments (e.g., PAEA exams, PACKRAT exams, OSCEs, summative evaluations, etc.), the student will be required to remediate the missed assessment in accordance with the [remediation policy](#). However, passage of the assessment does not change the student's original score on the assessment if the assessment contributes to a course grade.

Professionalism and Disciplinary Review

Attendance, punctuality, and communicating regarding absences are evaluated as components of professional behavior. Each unexcused absence will result in documentation of a professionalism concern and may require a meeting with the SAT. Patterns of tardiness, early departure, or poor communication regarding absences may trigger professionalism review and professionalism

sanctions by the SAT independent of total absence hour count. Students who exceed the maximum allowable absences in a semester or who demonstrate persistent attendance-related professionalism concerns throughout the didactic phase may be subject to deceleration or dismissal from the PA Program.

6.5.1.1 DIDACTIC PHASE

Attendance Model

Students are permitted a maximum of 40 total absence hours per semester during the didactic phase, not to exceed 20 absence hours in a single week. No more than 10/40 hours may be unexcused. Two tardies and/or early departures, whether excused or unexcused, will be recorded as five unexcused absence hours. All absence hours are recorded electronically by program faculty.

Professionalism and Disciplinary Review

Specific actions / consequences are noted below:

Total Absence Hours Per Semester	Action / Consequence
16 hours	Message from SAT; <u>first</u> professionalism concern recorded in student's file
24 hours	Mandatory meeting with the SAT; <u>second</u> professionalism concern recorded in student's file
32 hours	Mandatory meeting with the SAT; progression warning recorded in student's file
40 hours	Mandatory meeting with the SAT; <u>final</u> warning for progression recorded in student's file
>40 hours	Mandatory meeting with the SAT; subject to deceleration or dismissal from the PA Program at the recommendation of SAT and discretion of the FEC
Total Unexcused Absence Hours Per Semester	Action / Consequence
5 hours	Mandatory meeting with the SAT; <u>first</u> professionalism concern and progression warning recorded in student's file
10 hours	Mandatory meeting with the SAT; <u>second</u> professionalism concern and final warning for progression recorded in student's file
>10 hours	Mandatory meeting with the SAT; subject to deceleration or dismissal from the PA Program at the recommendation of SAT and discretion of the FEC

6.5.1.2 DIDACTIC ACTIVITIES DURING CLINICAL PHASE

Attendance Model

Students are permitted a maximum of 20 total absence hours per semester during clinical phase didactic activities (i.e., EOR weeks), not to exceed 10 absence hours in a single week. No more than 5/20 hours may be unexcused. Two tardies and/or early departures, whether excused or unexcused, will be recorded as five unexcused absence hours. All absence hours are recorded electronically by program faculty. If a student is scheduled to obtain clinical rotation hours during EOR weeks, the attendance policies and provisions for the clinical phase (see section 6.5.2) supersede those of this policy. However, the student is still required to make-up any missed activities that occurred over EOR week.

Professionalism and Disciplinary Review

Specific actions / consequences are noted below:

Total Absence Hours Per Semester	Action / Consequence
8 hours	Message from SAT; <u>first</u> professionalism concern recorded in student's file
12 hours	Mandatory meeting with the SAT; <u>second</u> professionalism concern recorded in student's file
16 hours	Mandatory meeting with the SAT; progression warning recorded in student's file
20 hours	Mandatory meeting with the SAT; <u>final</u> warning for progression recorded in student's file
>20 hours	Mandatory meeting with the SAT; subject to deceleration or dismissal from the PA Program at the recommendation of SAT and discretion of the FEC
Total Unexcused Absence Hours Per Semester	Action / Consequence
3 hours	Mandatory meeting with the SAT; <u>first</u> professionalism concern and progression warning recorded in student's file

5 hours	Mandatory meeting with the SAT; <u>second</u> professionalism concern and final warning for progression recorded in student's file
>5 hours	Mandatory meeting with the SAT; subject to deceleration or dismissal from the PA Program at the recommendation of SAT and discretion of the FEC

6.5.2 CLINICAL PHASE

The following provisions apply specifically to the clinical phase of the program, including clinical or rotation experiences, and other program-sanctioned events:

- Each SF PA student may be excused for a maximum of 5 total days over the entire clinical phase for necessary life events (e.g., celebration of life service, funerals, weddings, personal/ family medical events, job interviews, religious pilgrimage) or another event approved by the director of clinical education. Although some events may occur unexpectedly (e.g., job interview), a minimum of 3 months advance notice is required to ensure an excused absence. These requests must be submitted in writing via CORE Higher Education to the director of clinical education for approval. Requests submitted less than 3 months prior to the expected absence may be excused only at the discretion of the program director and director of clinical education. Regardless of reason, a student cannot miss more than 3 days during a single clinical rotation period (including absences for necessary life events and/or illness).
- Any absence that is not approved in advance by the director of clinical education will result in a meeting with the SAT.
- A student who misses more than 3 days during a single clinical rotation period and/or accrues more than 5 absences during the clinical phase will meet with SAT and be subject to sanctions including but not limited to rotation course failure, deceleration, delay of graduation, or programmatic dismissal.
- Any student who feels unwell or experiences illness during a scheduled clinical rotation must contact the clinical team as soon as possible to seek an excused absence.
- Should a preceptor send a student home due to student illness or another circumstance deemed appropriate by the preceptor, the student must document the date and number of hours missed in the CORE system. Program faculty reserve the right to call preceptors and clinical sites at their discretion to verify an absence reported in CORE. Failure to accurately document preceptor-approved clinical absences in CORE will result in a meeting with the SAT and subject the student to sanctions including but not limited to rotation course failure, deceleration, delay of graduation, or programmatic dismissal.

6.5.3 BEREAVEMENT LEAVE

Three days of bereavement leave are granted to all students who experience a death in their immediate family. Immediate family members include spouse, child, parent (including step-parent and mother- or father-in-law), sibling (including step-sibling and brother- or sister-in-law), grandparent (including grandparent-in-law), and grandchild. Any student who experiences a death in the family for which they desire bereavement leave must contact the program director to initiate the leave. Bereavement leave does not count toward a student's total attendance hours for the semester. However, bereavement leave during the clinical phase of the program may result in additional rotation hour requirements on a case-by-case basis and is considerate of other absences for the specific rotation experience affected.

6.6 CURRICULUM MATERIALS & PROPER USAGE OF TECHNOLOGY

6.6.1 DISTRIBUTION OF CURRICULUM MATERIALS

All materials given to the student by the SF PA Program and generated by the student while enrolled at SF cannot be distributed to any other person, institution, or agency without the written permission of the SF PA Program. This includes written, photographic, and video materials. Students are not permitted to make unauthorized recordings. Materials given to students are to be used for their own education; graduates may keep these materials for their personal possession only. Any student found to distribute, share, or publish these materials in any way will be required to meet with the SAT and may be subject to actions including, but not limited to, counseling, professionalism sanctions, programmatic dismissal, and/or legal action. Reasonable uses of student generated materials for professional purposes are exempted. Refer to syllabi for course specific policies.

6.6.2 PROGRAMMATIC TECHNOLOGY REQUIREMENTS

The SF PA Program uses ExamSoft and Exemplify for most written assessments throughout the didactic and clinical phases (installation instructions provided during orientation), as well as Internet Testing Systems (ITS) for PAEA assessments in the late didactic phase and throughout the clinical phase. Therefore, students are required to possess technology that meets minimum

system requirements for both [ExamSoft](#) and [ITS](#). The PA Program does not require or recommend a particular laptop brand beyond one that meets these minimum requirements. Students are expected to replace or repair their personal technology at their own cost if it becomes damaged, deficient, or is no longer compatible with required software; and to keep their technology updated to ensure continued compliance with programmatic software.

Computers are available on SF's campus for student use in the library for non-exam activities. However, all queried students in the program have found it important to own a personal computer and obtain home-based Internet services. Currently, each student in the program has a laptop and/or tablet that they use throughout the curriculum. The make and model of equipment or availability of Internet services varies widely. Students from recent cohorts have also strongly recommended the purchase of an iPad/tablet and pencil/stylus (with or without attachable keyboard). Many prefer to take notes on these devices and use them alongside their personal laptop computers for studying.

Students have access to Microsoft Office 365 and will be able to download, free of charge, Microsoft Office software onto their personal computers/devices at the time of initial registration.

6.6.3 USE OF TECHNOLOGY IN CLASS & DURING COURSE-RELATED ACTIVITIES (PHYSICIAN ASSISTANT STUDENT TECHNOLOGY HONOR CODE)

Following completion of the Physician Assistant Student Technology Honor Code prior to matriculation, students are permitted to use their personal devices (e.g., laptop computers, tablets, phones, smart watches) during course activities unless otherwise indicated by the instructor. Students are not allowed to use their devices for any personal reasons during scheduled class time. Devices are only to be used to aid in student comprehension and retention of material relevant to the scheduled class. Infringements of this policy include, but are not limited to, checking emails, responding to personal messages (Microsoft Teams messages, chat messages, or text messages), internet surfing, looking at social media sites, watching sports, shopping, making unauthorized recordings, studying for other classes, and reading discussion board posts outside of active learning classes. Violations of the Technology Honor Code will result in a meeting with the SAT and a permanent ban of personal technology devices from all course-related activities (other than required activities and course examinations) for the remainder of the semester.

The Physician Assistant Student Technology Honor Code is included below for review.

I, _____, agree to utilize my personal technology device (e.g., laptop computer, tablet, phone, smart watch, etc.) during scheduled class activities and sessions for educational purposes only. I will refrain from using my device for anything other than activities designed to aid in the comprehension and retention of material related to the specifically scheduled class. I understand that examples of class-related purposes include following along on a class PowerPoint or other projected medium (e.g., Complete Anatomy, PollEverywhere, Kahoot, MedCram, Socrative, etc.), taking notes, completing an examination or quiz on ExamSoft, and looking up words with which I am unfamiliar.

I understand that these educational activities do not extend to unauthorized recordings of my classmates, instructors, or guest lecturers. No recording of any kind can occur without express written permission of all involved parties.

I understand that using my device for any personal activity is a direct violation of this policy. These activities include but are not limited to checking emails, responding to personal messages (Microsoft Teams messages, chat messages, or text messages), internet surfing, looking at social media sites, shopping, watching sports, and studying for other classes.

In the rare situation where I must have my device available for personal reasons, I will inform my instructor prior to the start of class or at the moment the emergent situation becomes known to me.

I recognize that a violation of the Technology Honor Code will result in a meeting with the SAT and a ban of personal technology devices from all course-related activities (other than required activities and course examinations) for the remainder of the semester.

I understand the Technology Honor Code and agree to uphold its tenets.

6.6.4 PHONE CALLS & TEXTS

Student phone calls, pages, texts, emails, and other forms of outside communication should not interfere with the student's participation during didactic or clinical experiences and should not disrupt the preceptor, faculty member, or office staff. Accordingly, no phone calls are to be made to or from the clinical sites unless it is essential and pertains to work in the clinical area.

Personal calls, texts, and pages should not be made or answered while students are involved in didactic or clinical activities. Should an emergent event arise, let the course director or preceptor know as soon as possible.

6.6.5 SOCIAL MEDIA

The SF PA Program expects its students to always behave in a professional manner, and this expectation extends to behavior conducted online, via email, or other electronic mediums. Students should also be aware that online postings such as blogs, web postings, chats, and social networking sites (e.g., Instagram, Facebook, X, Bluesky, Threads, TikTok, etc.) are in the public sphere and are not private. These postings can subject a student to allegations of conduct violations if evidence of policy violations is posted online. The PA Program and the University of Saint Francis do not regularly search for this information but may take action if and when such information is brought to the attention of university officials or faculty/staff members of the PA Program. Students should be mindful that free speech does not cover the following:

- A true threat, defined as “a threat a reasonable person would interpret as a serious expression of intent to inflict bodily harm upon specific individuals”;
- Speech posted online about the University of Saint Francis or its community members that causes a significant disruption.

Physician assistant students are not to distribute unauthorized materials, photographs/video/ recordings, or malicious (libel/slander) or fabricated material related to the university and/or the Physician Assistant Program and its faculty, staff, and students via social media. Confidentiality and security of patient information must always be maintained, including on social media. Unprofessional use of social media will be brought to the attention of the SAT and the student may be subject to counseling, professionalism sanctions, dismissal and/or legal action.

Regarding participation with and submissions to the program-sponsored social media accounts: Students must comply with all the aforementioned policies when creating content to be shared on the SF PA program-sponsored accounts (Instagram, LinkedIn, etc.). A faculty member will maintain control of the passwords and account access at all times; this will not be distributed to students for personal use. As such, all content to be shared will be directed through the designated faculty member for review and approval for appropriateness, accuracy, and compliance with social media policies prior to posting. Students should use the opportunity to share about their SF experience responsibly, and content creation should not distract from learning time or effort. Class time (including time offered within a given class period to work on assignments of a student’s choosing) will not be used to create content for social media unless explicitly approved by the class instructor. Additionally, content and content creation should not interfere with the mission of the University of Saint Francis, the mission or goals of the program, or negatively influence enrolled or prospective students. Content created should reflect SF and the program accurately. While it is understood that PA school is difficult, highlighting this should be done in an appropriate, respectful, and ethical manner; negative or detracting comments will be deleted. Content should not include derogatory messaging about other PA programs or professions. No student should create a separate social media account that portrays a university-sponsored account. Violation of these policies may result in a review by the program director, assistant dean, or dean of academics, which could result in professional probation or dismissal from the program.

6.7 STUDENT APPEALS, COMPLAINTS & ALLEGATIONS

6.7.1 APPEAL OF FACULTY EXECUTIVE COUNCIL DECISIONS

A student may appeal any decisions or actions made by the FEC (A3.14h). Any student who wants to appeal a decision of the FEC is required to adhere to the following procedure:

1. The student composes a formal written request for appeal within 10 business days of receiving the decision or action by the FEC.
 - The request must minimally include 1) a clear statement describing the rationale for the appeal, 2) an explanation of the disputed elements, 3) evidence to support the request for appeal, and 4) the desired outcome of the appeal.
 - The request may not exceed two, double-spaced typed pages in 12-point font.
2. The student emails the request as an attachment to the Assistant Dean of Sciences and Medical Studies (jfairbanks@sf.edu) within 10 business days of receiving the decision or action by the FEC.
3. The Assistant Dean will meet with the student within 10 business days of receipt of the letter.
4. The Assistant Dean reviews the content of the appeal to determine whether policy / procedure was followed; review historical decisions regarding the policy to ensure alignment with established procedure; and assess if the student was treated equitably compared to those in similar experiences.

5. The Assistant Dean will respond in writing to the student and to the PA program director within 5 business days after the meeting. The decision of the Assistant Dean shall be final.

General provisions of this appeal process include:

- The appeal shall be considered resolved when the solution offered is accepted by the student and further appeal is not requested or until a decision is made by the Assistant Dean.
- If the student does not act on the appeal process within the specified time limits, the appeal shall be considered settled based on the last decision rendered. If the student is not notified of a decision within the specified time limit, the appeal is automatically moved to the next step in the appeal process. Time limits may be extended by the mutual, written consent of both parties.
- Students, faculty members, and administrators involved in the appeal process shall act in an ethical manner and shall not be subject to discipline or reprisal because of such involvement.
- To protect all parties concerned, the strictest privacy shall be maintained by all parties involved.

6.7.2 APPEALING A REPORTED VIOLATION OF ACADEMIC INTEGRITY

A student may appeal a report of academic dishonesty solely and exclusively in accordance with the following institutional procedure.

1. **Appeal to the Faculty Member.** The student shall, in good faith, attempt to settle the disputed incident of dishonesty or plagiarism by meeting with the faculty member who reported the academic integrity violation. The student is responsible for bringing all relevant materials that support his or her appeal to this meeting. During this meeting, the faculty member and student will discuss the issue. This meeting shall be accomplished within three business days from the date of the notification of the offense unless additional time is requested and approved by the Dean. The faculty member will provide a written response to the student, Academic Division Director, Program Director, Department Chair, and Dean of the College within two business days. If the faculty member is unavailable, then the student will meet with the faculty member's supervisor for that program/division.
2. **Appeal to the Academic Division Chair and Program Director.** If the student is not satisfied with the result of his or her meeting with the faculty member or the program's designee, he or she can appeal the decision to the Academic Division Director, Program Director, or Department Chair. To do so the student shall submit a letter not to exceed two typed pages to the Academic Division Chair and Program Director within three business days from the date of receiving the faculty member decision on the appeal unless additional time is requested and approved by the College Dean. The letter must include an explanation of the disputed elements in the student's reported dishonesty, and a clear statement of what outcome the student seeks. The student may attach materials previously submitted to the faculty member, but no additional materials are to be submitted. The Academic Division Chair and Program Director will meet with the student within five business days after receipt of the letter. The Division Chair will respond, in writing, to the student, faculty member and College Dean within two business days after the meeting. For first offenses the Academic Division Chair's decision is final.
3. **Appeal to the College Dean (second offenses only).** For students who have incurred a second offense and facing separation from the university, the student has the option of appealing to the College Dean. To activate this option, the student shall submit a written request to the College Dean to convene an Academic Integrity Appeals Committee. The student shall submit the written request within two business days of receiving the decision of the Academic Division Chair. The student may attach materials previously submitted to the Academic Division Chair and Program Director, but no additional materials are to be submitted.

The College Dean shall convene the Academic Integrity Appeals Committee to consider the issues involved in the academic integrity dispute. The Academic Integrity Appeals Committee shall meet within five business days after the written request has been received by the College Dean. The membership of the Academic Integrity Appeals Committee shall consist of the following:

- The College Dean, Chair.
- Two faculty members appointed by the chair of the Faculty Senate.
- Two graduate students appointed by the president of the Student Government Association or Dean of Students.

The student has the right to be accompanied by a support person to the Academic Integrity Appeals Committee meeting. Either party shall have the right to bring in witnesses necessary for the processing of the appeal. The student may not submit additional materials to the Appeals Committee. Since this is an internal grievance procedure, legal counsel shall not be involved in the process.

The Academic Integrity Appeals Committee shall notify the student, faculty member, Division Chair and Program Director, and Dean of its decision in writing within five working days after considering the issue. The decision of the Academic Integrity Committee is final

General Provisions of this appeal process include:

- It is desirable that a solution to an academic integrity appeal be reached at the level closest to the course in which the student reportedly exhibited a breach of integrity. The appeal shall be considered resolved when the solution offered is accepted by the student and further appeal is not requested or until a decision is made by the President.
- If the student does not act on the appeal process within the specified time limits, the appeal shall be considered settled based on the last decision rendered. If the student is not notified of a decision within the specified time limit, the appeal is automatically moved to the next step in the appeal process. Time limits may be extended by the mutual, written consent of both parties.
- When necessary, teleconferencing and videoconferencing may be used.
- Students, faculty members and administrators involved in the academic integrity appeal process shall act in an ethical manner and shall not be subject to discipline or reprisal because of such involvement.
- To protect all parties concerned, the strictest privacy shall be maintained by all parties involved.

6.7.3 STUDENT COMPLAINT & GRIEVANCE PROCESS

All students are permitted to submit formal complaints or grievances in accordance with institutional policy (A3.14g). The process and subsequent actions after a complaint or grievance is submitted include the following steps:

1. The student discusses the concern with the faculty or staff member whom the student believes has taken improper action within 10 business days of the date the improper action occurred.
2. If resolution is not achieved during the discussion, the student discusses the problem with the program director or Assistant Dean of Sciences and Medical Studies in an informal manner unless a formal university policy or procedure exists. This discussion should occur within 5 business days of the meeting with the faculty or staff member.
3. The student is to follow any process for which a formal policy exists. These include:
 - [Financial aid appeal process](#)
 - [Grade appeal](#)
 - [Request for review of academic policy](#)
4. If no formal policy exists, and the informal communication does not adequately address a student's concern, the student should contact the following administrators within 5 business days of the informal communication with the Assistant Dean of Sciences and Medical Studies:
 - For academic concerns: Provost and Academic Dean (Dr. Angie Harrell, aharrell@sf.edu)
 - For all other complaints: Dean of Students (Jay Segal, jsegal@sf.edu)
5. The administrator will review the concern with the appropriate area and will either respond personally to the student or will direct the appropriate personnel to do so within 10 days of receipt of a written complaint.

More information can be found on the university's public facing [website](#).

6.7.4 ALLEGATIONS OF STUDENT MISTREATMENT

Within the SF PA Program, mistreatment is defined as a student perceiving as though they have been treated unfairly or in a manner that is different from the other members of their cohort. The SF PA Program does not condone the mistreatment of students by faculty or staff at any time during student enrollment (A3.14g).

Any student who perceives themselves to have been mistreated should adhere to the following procedure:

1. The student drafts a formal letter within 10 business days of the perceived mistreatment.
 - The letter must minimally include a 1) clear statement describing the situation (including the date, the people involved, the location, and any other pertinent descriptors), and 2) why the student believes that they have been mistreated.
 - The letter may not exceed two, double-spaced typed pages in 12-point font.

2. The student emails the letter as an attachment to the appropriate party within 10 business days of the perceived mistreatment:
 - If the allegation of mistreatment involves the PA program director, the student should email the letter to the Assistant Dean of Sciences and Medical Studies (Dr. Josh Fairbanks, jfairbanks@sf.edu).
 - For all other allegations of mistreatment involving PA Program personnel, the student should email the letter to the PA program director (kwolf@sf.edu).
3. The program director or Assistant Dean reviews the student’s letter and responds in writing within 10 business days of receipt of the letter. During this time, the program director or Assistant Dean may request an in-person or electronic meeting with the student.
4. If the student emailed the allegation of mistreatment to the program director and the student is not satisfied with the program director’s written response, the student should email the letter as an attachment to the Assistant Dean, following the instructions outlined in steps 1 and 2 within 10 business days.
5. If the student emailed the allegation of mistreatment to the Assistant Dean, the Assistant Dean’s decision is final.

6.7.5 ALLEGATIONS OF DISCRIMINATION, HARASSMENT, OR SEXUAL MISCONDUCT/ VIOLENCE

At SF, harassment is the commission of any act, or conspiring to commit any act that taunts, injures, degrades, disgraces, or tends to injure, frighten, degrade or disgrace any person. The University of Saint Francis reaffirms the principle that its students have a right to be free from discrimination and harassment - sexual, racial, handicapped or otherwise. Clinical affiliates also typically have written policies against harassment on their premises or by their employees and medical staff.

If a student wishes to file a discrimination, harassment, or sexual misconduct / violence complaint, the student should adhere to the following procedure:

1. File the complaint with the university Title IX Coordinator, Jay Segal (Email: jsegal@sf.edu; phone: 260-399-7700 x6741; Office: Trinity Hall Room 129).

Should a student encounter harassment at a clinical site, the student is encouraged to communicate to the perpetrator that his/her comments and/or acts are unwelcome. The student should professionally excuse him/herself, report the incident to the preceptor or facility (if appropriate), and contact the program director and director of clinical education as soon as possible (A3.14g).

7.0 CLINICAL EXPERIENCES & THE CLINICAL PHASE

Specific policies and procedures related to the clinical phase are outlined below.

7.1 SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPES)

7.1.1 SCPE OVERVIEW

The ARC-PA defines supervised clinical practice experiences (SCPEs) as “supervised student encounters with patients, either in-person or by telemedicine, that include comprehensive patient assessment, involvement in patient-care decision-making, and result in a detailed plan for patient management.” These experiences occur in the emergency department, inpatient settings, outpatient settings, and in the operating room (B3.04) and enable all students to meet the program’s learning outcomes:

- For family medicine, emergency medicine, internal medicine, surgery, pediatrics, and behavioral and mental health care (B3.06a-e,g).
- For preventative, emergent, acute, and chronic patient encounters (B3.03abc, B3.06b).
- Across the life span, to include infants, children, adolescents, adults, and the elderly (B3.06c,ef).
- For women’s health (to include prenatal and gynecologic care) (B3.06f).
- For conditions requiring surgical management, including pre-operative, intra-operative, and post-operative care (B3.06d).
- Across the domains of medical knowledge, interpersonal skills, clinical skills, technical skills, professional behaviors, and clinical reasoning and problem-solving abilities (B3.05a-f).

The SF PA Program offers robust and outstanding on-ground clinical experiences that develop physician assistant students into well-rounded healthcare professionals. During the clinical phase, students complete several clinical rotations in which they are assigned to a preceptor who supervises the on-ground clinical experience. Students work with the preceptor and primarily engage in direct patient care. The equivalence of at least one rotation during the clinical phase will be with an underserved population.

7.1.1.1 SCPE CORE ROTATIONS

Within the SF PA Program, all students must complete a core of clinical rotation experiences which includes SCPEs in family medicine, internal medicine, emergency medicine, surgery, pediatrics, women's health, and behavioral and mental health care (B3.06a-g).

7.1.1.1.1 FAMILY MEDICINE SCPE

This rotation is intended to provide the opportunity for students to gain knowledge and skill in primary care. Emphasis is also placed on proper data collection, formulation of accurate problem lists, thorough investigation of presenting complaints and formulation of appropriate treatment plans. Students are also evaluated on their professional manner and emphasis is placed upon their acquaintance with available community resources. Students will assist preceptors in a wide range of medical treatments and procedures and will participate in the counseling and education of patients on current health problems and preventive medicine across the life span.

7.1.1.1.2 INTERNAL MEDICINE SCPE

This rotation is intended to provide the student with knowledge and skill in internal medicine, including care of elderly patients. The rotation focuses on the indications for therapeutic measures used in the treatment of common medical disorders. The student may be exposed to outpatient and/or inpatient problems and will obtain and interpret medical histories, physical examinations, and diagnostic tests that will lead to the development and implementation of an appropriate treatment plan.

7.1.1.1.3 EMERGENCY MEDICINE SCPE

This rotation is intended to familiarize the student with the types of patients, presenting problems, procedures, and overall environment of an acute care emergency department, including emergent care. Methods of triage, initial stabilization and rapid assessment and diagnosis of emergency department patients are emphasized, as well as the care and treatment of minor trauma. Students are expected to participate in and observe the care of various clinical presentations and to develop confidence in their ability to provide appropriate intervention and/or referral.

7.1.1.1.4 SURGERY SCPE

This rotation is intended to prepare the student to be an assistant to the generalist. The student may be exposed to outpatient and/or inpatient services. Each student will perform admission history and physical examinations and will be involved in intra-operative procedures as well as pre-operative and post-operative care. In this manner, the student learns to assist in the management of routine surgical cases as well as provide treatment for various post-surgical complications.

7.1.1.1.5 PEDIATRICS SCPE

This rotation is intended to emphasize normal and abnormal variations in growth and development and common illnesses for infants, children, and adolescents. The student is expected to gain knowledge of well-child care, immunizations, nutrition, and general patient/parent education. The student will be exposed to the assessment, diagnosis, and management of acutely ill children in the office and/or hospital settings and will perform, record, and interpret history and physical examinations appropriate for different ages of infants and children.

7.1.1.1.6 WOMEN'S HEALTH SCPE

This rotation is designed to provide an opportunity for PA students to develop proficiency in conducting history and physical examinations with female patients, including those receiving prenatal and gynecologic care. The student will be exposed to the management principles of pregnancy, labor and delivery, prenatal complications, and postnatal complications. The gynecologic component emphasizes methods and programs related to cancer detection, venereal disease, and birth control. By the end of the rotation the student will display fundamental knowledge of obstetric and gynecologic disorders commonly encountered in primary care.

7.1.1.1.7 BEHAVIORAL AND MENTAL HEALTH CARE SCPE

This rotation is designed to increase the PA student's knowledge and awareness of psychiatry and mental health. Emphasis will be placed on common problems found in primary care settings. The outcomes are centered on proper data collection, problem

recognition, basic counseling techniques and referral mechanisms. There is also an emphasis on the patient's legal rights and common treatment modalities. The student will also become acquainted with the community and mental health framework and those agencies that provide services.

7.1.1.2 ELECTIVE SCPEs

Beyond the required core, students complete three elective rotations. These elective rotations are provided for students to gain knowledge and skill in an area of medicine which they have not yet experienced and/or to offer additional exposure to an area of interest. Electives may be completed in any core or specialty rotation area with approval from the director of clinical education.

Students choose one of the following elective bundles and complete the rotation requirements as identified in each bundle. Efforts will be made to accommodate a student's chosen elective bundle, but rotations remain dependent on preceptor availability and require approval from the director of clinical education. Consequently, students may be placed in a rotation that is not within their chosen elective bundle. Should a student wish to decline an assigned elective rotation, the provisions outlined in [section 7.2.6](#) apply.

7.1.1.2.1 TRAUMA/SURGERY SUBSPECIALTY ELECTIVE BUNDLE

Students should first complete the emergency medicine core rotation before beginning the trauma elective bundle. Students should first complete the surgery core rotation before beginning the surgery subspecialty elective bundle. Rotations may be selected from office orthopedics, radiology, outpatient clinic-occupational medicine, surgery subspecialty, trauma-focused emergency medicine, or another PA faculty-approved specialty. Students may repeat the surgery subspecialty rotation in more than one surgical discipline during the rotations.

7.1.1.2.2 FAMILY PRACTICE ELECTIVE BUNDLE

Students should first complete a family medicine core rotation before beginning the family practice elective bundle. The program recommends that the student complete extended pediatrics and obstetrics/ gynecology rotations, and the student may select additional rotation specialties from geriatrics, mental health, urgent care, or another PA faculty-approved rotation specialty.

7.1.1.2.3 INTERNAL MEDICINE ELECTIVE BUNDLE

Students should first complete an internal medicine core rotation before beginning the internal medicine elective bundle. Rotations may be chosen from cardiology, pulmonology, nephrology, gastroenterology, endocrinology, neurology, rheumatology, geriatrics, or another PA faculty-approved specialty.

7.1.1.2.4 HOSPITAL INPATIENT CARE ELECTIVE BUNDLE

Students should first complete an internal medicine core rotation before beginning the hospital inpatient care elective bundle (adult focus). Students desiring pediatric specialty rotations should first complete a rotation in family medicine or pediatrics before beginning the hospital inpatient care elective bundle (pediatric focus). Students may additionally request elective rotations in intensive/critical care, neonatology, cardiology, pulmonology, oncology, geriatrics, neurology, endocrinology, gastroenterology, nephrology, or another PA faculty-approved specialty.

7.1.1.3 ADDITIONAL ROTATION EXPERIENCES

Within the SF PA Program, students may also request or be assigned to one of the following rotation electives and/or supplemental experiences. Efforts will be made to accommodate a student's chosen elective, if applicable, but rotations remain dependent on preceptor availability and require approval from the director of clinical education.

7.1.1.3.1 PHYSICIAN ASSISTANT EDUCATION ELECTIVE

During the clinical phase, a student may request to complete one on-ground Physician Assistant Education Elective (PAEE). Successful completion of this rotation may allow a student to apply for an open faculty position in the PA Program without the teaching/clinical experience usually required of faculty candidates. Students interested in completing a PAEE rotation will be interviewed to determine their goals as they relate to academic medicine. Students who are granted a PAEE rotation will receive an overview of academia, as well as training on accreditation maintenance; the creation of learning outcomes and instructional objectives; how to write effective multiple-choice questions; and various educational theories and instructional design principles. Students will also practice creating educational materials (e.g., PowerPoint lectures, study-aids, problem-based learning materials)

under direct supervision of a principal faculty member or the program director to develop teaching acumen and develop methods to promote programmatic success and retention.

7.1.1.3.2 PHYSICIAN ASSISTANT CERTIFICATION ENHANCEMENT ELECTIVE

The on-ground Physician Assistant Certification Enhancement (PACE) elective is designed to fortify students' clinical medicine knowledge and enhance their test preparatory and study techniques. Through focused sessions, students will address individualized knowledge gaps in key clinical topics, including those listed on the NCCPA PANCE Blueprint and PAEA EOR Exam Blueprints. Additionally, they will learn effective study strategies, time management skills, metacognitive reflection practices, and test-taking techniques to optimize their performance in exams and clinical practice.

7.1.1.3.3 PHYSICIAN ASSISTANT SUPPLEMENTAL EDUCATION ELECTIVE

The Physician Assistant Supplemental Education (PASE) elective is a 2-4 week elective rotation assigned by the program to assist students in meeting rotation time requirements and/or rotation learning outcomes.

7.1.1.3.4 SUPPLEMENTAL SCPE EXPERIENCES

At the discretion of the clinical team, students may also be assigned to supplemental rotation experiences to meet rotation time requirements, in cases where preceptor availability necessitates, or if the student has completed all rotation specialty requirements through other rotation assignments. The PA Program will attempt to assign supplemental rotation experiences in specialties that complement the student's chosen specialty electives or core experiences.

7.1.2 SCPE POINT OF CONTACT

Each SCPE will have an assigned point of contact (POC). This faculty member will review all medical documentation assignments submitted by the student during the SCPE, meet with the student for pre-brief sessions, and answer SCPE related questions.

7.1.3 END OF ROTATION (EOR) WEEKS

Each 5-week SCPE will conclude with a week of End of Rotation (EOR) activities. Students are required to return to campus to engage in a variety of activities. These may include, but are not limited to:

- Completion of PAEA End of Rotation Exams (EORE) for the corresponding required clinical rotation(s).
- Risk assessment evaluations (e.g., PACKRAT 2 and PAEA End of Curriculum Exam).
- Clinical phase summative evaluation components.
- Clinical phase summative advising.
- Advising meetings with faculty members.
- Rotation pre-brief sessions.
- PANCE review sessions.
- Student presentations.
- Interprofessional education activities.
- Program-to-Practice lectures.
- Physical exam lab, procedure lab, Anatomage / cadaver lab, or skills review lab.
- Ultrasound training and practice.
- Simulation lab experiences.
- Completing programmatic and course evaluations.
- iRATs, tRATS, or other formative assessments.
- Test autopsies, metacognitive reviews, or reflective assignments.
- Imaging / test review.
- Guided readings, guided questions, guideline reviews, book / journal club, or Aquifer cases.
- Townhalls.
- Remediation, if needed.

7.1.4 PAEA END OF ROTATION EXAMS

PAEA End of Rotation Exams (EOREs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each exam consists of 120-questions (100 of which are scored) presented in a vignette format and developed using a [content blueprint and topic list](#) by experienced PA educators and national exam experts.

Within the SF PA Program, students are required to complete an EORE with a score ≥ 1 standard deviation below the national mean at the end of each core rotation, including emergency medicine, family medicine, surgery, internal medicine, pediatrics, women's health, and behavioral and mental health care. Successful passage of the EORE for each core rotation is a requirement for program completion. Program completion cannot occur until all EOREs have been successfully completed with a score ≥ 1 standard deviation below the national mean at the end of each core rotation.

Those who fail to attain a score ≥ 1 standard deviation below the national mean on an EORE will:

1. Review their performance on the exam and receive appropriate counseling.
2. Complete an Academic Improvement Plan (AIP) and be assigned a success coach.
3. Be required to take the EORE a second time according to the timeline included in the AIP and score ≥ 1 standard deviation below the national mean.

Students who pass the EORE on the second attempt with a score ≥ 1 standard deviation below the national mean and satisfy the terms of the AIP will pass the exam.

Students who fail to attain a score ≥ 1 standard deviation below the national mean on the second attempt of the EORE and/or do not satisfy the terms of the AIP will:

1. Review their performance on the exam and receive appropriate counseling.
2. Fail the original AIP.
3. Complete a new AIP with a specific, detailed study plan that requires a delay of graduation for a minimum of 21 days (as required by PAEA) and includes a required enrollment in the physician assistant certification enhancement (PACE) elective rotation.
4. Be required to take the EORE a third time and score ≥ 1 standard deviation below the national mean.

Students who pass the EORE on the third attempt with a score ≥ 1 standard deviation below the national mean and satisfy the terms of the AIP will pass the exam.

Students who fail to attain a score ≥ 1 standard deviation below the national mean on the third attempt of the EORE and/or do not satisfy the terms of the AIP will be subject to clinical phase deceleration or programmatic dismissal at the discretion of the FEC following recommendation by the SAT.

The student is responsible for all costs and time associated with remediation, delay of graduation, deceleration, or dismissal.

7.1.4.1. MULTIPLE PAEA EORE FAILURES

Students who achieve two first-time PAEA EORE failures in a row and/or three total PAEA EORE failures (first-time failure and/or remediation failure) will:

1. Review their clinical phase performance and discuss extenuating circumstances that may have affected their performance.
2. Receive a formal academic warning about the consequences of additional failure from the SAT, which may include a requirement for enrollment in the physician assistant certification enhancement (PACE) elective rotation, required rotations in the Fort Wayne area, a delay of graduation, deceleration, or dismissal. This warning will minimally include a review of related program policies and procedures.

Students who achieve three first-time failures in a row and/or four total PAEA EORE failures (first-time failure and/or remediation failure) will:

1. Review their clinical phase performance and discuss extenuating circumstances that may have affected their performance.

2. Be subject to the decision of the SAT or FEC, as appropriate. Following the meeting, the SAT may elect to proceed with remediation of the exam or submit to the FEC:
 - a. A requirement for enrollment in the physician assistant certification enhancement (PACE) elective rotation;
 - b. Required rotations in the Fort Wayne area; and/or
 - c. A delay of graduation. The decision to enroll in PACE/ delay the graduation of a student is at the discretion of the FEC based on assessment of student performance, regardless of specific grades.

Students who achieve four first-time failures in a row and/or five total PAEA EORE failures (first-time failure and/or remediation failure) will:

1. Review their clinical phase performance and discuss extenuating circumstances that may have affected their performance.
2. Be subject to the decision of the FEC. Following the meeting, the SAT will submit to the FEC a recommendation for deceleration or program dismissal. This decision is at the discretion of the FEC based on assessment of student performance, regardless of specific grades.

7.1.4.2 POSTPONING A PAEA EORE

Any student who is scheduled to take two new EOREs during the same EOR week following a split rotation or other approved circumstance may request to postpone the completion of one exam according to the following procedure:

1. The student emails the SAT lead (kmoser@sf.edu) no later than 1 week before the start of the EOR week to express their desire to separate the exams.
2. The SAT lead will respond to the student with the dates/times of each exam. At the SAT lead's discretion, the second exam may be completed at the end of the first week of the subsequent rotation or at the beginning of the second week of the subsequent rotation.

7.1.5 MEDICAL DOCUMENTATION REQUIREMENTS FOR PROGRAM COMPLETION

Each student will submit one medical documentation assignment per week during the first four weeks of each clinical course, including the Physician Assistant Certification Enhancement (PACE) Elective and the Physician Assistant Education Elective (PAEE). The patient encounters documented in each assignment should be based on the student's unique rotation experience schedules.

The type of medical documentation submitted each week is at the discretion of the student under advisement from their faculty advisor and/or rotation point of contact (POC). However, a complete list of medical documentation assignments required for program completion is shown in the table below and should be repeatedly referenced to ensure adequate progress. It is the student's responsibility to ensure that all required medical documentation assignments are completed throughout the clinical phase. Program completion cannot occur until all required medical documentation assignments have been satisfactorily completed.

Failure to satisfactorily complete all required medical documentation assignments may result in course repetition, delay of graduation, deceleration, or programmatic dismissal. This decision is at the discretion of the FEC.

Total Number Required	Document	Recommended Rotation(s)
1 of each	<ul style="list-style-type: none"> ▪ Hospital admission ▪ Inpatient consult or Inpatient H&P ▪ Discharge summary 	Internal Medicine
1 of each	<ul style="list-style-type: none"> ▪ Emergency Department note ▪ Procedure note 	Emergency Medicine
1 of each	<ul style="list-style-type: none"> ▪ Surgical H&P ▪ SOAP note (in hospital or office) ▪ Brief operative note 	Surgery
1	<ul style="list-style-type: none"> ▪ Well child H&P 	Pediatrics Family Medicine
1	<ul style="list-style-type: none"> ▪ Sick child SOAP note 	Pediatrics Family Medicine

1	<ul style="list-style-type: none"> ▪ Women’s health H&P (non-pregnant; must include <u>both</u> breast and pelvic exams) 	Women’s Health Family Medicine
1 of each	<ul style="list-style-type: none"> ▪ Prenatal care SOAP note ▪ Prenatal H&P 	Women’s Health
1	<ul style="list-style-type: none"> ▪ Psychiatric / Behavioral visit documentation 	Behavioral and Mental Healthcare
2	<ul style="list-style-type: none"> ▪ Outpatient SOAP note 	Family Medicine Elective Rotation Any outpatient setting

7.2 CLINICAL SITES & PRECEPTORS

7.2.1 ROTATION NOTIFICATION

Students will be notified via CORE of their assigned preceptor and site for their next rotation. On average, students are provided with confirmed information about their preceptor and clinical site 3-5 days before the start of the rotation due to unforeseen changes with preceptor and/or clinical site availability. Students are encouraged to contact the preceptor 7 days before the start of the rotation or as soon as possible based on the reception of the rotation notification to verify their arrival date and to obtain first-day meeting instructions. Students will also receive a list of facilities for which they have student privileges as part of their rotation and instructions for any preliminary paperwork or facility orientation that needs to be completed. Students are expected to read these documents carefully and follow all instructions.

7.2.2 CLINICAL AFFILIATION AGREEMENTS

Affiliation agreements with the preceptor or preceptor’s practice and any intended clinical affiliates must be in place prior to the start of a rotation. The program must have an ARC-PA compliant and SF-approved clinical affiliation with all facilities (provider offices, clinics, hospitals, surgery centers, nursing homes, etc.) where the student participates in patient care. If a preceptor requests that a student go to a facility not listed in the rotation notification email, the student must contact the clinical team for clearance before going to that facility.

These signed affiliation agreement(s) define the rights and responsibilities of each party related to the educational program for students; specify whose policies govern the student, including if certain program policies will be superseded by those at the clinical site; include the terms of participation for the PA program students; and are signed by an authorized individual(s) of each participating entity (A1.01a-d).

7.2.3 ASSIGNMENT OF CLINICAL SITES & PRECEPTORS

The SF PA Program is responsible for obtaining, assigning, and monitoring clinical rotations. Preceptors and clinical rotation sites are chosen and assigned by the PA Program, not the students. Students are not required to provide or solicit clinical sites or preceptors (A3.08). Any student who wishes to work with the clinical team to procure specific rotations must consult with the clinical team prior to contacting any prospective clinical sites and/or preceptors.

Assigned clinical preceptors are primarily a doctor of allopathic medicine (MD), doctor of osteopathic medicine (DO), or a PA. Occasionally the assigned preceptor may be a nurse practitioner (NP) or other appropriate clinician for the specialty. Students will also work closely with other clinical staff.

Students are assigned to rotation sites at the discretion of the clinical team. Decisions are made in accordance with the following priorities:

1. Ensuring rotation learning outcomes and other program requirements are met.
2. Supporting the student’s ability to progress and graduate on time.
3. Providing experiences desired or requested by the student.

Assignments to any clinical rotation are not considered final until the student receives an official notification of that assignment within CORE. Rotation assignments may be limited by availability and other extenuating circumstances.

Each preceptor, rotation site, and clinical rotation is unique. Patient flow and preceptor availability vary from month to month. Students working with the same preceptor during different months may have different experiences. However, any student concerns during rotations are important and should be promptly communicated to the clinical team.

7.2.4 REQUESTING A PRECEPTOR OR CLINICAL SITE

Students will be given the opportunity to request rotation sites. Students may propose new sites by completing the Request for Student-Initiated Rotation Site Form which must be submitted at least three months prior to the start of the intended rotation period as it is likely to take at least this long for the clinical site to be formally established. This information will be considered in the scheduling of rotations; however, no request is guaranteed. Students will not be assigned to clinical rotations where there might be a violation of educational integrity, such as when a supervising preceptor would be a first- or second-degree family member. Exceptions to this policy may be made at the discretion of the Assistant Dean of Sciences and Medical Studies.

7.2.5 COMPLETION OF ROTATION / CLINICAL SITE PAPERWORK

Students are responsible for completing all paperwork required for each clinical rotation or site in accordance with the timeframe specified by the director of clinical education, clinical coordinator, and/or clinical site liaison. Failure to complete any required clinical rotation or site paperwork by the requested deadline will be considered a declination of an assigned rotation and may result in a review by the SAT. The provisions outlined in [section 7.2.6](#) will apply.

7.2.6 DECLINING AN ASSIGNED ROTATION

Students have the right to deny any assigned clinical placement for a program assigned SCPE. In such instances, the student will be required to pay a \$1000 re-assignment fee before another clinical placement is assigned to the student. The declination of a SCPE may also result in a delay of graduation if no other clinical placements are available for a given clinical experience in the same time period. The director of clinical education is under no obligation to provide the student with an alternative clinical placement for the same time.

7.2.7 TRAVEL TO DISTANT SITES

Students scheduled for rotations at sites far from campus may request a full or partial day of travel time at the beginning and/or end of their rotation. Students should expect to plan travel for weekends whenever possible to avoid missing rotation hours. All travel absences must be approved ahead of time by the clinical phase team and be recorded via CORE. Even with this absence, students should attempt to complete full-time clinical hours during the rotation (see [section 6.5.2](#) for clinical phase attendance expectations).

7.2.8 ROTATION PLACEMENT, HOUSING EXPECTATIONS, AND HOUSING SUPPORT

Most clinical rotations assigned to students will be within a 2-hour (one-way) commute of the Fort Wayne campus. However, each student will be assigned to one or more sites that exceed a 2-hour (one-way) commute. The typical student will complete two such rotations throughout the clinical phase. Students are given the opportunity to communicate with the clinical team any distant sites where they have housing during the clinical phase. If alterations to previously provided housing options arise during the clinical phase, students are required to notify the clinical team and the program's administrative assistant at least 3 months prior to the start of the rotation.

If a student is assigned to a site for a core rotation located more than 120 miles (one-way) from either the Fort Wayne campus, the student's previously disclosed permanent address, or address on file with the program's administrative assistant (whichever is closest to the site), the program will arrange housing for the student or provide a housing stipend up to \$1,600 to assist with lodging costs. The amount and method of housing support offered will be determined by the clinical team based on availability, location, and program budget (A3.14j).

The following provisions for housing support also apply:

- Stipends are provided only for core rotations required for programmatic completion, including family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health, and behavioral and mental health care.

- Stipends are not provided for:
 - Elective rotations or supplemental experiences.
 - Student-requested rotations when a comparable, program-approved rotation exists within 120 miles (one-way) of the Fort Worth campus. If a student requests and is assigned to a distant rotation site at which the SF PA Program or a clinical affiliate does not provide housing, the student is responsible for the procurement of and payment for housing within a 2-hour (one-way) commute of the rotation site and related transportation costs. Should a student fail to procure and/or pay for the housing needed to attend the requested and confirmed distant rotation site prior to the start of the rotation, the student will be unable to complete the rotation as assigned. This is considered a declination of the rotation and the provisions outlined in [section 7.2.6](#) apply.
 - Rotations where the student declines program-provided housing (for the individual or a group of students) or declines placement at a core rotation site that includes housing (for the individual or a group of students). If housing has been arranged for a student at a distant site, the student is expected to stay in the assigned housing. If a student plans to drive to the site or stay elsewhere rather than use the housing provided, the student must notify the clinical team when the student receives notification of rotation placement. If the student informs the clinical team of their decision to decline program-provided housing beyond the timeframe established by the program or the housing facility, the student is charged the university-cost for the room. This cost must be paid prior to the student beginning a subsequent rotation.
- Mileage and travel costs are the sole responsibility of the student. The program does not reimburse gas, mileage, or commuting expenses.
- It is the student's responsibility to notify the clinical team of their permanent housing address if different from the address provided during programmatic enrollment prior to the start of the clinical phase to determine eligibility for support.
- It is the student's responsibility to budget for transportation, meals, utilities, and other living expenses during clinical placements.

7.2.9 ACADEMIC AND PROFESSIONAL PROGRESS MONITORING ROTATIONS

To ensure adequate oversight and support, the SF PA Program reserves the right to require clinical phase students who demonstrate academic or professional concerns to complete one or more clinical rotations in the Fort Wayne area or other designated locations that allow for elevated faculty monitoring. This requirement is at the discretion of the FEC and is designed to facilitate targeted mentorship, direct observation, and feedback from programmatic faculty; support remediation and early intervention; ensure patient safety; and uphold programmatic standards of professionalism and competency.

Concerns regarding academic or perceived professionalism include, but are not limited to:

- Repeated or significant deficiencies in clinical performance and/or medical knowledge (e.g., scores < 3 for the general knowledge, skills, and professionalism area and/or a learning outcome assessed on the Preceptor Evaluation of Student Performance; clinical course grades of B- or F; failure of medical documentation assignments; three first-time EORE failures in a row and/or four total PAEA EORE failures; failure to demonstrate adequate progress towards programmatic competency achievement, etc.).
- Documented issues with professionalism (e.g., unprofessional conduct, failure to meet expectations of timeliness, communication, attire, and/or ethical behavior).
- Placement on a programmatic success, academic, professionalism, or competency improvement plan.

7.2.10 SAFETY & SECURITY AT CLINICAL SITES

Students are encouraged to follow good personal safety practices while at clinical sites. Preceptors have been instructed to discuss fire/disaster safety, parking, and security with students on the first day of the clinical rotation. If the preceptor does not discuss these, students should ask the preceptor directly and contact the director of clinical education regarding any additional questions or concerns. Personal valuables should be left at home, kept with the student or stored in a secure location at the clinical site. Students should park in areas designated by facilities for student parking. At some rotations, security escort to vehicles may be available upon request. Safety concerns should be communicated immediately to the preceptor and hospital security, as well as the PA Program clinical team and program director.

Students should make responsible decisions about travel safety in inclement weather. Students should not take safety risks to travel to the clinical site or return to campus in dangerous weather situations. Students should contact the preceptor or clinical team if weather delays their travel and inform the clinical team of any absences. Campus closure due to inclement weather does not necessarily mean that students do not need to go to their clinical rotation. If students are in another community where the weather is better, or live close to the rotation site / believe the roads are safe to travel, and the clinical site is open for business, students are encouraged to take full advantage of the learning experience. In addition, there may be a situation where the university is open but there are dangerous weather conditions near the clinical site. In this case, students should let the preceptor and clinical team know of any concerns regarding reaching the clinical rotation.

7.2.11 THE PRECEPTOR-STUDENT RELATIONSHIP

The preceptor should maintain a professional relationship with the PA student and always adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Instagram, etc.) should be avoided until the student fully completes the educational program or concludes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be always maintained in the clinical setting. Please consult the director of clinical education regarding specific school or university policies related to this issue.

7.2.12 CHAPERONES FOR CLINICAL ENCOUNTERS

Due to the personal nature of some patient encounters it is advisable to have a chaperone in the room while performing some exams and procedures:

- A parent or guardian should be present for encounters involving minors.
- When performing a genital, rectal or pelvic exam there should be a chaperone present (e.g., preceptor or other clinician).
- For any encounters where the student feels a patient is unpredictable or potentially violent, the student is advised to ask the preceptor to accompany the student during the encounter or to assign another staff member/security to chaperone. If students choose to see the patient alone students should position themselves between the patient and the door, or leave and go for help if necessary during the encounter.

7.2.13 STUDENTS AS CLINICAL OR ADMINISTRATIVE STAFF

During clinical experiences/SCPEs, students must not be used to substitute for clinical or administrative staff (A3.03b). A student will not perform services for a clinical preceptor apart from that rendered for its educational value or as part of the instructional experience. Students are required to notify the director of clinical education if concerns regarding this policy occur.

7.3 PROFESSIONAL CONDUCT DURING THE CLINICAL PHASE

7.3.1 SF STUDENT BEHAVIORAL EXPECTATIONS

All SF students participating in clinical, field, or internship experiences must adhere to the behavioral expectations outlined in the institutional Student Policies and Forms document, Student Acknowledgement of Responsibility Form, Health Science Programs Technical Standards, and PA Program Technical Standards ([section 4.3](#)).

7.3.2 INTERACTIONS WITH THE CLINICAL TEAM

Students are encouraged to send questions or concerns regarding the clinical phase of the curriculum to the clinical team as they arise. Communication must be sent to all four members of the clinical team in a Microsoft Teams group message, including Christy Buuck, Kaitlin Brown, Stacy Mangette, and Alison Hopper.

The procurement and scheduling of clinical rotations is a multifaceted endeavor that requires assistance from individuals not associated with the university. As such, wait times may be longer than expected. Students are expected to remain courteous, professional, and respectful in all communications with programmatic faculty and staff. Instances of perceived unprofessionalism will be investigated in accordance with the procedure outlined in [section 5.5.1.2](#).

7.3.3 STUDENT ACCESS TO PATIENT CHARTS & CONFIDENTIALITY

The confidentiality and security of patient information must always be maintained. All students will be required to sign a confidentiality statement upon entry to the program. This document is included in the *Physician Assistant Enrollment Packet* and will be kept on file in students' records. Access to patient information is available to students only for research of patient assignments and provision of care at the discretion of clinical preceptors. No personal identifiers* should be used to identify patients in written assignments. Charts must not be removed from the unit, photocopied or electronically reproduced in any way.

Each student is responsible for maintaining the confidentiality of all patient information. Hospital or agency protocol must be observed while accessing patient information and it is the student's responsibility to meet institutional requirements. Failure to do so or violation of the confidentiality statement will result in counseling, professionalism sanctions, and/or dismissal from the SF PA Program.

**Personal Identifiers specified by HIPAA include account number; any vehicle or device serial number; certificate/license number; date of birth; e-mail address; fax number; finger or voice prints; health plan; Internet protocol (IP) address number; Name; name of employers; name of relatives; photographic images; postal address; social security number; telephone number; web universal locator (URL).*

8.0 IMMUNIZATIONS, DISEASES, DRUG TESTING, & INJURY PROTOCOL

8.1 PROGRAMMATIC IMMUNIZATION & HEALTH SCREENING REQUIREMENTS

Based on the Centers for Disease Control and Prevention [recommendations for health professionals](#) and the [adult immunization schedule for health care personnel](#), all students in the SF PA program are required to be up-to-date with specific vaccinations (A3.09a). The information found on these webpages is also reiterated here, in that SF PA students are required to be up-to-date with the:

- Chickenpox vaccine (varicella).
- Annual Flu vaccine (influenza).
- Hepatitis B vaccine (or provide Hepatitis B serologic proof).
- MMR vaccine (measles, mumps, and rubella).
- Tdap (tetanus, diphtheria, and whooping cough) or Td (tetanus and diphtheria).

According to [Indiana State Immunization Laws](#), these vaccinations are not required by the state, but they are required of students enrolled in the SF PA program. Students are also strongly encouraged to receive the COVID-19 vaccine and the meningococcal vaccine in accordance with CDC guidelines. However, neither is a program or institution requirement.

All students are expected to complete all required immunizations. If a student refuses immunization, including the recommendation to be vaccinated against COVID-19, the Declination of Vaccination Policy and Form will be provided for the student to read and sign. SF will provide medical and religious exemptions for the COVID-19 vaccine requirement, as well as an off-site exemption application for the flu, but some clinical facilities may not accept such exemptions. Depending on specific clinical affiliating agency requirements, declining immunizations, including the recommended vaccine for COVID-19, may prevent the student from being able to participate in a required clinical experience. Students that are unable to meet the educational requirements of the program by participating in clinical experiences requiring vaccination could be delayed in graduating or dismissed from the program.

Other vaccines, including those for respiratory syncytial virus (RSV), shingles (RZV), human papillomavirus (HPV), pneumococcal bacteria, monkeypox (Mpox), and polio (IPV), are recommended in accordance with CDC guidance for health care personnel; however, none are required by the program. Students are encouraged to speak with their healthcare provider to learn which, if any, of the optional vaccines may be appropriate for them. All costs associated with immunizations and health screenings, required or recommended, are the responsibility of the student.

8.2 INTERNATIONAL TRAVEL HEALTH POLICY

The SF PA Program does not offer any international experiences for required curricular components. Occasionally, students may be offered an opportunity to voluntarily participate in an international experience over a scheduled institutional break. Such experiences are not required for program completion.

Students engaged in elective international opportunities during their enrollment in the SF PA Program will be required, at their own cost, to adhere to [current Centers for Disease Control and Prevention \(CDC\) recommendations for international travel](#) (A3.09b), as well as any additional requirements noted by the agency providing the experience.

8.3 SUBSTANCE ABUSE TESTING

Students are prohibited from the use of illegal (“street”) drugs, including cannabis, CBD, and/or THC-containing substances, and use of prescription drugs not supported by a current, valid prescription written for that student. Prior to participating in clinical activities, students will be required to obtain and pass two substance abuse tests to meet requirements of clinical sites. The cost of all requested substance abuse testing will be at the student’s expense and will be required every 12 months or following an interruption in program enrollment for greater than 30 days. Random substance abuse testing may also occur at any point in the didactic or clinical phase at the request of programmatic faculty. Students with a positive drug screen will be required to meet with the SAT and may receive sanctions including but not limited to poor professional standing, deceleration, delay of graduation, or programmatic dismissal.

8.4 COMMUNICABLE DISEASES

Students and clinical faculty must comply with the Centers for Disease Control and Prevention recommendation of Standard Precautions (Universal Precautions and Body Substance Isolation). Students will be instructed on Standard Precautions (Universal Precautions and Body Substance Isolation) prior to patient contact in the clinical setting. Students may be assigned to care for patients with communicable diseases, including Hepatitis C and HIV-positive patients, during clinical experiences

Refusal to care for patients with communicable diseases, including Hepatitis C and HIV-positive patients, is contrary to the ethics of professional health care providers. Students who refuse to care for patients with communicable diseases will be counseled. Such a refusal will be reflected in the student’s clinical evaluation and may result in dismissal from the program.

Faculty are expected to serve as role models for students by maintaining current knowledge about communicable diseases and demonstrating compassionate care for all patients. The health status of students who are pregnant, who are themselves immunosuppressed, whose skin is not intact, or who have transmissible infection will be considered prior to clinical assignments. It is the student’s responsibility to inform the director of clinical education when such conditions are present. Such circumstances will be handled on an individual basis in determining if the student is capable of fulfilling the student role. The University of Saint Francis will not discriminate against any student based on the perception that he or she is infected or at risk for infection with a communicable disease. Students who are infected with a communicable disease will be counseled to insure adequate knowledge of disease transmission and of their own risks due to immunosuppression.

Confidentiality, according to Indiana law, will be maintained in connection with all reporting, counseling, testing and record keeping regarding any individual’s exposure and/or infection with communicable diseases. Students experiencing exposure to potentially infectious blood or body fluids must contact their respective faculty member immediately and comply with the Student Injury/ Medical Emergency policy and the provisions outlined in [section 8.5](#).

8.5 STUDENT INJURY & EXPOSURE TO INFECTIOUS OR ENVIRONMENTAL HAZARDS

Students may be involved in activities that expose them to risks associated with blood borne pathogens, infectious hazards, and environmental hazards/substances. Examples of activities include health fairs, laboratories, surgical settings, as well as ambulatory, inpatient, and surgical clinical experiences. Student safety is paramount; therefore, all students must participate in appropriate training in universal precautions and other risk reduction behaviors before undertaking any educational activities that would place them at risk. It is the policy of the PA Program to follow the guidelines and recommendations made by the CDC and the Occupational Safety and Health Administration (OSHA) regarding the use of Standard Precautions to prevent the spread of infection and reduce occupational exposure to blood and body fluid pathogens.

Students must use appropriate protective attire and equipment when working with hazardous materials blood / body fluids / airborne pathogens as taught in the didactic phase of the physician assistant curriculum. Students may work in environments where there may be exposure to radiation. Students must use appropriate protective attire and personal protective equipment, including gloves, face masks/shields, gowns, lead devices and dosimeters as offered/required by clinical sites. If a student is or may be pregnant, she must notify the preceptor or appropriate clinical site personnel in situations where radiation exposure may occur (A3.05a).

Any student who receives an injury that may impact the student's ability to meet the Health Sciences Program Technical Standards and/or the PA Program Technical Standards (see [section 4.3](#)) will be asked to attain medical clearance from a clinician prior to resuming their studies in the SF PA Program. Failure to provide medical clearance by the date requested may result in a delay of graduation, deceleration, or dismissal. This decision is at the discretion of the FEC.

Any student who does not receive the medical clearance needed to resume their studies in the program may request a LOA, delay of graduation, or deceleration, according to the policies and procedures outlined in [sections 5.15.8](#), [5.15.5](#), or [5.15.4](#), respectively.

The following protocols address the procedures for care and treatment after accidental injury or exposure to infectious and environmental hazards, bloodborne pathogens, or environmental substances, including financial responsibility (A3.05b and c).

8.5.1 STUDENT INJURY AT THE UNIVERSITY OF SAINT FRANCIS

If a student is injured on university property, the student must report immediately to the respective faculty member or program director. Campus Security should be notified of the incident. A University of Saint Francis Incident Report (IOSHA form) must be completed by the involved persons within 24 hours of the injury.

If treatment is required, the student will be directed to an appropriate outpatient clinic. If student injury requires emergency care, call 911. The student is responsible for any costs incurred as a result of the injury. Material Safety Data Sheets (MSDS) are available in the physician assistant laboratory and physician assistant suite to guide emergent care actions while awaiting response from 911.

8.5.2 STUDENT INJURY DURING A CLINICAL EXPERIENCE

If a student is injured outside of the university during a clinical experience, the student must notify the preceptor at time of injury. Students must also notify the rotation person of contact or the faculty person facilitating the activity immediately.

The student or faculty member will complete any necessary paperwork required by the clinical agency. The completed form(s) must be sent to the program director and Assistant Dean of Sciences and Medical Studies.

Assessment and treatment should occur according to the policies and procedures of the specific clinical agency in which the injury occurred. If emergency care is required, students should utilize the emergency department of the agency, if available, or call 911. All costs associated with medical care and/or treatment are the responsibility of the student.

8.5.3 STUDENT INJURY FROM NEEDLE STICKS AND/OR EXPOSURE TO BLOOD OR BODY FLUIDS

If exposed to blood or body fluid, immediately wash the area of injury with soap and water, flush splashes to nose, mouth, or skin with water or irrigate eyes with clean water, saline, or sterile irrigate (Center for Disease Control and Prevention).

The student should report for treatment within one hour (minimally within 24 hours) of exposure to the nearest emergency department or urgent care clinic. The student is responsible for obtaining initial screening and any follow-up screening appointments. All costs associated with the screening and treatment is the responsibility of the student.

Non-contaminated needle sticks are treated at the agency as needed.

The clinical team or faculty person facilitating the activity and student must complete the appropriate reports for the agency and complete the Report of Student Injury within one business day.

8.5.4 STUDENT INJURY DURING NON-PROGRAMMATIC REQUIRED EXPERIENCES

If a student is injured while participating in an experience not required of the SF PA Program or voluntarily engaged in any programmatic or university activity during a time when the University of Saint Francis is closed (e.g., holidays, weather-related closures, etc.), the student is not covered by the university's liability insurance and proceeds at their own risk.

Assessment and treatment should occur according to the policies and procedures of the organization in which the injury occurred. If emergency care is required, students should utilize the emergency department of the organization, if available, or call 911 / emergency services. All costs associated with medical care and/or treatment are the responsibility of the student.

9.0 POLICY & PROCEDURE ACKNOWLEDGEMENT FORM

I, _____, affirm that I have carefully read and reviewed each policy and procedure outlined in the *Physician Assistant Student Handbook* for academic year 2026-2027, as well as the policies and procedures stated in the *SF Student Handbook, Graduate Catalog*. I have asked questions of any policy and/or procedure I did not understand.

I understand that program policies must apply to all students, principal faculty, and the program director regardless of location, and that a signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. I agree to adhere to the policies and follow the procedures outlined in these sources throughout my tenure as a physician assistant student.

Printed Name

Date

Signature