

# **LINCOLN MEMORIAL UNIVERSITY**

## **SCHOOL OF MEDICAL SCIENCES**

### **PA PROGRAM IN HARROGATE**

#### **DEPARTMENT OF PHYSICIAN ASSISTANT**

#### **STUDIES 2021-2022 ACADEMIC YEAR**

#### **STUDENT HANDBOOK**

This handbook is designed to serve as a guide to the rules, policies, and services of the LMU-SMS PA Program; therefore, it is not intended to establish a contract and the LMU-Harrogate PA Program reserves the right to amend, modify, or change regulations, policies, and financial charges stated in the handbook throughout the year. In such a case, the LMU-Harrogate PA Program will make reasonable efforts to notify the LMU-Harrogate PA Students in a timely manner, of any changes in policies and regulations. Notification shall be made via the LMU-Harrogate PA Program website or to University issued e-mail accounts as deemed appropriate.

## 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 Executive Vice President for Academic Affairs; the Executive Vice President for Administration; 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 Executive Vice President for Academic Affairs, the Executive Vice President for Administration, and the Office of Human Resources.

## **STUDENT HANDBOOK**

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## WELCOME TO THE PHYSICIAN ASSISTANT PROGRAM

Welcome to the Physician Assistant program here at the Lincoln Memorial University (LMU)-Harrogate PA Program. The faculty, staff, and I are excited at the opportunity to work with you over the next 27 months to prepare you for your future. While the curriculum will be challenging, I know that you will find all of us ready to assist you through each phase of your training. Additionally, the faculty and staff want to help you take full advantage of all the resources and rich experiences available to you here at the LMU-Harrogate PA Program.

This handbook should serve as an overview of the LMU-Harrogate PA Program. Contained within are the policies and procedures of the program that require compliance. There will be a short overview of these policies and procedures offered during the orientation session you will receive once you arrive, but it is imperative that you read and review the entirety of the handbook and clarify any statements/policies that you might find. Additionally, you might find areas where the LMU Student Handbook is referenced, so it is important for you to review that document as well as it holds information related to your education as well.

Should you have any questions, please feel free to contact your faculty mentor or myself at any time.

Again, on behalf of the LMU-Harrogate PA program faculty and staff, congratulations and best wishes on a successful academic career at the School of Medical Sciences.

Professionally,

*Stephen Noe*

Stephen Noe, DMS, MPAS, PA-C  
Assistant Dean, Program Director  
LMU-Harrogate PA Program

## **SECTION I: LINCOLN MEMORIAL UNIVERSITY (LMU) AND THE LMU-HARROGATE PHYSICIAN (PA) PROGRAM**

### **ACCREDITATION**

#### **University Regional Accreditation**

Lincoln Memorial University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award Associates through Doctoral 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 Lincoln Memorial University.

#### **Professional Accreditation**

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation-Continued** to the Lincoln Memorial University(LMU)-Harrogate Physician Assistant Program (LMU-Harrogate PA Program) sponsored by Lincoln Memorial University. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*. Accreditation-Continued remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn by the ARC-PA for failure to comply with the ARC-PA *Standards*. The approximate date for the next comprehensive review of the LMU-Harrogate PA Program by the ARC-PA will be **March 2025**.

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

PA graduates must pass the Physician Assistant National Certifying Examination (PANCE) in order to practice in all U.S. states, U.S. territories, and the District of Columbia. PA graduates are only eligible to take the PANCE if they have graduated from a PA program accredited by the ARC-PA. The LMU-Harrogate 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 MISSION AND PURPOSE**

Lincoln Memorial University is a comprehensive values-based learning community dedicated to providing quality educational experiences at the undergraduate, graduate, and professional levels. The University strives to give students a foundation for a more productive life by upholding the principles of Abraham Lincoln's life: a dedication to individual liberty, responsibility, and improvement; a respect for citizenship; recognition of the intrinsic value of high moral and ethical standards; and a belief in a personal God. While primarily committed to teaching, the University supports research and service. The University's curriculum and commitment to quality instruction at every level are based on the beliefs that graduates must be able to communicate clearly and effectively in an era of rapidly and continuously expanding communication technology, must have an appreciable depth of learning in a field of knowledge, must appreciate and understand the various ways by which we come to know ourselves and the world around us, and must be able to exercise informed judgments. The University believes that one of the major cornerstones of meaningful existence is service to humanity. By making educational, service, and research opportunities available to students, Lincoln Memorial University seeks to improve life for the students it serves. While serving students from throughout the state, nation, and many other countries, the University retains a commitment to enrich the lives of people and communities in the Appalachian region. Revised July 6, 2017; approved by Board of Trustees, November 10, 2017.

## **LMU INSTITUTIONAL GOALS**

Lincoln Memorial University is a private, independent, non-sectarian University with a clearly defined mission that distinguishes it from other educational institutions. While the University cherishes its heritage and rich traditions, it recognizes that dynamic growth and change are required to meet the needs of today's students. The University has identified the following institutional goals, which are derived from its mission and reflect its vision for the future:

- Make educational opportunities available to all persons without reference to social status. The University seeks to maximize enrollment by strengthening recruitment efforts and increasing student retention through the creation of an academic and social environment that facilitates success and rewards achievement.
- Maintain fiscal integrity in all its activities, programs, and operations through concerted efforts to continuously increase its endowment and financial standing.
- Provide quality educational experiences that have their foundation in the liberal arts and professional studies, promote high personal standards and produce graduates with relevant career skills to compete in an ever-changing, increasingly global market.
- Advance the Cumberland Gap and Appalachian region through community service programs in continuing education, healthcare, leadership development, recreation, and the fine and performing arts.
- Serve as a critical educational, cultural, and recreational center for the area, and to develop and maintain facilities, which are safe, accessible, and conducive to the development of body, mind, and spirit.
- Attract and retain a diverse and highly qualified faculty and staff, committed to teaching, research and service.
- Commit resources to support the teaching, research, and service role of the Institution.
- Support faculty and staff development programs with priority for allocation of resources determined by institutional needs.
- Increase technology for all educational sites. Specifically, the University seeks to continuously improve its computer and other technological resources for faculty, staff, and students.
- Develop and implement academic programs in response to anticipated or demonstrated educational need, and to continuously evaluate and improve the effectiveness of current programs.
- Provide a caring and nurturing environment where students, faculty and staff with varied talents, experiences and aspirations come together to form a diverse community that encourages students to grow intellectually and personally to meet their academic and career goals.
- Provide quality educational opportunities through selected degree programs for students who live or work a significant distance from the Lincoln Memorial University main campus, and for whom other options are not as accessible or satisfactory.



## **LMU-HARROGATE PA PROGRAM MISSION STATEMENT**

The LMU-Harrogate PA Program's mission is to educate future Physician Assistants to provide quality healthcare with an emphasis in primary care to the medically underserved of Appalachia and beyond.

## **LMU-HARROGATE PA PROGRAM GOALS**

1. Critical Thinking
  - Preceptor ratings of students on SCPE rotations exceed expectations for critical thinking
2. Professionalism:
  - Standardized rubrics demonstrate high ratings across Didactic and Clinical Phase OSCE and Summative Assessments
  - Preceptor ratings of students on SCPE rotations exceed expectations for professionalism
3. Diversity of Student Population:
  - Matriculation data demonstrating that LMU-Harrogate PA student matriculants represent a diverse population
4. Sensitivity and respect
  - Preceptor Evaluation of Student data on standardized rubrics rate students as well prepared to work with diverse populations, including disability, gender, race, culture, age, socioeconomic, sexual orientation, and physical or mental abilities and special health care needs populations
  - Graduates the of LMU-Harrogate PA Program feel well prepared to work with diverse populations, including disability, gender, race, culture, age, socioeconomic, sexual orientation, and physical or mental abilities and special health care needs populations
5. Medico-legal comprehension:
  - Graduates of the LMU-Harrogate PA Program feel well prepared to provide high-quality health care to patients in part due to understanding of the nuances of the medical and legal aspects of health care delivery
  - Preceptor ratings of students on SCPE rotations exceed expectations for professionalism

## **ADMINISTRATION, FACULTY, AND STAFF**

### **LMU: Administration**

Clayton Hess, Ph.D. – President of the University

#### **President's Cabinet**

General Counsel – Ryan Brown, J.D.

Executive Vice President for Academic Affairs – Robert Stubblefield, Ph.D.

Executive Vice President for Administration – Jody Goins, Ed.D.

Executive Vice President for Finance – Christy Graham, MBA, MAc.

Vice President for University Advancement – Cynthia Whitt, M.Ed.

Special Assistant to the President – Spencer Anderson, J.D., MBA, MS

Vice President and Dean School of Medical Sciences – Mark Moran, DMS, PA-C

Vice President and Dean DeBusk College of Osteopathic Medicine – Christopher Loyke, D.O.

Vice President and Dean Duncan School of Law – Matthew Lyon, J.D., MPA

Dean College of Veterinary Medicine – Stacy Anderson, Ph.D., MS

#### **Board of Trustees**

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Joseph F. Smiddy – Church Hill, TN

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#### **Academic Administrators**

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Dean School of Business – James Maxwell, D.Mgt., Ph.D.

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Dean School of Allied Health Sciences – Elizabeth Burchette Thompson, DVM, Ed. D.

Dean College of Dental Medicine – Denise Terese-Koch, DDS, FAGD, MBA

## **School of Medical Sciences (SMS) Administration**

Dr. Mark Moran, DMS, PA-C -VP and Dean, School of Medical Science

## **LMU-Harrogate PA Program Administration, Faculty, and Staff**

Stephen Noe, DMS, PA-C – Assistant Dean, Program Director, Assistant Professor

James B. Crum, D.O. – Medical Director

Shane Apperley, MSc., PGCert., PA-R – Director of Didactic Education, Associate Professor

Chrystyna Senkel, DMS, MPAS, PA-C – Director of Clinical Education, Assistant Professor

Lauren Anderson, DMS, MMS, PA-C – Assistant Professor

Melissa Day, DMS, MPAS, PA-C – Associate Professor

Jennifer Harrington, DMS, MHS, PA-C – Academic Coordinator, Associate Professor

Michelle Heinan, EdD, MS, PA-C- Full Professor

Joshua Shepherd, DMS, MMS, PA-C – Associate Professor

Tonya Skidmore, DMS, PA-C – Associate Professor

Michael Stephens, DMS, MMS, PA-C – Academic Remediation Specialist, Assistant Professor

George Thompson, DMS, MMS, PA-C – Clinical Coordinator, Assistant Professor

Melissa Wiley, MPAS, PA-C – Assistant Professor

Casey Johnson, MMS, PA-C – Assistant Professor

Rachel Cole, PharmD – Assistant Professor

John Gassler, PT, DPT, GCS – Associate Professor

Wendi Pursel – Program Administrative Coordinator

Annette Smith – Didactic Coordinator

Norma Wells – Director of Admissions

Alicia Beason – Associate Admissions Coordinator

Carrie Powers – Affiliation Agreement and Assistant Clinical Coordinator

James Parker- Hospital Relations and Remuneration Coordinator

Mary Mason – Supervised Clinical Practice Experience Manager

## SECTION II: PA STUDENT POLICIES AND PROCEDURES

### LMU STUDENT POLICIES AND PROCEDURES

All PA Students must comply with LMU student policies and procedures published in the LMU Student Handbook which can be accessed electronically ([www.LMUnet.edu](http://www.LMUnet.edu)).

### PA PROGRAM STUDENT POLICIES AND PROCEDURES

Program policies and procedures apply to all students whether on campus or off campus at a Clinical Site. Where Program policies and/or procedures exceed LMU student policies and/or procedures and/or create enhanced or additional obligations for the PA Student, Program policies and procedures shall apply. The policies and procedures of Clinical Affiliates who provide Supervised Clinical Practice Experiences (SCPE)s may supersede the Program's policies and procedures. Policies and procedures published in this handbook are reviewed each year prior to the start of a new student cohort. Students may access this handbook electronically on the Program's webpage. The Program Director provides matriculating students with an overview of the Program policies and procedures during orientation in the first semester. Changes to Program policies and/or procedures are communicated with students via University-issued student email accounts. These changes are also published in the handbook.

### TECHNICAL STANDARDS AND COMPETENCIES

The LMU-Harrogate PA Program seeks candidates who will be able to serve the needs of society by becoming skilled and effective Physician Assistants. To that end, the LMU-Harrogate PA Program requires candidates for admission and continuing students to meet certain technical standards. These technical standards ensure that graduates of the LMU-Harrogate PA Program possess a level of cognitive and technical skill necessary to achieve the levels of competency stipulated for graduates of the LMU-Harrogate PA Program by the faculty, accreditation agencies, and the standards of Physician Assistant practice. The technical standards go beyond the curriculum's academic criteria and apply both to candidates for admission and continuing students. In order to acquire the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care, candidates for admission and continuing students in the LMU-Harrogate PA Program must meet the established technical requirements in the following six areas: General Health; Observation and Visual Integration; Communication; Motor and Sensory; Intellectual, Conceptual, Integrative and Quantitative Abilities; Behavioral and Social Attributes.

1. **General Health:** Students must be able to work long hours in both the classroom and clinical settings with exposure to various body fluids, communicable diseases, radiation, and toxic substances. Students must maintain a general state of physical and mental health necessary to operate under the typical demands and performance requirements of the program and the PA profession. This includes standard preventative health measures such as annual immunizations. The LMU-Harrogate PA Program requires all students enrolled in the program to maintain health insurance coverage from matriculation through graduation.
2. **Motor and Sensory:** The provision of patient care often requires upright posture with sufficient total body strength, mobility, and cardiovascular endurance. Students must be able to tolerate physically taxing workloads and be able to sit, stand, and walk for long periods in both the classroom and clinical settings. Students must have adequate gross and fine motor function and coordination (including hand-eye coordination and manual dexterity) to elicit vital physical examination information from patients via inspection, auscultation, palpation, and percussion and to use appropriate diagnostic techniques and instruments to complete movements made to provide routine and emergent medical care, and to perform common diagnostic procedures. Additionally, the student must be able to detect subtle cues and non-verbal communication from the patient during these examinations. Examples include, but are not limited to, the following: assisting patients in range of motion, performance of cardiopulmonary resuscitation,

administration of intravenous medications, management of simple and complex wounds, routine obstetric and gynecologic care, and assisting in surgical procedures. Students must be able to observe demonstrations, visual presentations, lectures, laboratory studies and microbiological specimens, and experiments in medical and clinical settings. Students must also possess adequate sensory skills, including normal or corrected to normal functional vision and hearing acuity, visual integration, olfactory, tactile, and proprioceptive capabilities to provide patient care. Functional vision includes the following:

- Allowing for observation for patients close at hand and at a distance
  - Using depth perception and peripheral vision in order to assess for symmetry/asymmetry, and
  - Distinguishing infectious and/or inflammatory changes of gross tissues, tissue textures
3. **Communication:** Students must be able to speak, hear, and observe patients to gather pertinent data, describe their observations (including activity and function, mood, and posture) and be able to perceive nonverbal communications. Students must be able to effectively, efficiently, and with sensitivity, communicate in English with patients, families, and colleagues, from diverse social and cultural backgrounds, orally and in writing, with clarity and accuracy. Students must be able to communicate effectively with other students, faculty and clinical instructors, clinicians, patients, and family members in oral and written formats.
4. **Intellectual, Conceptual, Integrative and Quantitative Abilities:** Students must exhibit skills in problem solving, critical thinking, measurement, calculation, comprehension of three-dimensional relationships and structural spatial relationships consistent with medical practice. Students must be able to comprehend, retain, analyze, and integrate a large amount of information related to medicine and process this information in an efficient and effective manner that allows for timely and appropriate patient care. Students must be able to engage in long hours of study; self-identify areas of weakness and utilize appropriate resources for remediation of deficits; and self-reflect and process constructive feedback for improving knowledge and skills.
5. **Behavioral and Social Attributes:** Students must possess the emotional health required for full use of their cognitive and intellectual abilities, the exercise of reasonable judgment and the prompt completion of all academic and patient care duties and responsibilities across the lifespan. The development of mature, sensitive, and effective relationships with patients and other members of the health care team is essential. The ability to function in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are all required. Students must be able to demonstrate empathy, sensitivity, and the ability to quickly establish rapport with patients from diverse backgrounds with different cultural beliefs and a wide variety of acute and chronic medical and surgical conditions. Students must be able to exhibit adequate interpersonal communication skills, compassion, concern for others, honesty, and integrity. Students must be able to tolerate physically demanding workloads (which may involve nights and weekends), noisy environments, long hours, and to maintain composure with emotional stability in challenging, stressful, and changing circumstances and to deal effectively with uncertain and possibly emotionally charged situations. Students must be able to accept constructive criticism and respond with a professional and respectful demeanor.

All students enrolled in the Program must be able to independently, or with reasonable accommodation, demonstrate these health standards, cognitive and motor skills, and professional behaviors for Program matriculation, progression, and graduation. Students with disabilities are responsible for contacting the Office of Accessible Education Services ([www.LMUnet.edu](http://www.LMUnet.edu)) to request accommodation(s). The Program attempts, to the best of its ability, to develop mechanisms by which otherwise qualified applicants for admission and enrolled students can be accommodated; however, the Program's Technical Standards for Enrollment and Progression must be met and maintained in order to ensure that all parts of the Program's curriculum are

delivered to all students and that students provide safe and effective patient care. Clinical Affiliates that provide SCPEs expect students to have met the Program's Minimum Technical Standards for Enrollment and Progression and to perform assigned duties in a timely manner as such ability is critical and essential to safe and effective patient care. Therefore, extra time is not granted to students during assessments of physical examination and clinical procedure skills, note writing, simulated patient encounters, and completion of patient care duties during SCPEs. Similarly, the use of trained intermediaries is not approved in the assessments listed above and in SCPEs.

Students must submit a Medical Clearance Form, completed and signed by a licensed health care provider and uploaded by the student to Program's student documentation portal, confirming whether they meet the Minimum Technical Standards for Enrollment and Progression and are medically cleared to participate fully in the Program's curriculum prior to matriculation and prior to beginning SCPEs. Students do not return the completed health history and physical examination forms to the Program. Students must notify the PA Program Director as soon as possible if there is any change in their ability to meet these technical standards.

## **EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS POLICY**

### **Personal Responsibility**

Health professions students and providers have a fundamental responsibility to provide care to all patients assigned to them regardless of diagnosis. Failure to accept responsibility violates a basic tenant of the health care profession to place the patient's interest and welfare first. Attention to current personal immunizations and use of standard precautions and other prevention measures minimizes personal risk. Each student must take personal responsibility for being aware of their status and taking proper precautions.

All exposures to infectious and environmental hazards are managed according to the Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) guidelines. Students are instructed in the use of standard precautions and other prevention measures to protect against exposure to infectious agents and other hazards prior to engaging in educational activities that would place them at risk. These prevention measures are reviewed with all students prior to beginning SCPEs. Additional information regarding exposure to infectious and environmental hazards is available in Appendix E in this Handbook as well as on the Program's webpage. Students are responsible for all costs related to disease or disability acquired because of enrollment in the Program.

Students must follow standard precautions at all times based on the assumption that all blood, body fluids, and other potentially infectious materials (OPIM, e.g. secretions, excretions other than sweat, non-intact skin, and mucous membranes) may be infectious. Exposures include percutaneous injuries (e.g. puncture by needle or sharp object) and contact with mucous membranes or non-intact skin (especially prolonged contact) involving blood and OPIM. The Program's policies and procedures on percutaneous injuries and exposures to blood borne pathogens are available on the Program's webpage.

The potential for injury increases when a person is pregnant, lactating, or temporarily disabled. The greatest hazards exist while working directly with patients, which may result in serious injury to any person or fetus involved. Exposure to formalin, toxic drugs, abortifacients, infectious agents, inhalation anesthetics, radiation, and other agents presents additional hazards. Pregnant, lactating, or temporarily disabled students must complete the following requirements to continue to participate in the Program's curriculum:

- Immediately notify the Program Director during the Didactic Phase of training, or Director of Clinical Education during the Clinical Phase of training, of pregnancy, lactation, or temporary disability.
- Contact their treating health care provider immediately to obtain recommendations for minimizing exposure to hazards that may be associated with participation in the Program's curriculum.
- Provide the Program Director with a signed statement from the treating health care provider that defines permitted limits of exposure to possible hazards during the period of pregnancy, lactation, or temporary disability.
- Provide the Program Director with updated recommendations from the treating health care provider for each semester during which they are pregnant, lactating, or temporarily disabled.

- Notify the Program Director of any change in recommendation(s) from their treating health care provider.

The Program Director decides, in consultation with the Office of Accessible Education Services, whether accommodations for the treating health care provider's recommendations are possible while meeting the technical standards and academic requirements of the Program. Time off due to pregnancy, lactation, or temporary disability may result in a delay in a delay in graduation and failure to complete the Program curriculum within 54 months of initial matriculation as outlined in the LMU-Harrogate PA Student Catalog.

The Program recognizes that pregnant, lactating, and temporarily disabled students have rights and bear the responsibility for decisions concerning their health and should expect due consideration from Program faculty and staff. At the same time, the student must complete all requirements of the Program's curriculum by following a schedule or plan that allows students to meet essential technical standards and academic requirements of the Program and which deem the risks assumable by that student and treating health care provider. Any Program faculty member, including Clinical Preceptors, may refuse to allow a pregnant, lactating, or temporarily disabled student to be actively involved in any learning activity whenever the potential for accidents or exposure to hazards is considered too high or the treating health care provider has not cleared the student.

### **Immunizations, Tuberculosis Screening, and Urine Drug Screening Policy**

The Program's immunization/vaccination and tuberculosis screening requirements are consistent with the Centers for Disease Control and Prevention's (CDC) recommendations for health care workers. Students with a religious exemption or medical contraindication may seek exemption from immunization/vaccination requirements by contacting the Program Director. The Program's Clinical Affiliates may not allow for exemptions and may have additional requirements. Students are responsible for all costs associated with obtaining the Program's and/or Clinical Affiliate's requirements. Matriculating and enrolled students must submit their immunization and titer record, tuberculosis screening results, and urine drug screen results to a specified online central screening service by the Program's submission due dates. Matriculating students receive the forms for the health care provider to complete with the matriculation packet. Matriculating students are notified of submission due dates via email and the U.S. mailing address provided by the student. Enrolled students are sent appropriate forms and are notified of submission due dates for the Clinical Phase during the Summer 2 semester of the Didactic Phase via University-issued student email accounts. This provides students with sufficient time to complete all requirements. Failure to submit complete and signed documents by the Program's due dates may result in a delay of matriculation or a delay of the start of SCPEs, as applicable.

#### **Matriculating Students**

Prior to matriculation, students must have a licensed health care provider verify the student's immunization/vaccination, tuberculosis screening, and urine drug screening status relative to the requirements listed on the Program's webpage. Program faculty and staff do not have access to any other student health records outside of vaccination records at any point in their training.

#### **Enrolled Students Entering Clinical Year**

Prior to beginning SCPEs, students must have a licensed health care provider verify the student's health history and physical health and provide a medical clearance. In addition, students' immunization/vaccination, tuberculosis screening, and urine drug screening status must also be re-checked and re-verified. All students entering the Clinical Phase are asked to upload documentation of health history and physical examination, medical clearance, proof of health insurance, and appropriate lab studies, including urine drug screen and proof of vaccinations, immunity, and tuberculosis through EXXAT Approve. Program faculty and staff do not have access to any other student health records outside of their medical clearance, as all other information is confirmed via EXXAT Approve.

#### **Student Health Insurance Policy**

Students enrolled in the Program must maintain and provide evidence of health insurance coverage prior to matriculation and prior to beginning SCPEs. LMU does not provide health insurance coverage for students.



## Infection with Influenza and other Communicable Diseases Policy

Any student displaying “flu-like” or COVID-19 symptoms must follow the current COVID-19 notification procedures as posted on [www.LMUNet.edu](http://www.LMUNet.edu). Students testing positive for influenza or COVID must notify the Contact Tracer for the LMU-Harrogate PA Program, Ms. Susan Owens ([susan.owens@LMUNet.edu](mailto:susan.owens@LMUNet.edu)) as well as the Clinical Preceptor and Clinical Site (Clinical Phase) as soon as possible. Students are not permitted to attend any in-person sessions, including lectures, small group assignments, OSCE/Simulation, or SCPE until they have received clearance to resume training via the university processes. Students must communicate their date of eligibility to return to coursework with the Director of Didactic Education (Didactic) or the Director of Clinical Education (Clinical). Students with influenza infection are excused from class/SCPE to minimize viral exposure to other persons and to promote the health of the infected student. The Program’s Contact Tracer will discuss the appropriate date of eligibility to return to class/SCPE with the student.

Students potentially exposed to patients with meningitis, Ebola infection, or infection with other highly contagious pathogens must follow post-exposure protocols (as published by the Centers for Disease Control and Prevention (CDC) and/or Clinical Affiliates) and contact the Program Director (Didactic Phase) or the Clinical Team and Clinical Site and/or Clinical Preceptor (Clinical Phase) as soon as possible. Students may be excused from class/SCPE to minimize pathogen exposure to other persons and to promote the health of the infected student. The Program Director (Didactic Phase) or the Clinical Team and Clinical Site and/or Clinical Preceptor (Clinical Phase) will discuss the appropriate date of return to class/SCPE with the student. All time away from the Didactic Phase or Clinical Phase of training must be made up, which may cause a delay in graduation or exceed the maximum 54 months required for completion of training.

## STUDENT CODE OF CONDUCT

LMU-Harrogate PA Students are expected to maintain high standards of private and public conduct on-campus, off-campus, and at University-sponsored events. Student code of conduct policies found in the *Lincoln Memorial University, Student Handbook, Section IV: Student Code of Conduct – Academic Policies and Procedures and Student Code of Conduct – Nonacademic Policies* (<https://www.lmunet.edu/student-life/handbooks.php>) also apply to LMU-Harrogate PA Students. Violation of these and other generally accepted rules of behavior, whether or not covered by specific regulations, may subject a student to disciplinary action. **Claims of ignorance of acceptable behavior or of enumerated rules and regulations will not be accepted as an excuse for violation.** Students who reside in LMU housing are expected to follow the policies and procedures as outlined in the *Residential Student Handbook*.

Students are evaluated by their assigned faculty mentor at least once each semester during the Didactic Phase on their adherence to the Student Code of Conduct and development of professional conduct. This evaluation is documented by the faculty mentor on the student’s file each semester. Students are also evaluated on their professional conduct by Clinical Preceptors (Clinical Preceptor Evaluation of Student Performance) and by Program faculty and staff (e.g. submission of required documents and completion of assignments) for each SCPE and during the Summative Evaluation prior to graduation. Students who are suspected of violating the Student Code of Conduct may be referred to the Student Progress Committee (SPC) for a progression and/or disciplinary action decision(s) which may include dismissal from the Program.

The LMU-Harrogate PA Program’s Student Code of Conduct includes policies for the following areas:

- Academic Conduct (See Student Catalog)
- Professionalism
- Attendance Policy
- Confidentiality
- Social Media
- Audio and Video Recording
- Learning Environment

- Dress Code
- Identification as a Physician Assistant Student (PA-S)
- Arrest/Criminal Background Check
- Drug/Alcohol Screening and Driving while Under the Influence (DUI)

### **Academic Integrity**

It is the aim of the faculty of the LMU-Harrogate PA Program to foster a spirit of complete honesty and a high standard of integrity. The attempt of any LMU-Harrogate PA Program student to present as his/her own work that he/she has not honestly performed is regarded by the LMU-Harrogate PA Program faculty and administration as a very serious offense and renders the offender liable to severe consequences and possible suspension. Please review the *Lincoln Memorial University, Student Handbook Section III: Academic Policies and Procedures; Academic Integrity Policy* (<https://www.lmunet.edu/student-life/handbooks.php> ).

### **Professionalism**

An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional behavior exhibited during training is a predictor of future problems with state regulatory boards and the need for disciplinary actions (Papadakis, Hodgson, Teherani and Kohatsu, 2004). Since such behavior presents a potential danger to the provision of good patient care and issues for the credibility of the profession, professional conduct shares equal importance to content knowledge and manual skills. The LMU-Harrogate PA Program considers breaches of professional conduct as important academic deficiencies.

Recognizing the responsibility to develop appropriate professional behaviors, the LMU-Harrogate PA Program sets expectations for professional conduct and evaluates students in this sphere to document satisfactory acquisition of these important behaviors. The National Board of Medical Examiners (NBME) has identified behaviors consistent with professionalism. These behaviors are listed below. Each member of the LMU-Harrogate PA Program should strive to model these behaviors as a mode to ensure quality patient care and growth of the profession. As a mechanism to assist students in the acquisition of these professional skills a monitoring system has been established to identify unprofessional behaviors in both the Didactic and Clinical Phases of the LMU-Harrogate PA Program. Students identified as exhibiting unprofessional behaviors will be mentored by PA Program faculty and/or other professionals as indicated. Students found to be in **violation of the student code of conduct** and other generally accepted rules of behavior, whether or not covered by specific regulations, will be referred to the Student Progress Committee (SPC) with the possibility of being placed on **professional probation** or being **dismissed** from the LMU-Harrogate PA Program.

### **Professional Characteristics**

#### **Altruism**

- Helps colleagues and team members who are busy
- Takes on extra work to help the team
- Serves as knowledge or skill resource to others
- Advocates for policies, practices and procedures that will benefit patients
- Endures inconvenience to accommodate patient needs

#### **Honor and Integrity**

- Admits errors and takes steps to prevent reoccurrence
- Deals with confidential information appropriately

- Does not misuse resources
- Attributes ideas and contributions appropriately for other's work
- Upholds ethical standards in research and scholarly activity
- Requests help when needed
- Assumes personal responsibility for mistakes

### **Caring and Compassion**

- Treats the patient as an individual, considers lifestyle, beliefs, and support systems
- Shows compassion to patients and maintains appropriate boundaries in professional relationships
- Responds to patients' needs in an appropriate way
- Optimizes patient comfort and privacy when conducting history, physical examination, and procedures

### **Respect**

- Respects institutional staff and representatives, respects faculty and colleagues during teaching sessions
- Adheres to local dress code
- Participates constructively as a team member
- Adheres to institutional and departmental policies and procedures
- Displays compassion and respect for all patients even under difficult circumstances
- Discusses classmates, faculty, preceptors, and patients without inappropriate labels or comments

### **Responsibility and Accountability**

- Presents self in an appropriate manner to patients and colleagues
- Completes assignments and tasks in a timely manner
- Responds promptly when emailed, texted, called, or paged
- Intervenes when unprofessional behavior presents a clear and present danger
- Uses resources effectively
- Responds appropriately to an impaired colleague
- Reacts to other's lapses in conduct and performance
- Makes valuable contributions to class, rounds, and group interactions
- Elicits patients' understanding to ensure accurate communication of information
- Facilitates conflict resolution
- Remains flexible to changing circumstances and unanticipated changes
- Balances responsibilities to the patient and personal needs

- Provides constructive feedback

### **Excellence**

- Has internal focus and direction, sets goals to achieve excellence
- Takes initiative in organizing, participating, and collaborating with peer groups and faculty
- Maintains composure under difficult situations
- Inspires confidence in patients by proper preparation for clinical tasks and procedures

*Adapted from Behaviors Reflecting Professionalism National Board of Medical Examiners*

### **Attendance Policy**

Attendance for all learning activities and assessments scheduled by the Program (including classroom and laboratory sessions and SCPEs) is mandatory. Students are responsible for all material presented in missed learning activities, announcements, and assignments. Students must contact the assigned Faculty Mentor (Didactic Phase) or the Clinical Team (Clinical Phase) via email as soon as an absence for illness/injury occurs. Students who expect an absence for personal matters must request approval from the Director of Didactic Education (Didactic Phase) or the Director of Clinical Education (Clinical Phase) via email no less than 24 hours prior to the date/time of the planned absence in order for the request to be approved.

During Didactic training, students should be in the auditorium with all necessary equipment ready to begin at 8 AM. Students must swipe their ID badge at the beginning of each new class presentation during the day. Students may swipe in for the 8 AM and 1 PM sessions upon arrival in the auditorium at any time before the next class, however, timing of the swipe for class changes should be no more than 10 minutes before the start of class and must not interrupt the presentation. Students are not permitted to swipe another student's badge. Additionally, when sign-in sheets are used, students are not permitted to sign another student's name on the list.

Because illness or attendance to other personal issues may need to occur during class time, each didactic student is allowed **four (4), four-hour blocks** of personal time per semester. These time blocks must be taken as whole blocks, not in partial segments. These time blocks may not be used when a guest lecturer, Objective Structured Clinical Encounter (OSCE), 3-D mannequin simulation, case study, workshop, laboratory session, presentation on professionalism, or examination is scheduled.

For an absence to be approved, students **MUST** request the use of one of their time-block by e-mailing their assigned faculty mentor no less than 24 hours prior to the date/time they want to use the block of time. The faculty mentor will review the student's time log for that semester and update the record accordingly.

The student is responsible for all material that was provided/covered during the times they have elected to be absent. No special sessions or reviews will be provided.

Students completing SCPEs must first notify the Director of Clinical Education, then notify the Clinical Site and/or Clinical Preceptor, via phone (or method of communication preferred by the Clinical Site/Clinical Preceptor), of their absence due to illness/injury prior to the time/date they are expected at the Clinical Site. Students completing SCPEs must also obtain written approval from the Director of Clinical Education and their Clinical Preceptor for an absence for personal matters no less than 24 hours prior to the date/time of the planned absence.

Excused absences include personal illness or injury (with care rendered by a health care provider for absences greater than three (3) days), illness of a family member (requiring the student's assistance for care for greater than three (3) days), death of an immediate family member (spouse/partner, parents/in-laws, siblings, and grandparents), and military service. The Program reserves the right

to request documentation related to the absence (e.g., death certificate). Requests for an absence related to legal matters or to attend professional meetings or employment interviews are evaluated on a case-by-case basis. An absence for any other reason is considered an unexcused absence.

Students who miss a scheduled assessment (e.g. written examination, physical examination skills assessment) must contact the Director of Didactic Education (Didactic Phase) or the Director of Clinical Education (Clinical Phase) via email as soon as possible for approval to reschedule the assessment.

Students with more than three (3) excused absences during a semester (Didactic Phase) or SCPE (Clinical Phase) may be referred to the SPC for a progression decision(s). Students with an unexcused absence will be referred to the SPC for a progression and/or disciplinary action decision(s) which may include dismissal from the Program.

### **Confidentiality**

Students are exposed to private health information during training. A patient's health information is private and is protected by law. The **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) is a federal law that sets rules about who can look at and receive patient health information. Students must always follow HIPAA regulations. Students receive HIPAA training during orientation in the first semester and again prior to beginning SCPEs.

**Students must respect the confidentiality of their classmates, patients** (standardized patients, patient models, and patients and their families encountered during service activities and SCPEs), **Program Faculty and Staff, Clinical Preceptors, and members of the Program's Clinical Affiliates**. Students are only permitted to access information relevant to the direct care of their patient and are not permitted to discuss or post on social media any protected health information about their classmates, patients (standardized patients, patient models, and patients and their families encountered during service activities and SCPEs), Program Faculty and Staff, Clinical Preceptors, and members of the Program's Clinical Affiliates. **Students are not permitted to obtain or post any pictures of patients** (standardized patients, patient models, and patients and their families encountered during service activities and SCPEs). Students may use a patient's initials for patient case presentations and other assignments required by the Program.

Students do not have access to the academic records or other confidential information of other students or Program faculty or staff. Students are only informed of their own performance in the Program. The results of SPC decisions are not posted and are only accessible to the faculty and/or staff with a legitimate need to know.

### **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](http://www.LMUnet.edu)) for detailed information regarding FERPA and the list of disclosures that LMU may make without student consent in accordance with FERPA.

### **Social Media Policy**

The LMU-Harrogate PA Program highly values professional and ethical behaviors from all of its students at all times and in all settings. This includes the "persona" put forth by students when engaged in social media platform (e.g. Facebook®, Twitter®, Snapchat®, Instagram®, blogs, etc.) in which they are identified as part of the LMU-Harrogate PA Program in any form. Information of any kind placed on these platforms render an individual subject to the judgement of those who have access to the material and, in many cases, anyone whom the information can be shared with. State licensing boards have the authority to discipline licensed PAs or deny state licensure to PAs for social media posts that do not meet the professional standards of the state licensing board. Employers, including hospital credentialing boards, may dismiss an employed PA or decline to hire a PA for social media posts that do not meet the professional standards of the health system/practice.

Therefore, the LMU-Harrogate PA Program holds students, at any stage of their training, to be responsible for abiding by the same rules of ethical and professional conduct in a social media platform as they would in any other classroom, laboratory, and clinical setting as set forth in this handbook. Students must assure that no one else has access to their individual social media account. Students are responsible for any postings or comments made on their personal account, even if the posting or comment was from another individual with access to your account. The Program's Social Media Policy is as follows:

- Students are not allowed to engage in social media platforms with Program Faculty and Staff or members of any Clinical Affiliate (e.g. Clinical Preceptors, nurses, medical assistants, and other clinical support or office staff) while enrolled in the Program.
- Students must not use any social media platform during any activity scheduled by the Program, including SCPEs, without permission from the Program Faculty or Staff member leading the activity or members of Clinical Affiliates providing the SCPE.
- Students must not post photos, comments, or memes of classmates, Program Faculty and Staff, members of any Clinical Affiliate, or patients and their families on any social media platform.
- Students must not share patient information on any social media platform.
- Students must not engage in discussions using profanity and/or discriminatory or disparaging comments about any patients or groups of patients; faculty, staff, and/or students of LMU; members of any Clinical Affiliate; or the community on any social media platform.
- Students must not interact with current or past patients and/or the families of patients on any social media platform.
- Students must not post photos or comments showing themselves in LMU or Clinical Affiliate identification or attire.
- Students must not post photos or comments showing themselves in potentially unprofessional situations (e.g. appearing intoxicated, using illicit substances, assuming provocative body positions, etc.) on any social media platform.
- Students must not represent themselves as a graduate PA (or other type of health care provider except for any previously obtained titles, e.g. EMT, RN, etc.) on any social media platform prior to graduation from the Program.

### **Audio and Video Recording**

It is expressly prohibited to make audio or video recordings of any learning or assessment activities, including sessions for mentorship, without prior written permission from the Program Director. Likewise, it is expressly prohibited to copy and distribute any recorded, electronic, or printed learning and assessment materials without prior written permission from the Program Director. Failure to follow this policy is a violation of the Student Code of Conduct.

### **Classroom Etiquette Policy**

To maintain an environment conducive to learning in the classroom and laboratory, the LMU-Harrogate PA Program has established guidelines. Activities that distract from the classroom environment and interfere with the conduct of the educational process are prohibited. Such activities include engaging in discussions unrelated to classroom or laboratory activities, using an electronic tablet or laptop computer, cell phone, smart watch, or similar device for activities unrelated to classroom or laboratory activities, using any electronic device during instructional or assessment activities, emailing, instant messaging, cell phone usage or receiving calls or texts when not on silent mode, headsets, ear buds, or similar for music, surfing the internet or gaming sites aside from direction by faculty as part of the conduct of the classroom, bringing animals to class, bringing children in class (except as approved by the university policies as requested by faculty), bringing friends and/or family into class (unless approved by the Program Director), conducting conversations outside of class participation and distracting peers or faculty from the conduct of the learning process. To maintain a safe and clean environment, no eating or smoking will be permitted in any classroom or laboratory. Such activities are not consistent with the LMU-Harrogate PA Program's professionalism expectations. Frequent breaks are given during the day. Students are asked to limit their egress and reentry to the classroom by using break time to attend to needed activities. The LMU-Harrogate PA Program faculty have the responsibility to maintain the

classroom environment and will ask those who engage in distracting activity to leave the room as the rights of all students to concentrate without interruption must be respected.

### **Dress Code Policy**

In keeping with the professional nature of the LMU-Harrogate PA Program, all students are expected to dress in an appropriate manner both in the classroom and in the clinical setting. Being neatly dressed and well-groomed exemplifies a professional appearance. The dress code is described as business casual. Business casual can also be described as the attire appropriate for caring for patients.

Each student is required to follow the dress code as outlined below:

**CLOTHING SHOULD ALLOW FOR ADEQUATE MOVEMENT DURING PATIENT CARE, AND SHOULD NOT BE TIGHT, SHORT, LOW CUT, OR EXPOSE THE TRUNK OR BUTTOCKS WITH MOVEMENT.**

**CLOTHING SHOULD NOT BE TORN OR RIPPED AND SHOULD APPEAR WELL KEMPT.**

**Slacks, Pants, and Suit Pants:** Cotton synthetic material pants, wool pants, flannel pants, corduroy pants, dressy capris, and professional looking dress synthetic pants are acceptable. Inappropriate slacks and pants include jeans (regardless of color), pajama jeans, sweatpants, exercise pants, shorts, bib overalls, leggings and any spandex or other form-fitting pants such as people might wear for exercise.

**Skirts, Dresses, and Skirted Suits:** Casual dresses and skirts (may be split at or below the knee) are acceptable. Dress and skirt length should be at a length at which one can sit comfortably in public. Inappropriate skirts, dresses, and skirted suits include short and tight skirts that ride halfway up the thigh, mini-skirts, sundresses, beach dresses, and spaghetti-strap dresses.

**Shirts, Tops, Blouses, and Jackets:** Casual shirts, dress shirts, sweaters, golf-type shirts, and turtlenecks are acceptable. Most suit or sport jackets are also acceptable. Inappropriate shirts, tops, blouses, and jackets include tank tops, midriff tops, halter-tops, tops with bare shoulders, sweatshirts, t-shirts, and potentially offensive words, terms, logos, pictures, cartoons, or slogans.

**Shoes and Footwear:** Loafers, clogs, boots, flats, dress heels, and leather deck-type shoes are acceptable. Open toed-shoes are acceptable only in the classroom/lecture hall setting. Athletic or walking shoes are only acceptable during simulation, laboratory sessions, and some clinical rotations. Unacceptable footwear includes flip-flops, thongs, and slippers.

**Jewelry, Makeup, Perfume, and Cologne:** Watches, wedding bands and/or engagement rings are permissible, except when sterile technique is mandated. Excessive bracelets or necklaces are not permissible. No more than two earrings per ear are permissible. Exaggerated dangling, oversize earrings, large grommets, or colored plugs are not permissible. Piercings of body areas other than the ears or nose should be covered. Classmates, co-workers, and patients may be allergic to chemicals makeup, perfumes, aftershave, and cologne. Use these products with restraint.

**Hair and Nails:** Hair should be clean and arranged so as not to interfere with providing patient care. The hair should be appropriately styled during laboratory procedures or patient care to prevent unintended body fluid/wound exposures. Fingernails should be kept trimmed and without nail polish (on clinical sites).

**Tattoos:** All tattoos should be covered.

**Hats and Head Coverings:** Hats are not appropriate for inside use and will not be allowed in the classroom. Head covers that are traditionally worn for religious purposes or to honor cultural tradition are allowed.

**Nametags and White Laboratory Coats:** Students are mandated to wear a nametag that identifies them as an LMU-

Harrogate PA Student at all times. The nametag would be worn on the white coat during OSCE and 3-D Simulations, in the clinical setting, or anytime students represent LMU-Harrogate in the community. Students will also be issued a badge that must be worn while in the classroom setting. Please see *Lincoln Memorial University Student Handbook*, , **Section II: Identification**. A **short**, consultant style, white laboratory coat will be worn by students in simulated patient encounters and at clinical sites.

**Faculty, staff, and any member of Clinical Affiliates providing SCPEs reserve the right to dismiss students from the classroom, laboratory, or Clinical Site for inappropriate dress, including improper identification (see Proper Identification below).**

### **PROPER IDENTIFICATION AS A PA STUDENT POLICY**

LMU-Harrogate PA Students must always identify themselves as “physician assistant students” to faculty, staff, clinical site preceptors and staff, and patients and their families. They must **never** present themselves as physicians, residents, medical students, or graduate physician assistants. Additionally, they must not identify or represent themselves as current colleagues of clinical preceptors. While in the LMU-Harrogate PA program, students may not use previously earned titles (i.e. EMT, RN, Ph.D., etc.) for identification purposes.

During orientation the first week of the first semester, students are issued a name badge that identifies them as an LMU-Harrogate PA Student. Students must wear this name badge while on campus, during SCPEs, and in any other setting where they are representing the Program. If the SCPE has established policies and practices regarding dress, the policies of the clinical site supersede those of the LMU-Harrogate PA Program.

### **CRIMINAL BACKGROUND CHECK, DRUG AND ALCOHOL SCREEN, AND ARREST POLICY**

The protection of vulnerable patient populations is of utmost importance to LMU-Harrogate PA Program and the clinical sites where students complete the clinical requirements. The LMU-Harrogate PA Program must be informed of any violations of the law or school policy in order to take appropriate corrective or punitive action when students are involved in conduct or activities that could tarnish the LMU-Harrogate PA Program’s reputation.

All LMU-Harrogate Physician Assistant Students shall submit criminal background checks and drug and alcohol screenings as requested by the Program and as required by clinical rotation affiliation agreements.

Students arrested or formally charged with any infraction of the law, other than minor traffic violations, while matriculated as an LMU-Harrogate PA student, shall report such violation or charges to the Program Director of the LMU-Harrogate PA Program within **two business days of the offense**. Students failing to report an arrest will be subject to immediate dismissal.

Prior to matriculation into the Program, and again before the beginning the Clinical Phase, students will be expected to submit criminal background checks and drug and alcohol screenings. Additional criminal background checks, which may include fingerprinting based on clinical affiliation agreements with the Program’s Clinical Affiliates or at the Program Director’s discretion, as well as drug and alcohol screenings may be required during the Clinical Phase for specific clinical rotations per affiliation agreements. Students shall be responsible for paying any and all associated costs of criminal background checks, drug and alcohol screening, and finger printing, including retesting for any reason. Positive findings on a background check will be subject to review by the Program Director of the LMU-Harrogate PA Program. The Program reserves the right to prohibit admission or progression in the LMU-Harrogate PA Program based on the results of criminal background checks, drug and alcohol screenings, and/or student refusal to submit to criminal background checks and drug and alcohol screenings. Additionally, clinical sites reserve the right to refuse students based on the results of criminal background checks and/or drug and alcohol screenings.

Students with positive findings on pre-matriculation criminal background checks or drug and alcohol screenings will meet with the Program Director to determine if matriculation is appropriate. Students with felony convictions or



pending felony charges will not be considered for admission. Students with prior driving while under the influence (DUI) or misdemeanor convictions will be evaluated and advised on a case-by-case basis. Students with new positive findings on criminal background checks or drug and alcohol screenings at any time throughout the program will be subject to the policies as outlined above, and the procedure described below.

- Students arrested for alcohol, illegal prescription drug, or other illegal substance charges will be decelerated at the completion of the current semester pending legal outcomes.
- Students found guilty of alcohol, drug, or other illegal substance charges will be immediately dismissed.
- Students found “not guilty” of alleged charges, or students who plead to lesser (misdemeanor) charges will be allowed to return to the Program barring any additional professional or other outstanding programmatic issues.
- Students decelerated will be expected to seek appropriate medical/behavioral treatment/counseling to determine if future patient safety will be compromised by the student.
- If a student is allowed to progress, the student may be required to continue to seek counseling, treatment, or therapies to ensure the program and public that patient safety will not be compromised by the student’s actions.

Academic standing within the Program for students arrested for other charges shall be at the discretion of the Program Director of the LMU-Harrogate PA Program, the VP and Dean of the SMS, and/or the Administration of SMS and LMU. Decisions on the status of any student who is arrested shall be based on current policies or precedence.

The program reserves the right to immediately dismiss any student that it determines to betray the values and integrity of the University, community, and the PA profession.

The program advises all students that graduation from the LMU-Harrogate PA program does not guarantee state licensure or hospital credentialing can be obtained, especially if the student has any findings on a criminal background check or drug screen.

Refer to this Handbook under the “Student Progress Committee (SPC)” section for definitions and outcomes of an SPC referral for infractions of professional behavior.

Students under the age of 21 years may not possess, consume, sell, distribute or be in the presence of alcoholic beverages on campus grounds, in University facilities or at University activities. *Please see the **Residential Life Handbook** (<https://www.lmunet.edu>).*

The student code of conduct/academic/non-academic policies found in the ***Lincoln Memorial University, Student Handbook Section IV: Student Code of Conduct – Academic Policies – Alcohol*** also apply to LMU-Harrogate PA Students (<https://www.lmunet.edu>).

## **SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPE) POLICY**

Students must meet all Didactic, Summative, and SPC requirements prior to consideration for the Clinical Phase.

### **Student Credentialing for SCPEs**

Clinical Affiliates have various requirements for student credentialing that must be completed prior to beginning the SCPE. The Clinical Team provides students with the student credentialing requirements for each assigned SCPE. Students are responsible for all costs associated with student credentialing except for malpractice insurance. The Program provides students with liability insurance coverage throughout the Program. Failure to complete credentialing requirements by Clinical Affiliate and/or Program

deadlines will result in a delay or cancelation of the SCPE (which may also result in a delay in graduation and failure to complete the Program curriculum within 54 months of initial matriculation). If a SCPE is cancelled due to the student's failure to complete credentialing requirements, the student will be referred to the SPC for progression and/or disciplinary action recommendations.

Students must keep a copy of documents commonly used in student credentialing for Clinical Affiliates and upload them into EXXAT/APPROVE.

- Current driver's license
- Proof of health insurance coverage
- Health history and physical examination forms (**maintained but not viewed by the Program**)
- Medical Clearance
- Criminal background check (**maintained but not viewed by the Program**)
- Urine drug screening results (**maintained but not viewed by the Program**)
- Annual Tuberculosis screening results
- Proof of annual influenza vaccination
- Proof of immunity to hepatitis B virus (HBV), measles, mumps, rubella, and varicella
- Proof of Tdap vaccination as an adult or Td booster within the past 2 years
- Student biography
- LMU-issued photo identification
- Current BCLS and ACLS
- Certification of OSHA/BBP and HIPAA training

While the Program does not mandate the COVID-19 vaccination for matriculation or progression, select hospitals, private practices, and other sites where rotations will take place may also require full COVID-19 vaccination prior to rotation.

### **Informed Consent Regarding Student Involvement in Patient Care**

The Clinical Affiliate must inform patients that a PA Student will be participating in patient care. This information is conveyed to the patient through the Preceptor or Preceptor's designee. Patients must consent to evaluation and treatment by the PA Student, who is properly supervised by the Clinical Preceptor and/or designee, before the PA Student may participate in the patient encounter. Students must introduce themselves as Physician Assistant Students to patients. Patients have the right to decline PA Student involvement in their care.

### **Student Supervision Policy**

For each SCPE, students are assigned a Primary Clinical Preceptor who has the overall responsibility for coordinating and supervising the student's learning activities and assessing student performance during the SCPE. The Program orients the Clinical Site and Primary Clinical Preceptor to the supervision requirements, which are also outlined in the Clinical Affiliation Agreement. Students may be mandated by the Clinical Site to attend facility orientation. Students may be assigned to alternate Clinical Preceptors at times as necessary (e.g. absence of the Primary Clinical Preceptor or additional learning opportunities with another Clinical Preceptor). Clinical Preceptors are to orient the student to the clinical setting and discuss practice policies and procedures as well as their expectations. Clinical Preceptors provide direct supervision of student encounters with patients and performance of clinical procedures. Clinical Preceptors may gradually increase the level of student autonomy in accordance with current laws, regulations, and standards of educational and medical practice as well as demonstrated level of expertise; however, Clinical Preceptors must see every patient evaluated by the student and evaluate every clinical procedure completed by the student prior to patient discharge. Students must not initiate or terminate care that is not supervised by the Clinical Preceptor.

### **Documentation in the Medical Record and Prescription Writing Policy**

The medical record is a legal document. Students must use the initials “PA-S” after their signature to clearly indicate they are a Physician Assistant Student for all entries in the medical record. Students must not use any previously earned titles (e.g. EMT, RN, Ph.D., etc.) while enrolled in the Program.

Students receive instruction from the Clinical Affiliate regarding use of electronic medical records. Students may be provided with access to electronic medical records for review and/or documentation, though the Clinical Affiliate reserves the right to limit or refuse student entry into the medical record. Students must not use the username/password of the Clinical Preceptor or other member of the health care team to access electronic medical records. Students must follow HIPAA guidelines when viewing electronic medical records.

Students may document patient encounters in the medical record if permitted to do so by the Clinical Affiliate. The Clinical Preceptor must verify in the medical record all student documentation and findings, including history, physical examination, and clinical decision making. The Clinical Preceptor must personally perform (or re-perform) the physical examination and clinical decision making activities of the evaluation and management (E/M) service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work. ([www.cms.gov](http://www.cms.gov))

The Clinical Preceptor will not assign the student to write or sign orders or prescriptions independently. Students may transmit prescribing information for the Clinical Preceptor; however, the Clinical Preceptor must sign all prescriptions. The student’s name must not appear on any prescription. For electronically submitted prescriptions, the Clinical Preceptor must use their personal username/password and personally complete, electronically sign, and transmit the prescription to the pharmacy.

### **Student-Clinical Affiliate Relationship Policy**

Students must maintain a professional relationship with all members of the Clinical Affiliate (e.g. Clinical Preceptors, nurses, clinical support staff, etc.) 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 member of the Clinical Affiliate in a compromising situation. Contact with members of the Clinical Affiliate via social media platforms prior to graduation is prohibited. If a student and a member(s) of the Clinical Affiliate have a pre-existing personal relationship, a professional relationship must always be maintained.

### **Adherence to SCPE Policies and Procedures**

The **protection of patients is of utmost importance** to the Program and the Clinical Affiliates providing SCPEs. The Program instructs and assesses students on HIPAA, blood borne pathogens, and universal precautions; however, when discrepancies exist relative to these three areas, the policies of the Clinical Affiliate supersede Program policy. Students suspected of violating the policies and procedures of the Clinical Affiliate will be referred to the Student Progress Committee (SPC) for progression and/or disciplinary action recommendations which may include dismissal from the Program. The SPC recommendation may lead to a delay in graduation and failure to complete the Program curriculum within 54 months of initial matriculation. Students may also be removed from the SCPE prior to SPC referral if patient care is thought to be compromised by the student’s actions and/or at the Clinical Affiliate’s request.

### **REMEDATION FOR PROFESSIONAL CONDUCT DEFICITS**

Students who exhibit unprofessional conduct may be reported to Program Faculty by LMU Faculty and Staff, patients, members of the Program’s Clinical Affiliates (e.g. Clinical Preceptors, office managers, nurses), LMU students, and persons not affiliated with LMU. Program Faculty and Clinical Preceptors utilize standardized rubrics to identify and document student deficits in professional conduct and to develop learning activities and assessments for remediation. Students must successfully complete all remediation learning activities and assessments to progress in the Program.

The Student Progress Committee (SPC) Chair determines if a student with a suspected Student Code of Conduct violation will meet with the SPC for a decision(s) on a progression and/or disciplinary action(s) or with Program Faculty for mentoring and/or formal remediation learning activities and assessments. Student Code of Conduct violations that warrant immediate referral to the SPC for

a decision(s) on a progression and/or disciplinary action, including dismissal from the Program, include any action that compromised or may have compromised the safety or confidentiality of patients, members of the Clinical Affiliates, classmates, and/or Program Faculty and Staff.

## **STUDENT GRIEVANCE POLICIES**

A grievance is defined as dissatisfaction with an action or inaction that is non-academic in nature and perceived as unjust, inequitable, or creates undue hardship. **Students should contact the Office of Institutional Compliance/Title IX Coordinator, Kelly Hawk ([Kelly.Hawk@LMU.net](mailto:Kelly.Hawk@LMU.net) or [titleix@LMU.net](mailto:titleix@LMU.net); 423-869-6618) as soon as possible for any grievance stemming from sexual harassment, racial discrimination, or any other act that discriminatory in nature.** Each student has the opportunity to advise the Program of grievances with the assurance of fair treatment. The student, faculty, or staff member alleged to have caused the grievance must be fully informed of the allegations and provided the opportunity to respond in a fair and reasonable manner.

### **Conflict with a Student**

If a student has a conflict with another student in the Program, the student should attempt to resolve the conflict in a direct and constructive manner with the other student as soon as possible. If a resolution cannot be reached, the student should request help from the Director of Didactic Education (Didactic Phase) or the Director of Clinical Education (Clinical Phase). If the conflict remains unresolved, the student may then request help from the Program Director for final resolution of the conflict.

If a student has a conflict with a student from a different LMU Program, the student should attempt to resolve the conflict in a direct and constructive manner with the other student as soon as possible. If the conflict remains unresolved, the student may then request help from the Program Director for final resolution of the conflict.

### **Conflict with a Faculty or Staff Member**

If a student has a conflict with a Program faculty or staff member, the student should attempt to resolve the conflict in a direct and constructive manner with the faculty or staff member as soon as possible. If a resolution cannot be reached, the student may then request help from the Program Director. If the conflict remains unresolved, the student may then request help from the School of Medical Sciences Vice President and Dean.

If a student has a conflict with a faculty or staff member from a different LMU Program, the student should attempt to resolve the conflict in a direct and constructive manner with the faculty or staff member as soon as possible. If the conflict remains unresolved, the student may then request help from the Program Director. If the conflict remains unresolved, the student may then request help from the School of Medical Sciences Vice President and Dean.

### **Conflict with a Member of a Clinical Affiliate**

If a student has a conflict with a member of a Clinical Affiliate (e.g. Clinical Preceptor, nursing, administrative staff), the student should attempt to resolve the conflict in a direct and constructive manner with the member of the Clinical Affiliate as soon as possible. If a resolution cannot be reached, the student may then request help from the Clinical Team as soon as possible. If the conflict remains unresolved, the student may then request help from the Program Director for final resolution of the conflict.

## **EQUAL OPPORTUNITY, AFFIRMATIVE ACTION, AND NONDISCRIMINATION POLICY**

This policy is published on page two (2) of this handbook. The Office of Institutional Compliance handles all complaints of discrimination. Students may contact the Institutional Compliance Officer to report allegations of discrimination by LMU faculty, staff, and members of Clinical Affiliates. ([www.LMU.net](http://www.LMU.net))

## **SEXUAL HARRASSMENT AND SEXUAL MISCONDUCT/TITLE IX**

Freedom and liberty from unwanted, unwelcomed, or coerced sexual contact is the right of every member of the LMU community. Individual responsibility and recognition of the intrinsic value of high moral and ethical standards are guiding

principles for every member of the LMU community to foster an atmosphere that does not tolerate unwanted sexual contact or sexual violence. LMU does not tolerate sexual misconduct or other sexual violence committed on or off campus by or against any sector of the LMU community, faculty, staff, students, or third parties. The Title IX Coordinator provides consultation, investigation, and disposition of all inquiries and complaints of alleged discrimination on the basis of sex, including sexual harassment, non-consensual sexual contact, non-consensual sexual intercourse, intimate partner violence, domestic violence, stalking, and any other forms of discrimination on the basis of sex. Students may contact the Title IX Coordinator, Kelly Hawk ([Kelly.Hawk@LMU.net](mailto:Kelly.Hawk@LMU.net) or [titleix@LMU.net](mailto:titleix@LMU.net); 423-869-6618) ([www.LMU.net](http://www.LMU.net)) to report allegations of discrimination based on sex as listed above.

## **SAFETY AND SECURITY**

The LMU Campus Police and Security are recognized by the State of Tennessee as an independent police agency and are empowered to perform all duties required by law. Campus Police and Security provide police and security personnel for the entire campus in conjunction with LMU standards and policies and the State of Tennessee certification requirements. Campus Police and Security services include vehicle and foot patrols, door locks and unlocks, escort services after hours, camera monitoring, and dispatch for emergent and non-emergent situations. LMU Campus Police and Security are administered and monitored by the University Administration. LMU Police Officers are armed and possess authorization to arrest, restrain, or take into custody a person for violation of federal law, state law, law of Claiborne County or city ordinance. Campus Police and Security have an excellent working and incident-reporting relationship with local authorities, including direct radio and phone contact in the event of an emergency. At least one police officer and one security officer are on duty seven days per week, 24 hours per day to secure campus facilities; protect and assist campus students, personnel, and visitors; and to monitor traffic regulations.

Campus Police and Security is located on the upper concourse of Tex Turner Arena. All students, faculty, staff, and visitors are encouraged to report criminal activity and any other safety concerns. There is also an Anonymous Tip Line available by texting number 50911 then type LMUtip followed by your information (tip line info added). Upon request, reports can be submitted through a voluntary confidential reporting process.

All students are encouraged to sign up on LMU's LiveSafe emergency notification system via their smart phone. LMU students, faculty, and staff are advised of any emergency on campus or in the immediate vicinity that threatens imminent harm to people. More detailed information on responding to emergencies, including an active shooter situation, is found on the LMU Campus Police and Security website ([www.LMU.net](http://www.LMU.net)).

In the event of an emergency or any other security need, call Campus Police and Security at 423-869-6911. Warnings, crime, emergencies, or weather-related incidents particular to the University.

The Annual Security and Fire Safety Report, Clery Act information, Adam's Law, Suzanne's Law, crime prevention information, and instructions for reporting crimes and other emergencies are posted on LMU's website ([www.LMU.net](http://www.LMU.net)).

## **SAFETY AND SECURITY DURING SCPEs**

To ensure student and faculty safety at clinical rotation sites, the Program conducts and catalogs routine site visits to evaluate the safety of each clinical site where the Clinical Preceptor provides care. Any clinical site deemed unsafe is immediately discontinued by the Program.

**Any student who fears that their safety is in immediate jeopardy must leave the immediate area if possible and call 911 to report the issue to the police.**

If a student feels unsafe but not in imminent physical harm due to a patient or employee at the clinical site, the student should immediately report this to the preceptor, the office manager, or security. If the situation is not handled immediately by on-site personnel, then the student is to report it to the Director of Clinical Education. The program

takes seriously any student allegation or concern regarding safety and will promptly investigate any safety concerns.

To assist the Program in ensuring safety, all students must ensure that the program has updated and correct contact information, including any change in name, contact information, and emergency contact information. Additionally, absences must be reported promptly to the Faculty Mentors, and the Program should know where students are during business/work hours for the rotation site.

Students at the SCPE site should:

- Not leave valuables such as a wallet, checkbook, jewelry, or keys in open view, but instead, if needed, store them out of sight
- Park in well-lit areas
- Lock doors and windows when going out, and never prop doors open when entering/exiting
- Not store large amounts of money or credit cards in the apartment
- Use the "buddy system" - request a friend/security guard/hospital escort transporting between buildings or vehicle
- Walk purposefully and look confident. Always be alert to the surroundings. Avoid shortcuts through isolated areas
- If entrance/hallway lights are burned out after working hours, report them to maintenance.
- Call hospital security immediately with any unusual activity or loitering on hospital grounds

## **SHADOWING HEALTH CARE PROFESSIONALS AND VOLUNTEERING POLICY**

Shadowing of any health care professional not arranged and/or authorized by the Program while enrolled in the Program is not permitted and is not covered under LMU's malpractice coverage for PA Students. This policy is to prevent students from violating health care facility credentialing procedures (e.g. HIPAA, immunizations, etc.) and from providing patient care for which they do not have appropriate training. LMU's malpractice coverage for PA Students does not cover any shadowing or volunteer activities not arranged and/or authorized by the Program.

## **STUDENT EMPLOYMENT POLICY**

Because of the intensity of the LMU-Harrogate PA Program, students are *strongly discouraged* from seeking or maintaining employment during the entire program. If a PA student chooses to work during the first year of the program, it is his/her responsibility to ensure that employment does not interfere with or hinder academic progress. Having a job is not an excuse for missing lectures, examinations, clinical laboratory sessions or assignments. During the clinical year, students will be required to rotate through a clinical site at a full-time schedule. In addition, students may be required to take on call, weekends, holidays, evenings and/or nights. PA students are not allowed to work for the program or be substituted for administrative or technical support at any time.

## **SECTION III: STUDENT PROGRESS COMMITTEE (SPC)**

### **STUDENT PROGRESS COMMITTEE (SPC)**

The purpose of the SPC is to ensure that every graduate of the LMU-Harrogate PA Program has the medical skills, knowledge, and competency as well as the clinical and professional judgment to assume the responsibilities of a Physician Assistant. The SPC monitors student progress and ensures that all students meet the academic, competency, and professionalism requirements necessary for graduation as outlined in the LMU-Harrogate PA Program Student Handbook and Catalog. Students are to direct all questions regarding the SPC process must be addressed to the Chair of the SPC. Any student who is invited to meet with the SPC is encouraged to meet with the Chair of the SPC to answer questions or concerns prior to the SPC meeting.

The SPC, appointed by the PA Program Director, is composed of PA faculty and SMS Basic Science faculty. Students are notified of the SPC members in the letter of

invitation should a meeting be required.

At the end of each semester the SPC reviews the academic progress of all LMU-Harrogate PA Students. This is to ensure that students have met the academic, professional, and competency requirements outlined in the LMU-Harrogate Student Catalog and this Handbook. The SPC must approve each student for progression into the next semester/phase of the LMU-Harrogate PA Program. Subsequently, students are referred within the semester to the SPC for reasons of not meeting the academic, professional, or competency requirements, and as requested by the SPC Committee for follow up of the student's steps toward remediation of the deficiencies. When appropriate, the SPC Committee makes decisions on disciplinary actions as needed for deficiencies in the student's performance.

### **SPC Procedures**

The SPC Chair will set the meeting date and time, provide an agenda to the SPC members, and inform any invited student(s) of the date, time, and location of the meeting and the reason(s) for the meeting by e-mail and standard mail. The SPC Chair informs student a minimum of two (2) business days prior to the meeting. Any student invited to meet with the SPC will be required to appear in person at the Harrogate Campus, unless given permission by the SPC Chair to meet via Zoom, Skype, or other audiovisual methods. If approved by the SPC Chair, the Zoom or Skype meeting will be facilitated by SPC members or a designee, as appointed by the SPC Chair. Only SPC members will be included in the meeting. The student will need to show the SPC that there is no one else in the room with them. If a student fails to appear before the SPC, either in person or virtually, the matter will be resolved in his/her absence.

All SPC meeting proceedings are confidential and closed to anyone not part of the SPC proceedings. Students are not allowed to bring personal items to the SPC meeting, including audio/video recording devices, cell phones, and smart watches. SPC members must adhere to this policy as well. Meeting minutes are recorded by a Program staff member and maintained by the SPC Chair. Sharing of the meeting minutes unless requested for review by the Appeals Committee is not permitted. The SPC members review all documents relevant to the student's meeting. When the student enters the meeting, the SPC Chair verifies that the student knows all SPC members present and can explain the reason for the SPC meeting. The student is offered an opportunity to provide testimony relevant to the meeting. SPC members may ask the student questions relevant to the meeting. The student is then asked to leave the room while the SPC members discuss progression and/or disciplinary action options. A decision(s) is submitted to a vote with a simple majority ruling. The SPC Chair is a non-voting member except in the case of a tie vote. Because this is not a criminal court, the level of proof for a decision shall be "more likely than not" and not the strict criminal law standard of "proof beyond a reasonable doubt." Once the SPC has reached a decision(s), the student is asked to return to the room and the SPC Chair explains the decision(s) and relevant instructions/expectations to the student.

The SPC Chair notifies the Dean of SMS of all SPC decisions. The Campus Security Team, Registrar, Financial Aid Officer, Manager of Exam Services, Director of Didactic Education, Director of Clinical Education, and Admissions Director are notified if a decision(s) results in student dismissal or a delay in graduation. Within three (3) business days following the meeting, the student receives notification of the SPC's decision(s) and relevant instructions/expectations via the student's University-issued student email account. When the SPC makes a decision to delay progression in the program or dismissal in the absence of the student, the student is informed of the SPC's decision in person or via telephone communication by the SPC Chair in addition to receiving email notification as stated above.

### **SPC Decisions**

The SPC has the authority to make decisions regarding student progression in the Program and/or disciplinary action(s) based on each student's academic performance, professional conduct development, and adherence to the Student Code of Conduct policies.

#### **For Professional Conduct Deficits**

Any student who is suspected of violating the Student Code of Conduct may be referred to the SPC for a decision(s) on disciplinary action and/or progression, including dismissal from the Program.

In cases where the SPC does not dismiss the student, the student is placed on Professional Probation and is required to successfully complete remediation of the professional conduct deficit(s) in the following time frame:

- Didactic Phase
  - Prior to beginning the Clinical Phase (this may result in a delay in beginning SCPEs, a delay in graduation, and failure to complete the Program curriculum within 54 months of initial matriculation)
- Clinical Phase
  - Prior to beginning the next scheduled SCPE and/or completing the Summative Evaluation (this may result in a delay in graduation and failure to complete the Program curriculum within 54 months of initial matriculation as outlined in the LMU-Harrogate PA Student Catalog)

All students who are on professional probation and allowed to return to the Program are mandated to meet with the Academic Remediation Specialist.

In addition, the SPC may require any of the following for professional conduct deficits:

- Use of other Program/institutional resources
- Other (e.g. use of resources external to the institution)

If the student does not successfully complete remediation of professional conduct deficit(s), the student will be dismissed from the Program. In addition, students referred to the SPC two (2) or more times for professional conduct deficits may be dismissed from the Program.

#### **Violations of the Arrest/Criminal Background Check and Drug/Alcohol Screening Policies**

- Students arrested for an alcohol, illicit drug(s), or illegally obtained prescription drug(s) charge are referred to the SPC for immediate review. This may result in the student being removed from the current SCPE. The SPC may make the decisions listed in the “For Professional Conduct Deficits” section above. This may result in a delay in beginning SCPEs, a delay in graduation, and failure to complete the Program curriculum within 54 months of initial matriculation.
- Clinical Affiliates reserve the right to refuse and remove any student arrested for an alcohol, illicit drug(s), or illegally obtained prescription drug(s) charge from their Clinical Site(s). This may result in a delay in beginning SCPEs, a delay in graduation, failure to complete the Program curriculum within 54 months of initial matriculation.
- Students found guilty of an alcohol, illicit drug(s), or illegally obtained prescription drug(s) charge are immediately dismissed from the Program.
- In addition, students arrested for an alcohol, illicit drug(s), or illegally obtained prescription drug(s) charge are expected to seek appropriate medical/behavioral treatment/counseling to determine if future patient safety may be compromised by the student’s actions. The Program may require the student to obtain medical/behavioral treatment/counseling to ensure the Program and the public that patient safety will not be compromised by the student’s actions.

Academic and professional standing within the Program for students arrested for other charges is at the discretion of the Program Director and/or the Administration of the School of Medical Sciences (SMS) and LMU and is based on current policies or precedence. Students found to falsify information about past or current criminal history will be dismissed from the Program.

#### **For Academic Deficits**

##### **Didactic Phase – At-Risk**

Progression in the LMU-Harrogate PA Program is contingent upon mastery of program objectives, course content, learning outcomes, and demonstration of professional behaviors consistent with health care professionals. In addition, students must continue to meet technical standards and competency minimum performance. A policy has been added as an initiative to help more closely



mentor any student who scores less than a 75% on an exam or for the overall course grade while passing the course. Refer to Appendix G of this handbook where the policy is outlined.

### **Didactic Phase – Academic Probation**

Progression in the LMU-Harrogate PA Program is contingent upon mastery of program objectives, course content, learning outcomes, and demonstration of professional behaviors consistent with health care professionals. In addition, students must continue to meet technical standards and competency minimum performance. All students who are decelerated due to a course failure are placed on academic probation upon matriculation into the next cohort. Students placed on academic probation will remain there at least until successful completion of the didactic phase of training. Any student who scores less than 70%, thus failure, on three (3) exams in a single semester while on academic probation will be referred to the SPC for dismissal from the LMU-Harrogate PA Program.

The SPC will convene to determine if the student has met the expectation of the Committee to remove academic probation, or if the academic probation should continue into the Clinical Phase of training.

### **Didactic Phase – Course Failure**

Any didactic course failure will result in the student being referred to the SPC. This meeting will occur in a timely manner after the final course grade has been submitted to the registrar. Course grades are calculated after remediation assessments are completed. At that time, the SPC will recommend:

- Academic probation, and
- Deceleration of the student to the next matriculating cohort for retake of all courses per university and program policy

Students returning will be mandated to meet with the SPC on matriculation with the new cohort and will officially have their academic probation continued from the prior SPC decision. Additionally, the student must meet with the Academic Remediation Specialist to assist the student in preparation for their return.

For a failure of a second didactic course at any time while enrolled in the LMU-Harrogate PA Program, even in cases where the student has decelerated and matriculated with another cohort, the SPC will recommend:

- Dismissal from the LMU-Harrogate PA Program

### **Didactic Summative Evaluation**

Students are required to pass all didactic summative assessments prior to being progressed into the Clinical Phase of education. The Director of Didactic Education reviews the score reports for all students who fail one or more components of the didactic summative examination and submits a report to the SPC outlining areas of weakness. The SPC reviews this report and determines appropriate action to assure that the student demonstrates the minimum requirements to allow the student to progress. At that time the SPC may recommend any and all of the following actions/requirements for students who have scored less than 70% on the Didactic Summative Evaluation:

- Academic Probation
- Program Director choosing the student's selective rotation based on documented area(s) of deficiencies in knowledge
- Delay in progression to the Clinical Phase to allow remediation of the deficiency in knowledge
- Mandatory meetings with the Academic Remediation Specialist

Should the student be given mandatory remediation assignments by the Program Director and/or the

Academic Remediation Specialist, the student will be invited to meet with the SPC. This may result in delay of the student entering the Clinical Phase, a delay in graduation, and may exceed the maximum 54 months of training allowed from matriculation as reported in the LMU-Harrogate PA Student Catalog. The Academic Remediation Specialist will document progress and successful completion of the mandatory remediation material. The SPC will review documentation recorded in the Didactic Phase for the student and determine progression for the student.

### **Clinical Phase – Academic Probation**

Progression in the LMU-Harrogate PA Program is contingent upon mastery of program objectives, course content, learning outcomes, and demonstration of professional behaviors consistent with health care professionals. In addition, students must continue to meet technical standards and competency minimum performance. Students placed on academic probation during the clinical phase of training will remain there until all clinical requirements for the clinical phase have been met. In order to progress to summative assessments and graduation, the SPC must review the student's academic record to assure that the student has met the standards expected of a graduate of the LMU-Harrogate PA Program and remove the student from academic probation. Any further failures in end of rotation (EOR) exams or rotation components will result in referral to SPC for a second course failure. Refer to the next section for outcomes at this SPC meeting.

### **Clinical Phase – Course Failure**

Any clinical course failure will result in the student being referred to the SPC. This meeting will occur in a timely manner after the final course grade has been submitted to the registrar. Course grades are calculated after remediation assessments are completed. At that time, the SPC will recommend:

- Academic Probation, and
- Retake of the failed course, and
- Mandatory referral to the Academic Remediation Specialist

The retake of the clinical course cannot replace the PAS 600 Capstone course, the PAS 665 Selective, or the PAS 660 Elective rotations. The retake will be scheduled by the Clinical Team and will cause a delay in graduation.

For a failure of a second clinical course at any time while enrolled in the LMU-Harrogate PA Program, even in cases where the student has decelerated and matriculated with another cohort, the SPC will recommend:

- Dismissal from the LMU-Harrogate PA Program

**Failure of a total of three courses (didactic, clinical, or both) at any time while enrolled in the LMU-Harrogate PA Program will result in dismissal.**

### **Clinical Summative Evaluation(s) – Remediation**

The SPC reviews documentation for every student who may have a delay in graduation due to required completion of remediation learning activities and assessment(s) for any failed component of the Summative Evaluation. At that time the SPC may recommend any of the following actions/requirements for students who have successfully completed remediation learning activities and assessment(s):

- Delay in graduation for failure of completed competency
- Completion of a second PANCE review course prior to taking the PANCE, paid for by the student
- Independent review of specific content on the PANCE Content Blueprint prior to taking the PANCE
- Mandatory mentoring meetings with Program Faculty and/or Academic Remediation Specialist
- Use of other Program/Institutional resources

- Progression to graduation

### **Follow-up on SPC Recommendation(s)**

The SPC monitors student progress in and compliance with all SPC decisions. The SPC may meet with students to determine if the student has met all the SPC requirements for removal from academic/professional probation and/or progress in the Program. The SPC can remove the student from academic/professional probation and allow the student to progress in the Program. Failure to meet SPC requirement(s), in whole or in part, may result in the following:

- Continued Academic/Professional Probation
- Continued mentoring by Program Faculty
- Use of other Program/institutional resources
- Other (e.g. use of resources external to the institution)
- Dismissal from the Program

### **Definitions of SPC Decisions/Recommendations**

Academic/Professional Probation is defined as demonstration of academic/professional deficits of such a magnitude as to warrant disciplinary action(s) and/or more frequent monitoring by Program Faculty. Academic/Professional Probation may result in a delay in graduation and/or failure to complete the Program curriculum within 54 months of initial matriculation. Some state licensing and hospital credentialing boards may decline to grant licensure and credentialing to graduates with a history of academic/professional probation while enrolled in a professional training program.

Students placed on probation are required to adhere to the following rules to be considered for progression in the LMU-Harrogate PA Program:

- Students on probation must NOT score less than 70% on three exams within a semester
- Students on probation may NOT hold any position in the George Stanley Thompson PA Student Society or attend any local, state, or national professional medical meetings, fundraisers, or club activities.
- Students on probation may NOT complete a clinical rotation nor participate in a mission trip outside of the United States.
- Students on probation MUST fulfill the recommendations of the SPC.

The SPC will meet with students placed on probation periodically to evaluate the student's progress in the LMU- SMS PA Program and compliance with SPC recommendations. The SPC can remove the student from probation if the student has complied with the SPC recommendations and has had no further academic/professional issues.

Remediation is defined as the Program's applied process for addressing deficits in a student's knowledge, skills, and professional conduct such that correction of deficits is measurable and can be documented. Remediation may result in a delay in beginning SCPEs, a delay in graduation, and failure to complete the Program curriculum within 54 months of initial matriculation.

Dismissal is defined as an SPC-initiated immediate discontinuation of the student's enrollment in the Program where the student is not eligible to re-enroll without re-application to the Program. Students dismissed for professional deficits are not eligible to reapply to the Program.

Deceleration: Students who are decelerated in the didactic phase will not progress to the next semester with their current class. Instead the student will restart the didactic phase of the LMU-Harrogate PA Program with the next matriculating class. Students must take all courses in their return. Students who are decelerated in the clinical phase will have a delay in graduation.

Graduation from the Program does not guarantee successful PANCE passage, state or national licensure, employment, or hospital credentialing. Some state licensing and hospital credentialing boards require documentation to support the applicant's written explanation for a delay in graduation and may decline to grant licensure/credentialing to graduates with a history of disciplinary action, including academic/professional probation, while enrolled in a professional training program.

### **Dismissal Policy**

**The LMU-Harrogate PA Program reserves the right to dismiss any enrolled student or rescind an offer of admission to any matriculating student** found to betray the values and integrity of LMU, the Program, the PA Profession, and/or the community. Circumstances warranting dismissal or rescinding of an offer of admission may be of an academic, professional, or legal nature. Enrolled students who are dismissed must complete an exit interview with the Financial Aid Officer and must return their LMU-Harrogate PA Student name badge and parking tag to the Campus Police and Security Team. Failure to do so will result in the Program withholding all records pertaining to the student's attendance.

### **Readmission/Reapplication Policy**

- Any student dismissed from the Program for academic deficits is eligible to reapply to the Program. The Program does not offer automatic readmission for any student dismissed for academic deficits.
- Any student dismissed from the Program for violation of the Student Code of Conduct is not eligible to reapply to the Program.

### **Appeals Process**

If a student chooses to appeal the SPC recommendation(s), they must submit a letter explaining the reason for the appeal to the School of Medical Sciences (SMS) Associate Dean of Academic Affairs within three (3) business days of receiving written notification of the SPC recommendation(s). The SMS Vice President and Dean handles the appeals process in the absence of the Associate Dean of Academic Affairs. The SMS Associate Dean of Academic Affairs reviews the SPC recommendation(s) and the student's letter of appeal, and, after investigation, determines if the student's appeal is forwarded to the Appeals Committee. The SPC's recommendation(s) regarding a professional conduct deficit(s) remains in effect throughout the appeals process. An SPC recommendation to stop progression in or to dismiss the student from the Program for an academic deficit(s) will be suspended throughout the appeals process. For example, if the SPC recommends dismissal for an academic deficit(s) part way through a Didactic Phase semester, the student may continue to attend learning activities and complete course assignments and assessments throughout the appeals process.

The Appeals Committee, chaired as assigned by the SMS VP and Dean, is comprised of SMS faculty members not involved in making the original SPC recommendation(s). The SMS Associate Dean of Academic Affairs serves in an ex officio manner and appoints the members of the Appeals Committee. All Appeals Committee meeting proceedings are confidential and closed to anyone not part of the Appeals process. Students and Appeals Committee members are not allowed to bring personal items to the Appeals Committee meeting, including audio/visual recording devices, cell phones, and smart watches. Meeting minutes are recorded by a Program staff member and maintained by the Appeals Committee Chair. The Appeals Committee reviews the SPC recommendation(s) and the student's letter of appeal, hears the student's appeal in person (if requested by the student), and determines if the SPC's original recommendation(s) should be upheld or if an alternate recommendation is indicated. The Appeals Committee does not meet with or consider testimony from representatives for the student, entertain any information not relevant to the reason the student met with the SPC, or entertain any information not presented at the SPC meeting (except for the student's letter of appeal).

Within three (3) business days following the meeting, the student receives notification of the Appeals Committee's decision regarding the original SPC recommendation(s) and relevant instructions/expectations via the student's University-issued email account. The Appeals Committee Chair forwards the decision(s) to the SPC Chair. The Campus Security Team, Registrar, Financial Aid Officer, and Admissions and Community Relations Coordinator are notified if a recommendation results in dismissal or a delay in graduation.

## **LEAVE OF ABSENCE (LOA)/RESIGNATION (WITHDRAW) FROM THE PROGRAM POLICY**

LOA is defined as a student-initiated immediate discontinuation of the student's enrollment in the Program where the student is eligible to re-enroll in the Program. Matriculated students may request a LOA when circumstances arise that may adversely impact their performance in the Program. Students requesting a LOA must be in good academic standing with a minimal individual course average of 70% at the time of the request. The student must complete and submit their request in writing, via their University-issued email account, to the Program Director. The Program Director meets with the student to discuss the LOA request. The Program Director has the authority to approve or decline a LOA request. The maximum term of a LOA is twelve (12) months. If approved, the official date of the start of the LOA is the date of receipt of the student's written request for LOA. The official date is used to determine any tuition refunds or outstanding balances. Students who are absent from the Program for a total of twelve (12) months or longer (all periods of absence are included in this total) may be required to reapply to the Program. A LOA may be granted to a student by the Program Director for one or more of the following reasons:

- Medical emergency/condition
- Financial emergency
- Maternity
- Call to active military service
- Other circumstances at the discretion of the Program Director

All students granted a LOA must inform the Program Director, in writing via their University-issued email account, of their intent to return to the Program no less than three (3) months before their anticipated return. Students who miss this deadline must reapply to the LMU-Harrogate PA Program. All students granted a LOA must meet with the SPC prior to reenrollment to determine if reenrollment is appropriate. The student must take/retake all courses with the new cohort as per University policy.

Course grades for students who chose to take a LOA may be designated by LMU's registrar as "IP" for in-progress or "WD" for "withdraw" on the student's transcript for that course/semester. A LOA from the Program does not waive the student's financial responsibility to LMU.

Students returning from a LOA for medical reasons must have a licensed health care provider certify in writing that the student meets the Program's Minimum Technical Standards for Enrollment and Progression to be eligible to return. This letter must be submitted to the Program Director.

Resignation is defined as a student-initiated discontinuation of the student's enrollment in the Program where the student is eligible to reapply to the Program. The Program uses the term "resign" or "resignation" as opposed to "withdraw" or "withdrawal." Students voluntarily resigning from the Program must submit a letter of resignation to the Program Director. Course grades for students who chose to resign may be designated by LMU's registrar as "WD" for withdraw" on the student's transcript for that course/semester. Resignation from the Program does not waive the student's financial responsibility to LMU.

Enrolled students who are granted an LOA or chose to resign from the Program must complete an exit interview with the Financial Aid Officer and must return their LMU-Harrogate PA Student name badge and parking tag to the Campus Police and Security Team. Failure to do so will result in the Program withholding all records pertaining to the student's attendance.

## **Appendix A**

### Receipt of LMU-Harrogate Physician Assistant

#### Catalog and LMU-Harrogate Handbook

I hereby acknowledge that I have received a copy of the Physician Assistant Handbook and Catalog

I further acknowledge that I am responsible for all the information contained within the catalog and handbook and I will abide by the policies, rules and regulations set forth thereof.

I further acknowledge that I have received a copy of the Lincoln Memorial University Handbook and that I am responsible for the policies rules and regulations set forth in that publication. I realize in some cases, the rules and regulation of the LMU-Harrogate Physician Assistant Catalog and Handbook exceed those of the Lincoln Memorial University, examples being in areas such as class attendance, dress code, etc., and understand in such cases I must comply with those policies stated in the LMU-Harrogate Physician Assistant Catalog and Handbook.

I understand that failure to comply with the policies; rules and procedures set forth in these catalog and handbook may result in disciplinary action, suspension, or termination from the Lincoln Memorial University-Harrogate School of Medical Sciences Physician Assistant Program.

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Student Name (Printed Legibly)

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Student Signature

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Date

## **Appendix B**

### Participation of Students as Human Subjects

I understand that as part of my experience at the LMU-Harrogate Physician Assistant Program, that I will be required to participate as a living subject and an examiner during the Didactic Phase of the Program. The program faculty expect that students will be willing, professional, and cooperative in participating in the physical examination courses and practicums.

I understand that I need to come to laboratories prepared and that I may be required to partially disrobe. I also understand that shorts will be required when examining the lower extremities. Upper body, including thorax, abdomen, and extremities will be examined. Males should remove their shirts and women should wear sports bras so they will be able to remove their shirts.

I understand that participation will not include breast or genitalia examinations. These examinations will be learned with the use of mannequins and/or professional patients.

I understand that faculty expect all students to dress as listed above for the designated activities and be willing to be inspected, palpated, percussed, and auscultated by their peers.



I have read, understand, and agree to abide by this policy.

---

Student Name (Printed Legibly)

---

Student Signature

---

Date

## **Appendix C**

### Acknowledgement of Typical Demands for the PA Program

#### *Typical Mental Demands*

The LMU-Harrogate PA student must possess the ability to:

- \_\_\_\_\_ Comprehend, retain, analyze, and integrate a large amount of information related to medicine and process this information in an appropriate amount of time so as to not negatively impact patient care
- \_\_\_\_\_ Engage in long hours of study in the classroom, labs, and clinical rotations
- \_\_\_\_\_ Respond appropriately to constructive feedback
- \_\_\_\_\_ Communicate effectively with students, instructors, clinicians, and patients in written, and oral format.
- \_\_\_\_\_ Participate in written and practical examinations, procedures, and demonstrations
- \_\_\_\_\_ Collect patient data, perform the physical examination, formulate a treatment plan, and provide patient education

#### *Typical Physical Demands*

The LMU-Harrogate PA student must possess:

- \_\_\_\_\_ Normal or corrected to normal visual and hearing acuity, hand and eye coordination, and manual dexterity
- \_\_\_\_\_ Full range of motion including the capacity to sit for long periods in classroom
- \_\_\_\_\_ The ability to assist patients in range of motion
- \_\_\_\_\_ The ability to stand and walk for long periods of time in the hospital or clinic settings

\_\_\_\_\_ Capability to work long hours, stressful mental and physical situations, and exposure to various body fluids and communicable diseases

### *Typical Working Conditions*

The LMU-Harrogate PA student must be able to:

\_\_\_\_\_ Work long hours in the clinical and classroom environments with exposure to individuals with various beliefs, hostile individuals, those with disabilities, communicable diseases, radiation, and toxic substances

\_\_\_\_\_ Examine and interact with diverse patient populations with different cultural beliefs and a wide variety of acute and chronic medical and surgical conditions

### *Student Performance Requirements*

The LMU-Harrogate PA student will be required to perform

\_\_\_\_\_ Work in medical, surgical, emergency, Ob/Gyn, along with outpatient and inpatient settings on campus and off campus

\_\_\_\_\_ Full time didactic and clinical training

\_\_\_\_\_ Various medical and surgical procedures

\_\_\_\_\_ Pre-, peri-, and postoperative care

The LMU-Harrogate PA Student will be required to:

\_\_\_\_\_ Demonstrate professionalism, and ethical demeanor, and an understanding of the medical law as it relates to physician assistants and the health care field

\_\_\_\_\_ Display an ability for mental and physical stamina by long hours in both the classroom and clinical settings

\_\_\_\_\_ Demonstrate knowledge, skills, and competencies to the level required by faculty

\_\_\_\_\_Participate in community services

\_\_\_\_\_Complete other duties to demonstrate aptitude for physician assistant profession

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Student Name (Printed Legibly)

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Student Signature

---

Date

## **Appendix D**

### **EXAM INSTRUCTIONS and POLICIES**

#### **I. EXAM DAY INSTRUCTIONS**

- A. Arrive Early!
- B. Bring your laptop and power cord.
  - 1. Ethernet cable is optional. Connection needs to be made with the Internet at the end of the exam (only available in SMS 101 & 102).
  - 2. If using wireless, be sure to:
    - a. Ensure the wireless switch is turned on and is functioning
    - b. Ensure access is with “Open Access” network.
  - 3. Absolutely **NO** electronic devices [i.e. cell phones, iPods, watches (electronic or otherwise), headphones, or Bluetooth enabled devices, etc.]. Only a personal laptop will be allowed in the exam area. No programs should be opened or running in the background of the laptop prior to entrance into exam area.
  - 4. **Possession of a cell phone or watch (regular or electronic), even if turned off, will be considered cheating and may result in an automatic zero for the exam.**
  - 5. Items permitted to bring to the exam room: pencils, pen, and one highlighting marker, a drink in an unlabeled closable container (drink labels on bottles must be removed), tissue, wireless mouse, and foam earplugs. No hats, or “hoodies” are allowed in the exam room.
  - 6. Scrap paper will be provided, but must be returned to the examination proctor prior to exiting the examination center, even if blank
- C. Once you enter the exam room, **all information provided in the exam room is confidential.** Do not

discuss contents of exams or other information provided the day of the exam with students not present during exam day. Any breach of confidentiality is considered unprofessional conduct and will result in immediate referral to the Student Progress Committee (SPC) with a recommendation for dismissal. Additionally, it is inappropriate for students to discuss exam questions following the completion of the exam. Congregation in any common areas to discuss the examination may be considered unprofessional behavior and may result in professionalism mentorships for students who participate in this.

- D. Seat assignments will be posted outside exam doors 15 minutes prior to exam PREP time. **Once students are in the exam room for prep time they will not be allowed to exit until at least 30 minutes after the exam has started, and longer if there is a written component or other assessment.** Students must have their ID badges on their person before entering the exam room.
- E. Students should be in their assigned seat at exam PREP time. Once students enter the exam room, they will not be allowed to exit. Students must have ID badges on their person when entering the room.
- F. Once the student enters the exam room, no open programs (i.e., Word, PPT, etc.), no Internet websites, and nothing should be running on the laptop or in the background (i.e., SKYPE or Messenger)
- G. Students must be in their assigned seats before BEGIN time.
  - 1. Doors will close 5 minutes before BEGIN time. If students arrive after the doors are closed, they will be considered late and will get the Didactic Director or Program Director's permission to take the exam.
  - 2. Students should NOT open any other programs except Exemplify
  - 3. The following tasks must be completed during PREP time before exam BEGIN time.
  - 4. Students will open Exemplify
  - 5. You should already have the exam downloaded
  - 6. A proctor will pass out one sheet of paper to each student a few minutes prior to exam BEGIN time. Write your name on the paper. **Do NOT** write anything else on this paper.
  - 7. Once you are prompted to begin, type the password provided by your proctor, launch the exam by clicking **“Start Exam”**

8. You will see the Secure Exam Starting warning. Click **“Continue”**
9. You will now see the Exam Code of Honor Notice. Click **“Next”**
10. **Go through all steps until you reach to the “Please Wait” screen. STOP HERE at “Please wait”** Type in the code only when you are instructed to start and click **“Start Exam”**
11. Absolutely NO TALKING among peers during the exam time
12. Exemplify will save and backup your work EVERY **60 seconds**
13. Tools:
  - a. You will see an information tab at the top that will let you view the honor code and lab values.
  - b. At the top of the screen you will see time remaining. If you click on the clock, you get the option to add a silent alarm.
  - c. You will see a highlight symbol. If you click on it, you can highlight text.
  - d. Beside the highlighter, you will see a dropdown menu. This is where the calculator is located.
14. If your computer freezes during the exam, raise your hand for the proctor. **DO NOT EXIT THE EXAM CENTER.**
15. Students wishing to use the restroom must click on **“Exam Controls”** in the menu bar of the exam and choose **“Hide exam”**. Please record your name and time on the Sign Out/In Log located by the exit. The timer on the exam will **NOT** stop during restroom breaks.
  - a. The proctor will monitor restroom usage and will only allow a max of one (1) male and one (1) female students to use the facilities at a time.
  - b. **Absolutely, no talking or leaving the first level atrium during restroom breaks.**
  - c. The designated restrooms are on the 1<sup>st</sup> floor next to the auditorium.
16. Students must finish the exam by the END time. When time expires the exam will close automatically and answers will be uploaded. **Time cannot be extended.** When a student has finished, he/she must submit the exam by clicking on the **“Exam Controls”** drop down menu, then click on **“Submit Exam”** see below.
17. You will receive a warning that you are exiting the exam. Click on the box indicating you are ready to exit and click **“Exit”**
18. Wait for the green confirmation screen to appear. Please show this screen to your proctor and turn in your scrap paper before exiting the room.

19. The “**Leave Feedback**” button is for Exemplify comments on the Exemplify software NOT feedback on exam questions.
20. After checkout, students must leave the common area in front of the examination room and may not under any circumstance use the designated exam restrooms. Any student found violating any exam requirement and/or element of the honor-code will be referred to the Associate Dean of Academic Affairs.

## **II. SOFTWARE SECURITY**

ANY ATTEMPT TO DISABLE OR TAMPER WITH EXAM SOFTWARE (Exemplify) SECURITY FEATURES WILL BE CONSIDERED A VIOLATION OF THE STUDENT HONOR CODE. IT IS YOUR RESPONSIBILITY TO FAMILIARIZE YOURSELF WITH YOUR EQUIPMENT AND THE SOFTEST SOFTWARE PRIOR TO THE START OF YOUR EXAM.

### **EXAMINATION HONOR CODE**

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 physician assistant student, assisting others to cheat, altering grade records, or illegally entering an office are instances of cheating and are violations of appropriate student conduct and professionalism.



## **Appendix E**

### **Exposure to Infectious and Environmental Hazards**

#### **LMU-Harrogate PA Program Policy on Needle Stick and Bloodborne Pathogen Exposure**

Detailed information on the prevention and treatment of exposure to bloodborne pathogens is contained in the CDC brochure, “Exposure to Blood: what Healthcare Personnel Need to Know” (<http://stacks.cdc.gov/view/cdc/6853/>).

If a student experiences a needle stick, sharps injury, or is otherwise exposed to the blood of a patient while participating in activities directly related to the curriculum, the student should:

- **Immediately perform basic first aid.** Wash needle sticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. For ocular exposures, flush eyes with water, normal saline solution, or sterile irrigates for several minutes.
- **Immediately report the incident** to the Director of Didactic Education during the Didactic Phase of training or to the clinical preceptor and Director of Clinical Education during the Clinical Phase of training. Prompt reporting is essential. In some cases, postexposure treatment may be recommended and should be started as soon as possible. If there is a potential exposure to Human Immunodeficiency Virus (HIV), it is imperative to initiate postexposure prophylaxis (PEP) within two hours of the incident. Also, without prompt reporting, the source patient may be released before testing for infectious diseases can be conducted.
- **Seek postexposure services.** During the Didactic Phase, students will be referred to their primary care provider or one of two local hospitals. The provider will file claims with the student’s health insurance company; however, students are responsible for payments not covered by their health insurance provider. There are two hospitals in the immediate vicinity, Claiborne County Hospital, 1850 Old Knoxville Road,

Tazewell, TN, and Appalachian Regional Hospital (ARH), 3600 W. Cumberland Avenue, Middlesboro, KY. Both hospitals have emergency services 24 hours a day, seven days a week. Hospital care is not included with tuition; therefore, students are responsible for the cost of services rendered.

- **File the claim with your personal health insurance company** as the primary insurance. Do not file as a worker's compensation claim. File the claim with First Agency, Inc. as your secondary insurance. Fees and copays are paid through First Agency.

**First Agency, Inc.**

5071 West H Avenue Kalamazoo, MI 4009-8501

Phone (269)381-6630

Fax (269) 381-3055

- **Complete the following documents (found at the end of the appendix) and submit to** the Didactic Administrative Assistant during the Didactic Phase of training or to the Assistant Clinical Coordinator during the Clinical Phase of training: Student Accident Claim, Authorization to Permit Use and Disclosure of Health Information, Parent/Guardian/Student Information, and Incident Form.
- **Copy the front and back of your health insurance card and submit to** the Didactic Administrative Assistant during the Didactic Phase of training or to the Assistant Clinical Coordinator during the Clinical Phase of training.
- **Collect all itemized bills for medical expenses associated with the injury that have not been paid** (itemized bills include the date of service, procedure code and diagnosis code – not balance due statements) including all worksheets, denials, and/or statements of benefits from your primary insurer (each charge must be processed by your primary insurance before those charges can be processed by First Agency, Inc.) and submit to the Didactic Administrative Assistant during the Didactic Phase of training or to the Assistant Clinical Coordinator during the Clinical Phase of training.
- **Collect a UB-04 or HCFA billing statement** related to the injury from the billing office of the clinical site during the Clinical Phase of training and submit to the Assistant Clinical Coordinator.
- The LMU-Harrogate PA Program will submit all completed documents to First Agency, Inc.

## **Bloodborne Infectious Diseases: Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV)**

<https://www.cdc.gov/niosh/topics/bbp/default.html>

### **Human Immunodeficiency Virus (HIV)**

Human Immunodeficiency Virus (HIV) is a blood-borne virus typically transmitted through sexual intercourse, shared intravenous drug needles, and mother-to-child transmission during the birth process or breast feeding. HIV disease is caused by infection with HIV-1 or HIV-2 retroviruses that attack the host's immune system, most specifically the CD4 cells. Co-infection with other viruses that share similar routes of transmission (HBV, HCV, HHV8) is common.

Acute seroconversion (the time period during which a specific antibody develops and becomes detectable in the blood) manifests as a flulike illness (fever, malaise, generalized rash) and may be associated with generalized lymphadenopathy. This occurs within two to four weeks after infection with HIV. People with acute seroconversion have a large amount of HIV in their blood (high viral load) and are very contagious. However, some people may not develop symptoms. Following acute seroconversion is a period of clinical latency where the HIV is still active but reproduces at much lower levels. This stage may last for years and may not cause any symptoms.

AIDS is the most severe stage of HIV infection. In this stage, the immune system is severely impaired (CD4 cell count drops below 200 cells/mm) allowing for the development of opportunistic illnesses. Without treatment, people with AIDS typically survive about three years. Common symptoms of AIDS include fever, chills, sweats, malaise, generalized lymphadenopathy, and weight loss. Their viral load is high, and they are very contagious.

Healthcare workers can acquire HIV infection through occupational exposures. As of December 31, 2013, there were 58 confirmed occupational transmissions of HIV and 150 possible transmissions reported in the United States. Of these, only one confirmed case has been reported since 1999. The risk of a healthcare worker becoming infected with HIV after being exposed to a needle stick contaminated with HIV-infected blood at work is 0.23%. Risk of exposure due to splashes with even overtly bloody contaminated body fluids is thought to be near zero.

It is the policy of the LMU-Harrogate PA Program to follow CDC and OSHA guidelines to prevent transmission of HIV in the healthcare setting. LMU-Harrogate PA Program students, faculty, and staff members are to follow standard precautions and assume that all blood or body fluids are potentially infectious. These guidelines include the following:

- Routine use of personal protective equipment (such as gloves, face and eye shields, and gowns) when anticipating contact with blood or body fluids.
- Immediate washing of hands and other skin surfaces after contact with blood or body fluids.
- Careful handling and disposal of sharp instruments during and after use.
- Careful use of safety devices developed to help prevent needle stick injuries.

Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately as postexposure prophylaxis (PEP) with antiretroviral therapy (ART) is more effective the sooner it is initiated after exposure. Most PEP regimens follow a four-week, two-drug regimen initiated as soon as possible after exposure (within 72 hours). A three-drug regimen may be required for HIV exposures that pose an increased risk of transmission.

To date, there is no cure for HIV and AIDS and there is no vaccine to prevent HIV or AIDS.

#### **Occupational HIV Transmission and Prevention among Health Care Workers CDC June 2015**

<https://www.cdc.gov/hiv/pdf/workplace/cdc-hiv-healthcareworkers.pdf>

#### **Hepatitis B Virus (HBV)**

Hepatitis B virus (HBV) is a hepadnavirus that invades hepatocytes. The interaction of the virus with the host immune system leads to liver injury and, potentially, cirrhosis and hepatocellular carcinoma. Infected people can experience an acute symptomatic phase (usually about 90 days after exposure to HBV) including fever, myalgia, malaise, anorexia, nausea, vomiting, jaundice, and right upper quadrant pain or they may be asymptomatic. Patients with chronic active hepatitis, especially during the replicative state, may have symptoms similar to the acute symptomatic phase.

Sexual contact, needle sticks, needle sharing blood transfusions, and organ transplantations are routes for HBV transmission. Blood contains the highest HBV titers of all body fluids and is the most important vehicle of transmission in the healthcare setting. HBV is highly resistant to extremes of temperature and humidity and can survive in dried blood at room temperature on environmental surfaces for at least one week. HBsAg can be found in other body fluids,

including breast milk, bile, cerebrospinal fluid, feces, nasopharyngeal washings, saliva, semen, sweat, and synovial fluid.

HBV is the most efficiently transmissible of the blood-borne viruses important in healthcare settings. The risk of HBV infection is primarily related to the degree of contact with blood and the HBeAg status of the source patient. In studies of healthcare workers who sustained injuries from needles contaminated with blood containing HBV, the risk of developing clinical hepatitis if the blood was both HBsAg positive and HBeAg positive was up to 31%. By comparison, the risk of developing clinical hepatitis if the blood was HBsAg positive and HBeAg negative was up to 6%.

Before widespread implementation of HepB vaccination, HBV infection was a common occupational risk among healthcare workers. The use of standard precautions and routine HepB vaccination of healthcare workers have resulted in a 98% decline in HBV infections from 1983 through 2010 among healthcare workers.

It is the policy of the LMU-Harrogate PA Program to follow CDC and OSHA guidelines to prevent transmission of HBV in the healthcare setting. LMU-Harrogate PA Program students, faculty, and staff members are to follow standard precautions and assume that all blood or body fluids are potentially infectious. These guidelines include the following:

- Routine use of personal protective equipment (such as gloves, face and eye shields, and gowns) when anticipating contact with blood or body fluids.
- Immediate washing of hands and other skin surfaces after contact with blood or body fluids.
- Careful handling and disposal of sharp instruments during and after use.
- Careful use of safety devices developed to help prevent needle stick injuries.

OSHA mandates that healthcare workers who have a reasonable expectation of occupational exposure to blood or body fluids be offered the hepatitis B vaccine (Bloodborne Pathogens Standard [29 CFR 1910.1030 and 29 CFR 1910.030f]). Approximately 25% or more of medical and dental students and many physicians, surgeons, and dentists in the United States have been born to mothers in or from countries in Asia (including India), Africa, and the Middle East with high and intermediate endemicity for HBV. The CDC recommends that all healthcare providers at risk for HBV infection be tested and that all those found to be susceptible should receive the vaccine.

The three-dose HepB vaccine series produces a protective antibody response (anti-HBs  $\geq$  10 ml/U/mL) in > 90% of healthy adults < 40 years-old. Factors such as smoking, obesity, aging, chronic medical conditions, drug use, diabetes, male sex, genetic factors, and immune suppression contribute to a decreased response to the HepB vaccine.

All LMU-Harrogate PA Students are required to complete the HepB vaccine series. **Students must provide proof of HepB vaccination and proof of immunity with a qualitative or quantitative anti-HBs titer prior to matriculation.**

Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. The management of a healthcare worker with an occupational exposure to HBV depends on the anti-HBs status of the healthcare worker and the HBsAg status of the source patient. The healthcare worker should be tested for anti-HBs and the source patient (if known) should be tested for HBsAg as soon as possible after the exposure. More detailed management recommendations are listed in “Table 1. Post-exposure management of healthcare personnel after occupational percutaneous and mucosal exposure to blood and body fluids, by healthcare personnel HepB vaccination and response status”.

**TABLE 1. Post-exposure management of healthcare personnel after occupational percutaneous and mucosal exposure to blood and body fluids, by healthcare personnel HepB vaccination and response status**

Healthcare personnel status	Postexposure testing		Postexposure prophylaxis		Postvaccination serologic testing <sup>†</sup>
	Source patient (HBsAg)	HCP testing (anti-HBs)	HBIG*	Vaccination	
Documented responder <sup>§</sup> after complete series	No action needed				
Documented nonresponder <sup>¶</sup> after 2 complete series	Positive/unknown	Not indicated	HBIG x2 separated by 1 month	—	No
	Negative	No action needed			
Response unknown after complete series	Positive/unknown	<10mIU/mL**	HBIG x1	Initiate revaccination	Yes
	Negative	<10mIU/mL	None		
	Any result	≥10mIU/mL	No action needed		
Unvaccinated/incompletely vaccinated or vaccine refusers	Positive/unknown	—**	HBIG x1	Complete vaccination	Yes
	Negative	—	None	Complete vaccination	Yes

\* HBIG should be administered intramuscularly as soon as possible after exposure when indicated. The effectiveness of HBIG when administered >7 days after percutaneous, mucosal, or nonintact skin exposures is unknown. HBIG dosage is 0.06 mL/kg.

† Should be performed 1–2 months after the last dose of the HepB vaccine series (and 6 months after administration of HBIG to avoid detection of passively administered anti-HBs) using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL).

§ A responder is defined as a person with anti-HBs ≥10 mIU/mL after 1 or more complete series of HepB vaccine.

¶ A nonresponder is defined as a person with anti-HBs <10 mIU/mL after 2 complete series of HepB vaccine.

\*\* HCP who have anti-HBs <10 mIU/mL, or who are unvaccinated or incompletely vaccinated, and sustain an exposure to a source patient who is HBsAg-positive or has unknown HBsAg status, should undergo baseline testing for HBV infection as soon as possible after exposure, and follow-up testing approximately 6 months later. Initial baseline tests consist of total anti-HBc; testing at approximately 6 months consists of HBsAg and total anti-HBc.

#### ABBREVIATIONS

HCP = healthcare personnel

HBsAg = hepatitis B surface antigen

anti-HBs = antibody to hepatitis B surface antigen

HBIG = hepatitis B immune globulin

Adapted from CDC. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, MMWR 2018; 67(RR-1), available at [www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf](http://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf).

## Hepatitis B and Healthcare Personnel CDC

<https://www.immunize.org/catg.d/p2109.pdf>

**Morbidity and Mortality Weekly Report (MMWR): Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices**

**CDC January 12, 2018**

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>

**Hepatitis C Virus (HCV)**

Hepatitis C virus (HCV) is an RNA virus that invades hepatocytes leading to inflammation and possibly cirrhosis and hepatocellular carcinoma. Symptoms of acute HCV infection, such as arthralgias, myalgias, pruritis, paresthesias, can occur within six months after exposure to HCV. Most people with acute HCV infection develop chronic HCV infection.

Transfusion of blood contaminated with HCV was the leading mode of transmission prior to screening of donated blood for HCV antibody beginning in 1992. More advanced screening tests for HCV have reduced the risk of HCV transmission through blood transfusion to less than one per two million units transfused. People who inject illicit drugs with nonsterile needles are at the highest risk for HCV infection. HCV may also be transmitted via sexual contact, tattooing, sharing razors, and acupuncture. HCV transmission may occur during the birth process, but breastfeeding is not associated with HCV transmission.

Healthcare workers can acquire HCV infection through needle stick injuries or other occupational exposures. Needle stick injuries in the healthcare setting result in a 3% risk of HCV transmission.

It is the policy of the LMU-Harrogate PA Program to follow CDC and OSHA guidelines to prevent transmission of HCV in the healthcare setting. LMU-Harrogate PA Program students, faculty, and staff members are to follow standard precautions and assume that all blood or body fluids are potentially infectious. These guidelines include the following:

- Routine use of personal protective equipment (such as gloves, face and eye shields, and gowns) when anticipating contact with blood or body fluids.
- Immediate washing of hands and other skin surfaces after contact with blood or body fluids.
- Careful handling and disposal of sharp instruments during and after use.
- Careful use of safety devices developed to help prevent needle stick injuries.



Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. HCV can be detected in blood within one to three weeks after exposure. There is currently no vaccine to prevent HCV. Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. Treatment of acute HCV can reduce the risk of progression to chronic HCV. Recommendations for pharmacologic therapy vary and management by a specialist is recommended.

### **Viral Hepatitis: Hepatitis C FAQs for Health Professionals**

**CDC February 23, 2018**

<https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>

### **Hepatitis D Virus (HDV)**

HDV also infects hepatocytes but is uncommon in the United States. HDV infection only occurs among people who are infected with HBV because HDV is an incomplete virus that requires the helper function of HBV to replicate.

HDV can be transmitted via percutaneous or mucosal contact with HDV-infected blood. Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. There is no vaccine for HDV but HepB vaccination can prevent HDV infection.

### **Viral Hepatitis: Hepatitis D**

**CDC December 18, 2015**

<https://www.cdc.gov/hepatitis/hdv/>

### **Less Common Bloodborne Pathogens**

Students may be exposed to bloodborne pathogens that cause the following conditions during the course of their training: Syphilis, Malaria, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections (including Colorado Tick Fever), Relapsing Fever, Creutzfeldt-Jakob Disease, Human T-lymphotropic Virus Type I, and Viral Hemorrhagic Fever.

### **Latex Allergy**

Latex refers to the natural rubber latex manufactured from a milky fluid that is primarily obtained from the rubber tree. The U.S. Food and Drug Administration (FDA) requires labeling of medical devices that contain natural rubber latex. ~~Some synthetic materials referred to as “latex” do not contain the natural rubber proteins responsible for latex~~

allergy symptoms. Healthcare workers are at risk of developing latex allergy because of the frequent use of latex gloves. Latex proteins also become fastened to the lubricant powder used in some gloves; therefore, when healthcare workers change gloves, the protein/powder particles become airborne and can be inhaled.

The most common reaction to latex products is irritant contact dermatitis. Other symptoms of latex allergy include itchy eyes, rhinorrhea, sore throat, respiratory symptoms, and rarely, shock. The prevalence of latex allergy in healthcare workers is 8-12% (compared to 1-6% of the general population).

Appropriate barrier protection is necessary when exposure to bloodborne pathogens or other infectious agents is anticipated. The use of powder-free gloves with reduced protein content will reduce exposure, and subsequent sensitization, to latex. After removing latex gloves, wash hands with mild soap and dry thoroughly. “Hypoallergenic” latex gloves do not reduce the risk of latex allergy but they may reduce reactions to the chemical additives in the latex. Any LMU-Harrogate PA Program student, faculty, or staff member with a suspected allergic reaction to latex is required to seek medical attention immediately to prevent delays in treatment.

**Latex Allergy: A Prevention Guide**  
**CDC June 6, 2014**

<https://www.cdc.gov/niosh/docs/98-113/>

NIOSH Alert: Preventing Allergic Reactions to Natural Rubber Latex in the Workplace NIOSH August 1998

<https://www.cdc.gov/niosh/docs/97-135/pdfs/97-135.pdf>

NAME OF SCHOOL: Lincoln Memorial University

ADDRESS: 6965 Cumberland Gap Parkway, Harrogate, TN 37752

First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone: (269) 381-6630  
Fax: (269) 381-3055

## STUDENT ACCIDENT CLAIM FORM

STUDENT'S FULL NAME (PRINT) LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

STUDENT'S SCHOOL ADDRESS \_\_\_\_\_

STUDENT'S HOME ADDRESS \_\_\_\_\_

S.S.# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ HOUR \_\_\_\_\_ ☐ A.M. ☐ P.M.

DETAILED DESCRIPTION OF ACCIDENT: HOW DID IT OCCUR? (OR ATTACH ACCIDENT REPORT COMPLETED BY THE SCHOOL REPRESENTATIVE WHO WITNESSED THE ACCIDENT) \_\_\_\_\_

WHERE DID IT OCCUR? \_\_\_\_\_

PART OF BODY INJURED \_\_\_\_\_ RIGHT ☐ LEFT ☐

ACTIVITY SPORT \_\_\_\_\_ ☐ INTERCOLLEGIATE ☐ INTRAMURAL

STUDENT ACCIDENT (describe) \_\_\_\_\_

HAS A CLAIM EVER BEEN FILED ON THIS STUDENT? ☐ YES ☐ NO

NAME OF SCHOOL AUTHORITY SUPERVISING ACTIVITY \_\_\_\_\_

WAS SUPERVISOR A WITNESS TO THE ACCIDENT? ☐ YES ☐ NO

IF NOT, WHEN WAS THE ACCIDENT FIRST REPORTED TO A SCHOOL AUTHORITY? DATE \_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

DATE OF THIS REPORT \_\_\_\_\_

### IMPORTANT: PLEASE ATTACH ITEMIZED BILLS

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE COMPANY WITHIN 90 DAYS FROM THE DATE OF TREATMENT ACCOMPANIED BY ALL MEDICAL BILLS INCURRED TO DATE.**

### HOW TO FILE YOUR ACCIDENT CLAIM FORM

1. Complete **ALL** blanks.
2. Please read and sign authorization on back of this form.
3. Attach all **ITEMIZED** bills (itemized bills include the date of service, procedure code, diagnosis code, etc. not balance due statements) for **MEDICAL EXPENSES ONLY**. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge **must** be processed by all other insurances/plans before they can be processed by First Agency, Inc.)
4. Mail within 90 days of the accident to:

First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501

**First Agency, Inc.**

5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone (269) 381-6630  
Fax (269) 381-3055

**PARENT/GUARDIAN/STUDENT INFORMATION FORM****RETURN FORM WHEN COMPLETE TO**

This form is to be completed by the  
Parents, Guardians, or Student

→ Name of College/University Lincoln Memorial University  
Attention \_\_\_\_\_  
Address 6965 Cumberland Gap Parkway  
City Harrogate State TN Zip 37752

**Note: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays.  
If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).**

Name of Athlete \_\_\_\_\_ Sport \_\_\_\_\_  
Social Security No or Passport No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
College Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FATHER/GUARDIAN INFORMATION**

Father's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Medical Insurance \_\_\_\_\_  
Company or Plan \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Policy Number \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Is this plan an HMO or PPO? ☐ Yes ☐ No

Is pre-authorization required to obtain treatment? ☐ Yes ☐ No

Is a second opinion required before surgery? ☐ Yes ☐ No

**MOTHER/GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Medical Insurance \_\_\_\_\_  
Company or Plan \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Policy Number \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Is this plan an HMO or PPO? ☐ Yes ☐ No

Is pre-authorization required to obtain treatment? ☐ Yes ☐ No

Is a second opinion required before surgery? ☐ Yes ☐ No

**PLEASE COMPLETE AUTHORIZATION ON NEXT PAGE**

First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501



### **AUTHORIZATION - To Permit Use and Disclosure of Health Information**

This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide First Agency, Inc. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications. If this Authorization is for someone other than myself, that individual has given me the authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment. I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request.

This Authorization is valid from the date signed for the duration of the claim.

\_\_\_\_\_  
Name of Claimant (please print)

\_\_\_\_\_  
Name of Authorized Representative, or Next of Kin (please print)

\_\_\_\_\_  
Signature of Claimant (if claimant is 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative of Next of Kin

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Authorized Representative or Next of Kin to Claimant

**LINCOLN MEMORIAL UNIVERSITY  
INCIDENT REPORT**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Position Title: \_\_\_\_\_

Male/Female (circle one)

Date/Time of Accident: \_\_\_\_\_ AM/PM

Date/Time Reported: \_\_\_\_\_ AM/PM

Time Employee Began Work: \_\_\_\_\_ AM/PM

Names of Witnesses: \_\_\_\_\_

Interviewed: YES NO (attach documentation)

Interviewed: YES NO (attach documentation)

Treatment away from worksite?

Emergency Room: Yes / No

Physician or Other: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Was injured person hospitalized overnight as inpatient? Yes / No

If injured person died, when did death occur? Date: \_\_\_\_\_

Name of building or area the injured person was in: \_\_\_\_\_

What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the injured person was using. Be specific. Examples: climbing a ladder while carrying roofing materials, spraying chlorine from hand sprayer, daily computer tasks. \_\_\_\_\_

What happened? Tell us how the injury occurred. Examples: When ladder slipped on wet floor, injured person fell 20 feet; injured person was sprayed with chlorine when gasket broke during replacement; injured person developed soreness in wrist over time. \_\_\_\_\_

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Example: Lower back pain; complains of wrist pain. \_\_\_\_\_

What object or substance directly harmed the injured person? Examples: Concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank. \_\_\_\_\_

Cause: Reason(s) for accident. Contributing factors, unsafe acts, unsafe conditions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prevention: Describe how to prevent a similar accident. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What action do you need to take? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If applicable)

**Signature of Injured Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If injured person refuses to sign, please note here)

\_\_\_\_\_

Has corrective action been taken to prevent a similar accident? YES NO

By whom and what action was taken? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Appendix F

## **Consent to Release**

## **Education Records**



## Consent to Release Educational Records (FERPA)

**Notice:** This information is being provided to you to clarify questions regarding your rights under the Federal Educational Rights and Privacy Act (FERPA). For the purposes of FERPA and this form, "educational records" include academic progress reports, other academic information (such as academic probation), disciplinary records (such as behavioral problems), financial aid, billing and account information, and physical and mental health concerns. If you are claimed as a dependent on your parents' Federal Income Tax return, your parents are entitled to the above information. If you are not a dependent of your parents, providing them this information is your choice. The purpose of this form is to provide your educational records as much protection as possible. This consent shall remain in effect during continuous enrollment at LMU. The student may revoke this consent at any time during enrollment by submitting a written request to the Dean of Students.

### Student Information:

I \_\_\_\_\_ hereby request/authorize personnel at  
(Print – Student Legal Name) Student ID # (or last 4 digits of SSN)  
Lincoln Memorial University to disclose information regarding my educational records and all other records maintained by the institution except (if there are no exceptions, please leave blank):

---

---

### Person(s) to whom disclosures may be made:

Name, address, and phone number of person:	Name, address, and phone number of person:
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Return completed form to:  
Lincoln Memorial University – ATTN: Student Services  
6965 Cumberland Gap Parkway  
Harrogate, TN 37752

## Appendix G

### At-Risk Student Initiative

The LMU PA Program policy on follow-up after exams and end of course final grades. After each exam (see individual course syllabi), student grades are reviewed by the Director of Didactic Education. Any student earning less than 75% has not shown mastery of the information and are therefore deemed to be “At-Risk.”

For students who earn an “At-Risk” status during the semester, the following requirements apply:

1. First occurrence: This student must:

- Meet with the assigned faculty mentor to assess test-taking strategies, study skills, and time management by the utilization of the post-exam survey instrument. This meeting request shall be the responsibility of the student and must take place within two (2) business days of the exam grade notification. Appropriate referrals may be made based on the student’s responses to the survey instrument. The student must follow up as recommended by the Faculty Mentor within seven (7) days.

2. Second occurrence: This student must:

- Meet with the Academic Remediation Specialist to further discuss study habits and time management. Recommendations may be made and required assignments may be issued at the time of that meeting. The student must complete all assignments and follow ups based on an agreed date as deemed appropriate by the Academic Remediation Specialist. The student must meet with the Academic Remediation Specialist to demonstrate successful implementation and execution of recommendations and requirements.

3. Third occurrence: The student must:

- Meet with the Academic Remediation Specialist to discussed continued “at-risk” performance and,
- Meet with the Academic Remediation Specialist, Director of Didactic Education, and Program Director to discuss further progression.
- Enroll in remediation guidance assignments specific to areas of deficiency to be completed at the end of the semester

4. In Remediation Guidance:

- The student in this category has demonstrated a track record of subpar performance throughout the semester. As a result, in order to aid in future performance, the student will be required to complete an assignment in preparation for the upcoming semester and/or show competency in previous material. This assignment will involve a combination of reading ahead in and outlining chapters from the required text(s), reviewing topic areas of weakness, and completing Aquifer cases as required. The assignment will be due to the Academic Remediation Specialist by the first day of the new semester. Failure to complete the required material will be considered a violation of the professionalism policy and will result in a referral to the Student Progress Committee (SPC) as outlined in the student handbook.

This policy looks only at performance within the semester, and the performance begins anew with a new semester.