

**LINCOLN MEMORIAL UNIVERSITY**

**SCHOOL OF MEDICAL SCIENCES  
LMU-KNOXVILLE DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES  
ACADEMIC YEAR 2021-2022**

## **HERITAGE**

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

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

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

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

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

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

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

### **ACCREDITATION**

#### **University Regional Accreditation**

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

#### **Professional Accreditation**

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

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

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

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

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

#### **LMU-KNOXVILLE PA PROGRAM MISSION AND GOALS**

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

**In order to accomplish this mission, the LMU-Knoxville PA Program is committed to achieving Program-designated benchmarks for the following:**

1. Program completion,
2. First-time pass rates on the PANCE, and
3. Ratings from Clinical Preceptors in surgical Supervised Clinical Practice Experiences (SCPEs).

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

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

### **LMU Administration and Staff**

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

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

General Counsel – Ryan Brown, J.D.

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

Vice President and Dean Enrollment and Student Affairs – Jody Goins, Ed.D.

Vice President for Finance and Administration – Christy Graham, MBA, MAc.

Vice President for Academic Services and Institutional Effectiveness – Travis Wright, Ph.D.

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 – Brian Kessler, D.O.

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

Vice President and Dean Caylor School of Nursing – Mary Anne Modrcin, Ph.D.

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

#### **Board of Trustees**

Chairman – Autry O. V. (Pete) DeBusk

First Vice-Chairman – Brian C. DeBusk

Second Vice-Chairman – Gary J. Burchett

Third Vice-Chairman – James A. Jordan

Secretary – Sam A. Mars, III

Board Member – Roger A. Ball

Board Member – Arthur (Art) Brill

Board Member – Gary J. Burchett

Board Member – Sherrie N. Claiborne

Board Member – George L. Day

Board Member – Autry O. V. (Pete) DeBusk

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Board Member – Richard A. Gillespie

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Board Member – James A. Jordan

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Board Member – Sam A. Mars, III

Board Member – Timothy B. Matthews

Board Member – Alan C. Neely

Board Member – Dorothy G. Neely

Board Member – Todd E. Pillion

Board Member – Carroll E. Rose

Board Member – James J. Shoffner

Board Member – Joseph F. Smiddy

Board Member – E. Steven (Steve) Ward

Board Member – Jerry W. Zillion

**Academic Administrators**

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

Dean School of Mathematics and Sciences – Adam Rollins, Ph.D.

Dean Paul V. Hamilton School of Arts, Humanities, and Social Sciences – Martin Sellers, Ph.D.

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

**Student Services**

Director of Counseling – Jason Kishpaugh, LPC-MHSP

Interim Title IX Coordinator – Kelly Hawk, J.D.

Director of Accessible Education Services – Daniel Graves, Ed.D.

Registrar – Helen Bailey

Executive Director of Student Financial Services – Tammy Tomfohrde

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

Vice President and Dean of SMS – Mark Moran, DMS, PA-C

**PA Program Administration, Faculty, and Staff**

Assistant Dean and Program Director – Stephanie Hull, EdS, MMS, PA-C

Associate Program Director – Byron Turkett, MPAS, PA-C, FCCM

Medical Director – Robert Wilmoth, M.D., FACS

Associate Medical Director and Principal Faculty – Daniel Drinnen, M.D.

Director of Clinical Education – Sonia Rupani, DMS, PA-C

Director of Clinical Phase Operations – Dustin Bates, DMS, PA-C

Principal Faculty – Diana Anderson, MMS, PA-C

Principal Faculty – Sarah Campbell, MS, PA-C

Principal Faculty – Stacy Chelf, PhD

Principal Faculty – Kaitlin Greene, MMS, PA-C

Principal Faculty – Dana Johnson, Pharm D

Principal Faculty – Jaan Kelly, MS, PA-C

Principal Faculty – Catherine Neal, MHS, PA-C

Program Administrative Coordinator – Jan Brynda

Admissions and Community Relations Coordinator – Amy Reed

Administrative Assistant-Didactic – Savanna Norrod

## **SECTION II: PA PROGRAM CURRICULUM**

### **CURRICULUM OVERVIEW AND COMPONENTS**

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

### **Curriculum Outline and Credits Awarded**

#### **Didactic Phase (65.0 credit hours)**

##### Fall 1 Semester (12.0 credit hours)

PAS 506: Foundations of Clinical Medicine (7.0 credit hours)

PAS 507: Introduction to Patient Evaluation and Clinical Procedures (5.0 credit hours)

##### Spring 1 Semester (19.0 credit hours)

PAS 501: Clinically Oriented Anatomy and Dissection I (3.0 credit hours)

PAS 511: Patient Assessment and Clinical Skills I (4.0 credit hours)

PAS 531: Principles of Clinical Medicine I (10.0 credit hours)

PAS 541: Physician Assistant Practice I (2.0 credit hours)

##### Summer 1 Semester (20.0 credit hours)

PAS 502: Clinically Oriented Anatomy and Dissection II (4.0 credit hours)

PAS 512: Patient Assessment and Clinical Skills II (4.0 credit hours)

PAS 532: Principles of Clinical Medicine II (10.0 credit hours)

PAS 542: Physician Assistant Practice II (2.0 credit hours)

##### Fall 2 Semester (14.0 credit hours)

PAS 503: Clinically Oriented Anatomy and Dissection III (2.0 credit hours)

PAS 513: Patient Assessment and Clinical Skills III (3.0 credit hours)

PAS 533: Principles of Clinical Medicine III (8.0 credit hours)

PAS 543: Physician Assistant Practice III (1.0 credit hours)

#### **Clinical Phase (50.0 credit hours)**

PAS 602: Clinical Conference / Clinical Phase Cumulative Assessment (2.0 credit hours)

PAS 611: Family Medicine – Outpatient (4.0 credit hours)

PAS 621: Internal Medicine – Inpatient (4.0 credit hours)

PAS 622: Internal Medicine – Outpatient (4.0 credit hours)

PAS 631: Behavioral Medicine (4.0 credit hours)

PAS 641: Pediatric Medicine (4.0 credit hours)

PAS 651: Women's Health (4.0 credit hours)

PAS 661: Emergency Medicine (4.0 credit hours)

PAS 671: Orthopedic Surgery (4.0 credit hours)

PAS 681: General Surgery (4.0 credit hours)

PAS 691: Selective I: Surgery / Medicine (4.0 credit hours)

PAS 692: Selective II: Surgery / Medicine (4.0 credit hours)

PAS 693: Selective III: Surgery / Medicine (4.0 credit hours)

*\*Supervised Clinical Practice Experiences (SCPE) during the Clinical Phase are based on a 40-hour work week.\**

#### **115.0 Total Credit Hours**

**Course descriptions** are located in Appendix C of this catalog.

## Learning Outcomes and Graduate Competencies

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

### Didactic Phase Learning Outcomes

<p><b>MEDICAL KNOWLEDGE</b></p> <ul style="list-style-type: none"> <li>• Demonstrate consistent and correct use of personal protective equipment.</li> <li>• Connect concepts from applied medical sciences* to specific patient presentations (e.g. symptoms, signs), clinical (e.g. laxity of the anterior cruciate ligament on the anterior drawer test) and diagnostic evaluation findings (e.g. complete blood count findings), and management.</li> <li>• Explain screening methods used to detect conditions in asymptomatic patients and interventions used for prevention of disease and promotion/maintenance of health.</li> <li>• Explain concepts related to applied medical sciences* that are important for patient evaluation and management.</li> <li>• Develop a method of clinical decision making that includes appropriate investigations (e.g. patient history, physical examination, diagnostic evaluation) and analysis of clinical and diagnostic findings and utilizes current medical literature and clinical guidelines.</li> </ul>
<p><b>PATIENT CARE</b></p> <p>For simulated patient encounters:</p> <ul style="list-style-type: none"> <li>• Obtain essential and accurate patient histories.</li> <li>• Demonstrate correct technique when performing physical examinations.</li> <li>• Demonstrate correct technique when performing clinical procedures on simulated task trainers and donor specimens.</li> <li>• Identify rehabilitative care options for adult and elderly patients.</li> <li>• Identify palliative and end-of-life care options for adult and elderly patients.</li> <li>• Obtain certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).</li> </ul>
<p><b>INTERPERSONAL AND COMMUNICATION SKILLS</b></p> <p>For simulated patient encounters:</p> <ul style="list-style-type: none"> <li>• Demonstrate effective, efficient, and sensitive communication.</li> <li>• Engage the patient in decisions regarding patient care (e.g. diagnostic evaluation, clinical procedures, and therapeutic interventions).</li> <li>• Demonstrate an ethical therapeutic provider-patient relationship.</li> <li>• Provide clear and accurate oral reports of simulated patient encounters to the Faculty Facilitator.</li> <li>• Document clear and accurate written reports of simulated patient encounters.</li> </ul>
<p><b>PROFESSIONALISM</b></p> <ul style="list-style-type: none"> <li>• Always adhere to the LMU-Knoxville PA Program Student Code of Conduct.</li> <li>• Adhere to HIPAA and other patient privacy guidelines during simulated patient encounters.</li> <li>• Develop professional conduct suitable for inclusion in the medical profession.</li> <li>• Demonstrate the humanistic attributes necessary for patient-centered care during simulated patient encounters.</li> <li>• Demonstrate a decreasing reliance on Faculty Facilitators for direction in simulated patient evaluation and management.</li> </ul>
<p><b>PRACTICE-BASED LEARNING AND IMPROVEMENT</b></p> <ul style="list-style-type: none"> <li>• With assistance from Program faculty, identify areas of strength and weaknesses related to medical knowledge, skills, and professional conduct.</li> <li>• With assistance from Program faculty, formulate a plan to remediate self-identified areas of weaknesses and capitalize on strengths.</li> <li>• Accept constructive criticism and incorporate feedback into future performance.</li> <li>• Formulate a clinical question and search the medical literature to help answer the clinical question.</li> </ul>
<p><b>SYSTEMS-BASED PRACTICE</b></p> <ul style="list-style-type: none"> <li>• List the common precipitants of medical errors in clinical settings.</li> <li>• Discuss procedures to help prevent medical errors and optimize patient safety in clinical settings.</li> <li>• Demonstrate an understanding of the delivery of patient care (e.g. initial evaluation and management, referral to a specialist, admission to a skilled nursing facility) and the common methods of payment (e.g. private health insurance, Medicare, etc.).</li> </ul>
<p><b>CLINICAL PROCEDURES</b></p> <p>Correctly perform the following procedures on task trainers, donor specimens, and/or human subjects:</p>

- Handling of surgical instruments
- Sterile technique
- Surgical scrubbing, gowning, and gloving
- Knot tying
- Administration of local anesthesia
- Wound closure with sutures
- Extremity splinting
- Joint injection
- Peripheral venous access
- Endotracheal intubation

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

### Didactic Phase Curriculum

Learning activities in the Didactic Phase prepare students for success in the Clinical Phase. Instruction in physiology, pathophysiology, pharmacology and pharmacotherapeutics, and other basic science concepts (e.g. microbiology, genetics, and molecular mechanisms of health and disease) occurs in PAS 506: Foundations of Clinical Medicine in the first semester. Content from this course is integrated with instruction in medical and surgical conditions covered in PAS 531-533: Principles of Clinical Medicine I-III in the second, third, and fourth semesters. Topics covered in PAS 501-503: Clinically Oriented Anatomy and Dissection I-III in the second, third, and fourth semesters align with topics covered in PAS 511-513: Patient Assessment and Clinical Skills I-III and in PAS 531-533. As such, instruction in anatomical structure and function serves to enhance understanding of the clinical presentation of medical and surgical conditions, correct performance of physical examination techniques, interpretation of diagnostic studies (e.g. imaging), correct techniques for procedures, and patient management principles. Concepts important to public health, intellectual honesty, interpretation of medical literature, and PA professional practice (e.g. coding and billing procedures, medical ethics, health care laws, and the health care delivery system) are covered in PAS 541-543: Physician Assistant Practice I-III. The format for instruction includes, but is not limited to, lecture, small group discussion, and laboratory sessions. Students have opportunities to apply learned concepts and develop problem-solving and clinical decision-making skills in small group discussions of patient cases, simulated patient encounters (human and manikin), and interprofessional education (IPE) activities.

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

### Clinical Phase Learning Outcomes

<p><b>MEDICAL KNOWLEDGE</b></p> <p>For patients encountered in SCPEs:</p> <ul style="list-style-type: none"> <li>• Apply concepts from applied medical sciences* important for patient evaluation and management.</li> <li>• Predict clinical and diagnostic findings based on the chief complaint.</li> <li>• Predict complications based on diagnosis and management plan.</li> <li>• Determine and rationalize the most appropriate screening methods to detect conditions in asymptomatic patients and identify interventions for prevention of disease and promotion/maintenance of health.</li> <li>• Employ a method of clinical decision making that includes appropriate investigations (e.g. patient history, physical examination, and diagnostic evaluation), analysis of clinical and diagnostic findings, and integration of current medical literature and clinical guidelines.</li> </ul>
<p><b>PATIENT CARE</b></p> <p>For pediatric, adult, and elderly patients encountered in SCPEs:</p> <ul style="list-style-type: none"> <li>• Obtain essential and accurate patient histories.</li> <li>• Demonstrate correct technique when performing physical examinations.</li> <li>• Demonstrate correct technique when performing clinical procedures.</li> <li>• Discuss rehabilitative care options (<i>adult and/or elderly patients only</i>) with patients and their families.</li> <li>• Discuss palliative and end-of-life care options (<i>adult and elderly patients only</i>) with patients and their families.</li> </ul>

<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>
<p>For patients encountered in SCPEs:</p> <ul style="list-style-type: none"> <li>• Make informed clinical judgments during encounters with patients who cannot provide a clear history or cooperate with physical examination due to an organic condition (e.g. altered level of consciousness).</li> <li>• Make informed clinical judgments during encounters with patients who are angry, impatient, and uncooperative.</li> <li>• Adapt to changes in the clinical setting while maintaining professional composure.</li> <li>• Demonstrate effective, efficient, and sensitive communication with patients and families from different social and cultural backgrounds.</li> <li>• Provide the Clinical Preceptor with clear and accurate oral reports of patient encounters.</li> <li>• Document clear and accurate written reports of patient encounters (<i>when permitted to document in patient medical records</i>).</li> <li>• Engage the patient and family in decisions regarding patient care.</li> <li>• Establish an ethical therapeutic PA Student-patient relationship.</li> </ul>
<b>PROFESSIONALISM</b>
<ul style="list-style-type: none"> <li>• Always adhere to the LMU-Knoxville PA Program Student Code of Conduct.</li> <li>• Always adhere to HIPAA and other patient privacy guidelines.</li> <li>• Demonstrate prioritization of the patient's interest over your own in SCPEs (e.g. staying late to provide a patient with more detailed education).</li> <li>• Demonstrate the humanistic attributes necessary for patient-centered care.</li> <li>• Demonstrate a decreasing reliance (while maintaining appropriate supervision) on the Clinical Preceptor for direction in patient evaluation and management.</li> <li>• Demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles.</li> </ul>
<b>PRACTICE-BASED LEARNING AND IMPROVEMENT</b>
<ul style="list-style-type: none"> <li>• Self-identify areas of strength and weaknesses related to medical knowledge, skills, and professional conduct.</li> <li>• Formulate a plan to remediate weaknesses and capitalize on strengths.</li> <li>• Accept constructive criticism and incorporate feedback into future performance.</li> </ul>
<b>SYSTEMS-BASED PRACTICE</b>
<ul style="list-style-type: none"> <li>• Practice procedures to prevent medical errors and optimize patient safety in all clinical settings.</li> <li>• Evaluate methods to improve the quality, efficiency, and cost-effectiveness of patient care.</li> <li>• Assist patients and families in coordinating patient care (e.g. initial evaluation and management, referral to a specialist, admission to a skilled nursing facility).</li> </ul>

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

### Clinical Phase Curriculum

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

*\*Students may choose to complete these selectives in a medicine and/or acute care discipline as approved by the Clinical Team.*

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

## Graduate Competencies

<b>Medical Knowledge</b>
<b>MK1:</b> Utilize concepts from applied medical sciences* to interpret patient history, physical examination and diagnostic study findings, formulate a list of differential diagnoses, and determine the most appropriate medical and/or surgical management for patients across all age groups in emergent, acute, chronic, and rehabilitative encounters.
<b>MK 2:</b> Utilize concepts from applied medical sciences* to determine appropriate screening methods to detect conditions in asymptomatic patients and to identify interventions for prevention of disease and promotion/maintenance of health.
<b>MK 3:</b> Utilize an investigative, analytical, and evidence-based approach in making clinical decisions.
<b>Patient Care</b>
<b>PC 1:</b> Promote healthy behaviors and provide compassionate, appropriate, and effective patient-centered care.
<b>PC 2:</b> Apply a systematic approach to patient evaluation and management that includes obtaining essential and accurate patient information, utilizing correct physical examination techniques, ordering indicated diagnostic studies, correctly performing indicated procedures, interpreting collected data, and initiating and monitoring management plans.
<b>PC 3:</b> Provide effective education and counseling regarding medical and surgical conditions and health promotion for patients and their families.
<b>Interpersonal and Communication Skills</b>
<b>ICS 1:</b> Tolerate anxiety and ambiguity, adapt to change, and make reasoned and informed clinical judgments in situations that challenge one's emotional resiliency and stability.
<b>ICS 2:</b> Communicate, orally and in writing, with patients, families, and members of the health care team from different social and cultural backgrounds with sensitivity, clarity, and accuracy.
<b>ICS 3:</b> Partner with patients, families, and members of the health care team in a manner that optimizes safe, compassionate, and effective patient-centered care and health promotion.
<b>ICS 4:</b> Engage patients and families in an ethical therapeutic relationship.
<b>Professionalism</b>
<b>P 1:</b> Represent the Program and the PA profession, in professional and social settings, with professional conduct suitable for inclusion in the medical profession.
<b>P 2:</b> Prioritize the interests of the patient above one's own.
<b>P 3:</b> Adapt the humanistic attributes of integrity, excellence, collaboration and compassion, altruism, respect and resilience, empathy, and service in the care of patients.
<b>P 4:</b> Assume increasing degrees of responsibility under proper supervision.
<b>P 5:</b> Demonstrate a commitment to carrying out professional responsibilities including adherence to ethical principles, HIPAA and protection of patient privacy.
<b>Practice-based Learning and Improvement</b>
<b>PBLI 1:</b> Self-identify areas of weakness and to utilize appropriate resources for remediation of deficits.
<b>PBLI 2:</b> Self-reflect and process constructive feedback to improve one's delivery of patient care.
<b>PBLI 3:</b> Utilize current scientific literature to make informed clinical decisions and to improve the delivery of patient care.
<b>Systems-based Practice</b>
<b>SBP 1:</b> Promote a safe environment for patient care that includes measures to reduce medical errors and improve the quality, efficiency, and cost-effectiveness of health care delivered.
<b>SBP 2:</b> Assist patients and families in navigating the complexities of the health care delivery system for an improved patient experience.

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

## PROGRESSION STANDARDS

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

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

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

- Physical examination skills assessment
- Clinical procedure skills assessment
- Pass all remediation assessments/assignments with a score of  $\geq 75\%$

**Students on Academic and/or Professional Probation may be delayed in beginning SCPEs. The Student Progress Committee (SPC) has the authority to remove a student from Academic and/or Professional Probation so that the student may progress in the curriculum.**

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

- Demonstrate consistent compliance with all LMU and Program policies and procedures (including maintenance of Minimum Technical Standards for Enrollment and Progression found in the LMU-Knoxville PA Program Student Handbook).
- Demonstrate no professional conduct deficits or successful remediation of professional conduct deficits.
- Demonstrate successful achievement of Clinical Phase Learning Outcomes:
  - Pass each of the following assessments for the PAS 611-693 SCPE courses and complete all administrative requirements for each SCPE (e.g. submit credentialing paperwork on time, submit an evaluation of the Clinical Site/Clinical Preceptor on time):
    - End-of-Rotation (EOR) written examinations (earn a grade of 70% (C) or higher)
    - SCPE assignments (e.g. patient case presentations, documentation of patient care)
    - Clinical Preceptor Evaluation of Student Performance
  - Pass each of the following assessments for the PAS 602: Clinical Conference / Clinical Phase Cumulative Assessment:
    - Scholarly paper assignments
    - Clinical Phase Passport (See the PAS 602 course syllabus.)
    - Written examination (December Clinical Conference; earn a grade of 70% (C) or higher)
  - Pass all remediation assessments/assignments with a score of  $\geq 75\%$

**Students on Academic and/or Professional Probation are not allowed to progress to the Summative Evaluation. The SPC has the authority to remove a student from Academic and/or Professional Probation so that the student may progress to the Summative Evaluation.**

Students must meet all Summative Evaluation requirements listed below and must not be on Academic and/or Professional Probation to be eligible for graduation.

- Demonstrate compliance with all LMU and Program policies and procedures (including maintenance of Minimum Technical Standards for Enrollment and Progression found in the LMU-Knoxville PA Program Student Handbook).
- Demonstrate no professional conduct deficits or successful remediation of professional conduct deficits.
- Demonstrate successful achievement of Program Graduate Competencies:
  - Pass each of the following components of the Summative Evaluation:
    - Written examination (earn a grade of 70% (C) or higher)
    - Simulated patient encounters
    - Physical examination skills assessment
    - Clinical procedure skills assessment
  - Pass all remediation assessments/assignments with a score of  $\geq 75\%$

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

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

### **ADVANCED PLACEMENT POLICY**

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

### **CREDENTIAL AWARDED**

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

*\*\*Please review the NCCPA's "PANACE Eligibility Requirements" documented on the NCCPA webpage (<https://www.nccpa.net/pance-eligibility>)*

### **SECTION III: SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPEs)**

#### **Establishment of Clinical Sites/Clinical Preceptors for SCPEs Policy**

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

#### **SCPE Assignments Policy**

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

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

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

#### **Patient Care Hours**

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

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

### **Clinical Conference Policy**

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

### **Housing, Transportation, and Meals**

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

## **SECTION IV: ACADEMIC POLICIES AND PROCEDURES**

### **ASSESSMENT OF STUDENT PERFORMANCE**

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

#### **Types of Assessments**

The Program utilizes formative assessments that support student achievement of Program Learning Outcomes and Graduate Competencies to monitor student progress in meeting instructional objectives for each course. These assessments may be for the purpose of student self-assessment or may be recorded for a grade. Formative assessments may be administered in several forms, including but not limited to multiple choice questions, written assignments, and observation of performance in simulated patient encounters. Formative assessments allow Program faculty to support each student's academic success by providing ongoing feedback on areas of strength and weakness related to course-specific instructional objectives.

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

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

to provide students with feedback on areas of strength and weakness related to Program Learning Outcomes for the Didactic and Clinical Phases.

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

### **Methods of Assessment**

The Program utilizes many methods (including but not limited to the methods listed below) to assess student learning. The methods used for formative, comprehensive, and cumulative assessments are listed in course syllabi and in materials for other learning activities.

- Assignments (e.g. patient case studies, documentation of patient care, e-learning modules)
- Written examination (e.g. multiple-choice questions, essay)
- Physical examination and clinical procedure skills assessments (e.g. standardized rubrics)
- Simulated patient encounters (e.g. standardized rubrics)
- Oral case presentations (e.g. standardized rubrics)
- Small group exercises (e.g. standardized rubrics)
- Clinical Preceptor evaluations of student performance (e.g. standardized rubrics)
- Professional Conduct Development and Assessment form (Student Handbook)
- Student self-evaluation (e.g. practice multiple choice questions)

The Course Director informs students of the technological requirements for administration of electronic written examinations.

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

The Summative Evaluation is administered after successful completion of the Clinical Phase to verify that each student has acquired Program Graduate Competencies and is prepared to enter clinical practice. Students must pass each of the four (4) components of the Summative Evaluation listed below:

- Written examination: multiple choice questions covering the PANCE Content Blueprint (Organ Systems and Task Areas) to assess student achievement of Medical Knowledge competencies; a grade of 70% (C) or higher is required to pass this component of the Summative Evaluation
- Simulated patient encounters: simulated patient encounters to assess student achievement of Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement, and Systems-based Practice competencies (e.g. patient assessment and management; clinical decision making and problem solving; professional behaviors; provision for patient safety); Pass/Fail assessment utilizing standardized rubrics
- Physical examination skills assessment: completion of physical examination techniques and interpretations of findings to assess student achievement of Patient Care competencies; Pass/Fail assessment utilizing standardized rubrics
- Procedural skills assessment: completion of clinical procedural skills to assess student achievement of Patient Care competencies; Pass/Fail assessment utilizing standardized rubrics

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

## **GRADING SYSTEM**

**Assessment/Course Grades:** Letter grades for each assessment/course correspond with the following numeric ranges:

- A = 90-100%
- B = 80-89%
- C = 70-79%
- F = < 70%

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

## **ACADEMIC STANDING**

A student in good academic standing has demonstrated compliance with all LMU, Program, and Clinical Affiliate policies and procedures, met all Program Student Code of Conduct expectations, has earned a grade of 70% (C) or higher in completed courses and all components of the Summative evaluation (following successful completion of the Clinical Phase).

## **REMEDIATION POLICIES AND PROCEDURES**

The Program monitors and documents the progress of each student in a manner that promptly identifies deficits in knowledge, skills, and professional conduct and establishes means for remediation. Remediation is the Program's applied process for correcting deficits. Remediation is defined as mentoring by Program faculty and completion of remediation learning activities and assessments. At-Risk Support is defined as mentoring by Program faculty and completion of learning activities to strengthen subject matter understanding.

### **Academic Performance**

Identification of deficits in knowledge or skill is determined by student performance on the following:

- Assignments (as specified in each course syllabus)
- Assessments (written, physical examination, clinical procedural skills, and simulated patient encounter assessments as specified in each course syllabus)
- Didactic Phase Cumulative Assessment (all components)
- Documentation of patient encounters (SCPEs)
- Documentation of physical examination skills and clinical procedures performed (SCPEs)
- Clinical Preceptor Evaluation of Student Performance (SCPEs)
- Clinical Phase Cumulative Assessment (all components)
- Summative Evaluation (all components)
- Identification of knowledge and/or skill deficit by Program faculty and/or Clinical Preceptor that is considered to adversely impact patient safety regardless of the grade earned

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

### **At Risk Support**

Although a grade of  $\geq 70\%$  is passing, students who earn a grade of  $\leq 75\%$  are considered at-risk for failure of a course, other components of the Program's curriculum and/or the PANCE. Therefore, students who earn a grade of 70-75% on a graded assessment/assignment for which remediation is required are mentored by Program faculty utilizing standardized rubrics to provide feedback and assist the student in correction of knowledge and/or skill

deficit(s). Students are not placed on Academic Probation, no assessment of at-risk support is required, and there is no change in the initial grade earned.

### **Remediation**

Students who earn a grade of < 70% or F, or have a knowledge and/or skill deficit that is considered to adversely impact patient safety regardless of the grade earned on a graded assessment/assignment for which remediation is required, are mentored by Program faculty utilizing standardized rubrics to provide feedback and assist the student in correction of knowledge and/or skill deficit(s). Remediation learning activities are assigned as soon as possible following identification of knowledge/skill deficit(s). Assessment of remediation of the knowledge/skill deficit(s) occurs at the end of the semester in the Didactic Phase. The timing of remediation assessment during the Clinical Phase is determined by the Clinical Team. All remediation assessments follow the same format as the assessment that identified the deficit(s). Remediation of a failed Clinical Preceptor Evaluation of Student Performance may include successful completion of another SCPE in the same discipline.

Students are placed on Academic Probation and their progress is monitored by the SPC. Students may complete one (1) remediation assessment for a failed graded assessment/assignment for which remediation is required. Remediation of a failed remediation assessment/assignment is not permitted. Students must successfully complete all required remediation learning activities and assessments to be eligible for progression in the curriculum. Successful remediation is defined as earning a grade of  $\geq 75\%$  on the remediation assessment. The initial grade earned is changed to 70% following successful remediation. Completion of remediation learning activities and assessments may result in a delay in beginning SCPEs, a delay in graduation and/or failure to complete the Program curriculum within 54 months of initial matriculation.

The number of remediation assessments for academic deficits allowed by the Program are as follows:

- Didactic Phase:
  - No more than three (3) total remediation assessments for each semester in the Didactic Phase
  - Remediation of a failed remediation assessment is not permitted
- Didactic Phase Cumulative Assessment
  - No more than one (1) remediation assessment for each component of the Didactic Phase Cumulative Assessment
  - Remediation of a failed remediation assessment is not permitted
- Clinical Phase:
  - No more than two (2) total remediation assessments for End-of-Rotation written examinations
  - No more than one (1) remediation assessment for the Clinical Preceptor Evaluation of Student Performance
  - Remediation of a failed remediation assessment is not permitted
- Clinical Phase Cumulative Assessment
  - No more than one (1) remediation assessment for the written examination component
  - Remediation of a failed remediation assessment is not permitted
- Summative Evaluation
  - No more than one (1) remediation assessment for each component of the Summative Evaluation
  - Remediation of a failed remediation assessment is not permitted

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

### **STUDENT MENTORING**

Student mentoring is designed to provide each student with the support necessary to achieve academic success and professional development in the Program. During the Clinical Phase, student mentoring occurs in person or via phone or videoconferencing and is scheduled to have the least impact on the student's clinical responsibilities for

SCPEs. Students are assigned to a Faculty Mentor for the Didactic and Clinical Phases of the Program. Students must meet with their assigned Faculty Mentor at least once each semester.

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

#### Student Responsibilities

- Meet with your assigned Faculty Mentor at least once per semester at a mutually agreed time
- Meet with your assigned Faculty Mentor as needed for academic and/or personal concerns
- Develop a plan for academic success and professional development in the Program
- Honestly complete self-assessments and discuss areas of strengths and areas for improvement
- Develop a plan for self-directed remediation of self-assessed deficits
- Make an honest effort to follow the plans for academic success, professional development, and/or remediation of deficits

#### Faculty Mentor Responsibilities

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

#### The Faculty Mentor Does Not

- Solve student problems (academic and/or personal) – the Faculty Mentor may help clarify causative factors and provide support as appropriate
- Act as any student's medical provider or behavioral health counselor. It is inappropriate for any Program faculty to provide enrolled students with medical or behavioral health care or advice.

#### **ACADEMIC CONDUCT POLICY**

The Program seeks to create an environment of academic excellence conducive to student learning. This requires students to take personal responsibility for their learning and mastery of the knowledge and skills necessary to provide safe and effective patient care and for excellence in professional practice. This also requires students to complete all work with academic integrity, recognize the limits of their current knowledge, and pursue life-long learning. Academic misconduct undermines the purpose of education and violates the trust among Program faculty and students necessary for intellectual growth and development. Examples of academic misconduct include, but are not limited to, the following:

- Abetting: encouraging or assisting another student to do something wrong
- Cheating: acting dishonestly to gain an advantage, such as using unauthorized study materials
- Plagiarism: claiming someone else's ideas, words, data, etc. as your own

- Fabrication: presenting falsified work as genuine
- Misrepresentation: any act or omission with the intent to deceive

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

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

**ACADEMIC GRIEVANCE POLICY**

If a student has an academic grievance about a course, the student is required to first discuss the matter with the Course Director for that course. If the academic grievance is unresolved after meeting with the Course Director, the student may then discuss the matter with the Associate Program Director. If the academic grievance remains unresolved, the student may then discuss the matter with the Program Director for final resolution.

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

The Program complies with the provisions of the Family Educational Rights and Privacy Act (FERPA), 1974, as amended. This law maintains that the Program will provide for the confidentiality of student education records. Identifiable information from a student’s educational record will only be accessible to 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.

**SECTION V: REGISTRAR INFORMATION**

**COURSE REGISTRATION**

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

**CHANGE OF NAME, CONTACT INFORMATION, EMERGENCY CONTACT(S) INFORMATION**

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

TYPE OF CHANGE	NOTIFY
Name	Registrar <i>Helen Bailey, <a href="mailto:Helen.Bailey@LMUnet.edu">Helen.Bailey@LMUnet.edu</a>, 423-869-6434</i> Admissions and Community Relations Coordinator <i>Amy Reed, <a href="mailto:Amy.Reed@LMUnet.edu">Amy.Reed@LMUnet.edu</a>, 865-338-5685</i> Campus Security <i>Robin Susong, <a href="mailto:Robin.Susong@LMUnet.edu">Robin.Susong@LMUnet.edu</a>, 423-869-6301</i>

	Information Services <i>Marta Dunn, <a href="mailto:helpdesk@LMU.net">helpdesk@LMU.net</a>, 423-869-6454</i> Financial Aid <i>Tammy Tomfohrde, <a href="mailto:Tammy.Tomfohrde@LMU.net">Tammy.Tomfohrde@LMU.net</a>, 423-869-6465</i>
Mailing Address	Admissions and Community Relations Coordinator <i>Amy Reed, <a href="mailto:Amy.Reed@LMU.net">Amy.Reed@LMU.net</a>, 865-338-5685</i>
Cell Phone Number	Admissions and Community Relations Coordinator (Didactic Phase) <i>Amy Reed, <a href="mailto:Amy.Reed@LMU.net">Amy.Reed@LMU.net</a>, 865-338-5685</i> Director of Clinical Education (Clinical Phase) <i>Sonia Rupani, DMS, PA-C, <a href="mailto:Sonia.Rupani@LMU.net">Sonia.Rupani@LMU.net</a>, 865-338-5707</i>
Emergency Contact(s) Information	Admissions and Community Relations Coordinator (Didactic Phase) <i>Amy Reed, <a href="mailto:Amy.Reed@LMU.net">Amy.Reed@LMU.net</a>, 865-338-5685</i> Director of Clinical Education (Clinical Phase) <i>Sonia Rupani, DMS, PA-C, <a href="mailto:Sonia.Rupani@LMU.net">Sonia.Rupani@LMU.net</a>, 865-338-5707</i>

**SECTION VI: STUDENT SERVICES**

**ACADEMIC SUPPORT SERVICES**

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

**ACCESSIBLE EDUCATION SERVICES**

The Office of Accessible Education Services works with Program faculty to provide accommodations for learning and assessment activities. Students are responsible for requesting services and are strongly encouraged to contact the Office of Accessible Education Services prior to matriculation and as soon as possible after a condition that may qualify for accommodations arises. [www.LMU.net/edu](http://www.LMU.net/edu)

**FINANCIAL SERVICES**

The Director of Financial Services is responsible for providing qualified students with the appropriate documents and counseling to secure financial assistance in the form of loans, scholarships, and grants. It is very important to be aware of the completion dates for the Free Application for Federal Student Aid (FAFSA) requirements. Accepted and enrolled students are supported by representatives from Student Financial Services. [www.LMU.net/edu](http://www.LMU.net/edu)

**Veterans Benefits**

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

1. The date on which payment from the VA is made to the institution.
2. 90 days after the date the institution certified tuition and fees following receipt of the Certificate of Eligibility.

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

\*GI Bill is a registered trademark of the US Department of Veteran Affairs.

**Refund of Institutional Tuition, Room and Board Charges**

LMU operates with an annual budget developed through advance planning built around the institutional mission and goals, including financial obligations to faculty and others who provide necessary services essential for operation. In the event a student drops one or more classes, withdraws, or is administratively dismissed from the

University for disciplinary or financial reasons after registration is completed and prior to the end of a semester of enrollment, the student's eligibility for a refund of tuition and/or room and board will be pro-rated as indicated by refund policy. A student must complete a Change of Schedule form, obtained from the Office of the Registrar for dropping one or more classes. Any situation in which all classes are dropped is considered to be a withdrawal from the University. Any notification of withdrawal and request of refund must be made in writing. Should the student fail to officially withdraw, all semester charges will become immediately due and payable.

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

- During the first week of the semester: 100%
- During the second week of the semester: 75%
- During the third week of the semester: 50%
- During the fourth week of the semester: 25%
- After the fourth week of the semester: 0%

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

#### **Refund of Financial Aid**

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

#### **Refund of Housing Reservation and Damage Deposit**

Student housing is not available on the LMU-Knoxville campus.

#### **Refund of Credit Balance**

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

### **HEALTH SERVICES**

#### **Medical Services**

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

LMU-Knoxville PA Students are given preference for obtaining same-day appointments at Internal Medical Associates' Powell, TN location (approximately 20 miles from the Knoxville campus). Students must identify themselves as an LMU-Knoxville PA Student when requesting an appointment. Students must bring a copy of their

vaccination/immunization records and a completed health history questionnaire to their first office visit (<https://www.imasummit.com/patient-forms/>). Providers at Internal Medical Associates also provide the services listed below for LMU-Knoxville PA Students:

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

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

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

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

### **Mental Health Counseling Services**

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

### **CAREER SERVICES**

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

### **Alumni Services**

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

### **Verification of Program Completion/Degree Awarded**

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

### **Official Transcript Request**

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

### **Reference Letter Request**

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

### **CERTIFICATION, LICENSURE, AND PROFESSIONAL ORGANIZATIONS**

#### **Certification by the National Commission on Certification of Physician Assistants (NCCPA)**

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

#### **Tennessee State Licensure**

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

#### **Tennessee Academy of Physician Assistants (TAPA) <https://www.tnpa.com/>**

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

#### **American Academy of Physician Assistants (AAPA) <https://www.aapa.org/>**

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

#### **American Association of Surgical Physician Assistants (AASPA) <http://www.aaspa.com/>**

The AASPA provides support to surgical PAs in all operative settings and specialties who seek to better their careers, their professions, and the quality of patient care. AASPA was formed for surgical PAs, by surgical PAs. AASPA also

supports PA students (pre-PA, entry-level, and post-graduate) with workshops and other educational activities, a PA Student Blog, AASPA Scholarships, and other resources. ASPA also maintains an electronic job bank.

**SECTION VII: APPENDICES**

**APPENDIX A**

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

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

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

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

\_\_\_\_\_  
Student Name (print legibly)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**APPENDIX B**

**ACADEMIC CALENDAR**

<b>PA Class of 2023</b>	
<b>Fall 1 Semester (12 weeks)</b>	
Orientation	September 30 & October 1, 2021
Class begins	October 4, 2021
Labor Day – no class	September 6, 2021
Thanksgiving Break – no class	November 24 – 26, 2021
Last day of class	December 17, 2021
<b>Spring 1 Semester (16 weeks)</b>	
Class begins	January 3, 2022
Good Friday – no class	April 15, 2022
Last day of class	April 22, 2022
<b>Summer 1 Semester (16 weeks)</b>	
Class begins	April 25, 2022
Memorial Day – no class	May 30, 2022
Last day of class	August 12, 2022
<b>Fall 2 Semester (15 weeks Didactic/4 weeks Clinical)</b>	
Class begins	August 15, 2022
Labor Day – no class	September 5, 2022
Last day of class Didactic Phase	November 16, 2022
Clinical Phase Orientation	November 17 – 18, 2022
Thanksgiving Break – no class	November 23 – 25, 2022
SCPE Block #1	November 28 – December 23, 2022
<b>Spring 2 Semester (16 weeks)</b>	
SCPE Block #2	January 2 – 27, 2023
SCPE Block #3	January 30 – February 24, 2023
SCPE Block #4	February 27 – March 24, 2023
SCPE Block #5	March 27 – April 21, 2023
<b>Summer 2 Semester (18 weeks)</b>	
SCPE Block #6	April 24 – May 19, 2023
Clinical Conference / Mock Clinical Phase Cumulative Assessment	May 22 – 26, 2023
Break – no class	May 29 – June 2, 2023
SCPE Block #7	June 5 – June 30, 2023
SCPE Block #8	July 3 – July 28, 2023
SCPE Block #9	July 31 – August 25, 2023
<b>Fall 3 Semester (15 weeks)</b>	
SCPE Block #10	August 28 – September 22, 2023
SCPE Block #11	September 25 – October 20, 2023
SCPE Block #12	October 23 – November 17, 2023
Thanksgiving Break – no class	November 20 – 24, 2023
Clinical Conference / Clinical Phase Cumulative Assessment/ Summative Evaluation	November 27 – December 15, 2023
Graduation	December 16, 2023

## APPENDIX C

### **LMU-KNOXVILLE PA PROGRAM COURSE DESCRIPTIONS**

#### **PAS 506: Foundations of Clinical Medicine (7.0 credit hours)**

This course focuses on the basic sciences that serve as the foundation for the practice of clinical medicine. Students will undertake an advanced study of human physiology, genetic and molecular mechanisms of health and disease, and microbiology. Students will also learn basic principles of pharmacology such as pharmacokinetics, pharmacodynamics, drug absorption, metabolism, and excretion. This course will highlight anatomical, physiological, and pharmacologic principles related to human organs, systems, and cellular function that can then be applied to clinical medicine, disease processes, and pharmacotherapeutics. Instruction is primarily in lecture and small group discussion. Student learning is assessed primarily with multiple-choice and short answer question examinations.

**Pre-requisite(s):** Matriculation into the LMU-Knoxville PA Program

#### **PAS 507: Introduction to Patient Evaluation and Clinical Skills (5.0 credit hours)**

This course provides students with an introduction to the clinical psychomotor skills necessary for evaluating patients and performing common clinical procedures. Students learn how to conduct and document a complete medical history and physical examination. Students are also introduced to the interpersonal and communication skills necessary for the effective exchange of information and collaboration with patients, families, and other health care professionals. Students also complete American Heart Association (AHA) or similar related courses. Instruction is primarily in lecture, laboratory sessions, and small group activities. Student learning is assessed primarily with multiple-choice question examinations, short answer questions, simulated patient encounters, and writing assignments.

**Pre-requisite(s):** Matriculation into the LMU-Knoxville PA Program

#### **PAS 501: Clinically Oriented Anatomy and Dissection I (3.0 credit hours)**

This is the first of three courses focused on gross human anatomy presented in a regional approach. Students learn anatomical terminology and correlate structure with function. Learning objectives in the course align with many of the learning objectives in PAS 531 and 511. Instruction is primarily in lecture and laboratory format with identification of structures on prosected cadavers. Student learning is assessed primarily with multiple-choice question and laboratory practical examinations.

**Pre-requisite(s):** PAS 506 and PAS 507

#### **PAS 502: Clinically Oriented Anatomy and Dissection II (4.0 credit hours)**

This is the second of three courses focused on gross human anatomy presented in a regional approach. Students learn anatomical terminology and correlate structure with function. Learning objectives in the course align with many of the learning objectives in PAS 532 and 512. Instruction is primarily in lecture and laboratory format with dissection and identification of structures on cadavers. Student learning is assessed primarily with multiple-choice question and laboratory practical examinations.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 511, PAS 531, and PAS 541

#### **PAS 503: Clinically Oriented Anatomy and Dissection III (2.0 credit hours)**

This is the third of three courses focused on gross human anatomy presented in a regional approach. Students learn anatomical terminology and correlate structure with function. Learning objectives in the course align with many of the learning objectives in PAS 532 and 513. Instruction is primarily in lecture and laboratory format with identification of structures on prosected cadavers. Student learning is assessed primarily with multiple-choice question and laboratory practical examinations.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 511, PAS 512, PAS 531, PAS 532, PAS 541, and PAS 542

#### **PAS 511: Patient Assessment and Clinical Skills I (4.0 credit hours)**

This is the first of three courses focused on patient assessment and clinical skills. Students develop interpersonal communication and clinical decision making skills as they learn how to elicit focused patient histories, perform focused physical examinations, interpret clinical findings, order and interpret diagnostic studies, generate differential diagnosis lists, determine the most likely diagnosis, explain clinical findings and assessments to patients and their families, determine appropriate management options, engage patients and their families to formulate patient-centered management plans, and present and document patient encounters. Students learn the indications, contraindications, and potential complications of common clinical procedures. Students also develop correct technique for and proper documentation of common clinical procedures. Students also complete American Heart Association (AHA) or similar related courses. Learning objectives in this course align with many of the learning objectives in PAS 501 and PAS 531. Instruction is primarily in small group discussion, simulated patient encounters, and laboratory format. Procedures are performed on simulated task trainers, human cadavers, and classmates as appropriate. Student learning is assessed by participation in course activities, written examinations, oral presentations, performance throughout simulated patient encounters, and practical examinations of procedural skills.

**Pre-requisite(s):** PAS 506 and PAS 507

#### **PAS 512: Patient Assessment and Clinical Skills II (4.0 credit hours)**

This is the second of three courses focused on patient assessment and clinical skills. Students develop interpersonal communication and clinical decision making skills as they learn how to elicit focused patient histories, perform focused physical examinations, interpret clinical findings, order and interpret diagnostic studies, generate differential diagnosis lists, determine the most likely diagnosis, explain clinical findings and assessments to patients and their families, determine appropriate management options, engage patients and their families to formulate patient-centered management plans, and present and document patient encounters. Students learn the indications, contraindications, and potential complications of common clinical procedures. Students also develop correct technique for and proper documentation of common clinical procedures. Students also complete American Heart Association (AHA) or similar related courses. Learning objectives in this course align with many of the learning objectives in PAS 502 and PAS 532. Instruction is primarily in small group discussion, simulated patient encounters, and laboratory format. Procedures are performed on simulated task trainers, human cadavers, and classmates as appropriate. Student learning is assessed by participation in course activities, written examinations, oral presentations, performance throughout simulated patient encounters, and practical examinations of procedural skills.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 511, PAS 531, and PAS 542

#### **PAS 513: Patient Assessment and Clinical Skills III (3.0 credit hours)**

This is the third of three courses focused on patient assessment and clinical skills. Students develop interpersonal communication and clinical decision making skills as they learn how to elicit focused patient histories, perform focused physical examinations, interpret clinical findings, order and interpret diagnostic studies, generate differential diagnosis lists, determine the most likely diagnosis, explain clinical findings and assessments to patients and their families, determine appropriate management options, engage patients and their families to formulate patient-centered management plans, and present and document patient encounters. Students learn the indications, contraindications, and potential complications of common clinical procedures. Students also develop correct technique for and proper documentation of common clinical procedures. Students also complete American Heart Association (AHA) or similar related courses. Learning objectives in this course align with many of the learning objectives in PAS 503 and PAS 533. Instruction is primarily in small group discussion, simulated patient encounters, and laboratory format. Procedures are performed on simulated task trainers, human cadavers, and classmates as appropriate. Student learning is assessed by participation in course activities, written examinations, oral presentations, performance throughout simulated patient encounters, and practical examinations of procedural skills.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 511, PAS 512, PAS 531, PAS 532, PAS 541, and PAS 542

#### PAS 531: Principles of Clinical Medicine I (10.0 credit hours)

This is the first of three courses focused on the evaluation and management of acute, emergent, and chronic presentations of medical and surgical conditions found in pediatric, adult, and geriatric patient populations. Students learn the epidemiology, etiology, physiology, pathophysiology, clinical presentation, diagnostic evaluation, prevention, and management (acute, longitudinal, pre-/intra-/post-operative, pharmacologic, non-pharmacologic, referral, rehabilitative, palliative/end-of-life) of these conditions. Students also learn how to generate differential diagnoses and make clinical decisions by linking relevant anatomic, physiologic, and pathophysiologic concepts with clinical presentations and diagnostic study results. Learning objectives in this course align with many of the learning objectives in PAS 501 and PAS 511. Instruction is primarily in lecture, small group discussion, and case study format. Student learning is assessed primarily with multiple-choice question examinations.

**Pre-requisite(s):** PAS 506 and PAS 507

#### PAS 532: Principles of Clinical Medicine II (10.0 credit hours)

This is the second of three courses focused on the evaluation and management of acute, emergent, and chronic presentations of medical and surgical conditions found in pediatric, adult, and geriatric patient populations. Students learn the epidemiology, etiology, physiology, pathophysiology, clinical presentation, diagnostic evaluation, prevention, and management (acute, longitudinal, pre-/intra-/post-operative, pharmacologic, non-pharmacologic, referral, rehabilitative, palliative/end-of-life) of these conditions. Students also learn how to generate differential diagnoses and make clinical decisions by linking relevant anatomic, physiologic, and pathophysiologic concepts with clinical presentations and diagnostic study results. Learning objectives in this course align with many of the learning objectives in PAS 502 and PAS 512. Instruction is primarily in lecture, small group discussion, and case study format. Student learning is assessed primarily with multiple-choice question examinations.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 511, PAS 531, and PAS 541

#### PAS 533: Principles of Clinical Medicine III (8.0 credit hours)

This is the third of three courses focused on the evaluation and management of acute, emergent, and chronic presentations of medical and surgical conditions found in pediatric, adult, and geriatric patient populations. Students learn the epidemiology, etiology, physiology, pathophysiology, clinical presentation, diagnostic evaluation, prevention, and management (acute, longitudinal, pre-/intra-/post-operative, pharmacologic, non-pharmacologic, referral, rehabilitative, palliative/end-of-life) of these conditions. Students also learn how to generate differential diagnoses and make clinical decisions by linking relevant anatomic, physiologic, and pathophysiologic concepts with clinical presentations and diagnostic study results. Learning objectives in this course align with many of the learning objectives in PAS 503 and PAS 513. Instruction is primarily in lecture, small group discussion, and case study format. Student learning is assessed primarily with multiple-choice question examinations.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 511, PAS 512, PAS 531, PAS 532, PAS 541, and PAS 542

#### PAS 541: Physician Assistant Practice I (2.0 credit hours)

This is the first of three courses focused on topics relevant to Physician Assistant practice. Instruction covers PA professional practice laws and regulations; PA history and trends; the physician-PA team; professional conduct (including ethics, personal bias, the PA-patient relationship, teamwork, and interprofessional collaborative practice); stress management; topics in public health (including the public health system, the role of health care providers in population health, social determinants of health, and disease prevention, surveillance, reporting, and intervention); and the delivery of medical care to patients from diverse and underserved populations. Instruction is primarily in lecture, small group discussion, case study, and experiential format. The experiential portion includes participation in and observation of interprofessional patient-centered teams where students learn the roles and responsibilities of other members of the health care team and how to work in interprofessional teams to solve problems and make medical decisions. Student learning is assessed primarily with case study exercises and multiple-choice question and/or short answer examinations.

**Pre-requisite(s):** PAS 506 and PAS 507

#### PAS 542: Physician Assistant Practice II (2.0 credit hours)

This is the second of three courses focused on topics relevant to Physician Assistant practice. Instruction covers intellectual honesty and appropriate academic and professional conduct, evaluation of medical literature (including framing of research questions, interpretation of basic biostatistical methods, sampling methods, research designs, the limits of research, and the use of common medical databases to access medical literature), and application to clinical practice. Instruction is primarily in lecture, small group discussion, case study, and experiential format. The experiential portion includes participation in and observation of interprofessional patient-centered teams where students learn the roles and responsibilities of other members of the health care team and how to work in interprofessional teams to solve problems and make medical decisions. Student learning is assessed primarily with case study exercises and multiple-choice question and/or short answer examinations.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 511, PAS 531, and PAS 541

#### PAS 543: Physician Assistant Practice III (1.0 credit hour)

This is the third of three courses focused on topics relevant to Physician Assistant practice. Instruction covers topics in healthcare systems and health policy; patient safety; identification, disclosure, and prevention of medical errors; risk management; quality improvement; and coding, billing, and reimbursement. Instruction is primarily in lecture, small group discussion, and experiential format. The experiential portion includes participation in and observation of interprofessional patient-centered teams where students learn the roles and responsibilities of other members of the health care team and how to work in interprofessional teams to solve problems and make medical decisions. Students also have opportunities to attend continuing medical education activities to reinforce the importance of identifying areas of deficit in clinical knowledge and skills, self-directed learning for new knowledge and remediation, and the development of professional behaviors and relationships. Student learning is assessed primarily with case study exercises and multiple-choice question and/or short answer examinations.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 511, PAS 512, PAS 531, PAS 532, PAS 541, and PAS 542

#### PAS 602: Clinical Conference / Clinical Phase Cumulative Assessment (2.0 credit hours)

This course is focused on the medical knowledge and professional skills necessary for clinical practice as outlined in the Program's Clinical Phase Learning Outcomes (CPLO). Instruction includes professional practice seminars to help students apply concepts learned in PAS 541, 542, and 543 to the clinical setting. Student learning related to professional practice issues is assessed primarily with scholarly papers. Student achievement of CPLOs related to the provision of patient care is confirmed by clinical preceptors (CPLO Passport). Student development of CPLOs related to medical knowledge is assessed with a written examination following completion of all Supervised Clinical Practice Experiences (SCPEs).

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

#### PAS 611: Family Medicine – Outpatient (4.0 credit hours)

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to pediatric, adult, and geriatric patients seeking care for acute and chronic conditions and for health promotion and disease prevention in the outpatient setting. Students will also evaluate and assist in the longitudinal management of patients with multiple chronic conditions. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

#### PAS 621: Internal Medicine – Inpatient (4.0 credit hours)

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to adult and geriatric patients admitted to the hospital for acute conditions and exacerbations of chronic conditions in the inpatient setting. Students will also evaluate and assist in the longitudinal management of patients with multiple chronic conditions. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

**PAS 622: Internal Medicine – Outpatient (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to adult and geriatric patients seeking care for acute and chronic conditions and for health promotion and disease prevention in the outpatient setting. Students will also evaluate and assist in the longitudinal management of patients with multiple chronic conditions. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

**PAS 631: Behavioral Medicine (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to adult and elderly patients seeking care for behavioral and mental health conditions. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

**PAS 641: Pediatric Medicine (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to infants, children, and adolescents brought for the care of acute and chronic conditions and health promotion and disease prevention in the outpatient setting. Students will also evaluate and assist in the longitudinal management of patients with multiple chronic conditions. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

**PAS 651: Women’s Health (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to adult and geriatric patients seeking care for acute and chronic gynecologic conditions, prenatal and obstetrical care, and for health promotion and disease prevention in the outpatient setting. Students will also evaluate and assist in the longitudinal management of patients with multiple chronic conditions. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

**PAS 661: Emergency Medicine (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to pediatric, adult, and geriatric patients seeking care for acute and emergent conditions in the outpatient setting. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

**PAS 671: Orthopedics (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to pediatric, adult, and geriatric patients seeking care for acute, chronic and emergent medical and surgical orthopedic conditions in the outpatient and inpatient settings. Students will

participate in pre-operative, intra-operative, and post-operative patient care. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

#### **PAS 681: General Surgery (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to pediatric, adult and geriatric patients seeking care for acute, chronic and emergent surgical conditions in the outpatient and inpatient settings. Students will participate in preoperative, intra-operative, and post-operative patient care. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

#### **PAS 691: Selective I: Surgery / Medicine (4.0 credit hours)**

This required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to pediatric, adult, and/or geriatric patients seeking care for acute, chronic and emergent medical and/or surgical conditions in the outpatient and/or inpatient settings. Students select either a second supervised clinical practice experience in general surgery, or a surgical subspecialty (such as cardiothoracic, vascular, breast surgery or wound care), critical care (surgical or medical), or an internal medicine subspecialty (such as cardiology, pulmonology, gastroenterology, nephrology) as approved by the Director of Clinical Education. Students selecting orthopedics, general surgery, or a surgical subspecialty will participate in pre-operative, intra-operative, and post-operative patient care. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

#### **PAS 692: Selective II: Surgery / Medicine (4.0 credit hours)**

This is the second of three required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to pediatric, adult, and/or geriatric patients seeking care for acute, chronic and emergent medical and/or surgical conditions in the outpatient and/or inpatient settings. Students select either a second supervised clinical practice experience in general surgery, or a surgical subspecialty (such as cardiothoracic, vascular, breast surgery or wound care), critical care (surgical or medical), or an internal medicine subspecialty (such as cardiology, pulmonology, gastroenterology, nephrology) as approved by the Director of Clinical Education. Students selecting orthopedics, general surgery, or a surgical subspecialty will participate in pre-operative, intra-operative, and post-operative patient care. Students will have the opportunity to apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

#### **PAS 693: Selective III: Surgery / Medicine (4.0 credit hours)**

This is the third of three required 4-week supervised clinical practice experience under the supervision of the clinical site preceptor is designed to provide students with exposure to pediatric, adult, and/or geriatric patients seeking care for acute, chronic and emergent medical and/or surgical conditions in the outpatient and/or inpatient settings. Students select either a second supervised clinical practice experience in general surgery, or a surgical subspecialty (such as cardiothoracic, vascular, breast surgery or wound care), critical care (surgical or medical), or an internal medicine subspecialty (such as cardiology, pulmonology, gastroenterology, nephrology) as approved by the Director of Clinical Education. Students selecting orthopedics, general surgery, or a surgical subspecialty will participate in pre-operative, intra-operative, and post-operative patient care. Students will have the opportunity to

apply knowledge and skills learned during the Didactic phase of the Program to novel patient encounters and develop Graduate Competencies.

**Pre-requisite(s):** PAS 506, PAS 507, PAS 501, PAS 502, PAS 503, PAS 511, PAS 512, PAS 513, PAS 531, PAS 532, PAS 533, PAS 541, PAS 542, and PAS 543

## APPENDIX D

### **Letter of Evaluation Release**

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

**Student Name:**

**Cohort Year (e.g. PA 2022):**

**LMU email address:**

**Contact phone number:**

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

**Name of person/entity providing reference:**

**Name of person/entity receiving reference:**

**Contact information for person/entity receiving reference:**

**I give permission to release only the information indicated below:**

- Academic records (transcripts, grades, GPA, class attendance)
- Disciplinary records
- All records
- Other (specify)
  
- I hereby waive my right to review the letter of evaluation/recommendation.
- I hereby do not waive my right to review the letter of evaluation/recommendation.

**Student Signature and date:**

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

Last edited 3/4/2021

**END OF STUDENT CATALOG**