LINCOLN MEMORIAL UNIVERSITY

SCHOOL OF MEDICAL SCIENCES
LMU-KNOXVILLE DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES
ACADEMIC YEAR 2020-2021

HERITAGE
Lincoln Memorial University grew out of love and respect for Abraham Lincoln and today honors his name, values, and spirit. As the legend goes, in 1863 Lincoln suggested to General O. O. Howard, a Union Army officer, that when the Civil War ended he hoped General Howard would organize a great university for the people of this area.

EQUAL OPPORTUNITY, AFFIRMATIVE ACTION, AND NONDISCRIMINATION POLICY
Lincoln Memorial University is an Equal Opportunity and Affirmative Action educational institution. In support of its Mission Statement, LMU is committed to equal opportunity in recruitment, admission, and retention for all students and in recruitment, hiring, training, promotion, and retention for all employees. In furtherance of this commitment, Lincoln Memorial University prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, veteran status, sexual orientation, marital status, parental status, gender, gender identity, gender expression, and genetic information in all University programs and activities. Lincoln Memorial University prohibits retaliation against any individual for 1) filing, or encouraging someone to file, a complaint of discrimination; 2) participating in an investigation of discrimination; or 3) opposing discrimination. "Retaliation" includes any adverse action or act of revenge against an individual for filing or encouraging someone to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination. The Office of Institutional Compliance investigates allegations of prohibited discrimination, harassment, and retaliation involving members of the LMU community.

This policy is widely disseminated in University publications, including the employee handbook and all LMU student catalogs and handbooks. All members of the University community bear responsibility for compliance with this policy. Compliance is monitored and reported annually through the offices of the Vice President for Academic Affairs; the Vice President for Enrollment and Student Affairs; the Vice President for Academic Services and Institutional Effectiveness; the Office of Human Resources; and the Institutional Compliance Office.

This policy is in compliance with federal and state law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Vietnam Era Veterans Readjustment Act of 1974 as amended by the Jobs for Veterans Act, the Uniformed Services Employment and Reemployment Rights Act, as amended, the Genetic Information Nondiscrimination Act of 2008, and the Tennessee Human Rights Act.

All members of the University community bear responsibility for compliance with the equal opportunity, affirmative action, and nondiscrimination policies disseminated through the current University publications, including, but not limited to the *LMU Student Handbook* (ONLINE), the *Lincoln Memorial University Catalog*, *other program catalogs and handbooks*, and the *Lincoln Memorial University Faculty/Staff Policy Manual*. Compliance is monitored and reported annually through the offices of the Vice President for Academic Affairs, the Vice President for Enrollment Management and Student Services, and the Office of Human Resources.

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SECTION VII: APPENDICES

WELCOME TO THE LMU-KNOXVILLE PA PROGRAM

Welcome to the LMU-Knoxville PA Program. Consistent with the mission and purpose of LMU, the mission of the LMU-Knoxville PA Program is to train future PAs to provide high-quality, patient-centered care in the Appalachian region and beyond by providing a rigorous educational experience, with expanded training in surgical sciences, which supports each student's academic success and professional development. To that end, we have developed an innovative 27-month curriculum supported by faculty and staff committed to preparing future colleagues who are regarded as highly knowledgeable, skilled, and professional.

The curriculum includes a blend of learning activities such as traditional lecture, e-learning modules, small group discussion of patient cases, simulated patient encounters (human and manikin), patient assessment and clinical skills laboratory sessions, and cadaver anatomy laboratory sessions with clinical application provided by community health care professionals in surgical and acute care clinical practice. During the classroom (Didactic) phase, topics covered in the Principles of Clinical Medicine courses are sequenced with topics covered in the Clinically Oriented Anatomy and Dissection courses and the Patient Assessment and Clinical Skills courses. The Program also places an emphasis on concepts critical for safe and effective care of patients in surgical and acute care settings such as pre-operative patient assessment, physiologic changes that occur during surgery, documentation of surgical procedures, and identification and management of surgical complications. During Supervised Clinical Practice Experiences (SCPEs) in the Clinical Phase, students apply concepts learned in the Didactic Phase to novel patient encounters in primary care and surgical disciplines. Three (3) SCPEs may be completed in surgical and/or acute care disciplines offered by the Program. This provides students with an opportunity to "customize" part of the Clinical Phase experience to meet their professional goals.

Successful completion of this curriculum requires a high degree of dedication and personal sacrifice. During orientation in the first semester, students are assigned a faculty mentor who will help them develop a plan for academic success and professional development in the Program and serve as a resource for academic concerns. In addition, I encourage all students to share in each other's academic and personal successes and to lean on classmates and Program faculty and staff when challenges arise.

Thank you for trusting the LMU-Knoxville PA Program to help prepare you to become a compassionate and respected PA in the Appalachian region and beyond.

Professionally,

Stephanie Hull, EdS, MMS, PA-C
Program Director
LMU-Knoxville PA Program

SECTION I: LINCOLN MEMORIAL UNIVERSITY (LMU)-KNOXVILLE PHYSICIAN ASSISTANT (PA) PROGRAM

ACCREDITATION
University Regional Accreditation
LMU is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award associate, baccalaureate, masters, specialist, and doctorate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of LMU. LMU maintains accreditation from SACS to confer the Master of Medical Science (MMS) in Physician Assistant Studies to graduates of the LMU-Knoxville PA Program.

Professional Accreditation
The ARC-PA has granted Accreditation-Provisional status to the Lincoln Memorial University-Knoxville Physician Assistant program sponsored by Lincoln Memorial University-Knoxville.

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding Accreditation- Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students. Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

The program's accreditation history can be viewed on the ARC-PA website at http://www.arc-pa.org/accreditation-history-lincoln-memorial-university-knoxville/.

Contact the Accreditation Review Commission on Education for the Physician Assistant, Inc., (ARC-PA) at 12000 Findley Road, Suite 275, Johns Creek, Georgia 30097, call 770-476-1224, or visit the ARC-PA website (http://www.arc-pa.org/accreditation/standards-of-accreditation/) for questions about ARC-PA Standards.

PA graduates must pass the Physician Assistant National Certifying Examination (PANCE) in order to practice in all states, the District of Columbia, and all American territories. PA graduates are only eligible to take the PANCE if they have graduated from a PA program accredited by the ARC-PA. The LMU-Knoxville PA Program is responsible for obtaining and maintaining ARC-PA Accreditation and for complying with ARC-PA Standards and policies. The Program will inform all matriculating and enrolled PA Students in person and/or via LMU student email or U.S. mail to the mailing address provided by the student of any change in the Program's ARC-PA Accreditation status in addition to posting this information on the Program's website.

LMU-KNOXVILLE PA PROGRAM MISSION AND GOALS
Consistent with the mission and purpose of Lincoln Memorial University, the primary mission of the LMU-Knoxville PA Program is to train future PAs to provide high-quality, patient-centered care in the Appalachian region and beyond by providing a rigorous educational experience, with expanded training in surgical sciences, which supports each student's academic success and professional development.

In order to accomplish this mission, the LMU-Knoxville PA Program is committed to achieving Program-designated benchmarks for the following:
1. Program completion,
2. First-time pass rates on the PANCE, and
3. Ratings from Clinical Preceptors in surgical Supervised Clinical Practice Experiences (SCPEs).

Program outcomes, in relation to the above goals, will be published on the Program's website as soon as data is available.

ADMINISTRATION, FACULTY, AND STAFF

LMU Administration and Staff
President of the University – Clayton Hess, Ph.D.

President's Cabinet
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Vice President and Dean Enrollment and Student Affairs – Jody Goins, Ed.D.
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Student Services
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Interim Title IX Coordinator – Spencer Anderson, J.D.
Director of Accessible Education Services – Daniel Graves, Ed.D.
Registrar – Helen Bailey
Executive Director of Student Financial Services – Tammy Tomfohrde

School of Medical Sciences (SMS) Administration
Vice President and Dean of SMS – Mark Moran, DMS, PA-C
Associate Dean of Academic Affairs for SMS – Rex Hobbs, DMS, PA-C

PA Program Administration, Faculty, and Staff
PA Program Director – Stephanie Hull, EdS, MMS, PA-C
Associate Program Director – Byron Turkett, MPAS, PA-C, FCCM
Medical Director – Robert Wilmoth, M.D., FACS
Associate Medical Director and Principal Faculty – Daniel Drinnen, M.D.
Director of Didactic Education – Beth Macintire, DMS, PA-C
Associate Director of Didactic Education – Michael Nowak, DMS, PA-C
Director of Clinical Education – Sonia Rupani, DMS, PA-C
Associate Director of Clinical Education – Dustin Bates, DMS, PA-C
Principal Faculty – Diana Anderson, MMS, PA-C
Principal Faculty – Katie Bean-Atchley, MMS, PA-C
Principal Faculty – Stacy Chelf, PhD
Principal Faculty – Kaitlin Greene, MMS, PA-C
Principal Faculty – Dana Johnson, Pharm D
Program Administrative Coordinator – Jan Brynda
Admissions and Community Relations Coordinator – Amy Reed
Clinical Administrative Assistant – Savanna Norrod

SECTION II: PA PROGRAM CURRICULUM

CURRICULUM OVERVIEW AND COMPONENTS
The Program is a <u>full-time</u>, closed, <u>27-month</u>, cohort curriculum leading to a Master of Medical Science (MMS) in Physician Assistant Studies. Part-time enrollment is <u>not</u> offered. This intensive 115-credit hour curriculum provides a solid foundation in primary care medicine but also includes expanded training in surgical sciences. The first four (4) semesters are completed in the classroom (Didactic Phase) and the final three (3) semesters are completed at the Clinical Sites of the Program's Clinical Affiliates (Clinical Phase). Students <u>must</u> successfully complete all components of the Didactic Phase and Clinical Phases of the Program to be eligible to take the Summative Evaluation. Students <u>must</u> pass all components of the Summative Evaluation, including achievement of the Program's <u>Graduate Competencies</u>, to be eligible for graduation. Progression standards for the Program are outlined below.

Curriculum Outline and Credits Awarded
Didactic Phase (65.0 credit hours)
Fall 1 Semester (12.0 credit hours)
PAS 506: Foundations of Clinical Medicine (7.0 credit hours)
PAS 507: Introduction to Patient Evaluation and Clinical Procedures (5.0 credit hours)

Spring 1 Semester (19.0 credit hours)
PAS 501: Clinically Oriented Anatomy and Dissection I (3.0 credit hours)
PAS 511: Patient Assessment and Clinical Skills I (4.0 credit hours)
PAS 531: Principles of Clinical Medicine I (10.0 credit hours)
PAS 541: Physician Assistant Practice I (2.0 credit hours)

Summer 1 Semester (20.0 credit hours)
PAS 502: Clinically Oriented Anatomy and Dissection II (4.0 credit hours)
PAS 512: Patient Assessment and Clinical Skills II (4.0 credit hours)
PAS 532: Principles of Clinical Medicine II (10.0 credit hours)
PAS 542: Physician Assistant Practice II (2.0 credit hours)

Fall 2 Semester (14.0 credit hours)
PAS 503: Clinically Oriented Anatomy and Dissection III (2.0 credit hours)
PAS 513: Patient Assessment and Clinical Skills III (3.0 credit hours)
PAS 533: Principles of Clinical Medicine III (8.0 credit hours)
PAS 543: Physician Assistant Practice III (1.0 credit hours)

Clinical Phase (50.0 credit hours)
PAS 602: Clinical Conference / Clinical Phase Cumulative Assessment (2.0 credit hours)
PAS 611: Family Medicine – Outpatient (4.0 credit hours)
PAS 621: Internal Medicine – Inpatient (4.0 credit hours)
PAS 622: Internal Medicine – Outpatient (4.0 credit hours)
PAS 631: Behavioral Medicine (4.0 credit hours)
PAS 641: Pediatric Medicine (4.0 credit hours)
PAS 651: Women's Health (4.0 credit hours)
PAS 661: Emergency Medicine (4.0 credit hours)
PAS 671: Orthopedic Surgery (4.0 credit hours)
PAS 681: General Surgery (4.0 credit hours)
PAS 691: Selective I: Surgery / Medicine (4.0 credit hours)
PAS 692: Selective II: Surgery / Medicine (4.0 credit hours)
PAS 693: Selective III: Surgery / Medicine (4.0 credit hours)
Supervised Clinical Practice Experiences (SCPE) during the Clinical Phase are based on a 40-hour work week.
115.0 Total Credit Hours

Course descriptions may be found on the program's website under the tab "Academics".

Learning Outcomes and Graduate Competencies

Throughout the Program's curriculum, students are provided with educational experiences to develop the knowledge, skills, and attitudes critical to the provision of safe and effective patient-centered care. Course content and sequencing build upon previously achieved student learning. Instructional objectives, found in course syllabi and other learning activities, guide students in achievement of the learning outcomes for the course and other components of the curriculum. Didactic Phase Learning Outcomes provide a solid foundation for student success in achieving Clinical Phase Learning Outcomes, which provides a solid foundation for student success in achieving the Program's Graduate Competencies. Throughout the curriculum, the Program conducts frequent, objective, and documented evaluations of student performance related to achievement of learning outcomes in a manner that promptly identifies deficits in knowledge or skills and establishes a means for remediation. Prior to beginning each phase of the curriculum, students are informed of the evaluation criteria utilized and the level of expertise they must demonstrate for successful achievement of DPLOs, CPLOs, and Graduate Competencies.

Didactic Phase Learning Outcomes

MEDICAL KNOWLEDGE
• Demonstrate consistent and correct use of personal protective equipment.
• Connect concepts from applied medical sciences* to specific patient presentations (e.g. symptoms, signs), clinical (e.g. laxity of the anterior cruciate ligament on the anterior drawer test) and diagnostic evaluation findings (e.g. complete blood count findings), and management.
• Explain screening methods used to detect conditions in asymptomatic patients and interventions used for prevention of disease and promotion/maintenance of health.
• Explain concepts related to applied medical sciences* that are important in-patient evaluation and management.
• Develop a method of clinical decision making that includes appropriate investigations (e.g. patient history, physical examination, diagnostic evaluation) and analysis of clinical and diagnostic findings and utilizes current medical literature and clinical guidelines.

PATIENT CARE
• Obtain essential and accurate histories from simulated pediatric, adult, and elderly patients.
• Demonstrate correct technique when performing physical examination of simulated pediatric, adult, and elderly patients.
• Demonstrate correct technique when performing clinical procedures on simulated task trainers and human cadaver specimens.
• Identify rehabilitative care options for adult and elderly patients.
• Explain palliative and end-of-life care options for adult and elderly patients.
• Obtain certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

INTERPERSONAL AND COMMUNICATION SKILLS
For simulated patient encounters:
• Demonstrate effective, efficient, and sensitive communication.
• Engage the patient in decisions regarding patient care (e.g. diagnostic evaluation, clinical procedures, and therapeutic interventions).
• Demonstrate an ethical therapeutic provider-patient relationship.
• Provide clear and accurate oral reports of simulated patient encounters to the Faculty Facilitator.
• Document clear and accurate written reports of simulated patient encounters.

PROFESSIONALISM
• Adhere to the LMU-Knoxville PA Program Student Code of Conduct at all times.
• Adhere to HIPAA and other patient privacy guidelines during simulated patient encounters.
• Develop professional conduct suitable for inclusion in the medical profession.
• Demonstrate the humanistic attributes necessary for patient-centered care during simulated patient encounters.
• Demonstrate a decreasing reliance on Faculty Facilitators for direction in simulated patient evaluation and management.

PRACTICE-BASED LEARNING AND IMPROVEMENT
• With assistance from Program Faculty, identify areas of strength and weaknesses related to medical knowledge, skills, and professional conduct.
• With assistance from Program Faculty, formulate a plan to remediate self-identified areas of weaknesses and capitalize on strengths.
• Accept constructive criticism and incorporate feedback into future performance.
• Formulate a clinical question and search the medical literature to help answer the clinical question.

SYSTEMS-BASED PRACTICE
• List the common precipitants of medical errors in clinical settings.
• Discuss procedures to help prevent medical errors and optimize patient safety in clinical settings.
• Demonstrate an understanding of the delivery of patient care (e.g. initial evaluation and management, referral to a specialist, admission to a skilled nursing facility) and the common methods of payment (e.g. private health insurance, Medicare, etc.).

CLINICAL PROCEDURES

Correctly perform the following procedures on fresh frozen cadaver specimens, task trainers, and/or human subjects:
• Appropriate handling of surgical instruments
• Sterile technique
• Surgical scrubbing, gowning, and gloving
• Knot tying
• Administration of local anesthesia
• Wound closure with sutures
• Extremity splinting
• Joint injection
• Peripheral venous access
• Endotracheal intubation

Applied medical sciences include the following: anatomy, epidemiology, physiology, pathophysiology, microbiology, pharmacology, pharmacotherapeutics, and genetic and molecular mechanisms of health and disease.

Didactic Phase Curriculum

Learning activities in the Didactic Phase prepare students for success in the Clinical Phase. Instruction in physiology, pathophysiology, pharmacology and pharmacotherapeutics, and other basic science concepts (e.g. microbiology, genetics, and molecular mechanisms of health and disease) occurs in PAS 506: Foundations of Clinical Medicine in the first semester. Content from this course is integrated with instruction in medical and surgical conditions covered in PAS 531-533: Principles of Clinical Medicine I-III in the second, third, and fourth semesters. Topics covered in PAS 501-503: Clinically Oriented Anatomy and Dissection I-III in the second, third, and fourth semesters align with topics covered in PAS 511-513: Patient Assessment and Clinical Skills I-III and in PAS 531-533. As such, instruction in anatomical structure and function serves to enhance understanding of the clinical presentation of medical and surgical conditions, correct performance of physical examination techniques, interpretation of diagnostic studies (e.g. imaging), correct techniques for procedures, and patient management principles. Concepts important to public health, intellectual honesty, interpretation of medical literature, and PA professional practice (e.g. coding and billing procedures, medical ethics, health care laws, and the health care delivery system) are covered in PAS 541-543: Physician Assistant Practice I-III. The format for instruction includes lecture, small group discussion, e-learning modules, and laboratory sessions. Students have opportunities to apply learned concepts and develop problem-solving and clinical decision-making skills in small group discussions of patient cases, simulated patient encounters (human and manikin), and interprofessional education (IPE) activities.

The Director of Didactic Education is responsible for the coordination and administration of the learning activities and assessments in the Didactic Phase. The Director of Didactic Education, Course Director, and/or Principal Faculty orient all Instructional Faculty providing instruction or assessing student performance to the expected learning outcomes for the learning activity, course, Didactic Phase, and/or Graduate Competencies. Learning activities and assessment of student performance generally occur Monday through Friday, 8am till 5pm. Students are notified in advance of any learning activities or assessments scheduled outside of this time frame in person or via LMU student email accounts. Students can access contact information for Course Directors, course syllabi, instructional materials, assignments, and their grades for course assessments on the Program's online learning management system.

Clinical Phase Learning Outcomes

MEDICAL KNOWLEDGE
For patients encountered in SCPEs:
• Apply concepts from applied medical sciences* important in-patient evaluation and management.
• Predict clinical and diagnostic findings based on the chief complaint.
• Predict complications based on diagnosis and management plan.
• Determine and rationalize the most appropriate screening methods to detect conditions in asymptomatic patients and identify interventions for prevention of disease and promotion/maintenance of health.
• Employ a method of clinical decision making that includes appropriate investigations (e.g. patient history, physical examination, and diagnostic evaluation), analysis of clinical and diagnostic findings, and integration of current medical literature and clinical guidelines.

PATIENT CARE
For pediatric, adult, and elderly patients encountered in SCPEs:
• Obtain essential and accurate patient histories.
• Demonstrate correct technique when performing physical examinations.
• Demonstrate correct technique when performing clinical procedures.
• Discuss rehabilitative care options (*adult and/or elderly patients only*) with patients and their families.

• Discuss palliative and end-of-life care options (*adult and elderly patients only*) with patients and their families.

INTERPERSONAL AND COMMUNICATION SKILLS

For patients encountered in SCPEs:

- Make informed clinical judgments during encounters with patients who cannot provide a clear history or cooperate with physical examination due to an organic condition (e.g. altered level of consciousness).
- Make informed clinical judgments during encounters with patients who are angry, impatient, and uncooperative.
- Adapt to changes in the clinical setting while maintaining professional composure.
- Demonstrate effective, efficient, and sensitive communication with patients and families from different social and cultural backgrounds.
- Provide the Clinical Preceptor with clear and accurate oral reports of patient encounters.
- Document clear and accurate written reports of patient encounters (*when permitted to document in patient medical records*).
- Engage the patient and family in decisions regarding patient care.
- Establish an ethical therapeutic PA Student-patient relationship.

PROFESSIONALISM

- Adhere to the LMU-Knoxville PA Program Student Code of Conduct at all times.
- Adhere to HIPAA and other patient privacy guidelines at all times.
- Demonstrate prioritization of the patient's interest over your own in SCPEs (e.g. staying late to provide a patient with more detailed education).
- Demonstrate the humanistic attributes necessary for patient-centered care.
- Demonstrate a decreasing reliance (while maintaining appropriate supervision) on the Clinical Preceptor for direction in patient evaluation and management.
- Demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles.

PRACTICE-BASED LEARNING AND IMPROVEMENT

- Self-identify areas of strength and weaknesses related to medical knowledge, skills, and professional conduct.
- Formulate a plan to remediate weaknesses and capitalize on strengths.
- Accept constructive criticism and incorporate feedback into future performance.

SYSTEMS-BASED PRACTICE

- Practice procedures to prevent medical errors and optimize patient safety in all clinical settings.
- Evaluate methods to improve the quality, efficiency, and cost-effectiveness of patient care.
- Assist patients and families in coordinating patient care (e.g. initial evaluation and management, referral to a specialist, admission to a skilled nursing facility).

Applied medical sciences include the following: anatomy, epidemiology, physiology, pathophysiology, microbiology, pharmacology, pharmacotherapeutics, and genetic and molecular mechanisms of health and disease.

Clinical Phase Curriculum

Supervised clinical practice experiences (SCPEs) and learning activities in the Clinical Phase prepare students to provide safe and effective patient-centered care following graduation. Students complete twelve (12) SCPEs. Required SCPEs include family, internal, behavioral, pediatric, and emergency medicine, women's health, orthopedics, and general surgery. Students complete three (3) selective* SCPEs in surgical disciplines to further develop surgical practice skills. Mentorship by Clinical Preceptors, active participation in patient care, and self-reflection of patient encounters improve each student's medical knowledge and clinical skills. Professional practice issues are further examined in PAS 602: Clinical Conference / Clinical Phase Cumulative Assessment where students complete scholarly papers related to topics such as patient safety, quality improvement, and the health care delivery system.

Students may choose to complete these selectives in a medicine and/or acute care discipline as approved by the Director of Clinical Education.

The Director of Clinical Education is responsible for the coordination and administration of the learning activities and assessments in the Clinical Phase. The Director of Clinical Education, Course Director, and/or Principal Faculty orient all Instructional Faculty and Primary Clinical Preceptors providing instruction or assessing student performance to expected learning outcomes for the learning activity, course/SCPE, Clinical Phase and/or Graduate Competencies. Students complete SCPEs at Clinical Sites which may be remote from the Program. Students follow the schedule of the Clinical Site/Clinical Preceptor for SCPEs and are expected to have approximately forty (40) hours of patient care activities each week. Students can access contact information for Clinical Preceptors, Course Directors, course syllabi, instructional materials, assignments, and their grades for course assessments (including Clinical Preceptor evaluations of student performance) on the Program's online learning management system. Students return to campus in May and December during the Clinical Phase for Clinical Conference learning activities and assessments.

Graduate Competencies

Medical Knowledge
MK1: Utilize concepts from applied medical sciences* to interpret patient history, physical examination and diagnostic study findings, formulate a list of differential diagnoses, and determine the most appropriate medical and/or surgical management for patients across all age groups in emergent, acute, chronic, and rehabilitative encounters.
MK 2: Utilize concepts from applied medical sciences* to determine appropriate screening methods to detect conditions in asymptomatic patients and to identify interventions for prevention of disease and promotion/maintenance of health.
MK 3: Utilize an investigative, analytical, and evidence-based approach in making clinical decisions.

Patient Care
PC 1: Promote healthy behaviors and provide compassionate, appropriate, and effective patient-centered care.
PC 2: Apply a systematic approach to patient evaluation and management that includes obtaining essential and accurate patient information, utilizing correct physical examination techniques, ordering indicated diagnostic studies, performing indicated procedures, interpreting collected data, and initiating and monitoring management plans.
PC 3: Provide effective education and counseling regarding medical and surgical conditions and health promotion for patients and their families.

Interpersonal and Communication Skills
ICS 1: Tolerate anxiety and ambiguity, adapt to change, and make reasoned and informed clinical judgments in situations that challenge one's emotional resiliency and stability.
ICS 2: Communicate, orally and in writing, with patients, families, and members of the health care team from different social and cultural backgrounds with sensitivity, clarity, and accuracy.
ICS 3: Partner with patients, families, and members of the health care team in a manner that optimizes safe, compassionate, and effective patient-centered care and health promotion.
ICS 4: Engage patients and families in an ethical therapeutic relationship.

Professionalism
P 1: Represent the Program and the PA profession, in professional and social settings, with professional conduct suitable for inclusion in the medical profession.
P 2: Prioritize the interests of the patient above one's own.
P 3: Adapt the humanistic attributes of integrity, excellence, collaboration and compassion, altruism, respect and resilience, empathy, and service in the care of patients.
P 4: Assume increasing degrees of responsibility under proper supervision.
P 5: Demonstrate a commitment to carrying out professional responsibilities including adherence to ethical principles, HIPAA and protection of patient privacy.

Practice-based Learning and Improvement
PBLI 1: Self-identify areas of weakness and to utilize appropriate resources for remediation of deficits.
PBLI 2: Self-reflect and process constructive feedback to improve one's delivery of patient care.
PBLI 3: Utilize current scientific literature to make informed clinical decisions and to improve the delivery of patient care.

Systems-based Practice
SBP 1: Promote a safe environment for patient care that includes measures to reduce medical errors and improve the quality, efficiency, and cost-effectiveness of health care delivered.
SBP 2: Assist patients and families in navigating the complexities of the health care delivery system for an improved patient experience.

Applied medical sciences include the following: anatomy, epidemiology, physiology, pathophysiology, microbiology, pharmacology, pharmacotherapeutics, and genetic and molecular mechanisms of health and disease.

PROGRESSION STANDARDS

Students must complete all components of the Program's curriculum within 54 months of initial matriculation. This includes time for remediation and leaves of absence. The academic and non-academic requirements that students must meet in each phase of the Program to be eligible for graduation are listed below.

Students must meet all Didactic Phase requirements listed below to be eligible to progress to the Clinical Phase.

- Demonstrate consistent compliance with all LMU and Program policies and procedures (including maintenance of Minimum Technical Standards for Enrollment and Progression found in the LMU-Knoxville PA Program Student Handbook).
- Demonstrate no professional conduct deficits or successful remediation of professional conduct deficits.
- Demonstrate successful achievement of Didactic Phase Learning Outcomes:
  - Earn a grade of 70% (C) or higher for all Didactic Phase courses
  - Pass all graded physical examination and clinical procedure skills assessments
  - Pass all graded simulated patient encounters
  - Pass each of the following components of the Didactic Phase Cumulative Assessment:

- Written examination (earn a grade of 70% (C) or higher)
- Simulated patient encounter (human)
- Physical examination skills assessment
- Clinical procedure skills assessment

Students on Academic and/or Professional Probation may be delayed in beginning SCPEs.

Students <u>must</u> meet all Clinical Phase requirements listed below to be eligible to progress to the Summative Evaluation.
- Demonstrate consistent compliance with <u>all</u> LMU and Program policies and procedures (including maintenance of Minimum Technical Standards for Enrollment and Progression found in the LMU-Knoxville PA Program Student Handbook).
- Demonstrate <u>no professional conduct deficits</u> or successful remediation of professional conduct deficits.
- Demonstrate successful achievement of <u>Clinical Phase Learning Outcomes</u>:
    o Pass each of the following assessments for the PAS 611-693 SCPE courses and complete all administrative requirements for each SCPE (e.g. submit credentialing paperwork on time, submit an evaluation of the Clinical Site/Clinical Preceptor on time):
        - End-of-Rotation (EOR) written examinations (earn a grade of 70% (C) or higher)
        - SCPE assignments (e.g. patient case presentations, documentation of patient care)
        - Clinical Preceptor Evaluation of Student Performance
    o Pass each of the following assessments for the PAS 602: Clinical Conference / Clinical Phase Cumulative Assessment:
        - Scholarly paper assignments
        - Clinical Phase Passport (See the PAS 602 course syllabus.)
        - Written examination (December Clinical Conference; earn a grade of 70% (C) or higher)

Students on Academic and/or Professional Probation are <u>not</u> allowed to progress to the Summative Evaluation. The Student Progress Committee (SPC) has the authority to remove a student from Academic and/or Professional Probation so that the student may progress to the Summative Evaluation.

Students <u>must</u> meet all Summative Evaluation requirements listed below <u>and must not</u> be on Academic and/or Professional Probation to be eligible for graduation.
- Demonstrate compliance with <u>all</u> LMU and Program policies and procedures (including maintenance of Minimum Technical Standards for Enrollment and Progression found in the LMU-Knoxville PA Program Student Handbook).
- Demonstrate <u>no professional conduct deficits</u> or successful remediation of professional conduct deficits.
- Demonstrate successful achievement of Program <u>Graduate Competencies</u>:
    o Pass each of the following components of the Summative Evaluation:
        - Written examination (earn a grade of 70% (C) or higher)
        - Simulated patient encounters
        - Physical examination skills assessment
        - Clinical procedure skills assessment

Students on Academic and/or Professional Probation are <u>not</u> allowed to progress to Graduation. The SPC has the authority to remove a student from Academic and/or Professional Probation so that the student may progress to Graduation.

At the end of each semester, and as needed, the SPC convenes to review student performance (academic and non-academic) and either <u>approve</u> students for progression in the Program or make an <u>alternate recommendation</u>. Students <u>must</u> meet all requirements for completion of the Didactic Phase, the Clinical Phase, and the Summative Evaluation for <u>successful completion of the Program</u>. Students must successfully complete the Program and demonstrate <u>fulfillment of all financial obligations to LMU</u> to be eligible for graduation.

ADVANCED PLACEMENT POLICY

The Program does not provide a waiver of required coursework (in whole or in part) included in the curriculum based on prior academic or professional experience. Transfer academic credits are not accepted. All students must complete all components of the curriculum in whole to be eligible for graduation.

CREDENTIAL AWARDED

Upon graduation from the LMU-Knoxville PA Program, students are awarded the degree of Master of Medical Science (MMS) in Physician Assistant Studies from Lincoln Memorial University. Graduates are eligible* to take the PANCE administered through the National Commission on Certification of Physician Assistants (NCCPA)**.

Provided the Program achieves ARC-PA Accreditation-Provisional Status.
**Please review the NCCPA's "PANCE Eligibility Requirements" documented on the NCCPA webpage* (https://www.nccpa.net/pance-eligibility)

SECTION III: SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPEs)

Establishment of Clinical Sites/Clinical Preceptors for SCPEs Policy

Students are not required to provide or solicit Clinical Sites or Clinical Preceptors (Clinical Affiliates). The Program employs sufficient faculty and staff to coordinate Clinical Sites and Clinical Preceptors for the Program's required SCPEs. However, students may provide the Director of Clinical Education with contact information for Clinical Sites or Clinical Preceptors with whom the student has an established professional relationship (e.g. employed at the Clinical Site prior to matriculation) or in cases where the Clinical Preceptor (who is not the student's spouse/partner, parent/in-law, or other familial relationship) has indicated they would like to precept the student. The Director of Clinical Education determines if the Clinical Affiliate(s) can meet Program requirements and provide students with sufficient educational experiences to achieve Program Learning Outcomes and Graduate Competencies.

SCPE Assignments Policy

The Director of Clinical Education is responsible for coordinating student assignments to Clinical Affiliates for SCPEs. SCPE assignments are developed after a thorough review of Clinical Preceptor availability, credentialing paperwork for the Clinical Site and Clinical Preceptor(s), review of prior evaluations of the Clinical Site and Clinical Preceptor(s) if available, the suitability of the Clinical Affiliate to provide students with sufficient educational experiences to achieve Program Learning Outcomes and Graduate Competencies, student academic and professional conduct history in the Didactic Phase, and student requests.

SCPE assignments are maintained in the Program's online program management system. The Program makes every effort to provide students with all twelve (12) SCPE assignments no less than eight (8) weeks prior to the start of the Clinical Phase. Throughout the Clinical Phase SCPE assignments may change, often due to circumstances outside of the Program's control. The Program also reserves the right to change any student's SCPE assignment(s) based on the student's individual academic or professional performance, achievement of Program Learning Outcomes and Graduate Competencies, SPC recommendations, or new concerns about the Clinical Affiliate's ability to provide appropriate SCPEs. The Program makes every effort to minimize disruption of a student's SCPE should a change occur. Students are notified in a timely manner of any change in their SCPE assignment(s).

The Program provides students with contact information for the Clinical Affiliate and Primary Clinical Preceptor for each assigned SCPE. Students must contact the Primary Clinical Preceptor (or other designated associate of the Clinical Affiliate) via phone, or the Primary Clinical Preceptor's preferred method of communication, no less than two (2) weeks prior to the start of the SCPE to determine what date/time, where, and to whom the student should report on the first day of the SCPE.

Patient Care Hours

The PA profession values service and dedication to patient care. As such, students may work long hours, night shifts, holidays, and weekends during SCPEs. Every opportunity for a patient encounter advances each student's academic and professional growth. Students are expected to complete approximately forty (40) hours of patient care activities (e.g. patient encounters, documentation of patient encounters, performing procedures, etc.) each week. Hours vary depending on the SCPE discipline and the Clinical Affiliate's practice patterns; however, students are expected to

work the same hours as the Clinical Preceptor(s). This includes seeing patients in all settings in which the Clinical Preceptor provides care (covered by the Clinical Affiliation Agreement) such as the office, hospital, long term care/skilled nursing facility, other outpatient facilities, and prison. Students may need to work with more than one Clinical Preceptor at the Clinical Site in order to obtain sufficient exposure to patient encounters and other activities to achieve Program Learning Outcomes and Graduate Competencies. Students are expected to arrive at the Clinical Site each day at least 15 minutes prior to the expected time.

Clinical Conference Policy
All students must return to campus in May and December (in the final semester) during the Clinical Phase for Clinical Conference learning activities and assessments. The Director of Clinical Education provides students with the Clinical Conference schedule a minimum of four (4) weeks prior to the Clinical Conference.   Students completing their Block six (6) and twelve (12) SCPEs within 300 miles of the campus are allowed one half day for travel. Students completing their Block six (6) and twelve (12) SCPEs more than 300 miles from campus are allowed one day for travel if flying and two days for travel if driving.

Housing, Transportation, and Meals
Students are responsible for securing their own housing, transportation, and meals during the Clinical Phase. Students are encouraged to discuss housing options with students who will be completing or have completed SCPEs in the same geographic area.   Students are responsible for all costs associated with housing, transportation, and meals during the Clinical Phase.

SECTION IV: ACADEMIC POLICIES AND PROCEDURES

ASSESSMENT OF STUDENT PERFORMANCE
The Program conducts frequent, objective, and documented assessments of student performance related to Program Learning Outcomes and Graduate Competencies for the purpose of monitoring and documenting student progress in a manner that promptly identifies deficits in knowledge and/or skills and establishes means for remediation. All assessments are based on the instructional objectives, found in course syllabi and materials for other learning activities, which guide student achievement of Program Learning Outcomes and Graduate Competencies.

Types of Assessments
The Program utilizes formative assessments that support student achievement of Program Learning Outcomes and Graduate Competencies to monitor student progress in meeting instructional objectives for each course. These assessments may be for the purpose of student self-assessment or may be recorded for a grade. Formative assessments may be administered in several forms, including but not limited to multiple choice questions, written assignments, and observation of performance in simulated patient encounters. Formative assessments allow faculty to support each student's academic success by providing ongoing feedback on areas of strength and weakness related to course-specific instructional objectives. One example of how the Program utilizes formative assessments to support each student's academic success is the administration of a non-graded, mock-laboratory assessment prior to the first graded laboratory assessment for the PAS 501: Clinically Oriented Anatomy and Dissection I course. Students complete a shortened version of the laboratory assessment with the same testing conditions as the graded laboratory assessment. This provides students with an opportunity to experience the testing conditions. In addition, students are able to review their answer choices with Program Faculty for feedback on correct and incorrect answer choices.

The Program utilizes comprehensive assessments to assess student achievement of Program Learning Outcomes at the end of a course component (e.g. completion of instruction on cardiovascular conditions, completion of a SCPE). These graded assessments may be administered in several forms, including but not limited to multiple choice questions and physical examination and clinical procedure skills assessments. Comprehensive assessments allow faculty to provide students with periodic feedback on areas of strength and weakness related to course-specific Learning Outcomes.

The Program utilizes cumulative assessments to assess student achievement of Program Learning Outcomes at the end of a course during the Didactic Phase (e.g. cumulative written examination covering all Learning Outcomes for PAS 531: Principles of Clinical Medicine I) and at the end of the Didactic and Clinical Phases (e.g. Didactic Phase Cumulative Written Examination covering Didactic Phase Learning Outcomes related to Medical Knowledge; PAEA End-of-Curriculum Examination™ covering Clinical Phase Learning Outcomes related to Medical Knowledge). These graded assessments may be administered in several forms, including but not limited to multiple choice questions and physical examination and clinical procedure skills assessments. Cumulative assessments allow faculty to provide students with feedback on areas of strength and weakness related to Program Learning Outcomes for the Didactic and Clinical Phases.

The Program utilizes the Summative Evaluation to assess student achievement of Program Graduate Competencies. The format for the Summative Evaluation is described below.

Methods of Assessment
The Program utilizes many methods (including but not limited to the methods listed below) to assess student learning. The methods used for formative, comprehensive, and cumulative assessments are listed in course syllabi and in materials for other learning activities.
- Assignments (e.g. patient case studies, documentation of patient care, prescription writing, coding/billing exercises, e-learning modules)
- Written examination (e.g. multiple-choice questions, essay)
- Physical examination and clinical procedure skills assessments (e.g. standardized rubrics)
- Simulated patient encounters (e.g. standardized rubrics)
- Oral case presentations (e.g. standardized rubrics)
- Small group exercises (e.g. standardized rubrics)
- Clinical Preceptor evaluations of student performance (e.g. standardized rubrics)
- Professional Conduct Development and Assessment form (Student Handbook)
- Student self-evaluation (e.g. reflective essays, Physician Assistant Clinical Knowledge Rating and Assessment Tool [PACKRAT™])

The Director of Didactic Education (Didactic Phase) and the Director of Clinical Education (Clinical Phase) informs students of the technological requirements for administration of electronic written examinations.

The Program utilizes standardized rubrics to assess student performance in physical examination and clinical procedure skills assessments, simulated patient encounters, oral case presentations, small group exercises, and professional conduct development. These rubrics are included with course syllabi and in materials for other learning activities to inform students of the level of expertise and the criteria necessary for successful performance.

The Summative Evaluation is administered after successful completion of the Clinical Phase to verify that each student has acquired Program Graduate Competencies and is prepared to enter clinical practice. Students must pass each of the four (4) components of the Summative Evaluation listed below:
- Written examination: multiple choice questions covering the PANCE Content Blueprint (Organ Systems and Task Areas) to assess student achievement of Medical Knowledge competencies; a grade of 70% (C) or higher is required to pass this component of the Summative Evaluation
- Simulated patient encounters: simulated patient encounters (human and manikin) to assess student achievement of Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement, and Systems-based Practice competencies (e.g. patient assessment and management; clinical decision making and problem solving; professional behaviors; provision for patient safety); Pass/Fail assessment utilizing standardized rubrics
- Physical examination skills assessment: completion of physical examination techniques and interpretations of findings to assess student achievement of Patient Care competencies; Pass/Fail assessment utilizing standardized rubrics

- Procedural skills assessment: completion of clinical procedural skills to assess student achievement of Patient Care competencies; Pass/Fail assessment utilizing standardized rubrics

The Program makes every attempt to post student grades on the Program's online learning management system within 48 hours of an electronic written examination and within 96 hours of all other assignments/assessments. All assessments are the property of the Program. Students may not duplicate assessment items in any form at any time. Faculty review assessments for students who earned a grade of < 75% to identify the student's knowledge/skill deficits. This information is shared with the student during mentoring by Program Faculty.

GRADING SYSTEM
Assessment/Course Grades: Letter grades for each assessment/course correspond with the following numeric ranges:
- A = 90-100%
- B = 80-89%
- C = 70-79%
- F = < 70%

Assessment grades will be computed and recorded to the nearest thousandth (0.001). Course grades are rounded up if the first number after the decimal is greater than or equal to 5 (e.g. a course grade of 79.500% is rounded up to 80% (B) and a course grade of 79.499% is not). Some assessments may be computed and recorded as pass ("P")/fail ("F"). This is noted in each course syllabus.

ACADEMIC STANDING
Students in good academic standing are not on academic/professional probation. Students in good academic standing meet all the following criteria:
- Demonstrate compliance with all LMU, Program, and Clinical Affiliate policies and procedures
- Meet all Program Student Code of Conduct expectations (found in the LMU-Knoxville PA Program Student Handbook)
- Earn a grade of 70% (C) or higher in all Didactic and Clinical courses required by the Program
- Pass all comprehensive written examinations and physical examination and clinical skills and simulated patient encounter assessments
- Pass the Summative Evaluation (following successful completion of the Clinical Phase)

REMEDIATION POLICIES AND PROCEDURES
The Program monitors and documents the progress of each student in a manner that promptly identifies deficits in knowledge, skills, and professional conduct and establishes means for remediation. Remediation is the Program's applied process for correcting deficits. Remediation is defined as mentoring by Program faculty and completion of remediation learning activities and assessments. "At-Risk Support" is defined as mentoring by Program faculty and completion of learning activities to strengthen subject matter understanding. Approximately four (4) hours of faculty time each week of the Didactic Phase is available for student mentoring to support student learning and achievement of Program Learning Outcomes and Graduate Competencies. During the Clinical Phase, student mentoring to support student learning and achievement of Program Learning Outcomes and Graduate Competencies occurs in person or via phone or videoconferencing and is scheduled to have the least impact on the student's clinical responsibilities for SCPEs.

Academic Performance
Identification of deficits in knowledge or skill is determined by student performance on the following:
- Assignments (as specified in each course syllabus)
- Assessments (written, physical examination and clinical procedure skills and simulated patient encounter assessments as specified in each course syllabus)
- Didactic Phase Cumulative Assessment (all components)
- Documentation of types of patient encounters (SCPEs)

- Documentation of physical examination skills and clinical procedures (SCPEs)
- Clinical Preceptor Evaluation of Student Performance (SCPEs)
- Clinical Phase Cumulative Assessment (all components)
- Summative Evaluation (all components)
- Identification of knowledge and/or skill deficit by Program Faculty and/or Clinical Preceptor that is considered to adversely impact patient safety regardless of the grade earned

Some assignments and assessments are for the purpose of student self-assessment and/or for faculty to gauge student development of Program Learning Outcomes and Graduate Competencies. Although students are provided with feedback on these assignments and assessments, remediation is not required for poor performance (grade of < 75% or F). Assignments and assessments for which remediation is required are specified in each course syllabus. In addition, students are required to complete remediation for any failed component of the Didactic Phase Cumulative Assessment, Clinical Phase Cumulative Assessment, and Summative Evaluation.

"At Risk" Support
Although a grade of > 70% is passing, students who earn a grade of < 75% are considered "at-risk" for failure of a course, other components of the Program's curriculum and/or the PANCE. Therefore, students who earn a grade of 70-75% on a graded assessment/assignment for which remediation is required must contact the respective Program Faculty member primarily responsible for coordinating the related learning activities to strengthen subject matter understanding (as specified in the course syllabus) and their assigned Faculty Mentor within two (2) business days of receiving their grade. Failure to follow this policy may result in referral to the SPC for progression and/or disciplinary action recommendations. Program Faculty utilize standardized rubrics to provide feedback and assist the student in self-strengthening of knowledge and/or skill deficit(s). Students are not placed on Academic Probation, no assessment of "At Risk" Support is required, and there is no change in the initial grade earned.

Remediation
Students who earn a grade of < 70%, F, or have a knowledge and/or skill deficit that is considered to adversely impact patient safety regardless of the grade earned on a graded assessment/assignment for which remediation is required, must contact the respective Program Faculty member primarily responsible for coordinating the related remediation learning activities and assessment(s) (as specified in the course syllabus) and their assigned Faculty Mentor within two (2) business days of receiving their grade. Failure to follow this policy may result in referral to the SPC for progression and/or disciplinary action recommendations.

Program Faculty utilize standardized rubrics to provide feedback and develop learning activities for remediation of knowledge and/or skill deficits. Remediation learning activities are assigned as soon as possible following identification of knowledge/skill deficit(s). Assessment of remediation of the knowledge/skill deficit(s) occurs at the end of the semester in the Didactic Phase and during Clinical Conference in the Clinical Phase and follows the same format as the assessment that identified the deficit(s). Remediation of a failed Clinical Preceptor Evaluation of Student Performance may include successful completion of another SCPE in the same discipline.

Successful remediation is defined as earning a grade of > 75% on the remediation assessment. The initial grade earned is changed to 70% following successful remediation. Students are placed on Academic Probation and will be monitored by the SPC. Students must successfully complete all required remediation activities in order to be eligible for progression in the Program. Completion of remediation learning activities and assessments may result in a delay in beginning SCPEs, a delay in graduation and/or failure to complete the Program curriculum within 54 months of initial matriculation.

The number of remediation attempts for academic deficits allowed by the Program are as follows:
- Didactic Phase:
  - No more than three (3) total remediation activities for the Didactic Phase
- Didactic Phase Cumulative Assessment
  - No more than one (1) for each component of the Didactic Phase Cumulative Assessment

- Clinical Phase:
    - No more than <u>two (2)</u> total remediation activities for End-of-Rotation written examinations
    - No more than <u>one (1)</u> remediation activity for the Clinical Preceptor Evaluation of Student Performance
- Clinical Phase Cumulative Assessment
    - No more than <u>one (1)</u> remediation activity for the written examination component
- Summative Evaluation
    - No more than <u>one (1) for each</u> component of the Summative Evaluation

Students may <u>not</u> appeal the decision by program faculty for the student to complete formal remediation activities. Students who do not successfully complete remediation and students with continued academic deficits who have exceeded the total number of remediation attempts allowed by the Program are referred to the SPC for recommendation on progression which may include <u>dismissal</u> from the Program.

STUDENT MENTORING
Student mentoring is designed to provide each student with the support necessary to achieve academic success and professional development in the Program. During the Clinical Phase, student mentoring occurs in person or via phone or videoconferencing and is scheduled to have the least impact on the student's clinical responsibilities for SCPEs. Students are assigned to a Faculty Mentor for the Didactic and Clinical Phases of the Program. Students <u>must</u> meet with their assigned Faculty Mentor at least once each semester.

During the first two weeks of the first Didactic Phase semester students meet with their assigned Faculty Mentor to develop a <u>plan for their academic success and professional development</u> in the Program. Students continue to meet with their assigned Faculty Mentor at least once every semester to review their plan and revise it as necessary. Prior to graduation, students meet with their assigned Faculty Mentor to determine a plan for ongoing self-assessment, self-directed learning, scholarship, service, and leadership.

Student Responsibilities
- Meet with your assigned Faculty Mentor at least once per semester at a mutually agreed time
- Contact your assigned Faculty Mentor within two (2) business days of earning a grade of $\leq$ 75% on graded assignments/assessments for notification of your academic performance
- Meet with your assigned Faculty Mentor as needed for other academic and/or personal concerns
- Develop a plan for academic success and professional development in the Program
- Honestly complete self-assessments and discuss areas of strengths and areas for improvement
- Develop a plan for self-directed remediation of self-assessed deficits
- Make an honest effort to follow the plans for academic success, professional development, and/or remediation of deficits

Faculty Mentor Responsibilities
- Follow LMU and PA Program policies, procedures, and organizational reporting structures
- Meet with the student at least once per semester at a mutually agreed time
- Meet with the student as needed as issues arise
- Disclose to the student information from Faculty Mentor-Student meetings that may be shared with Program Faculty and/or Staff with a legitimate need to know
- Provide an objective appraisal of the student's areas of strength and areas for improvement
- Help develop a plan for academic success and professional development in the Program
- Help develop a plan for student-directed remediation of student-assessed deficits
- Advise the student of Program policies and/or procedures related to current issues/concerns
- Make written records of Faculty Mentor-Student meetings for student files
- Provide timely access and/or referral to services addressing personal, academic, or professional issues which may impact the student's progress in the program.

The Faculty Mentor Does Not
- Solve student problems (academic and/or personal) – the Faculty Mentor helps you clarify causative factors and provide support as appropriate
- Act as any student's medical provider or behavioral health counselor. It is inappropriate for any Program Faculty to provide enrolled students with medical or behavioral health care or advice.

ACADEMIC CONDUCT POLICY

The Program seeks to create an environment of academic excellence conducive to student learning. This requires students to take personal responsibility for their learning and mastery of the knowledge and skills necessary to provide safe and effective patient care and for excellence in professional practice. This also requires students to complete all work with academic integrity, recognize the limits of their current knowledge, and pursue life-long learning. Academic misconduct undermines the purpose of education and violates the trust among faculty and students necessary for intellectual growth and development. Examples of academic misconduct include, but are not limited to, the following:
- Abetting: encouraging or assisting another student to do something wrong
- Cheating: acting dishonestly to gain an advantage, such as using unauthorized study materials
- Plagiarism: claiming someone else's ideas, words, data, etc. as your own
- Fabrication: presenting falsified work as genuine
- Misrepresentation: any act or omission with the intent to deceive

Dishonesty of any kind on examinations, unauthorized possession of examination questions, duplication of examination questions, the use of unauthorized notes during an examination, obtaining information during an examination from another student, assisting others to cheat, altering grade records, or illegally entering an office are instances of cheating and are violations of appropriate academic and professional conduct.

The Academic Conduct Policy is part of the Student Code of Conduct (found in the LMU-Knoxville PA Student Handbook). Students suspected of violation the Student Code of Conduct will be referred to the SPC for progression and/or disciplinary action recommendations which may include dismissal from the Program.

ACADEMIC GRIEVANCE POLICY

If a student has an academic grievance about a course, he/she is required to first discuss the matter with the Course Director for that course. If the academic grievance is unresolved after meeting with the Course Director, the student may then discuss the matter with the Director of Didactic Education (during the Didactic Phase) or the Director of Clinical Education (during the Clinical Phase). If the academic grievance remains unresolved, the student may then discuss the matter with the Program Director for final resolution.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Program complies with the provisions of the Family Educational Rights and Privacy Act (FERPA), 1974, as amended. This law maintains that the Program will provide for the confidentiality of student education records. Identifiable information from a student's educational record will only be accessible to PA Program faculty, staff, and other LMU employees with a legitimate educational need for the information. Student grades are recorded, stored, and secured with the LMU Registrar. All other student educational records are maintained by the Program. Please see (www.LMUnet.edu) for detailed information regarding FERPA and the list of disclosures that LMU may make without student consent in accordance with FERPA.

SECTION V: REGISTRAR INFORMATION

COURSE REGISTRATION
- **Fall 1 Semester (Didactic Phase):** Matriculating students are registered by the Program.
- **Spring 1, Summer 1, and Fall 2 Semesters (Didactic Phase):** Students enrolled in the Didactic Phase are responsible for completing Express Registration for all Spring 1, Summer 1, and Fall 2 Didactic Phase courses. Students also register for a placeholder Clinical Phase course for the Fall 2 (Didactic Phase) semester. The Financial Aid Office will notify students, via LMU student email accounts, about registration and financial aid deadlines and provide instructions for Express Registration.
- **Clinical Phase:** Students enrolled in the Clinical Phase are responsible for completing Express Registration for all Clinical Phase courses (Fall 2, Spring 2, Summer 2, and Fall 3). Students also register for PAS 602: Clinical Conference / Clinical Phase Cumulative Assessment during the Spring 2 semester (Clinical Phase). The Financial Aid Office will notify students, via LMU student email accounts, about registration and financial aid deadlines and provide instructions for Express Registration.

CHANGE OF NAME, CONTACT INFORMATION, EMERGENCY CONTACT(S) INFORMATION
Students must notify the faculty/staff/departments listed below as soon as possible with any change in name, contact information, or emergency contact(s) information in person or via telephone or email communication. Students must provide the Registrar, Admissions and Community Relations Coordinator, and Director of Financial Services with their current name and physical address at graduation.

TYPE OF CHANGE	NOTIFY
Name	Registrar *Helen Bailey, Helen.Bailey@LMUnet.edu, 423-869-6434* Admissions and Community Relations Coordinator *Amy Reed, Amy.Reed@LMUnet.edu, 865-338-5685* Campus Security *Robin Susong, Robin.Susong@LMUnet.edu, 423-869-6301* Information Services *Marta Dunn, helpdesk@LMUnet.edu, 423-869-6454* Financial Aid *Tammy Tomfohrde, Tammy.Tomfohrde@LMUnet.edu, 423-869-6465* Director of Didactic Education (Didactic Phase) Beth MacIntire, *DMS, PA-C, Beth.Macintire@LMUnet.edu, 865-338-5686* Director of Clinical Education (Clinical Phase) *Sonia Rupani, DMS, PA-C, Sonia.Rupani@LMUnet.edu, 865-338-5707*
Mailing Address	Director of Didactic Education (Didactic Phase) *Beth MacIntire, DMS, PA-C, Beth.Macintire@LMUnet.edu, 865-338-5686* Director of Clinical Education (Clinical Phase) *Sonia Rupani, DMS, PA-C, Sonia.Rupani@LMUnet.edu, 865-338-5707*
Cell Phone Number	Director of Didactic Education (Didactic Phase) *Beth MacIntire, DMS, PA-C, Beth.Macintire@LMUnet.edu, 865-338-5686* Director of Clinical Education (Clinical Phase) *Sonia Rupani, DMS, PA-C, Sonia.Rupani@LMUnet.edu, 865-338-5707*
Emergency Contact(s) Information	Director of Didactic Education (Didactic Phase) *Beth MacIntire, DMS, PA-C, Beth.Macintire@LMUnet.edu, 865-338-5686* Director of Clinical Education (Clinical Phase) *Sonia Rupani, DMS, PA-C, Sonia.Rupani@LMUnet.edu, 865-338-5707*

SECTION VI: STUDENT SERVICES

ACADEMIC SUPPORT SERVICES
In addition to having access to Program faculty for academic advising and mentoring, students have access to the Office of Academic Support. Services include assistance with study skills, time management, stress management and wellness, test anxiety management, and test-taking skills. Students may self-refer or be referred by Program faculty.

ACCESSIBLE EDUCATION SERVICES
The Office of Accessible Education Services works with Program faculty to provide accommodations for learning and assessment activities. Students with disabilities are <u>responsible</u> for requesting services and are strongly encouraged to contact the Office of Accessible Education Services prior to matriculation and as soon as possible after a disability that may qualify for accommodations arises. www.LMUnet.edu

FINANCIAL SERVICES
The Director of Financial Services is responsible for providing qualified students with the appropriate documents and counseling to secure financial assistance in the form of loans, scholarships, and grants. It is very important to be aware of the <u>completion dates</u> for the Free Application for Federal Student Aid <u>(FAFSA) requirements</u>. Student applicants receive financial aid information during student applicant interviews. Accepted and enrolled students are supported by representatives from Student Financial Services. www.LMUnet.edu

Veterans Benefits
In accordance with the Veterans Benefits and Transition Act of 2018, Section 367(e) of title 38 (Public Law 115-407), a student who is entitled to educational assistance under Chapter 31, Vocational Rehabilitation & Employment, or Chapter 33, Post 9/11 GI Bill®* benefits shall be permitted to attend or participate in the course of education during the period beginning on the date on which the individual provides to the educational institution a Certificate of Eligibility for entitlement to educational assistance under Chapter 31 or 33 (a Certificate of Eligibility can also include a "Statement of Benefits" obtained from the Department of Veterans Affairs website – eBenefits, or a VAF 28-1905 form for Chapter 31) and ending on the earlier of the following dates:
1. The date on which payment from the VA is made to the institution.
2. 90 days after the date the institution certified tuition and fees following receipt of the Certificate of Eligibility.

The university shall not impose any penalty, including the assessment of fees, the denial of access to classes, libraries, or other institutional facilities, or require the student to borrow additional funds, in order to meet his or her financial obligations to the institution due to the delayed disbursement funding form VA under Chapter 31 or 33.
*GI Bill is a registered trademark of the US Department of Veteran Affairs.

Refund of Institutional Tuition, Room and Board Charges
LMU operates with an annual budget developed through advance planning built around the institutional mission and goals, including financial obligations to faculty and others who provide necessary services essential for operation. In the event a student drops one or more classes, withdraws, or is administratively dismissed from the University for disciplinary or financial reasons after registration is completed and prior to the end of a semester of enrollment, the student's eligibility for a refund of tuition and/or room and board will be pro-rated as indicated by refund policy. A student must complete a Change of Schedule form, obtained from the Office of the Registrar for dropping one or more classes. Any situation in which all classes are dropped is considered to be a withdrawal from the University. Any notification of withdrawal and request of refund must be made in writing. Should the student fail to officially withdraw, all semester charges will become immediately due and payable.

The official withdrawal process begins in the Office of the Registrar. A withdrawal form must be completed, and all the necessary signatures obtained. Oral requests do not constitute official notification. The official date of withdrawal used to compute the refund is the date that the Registrar's Office physically receives the form. Applicable institutional charges for fall and spring semesters will be refunded according to the following schedule:
- During the first week of the semester: 100%

- During the second week of the semester: 75%
- During the third week of the semester: 50%
- During the fourth week of the semester: 25%
- After the fourth week of the semester: 0%

No refund of institutional charges will be made after the fourth week of the semester. Refund schedules pertaining to summer and mini terms are adjusted to the varying length of the terms. They appear in the Class Schedule published for the given term. Room and board fees will not be refunded to any student who withdraws from campus residency but remains enrolled at LMU during the semester or term.

Refund of Financial Aid
The Return of Title IV Funds (federal). Federal regulations determine how colleges and universities handle Title IV funds when a recipient withdraws from school. This policy is separate from the university's refund of institutional charges. The return of Title IV funds includes Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal PLUS loans, Federal Perkins Loans and Federal Direct Stafford Loans. The policy states that up through the 60% point in each semester a pro-rata schedule will be used to determine how much Title IV aid the student has earned. For example, if the student has attended 31% of the enrollment period, the student has earned 31% of his/her Title IV aid, and 69% of the aid must be returned to the federal government. After the 60% point in the semester, the student has earned 100% of the aid for which the student was eligible. Additional information on the return of Title IV funds may be obtained from the Financial Aid Office.

Refund of Housing Reservation and Damage Deposit*
The housing reservation and damage deposit is refundable at the end of the student's tenure in campus housing provided no damage or loss has occurred in the student's room as indicated by a check-out sheet and keys have been returned. If a student has an outstanding account balance with the University, any refundable deposit must first be applied against the student's outstanding account. If the student's outstanding account balance exceeds the refundable deposit, the student will not be entitled to a refund of the deposit. Cancellation of housing by a resident during the semester forfeits the resident's deposit. A written request for refund must be made to the Housing Director. Once the request is made the process of the refund can take up to 120 days.
*The institution does not offer housing on the LMU-Knoxville campus.

Refund of Credit Balance
In the event a combination of grants, scholarships and/or payments create a credit balance to the student's account, the Finance Office will refund the credit balance to the student by means of a check or by direct deposit if the student has signed up via Web Advisor. All institutional scholarships must be applied toward tuition, fees and on-campus room and board expenses. All federal, state and institutional grants are credited to the student's account first, and any scholarships are applied to the balance of the student's aid eligibility for the semester.

HEALTH SERVICES
Medical Services
Program faculty, the Program Director, and the Medical Director are not permitted to participate as health care providers for enrolled students. Students may access non-emergent medical care based on their private health insurance plan.

LMU-Knoxville PA Students are given preference for obtaining same-day appointments at Internal Medical Associates' Powell, TN location (approximately 20 miles from the Knoxville campus). Students must identify themselves as an LMU-Knoxville PA Student when requesting an appointment. Students must bring a copy of their vaccination/immunization records and a completed health history questionnaire to their first office visit (https://www.imasummit.com/patient-forms/). Providers at Internal Medical Associates also provide the services listed below for LMU-Knoxville PA Students:
- Acute visits
- Behavioral counseling
- Medication refills (for existing diagnoses)

- Vaccinations/immunizations and titers
- Laboratory (including urine drug screens) and imaging services
- Follow-up care following percutaneous/blood borne pathogen exposures
- History and physical examination prior to beginning Supervised Clinical Practice Experiences (SCPEs)
- Discounts/payment plans for services provided, if needed

Internal Medicine Associates
7744 Conner Road
Powell, TN 37849
http://www.imasummit.com

There are four (4) major hospitals within 15 miles of the Program (listed below). These hospitals have emergency services 24 hours a day, seven days a week. The hospital will file claims with the student's health insurance provider; however, students are responsible for payments not covered by their health insurance provider.

- Parkwest Medical Center (2.8 miles)
  9352 Park West Blvd., Knoxville, TN 37923
- Turkey Creek Medical Center (3.1 miles)
  10820 Parkside Drive, Knoxville, TN 37934
- Fort Sanders Regional Medical Center (13.6 miles)
  1901 W. Clinch Avenue, Knoxville, TN 37916
- University of Tennessee Medical Center (14.7 miles)
  1924 Alcoa Hwy., Knoxville, TN 37920

Mental Health Counseling Services
Students have access to confidential mental health counseling through the office of Mental Health Counseling and can make confidential appointments online (www.LMUnet.edu). Students may also complete confidential mental health screenings, access information and directions on handling mental health emergencies on and off campus, and gain assistance in obtaining mental health counseling while completing educational activities off campus. The LMU-Knoxville campus employs one full-time mental health counselor; however, any mental health counselor within the department is readily available to assist students. Program faculty, the Program Director, and the Medical Director are not permitted to participate as mental health counsellors for enrolled students.

CAREER SERVICES
Students have access to career services, including curriculum vitae (CV) creation and interview preparation from the office of Career Services. The office of Career Services also maintains an electronic job bank and posts department updates on the LMU Career Services' Facebook page.

Alumni Services
Students also have access to the Office of Alumni Services' PA Mentorship Program. This program connects enrolled PA Students with PA alumni mentors who have similar interests for assistance with networking, job searches, and specialty choices. The Office of Alumni Services also maintains an electronic job bank.

Verification of Program Completion/Degree Awarded
Many state licensing boards, and some hospital credentialing boards require verification of Program Completion/Degree Awarded. FERPA guidelines are followed when completing these forms. Students must submit all request for verification of Program Completion/Degree Awarded to the Program Administrative Coordinator.

Official Transcript Request
Many state licensing boards, and some hospital credentialing boards require official transcripts from LMU. LMU follows FERPA guidelines in fulfilling requests for official transcripts. Students must submit all requests for official transcripts to the Registrar (www.LMUnet.edu).

Reference Letter Request
All state licensing boards, and prospective employers require professional reference letters as part of the application process. Students <u>should</u> get permission from Program Faculty and Clinical Preceptors prior to providing their contact information to state licensing boards and/or prospective employers for professional reference requests. Students <u>may</u> request a professional reference letter from Program faculty and Clinical Preceptors. Students requesting reference letters from Program Faculty <u>should</u> include a completed Letter of Evaluation Release form (Appendix C) with their request. Students requesting reference letters from Program Faculty and/or Clinical Preceptors <u>should</u> include their dates of attendance; a copy of their CV; the name and contact information for submission; the title of the position/area of medicine they are applying for; and the reasons why they are interested in the position. Students <u>must</u> allow Program Faculty and Clinical Preceptors a minimum of two (2) weeks to complete professional reference letters. Program Faculty and Clinical Preceptors reserve the right to decline to provide students with a professional reference letter.

CERTIFICATION, LICENSURE, AND PROFESSIONAL ORGANIZATIONS
Certification by the National Commission on Certification of Physician Assistants (NCCPA)
Graduates of PA programs accredited by the ARC-PA are eligible to sit for the PANCE. The NCCPA does not accept student registration for the PANCE until 90 days prior to the expected completion date (graduation date) of the PA Program. The Program Director must confirm the expected completion date. The earliest date a student may take the PANCE following program completion (graduation) is 7 days. Students have 180 days from the beginning of their examination timeframe (PA program completion date) to take the PANCE. Students are notified by the NCCPA via email when their PANCE results are posted to an online record (approximately 2 weeks after the examination date). More detailed information may be found on the NCCPA's website (https://www.nccpa.net/).

Tennessee State Licensure
PAs are licensed in Tennessee through the Health Professionals Board by the Committee on Physician Assistants (COPA). https://www.tn.gov/health/health-program-areas/health-professional-boards/pa-board.html.
Hyperlinks for rules and regulations governing the practice of PAs in Tennessee are posted on www.tn.gov.

Tennessee Academy of Physician Assistants (TAPA) https://www.tnpa.com/
TAPA is the only statewide association representing the educational and professional interests of Tennessee's PAs. Their mission is to promote accessible, quality health care, and to advance the education, profession and practice of PAs in Tennessee. Student members may attend continuing medical education (CME) conferences and workshops, be elected to the Student Director position on the Board of Directors and apply for TAPA scholarships. TAPA also maintains an electronic job bank.

American Academy of Physician Assistants (AAPA) https://www.aapa.org/
The AAPA is the national professional society for PAs representing more than 123,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and the uniformed services. AAPA advocates and educates on behalf of the profession and the patients PAs serve. AAPA's vision is to transform health through patient-centered, team-based medical practice. AAPA's Student Academy Board of Directors and Assembly of Representatives lead student efforts to further the mission of the Academy. AAPA maintains an electronic job bank and provides career resource. More detailed information may be found on the AAPA's website

American Association of Surgical Physician Assistants (AASPA) http://www.aaspa.com/
The AASPA provides support to surgical PAs in all operative settings and specialties who seek to better their careers, their professions, and the quality of patient care. AASPA was formed for surgical PAs, by surgical PAs. AASPA also supports PA students (pre-PA, entry-level, and post-graduate) with workshops and other educational activities, a PA Student Blog, AASPA Scholarships, and other resources. ASPA also maintains an electronic job bank.

SECTION VII: APPENDICES

APPENDIX A

**RECEIPT OF THE LMU-KNOXVILLE PHYSICIAN ASSISTANT PROGRAM
STUDENT CATALOG**

I, _____, attended orientation for the LMU-Knoxville Physician Assistant (PA) Program on _____ and was advised of LMU and PA Program academic policies, procedures, and regulations.

I hereby acknowledge that I have received a copy of the <u>Student Catalog</u> and that I am able to access a copy of the <u>Student Catalog</u> online. I further acknowledge that I am responsible for all the information contained within this handbook and that I will abide by the academic policies, procedures, and regulations set forth in this document, or subsequent versions.

I have been provided with an opportunity to ask questions regarding the contents of the Student Catalog and should I have any further questions regarding the stated academic policies, procedures, and/or regulations, I understand that it is my <u>responsibility</u> to ask Program faculty for clarification. I understand that the Program will notify all students, via University-issued student email accounts, of any revisions and subsequent versions of the Student Catalog and that such revisions and subsequent versions will be posted on the Program's online learning management system. I understand that failure to comply with the academic policies, procedures, and regulations set forth in these handbooks, or subsequent versions, may result in disciplinary action, suspension, or <u>dismissal</u> from the LMU-Knoxville PA Program.

_____
Student Name (print legibly)

_____
Student Signature

_____
Date

APPENDIX B

ACADEMIC CALENDAR

PA Class of 2022	
Fall 1 Semester (12 weeks)	
Orientation	October 1 – 2, 2020
Class begins	October 5, 2020
Labor Day – no class	September 7, 2020
Thanksgiving Break – no class	November 25 – 27, 2020
Last day of class	December 18, 2020
Spring 1 Semester (16 weeks)	
Class begins	January 4, 2021
Good Friday – no class	April 2, 2021
Last day of class	April 23, 2021
Summer 1 Semester (16 weeks)	
Class begins	April 26, 2021
Memorial Day – no class	May 31, 2021
Last day of class	August 13, 2021
Fall 2 Semester (15 weeks Didactic/4 weeks Clinical)	
Class begins	August 16, 2021
Labor Day – no class	September 6, 2021
Last day of class Didactic Phase	November 18, 2021
Clinical Phase Orientation	November 19 – 23, 2021
Thanksgiving Break – no class	November 24 – 26, 2021
SCPE Block #1	November 29 – December 24, 2021
Spring 2 Semester (16 weeks)	
SCPE Block #2	January 3 – 28, 2022
SCPE Block #3	January 31 – February 25, 2022
SCPE Block #4	February 28 – March 25, 2022
SCPE Block #5	March 28 – April 22, 2022
Summer 2 Semester (18 weeks)	
SCPE Block #6	April 25 – May 20, 2022
Clinical Conference / Mock Clinical Phase Cumulative Assessment	May 23 – 27, 2022
Break – no class	May 30 – June 3, 2022
SCPE Block #7	June 6 – July 1, 2022
SCPE Block #8	July 4 – July 29, 2022
SCPE Block #9	August 1 – August 26, 2022
Fall 3 Semester (15 weeks)	
SCPE Block #10	August 29 – September 23, 2022
SCPE Block #11	September 26 – October 21, 2022
SCPE Block #12	October 24 – November 18, 2022
Thanksgiving Break – no class	November 21 – 25, 2022
Clinical Conference / Clinical Phase Cumulative Assessment/ Summative Evaluation	November 28 – December 16, 2022
Graduation	December 17, 2022

Letter of Evaluation Release

This form should be completed by any student requesting a faculty or staff member or clinical preceptor to write a letter of evaluation/recommendation or serve as a reference.

Student Name:

Cohort Year (e.g. PA 2022):

LMU email address:

Contact phone number:

I understand that a letter of evaluation/recommendation or an oral reference may contain non-directory personally identifiable information. I give permission to the person/entity listed below to disclose the information indicated below in the form of a letter of evaluation/recommendation and/or to provide an oral reference to the person/entity listed below.

Name of person/entity providing reference:

Name of person/entity receiving reference:

Contact information for person/entity receiving reference:

I give permission to release only the information indicated below:
- ☐ Academic records (transcripts, grades, GPA, class attendance)
- ☐ Disciplinary records
- ☐ All records
- ☐ Other (specify)

- ☐ I hereby waive my right to review the letter of evaluation/recommendation.

- ☐ I hereby do not waive my right to review the letter of evaluation/recommendation.

Student Signature and date:

This form should be signed and returned to the faculty or staff member or clinical preceptor prior to the writing of a letter of evaluation/recommendation or serving as a reference.

Last edited 10/02/2020

END OF STUDENT CATALOG