



# Physician Assistant Program

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

2021-22 STUDENT HANDBOOK

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## Academic Counseling & Professionalism Evaluation Policy

### Purpose and Background:

This policy has been written to ensure there is a formalized system in place for academic counseling, monitoring and documenting student progress of PA students by principal faculty members. Every effort will be made through formal and informal mentoring to consistently discuss academic progress to ensure success of the student in meeting all academic requirements of the program for graduation.

Students in the UW-Madison Physician Assistant Program are part of a professional training program whose graduates assume a high level of responsibility as providers of health care. Physician Assistant students are expected to uphold and abide to the highest standards of professional behavior and ethics. PA professional competencies are covered in the PA curriculum.

UW-Madison PA students, believing that professional development is a student's responsibility as much as it is the PA program's responsibility, develop a *Code of Conduct* that represents each class's guiding professional and ethical behavior throughout their PA education. The *Code of Conduct* uniquely embraces the core values, professional and ethical behavior to which all members of the class aspire.

Academic counseling, monitoring and documenting student academic and nonacademic progress (professionalism) are requirements according to the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards, 5<sup>th</sup> edition. The following standards are included in sections A (Administration) and B (Curriculum & Instruction):

- A2.05 Principal faculty and the program director must be responsible for, and actively participate in the processes of:
  - e) academic counseling of students
  
- A3.02 The program must define, publish, make readily available and consistently apply its policies and practices to all students.
  
- A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:
  - a) any required academic standards
  - b) requirements for progression in and completion of the program
  
- B4.02 The program must monitor and document the progress of each student in a timely manner and according to its defined and published policies and procedures, to identify and address any deficiency in meeting program competencies in:
  - e) professional behaviors.

All student policies, including the *Academic Counseling and Professionalism Evaluation Policy*, are available to students in the Student Handbook on the UW PA Website, under Resources for Current Students. PA students must sign and turn in a *Statement of Review* by the end of the first week of classes confirming they have read, understand, and have had a chance to ask questions pertaining to posted policies.

Students who believe they have been treated unfairly have a right to a prompt hearing of the grievance. Please refer to the *Appeals and Grievance Policy* for more information.

## Policy Statement:

- A. Formalized academic counseling and student professionalism evaluation will proceed as follows:
  1. Upon matriculation into the program, students are assigned a faculty mentor.
  2. During the first summer semester, mentors will meet with mentees to establish a professional relationship. At this time, academic counseling will occur, and faculty will provide the student with and review all of the components of the Professionalism Evaluation.
  3. During each semester thereafter during the didactic component of the program, mentors and mentees will meet approximately one third of the way through each semester. During these meetings, academic counseling will occur, and professionalism will be discussed.
  4. Academic counseling during the didactic component will include but is not limited to discussion of overall academic progress, current course grades and trends, overall GPA, study habits and test-taking skills.
  5. Evaluation of professionalism during the didactic component of the program will proceed as follows:
    - a. The professionalism self-evaluation form is required for each student to complete in Exxat.
    - b. The Professionalism Feedback form will be sent for each didactic student to all appropriate faculty (two weeks prior to mentor/mentee meeting).
    - c. Faculty must complete all student evaluations within one week.
    - d. Mentors will review the evaluations PRIOR to mentor/mentee meeting.
    - e. Meeting will then be held, and professionalism will be discussed using all evaluations (professionalism remediation will be implemented as necessary).
    - f. Following the meeting, mentors will complete a communication log in Exxat where professionalism is documented.
  6. During the clinical component of the program, mentors and mentees will meet during End of Rotation (EOR I-IV). During these meetings, students will be advised academically, and professionalism will be discussed. Academic counseling will include but is not limited to discussion of overall academic progress, current course grades and trends, overall GPA, study habits and test-taking skills, Exxat goals, progression and preparation for summative evaluation, preparation for PANCE, and/or questions or concerns raised by faculty or student.
  7. Evaluation of professionalism during the clinical component of the program will proceed as follows:
    - a. Midpoint, Self and Preceptor evaluations for each student and rotation are available in Exxat; each of these forms evaluate specific behaviors of professionalism.
    - b. The mentor-mentee meeting will then be held during EOR and professionalism will be discussed (professionalism remediation will be implemented as necessary).
  8. Although the above constitutes the formalized way professionalism is evaluated in a consistent, regular fashion, gross violations, or significant concerns regarding professionalism during either the didactic or clinical components of the program are grounds for immediate evaluation and action, which may include remediation, probation, or dismissal of the student from the program. According to the *Nonacademic Conduct/Misconduct Policy*, this is a decision of the PA Program Promotion and Progress Committee. **Please note, depending on the gravity of the infraction, the decision of the Promotion and Progress Committee can be for dismissal without consideration for remediation or probation.** The *Nonacademic Conduct/Misconduct Policy* is located in the Student Handbook and is available to the student throughout their PA education.
  9. As appropriate, any concerns that arise during mentor/mentee meetings will be brought to the attention of both the program director and faculty during faculty meetings, or to the PA Program Promotion and Progress Committee.
- B. The approach to addressing concerns regarding professionalism outside of the formalized protocol outlined above will be as follows:
  1. To provide a means to immediately confront issues of professionalism and to deter reoccurrence, when a faculty or staff member encounters a student who is behaving in a manner deemed as unprofessional (as outlined in our Behavioral Indicators of Professionalism form APPENDIX I), he/she may attempt to address the issue with the student immediately. If the faculty/staff member feels the issue is satisfactorily resolved, then no further action is required.
  2. Alternatively, if the faculty/staff member feels the issue is not satisfactorily resolved, or if there is a

reoccurrence of the behavior, or if it is felt that the infringement is to a sufficient degree as to warrant such, said faculty/staff member may call on the Promotion and Progress Committee (see APPENDIX II) to address the professionalism concern.

3. The Promotion and Progress Committee (PPC) will convene ASAP, and no later than 72 hours, exclusive of weekends and holidays or other extenuating circumstances, of which the student will be informed. The student will have the opportunity to meet and present their case to the PPC as it relates to the specific professionalism issue and to answer questions from the PPC. The faculty/staff member who called on the committee is required to be present.
4. At the conclusion of the meeting, the PPC will determine the course of action to ensue. The behavior(s) of concern and the proceedings of the meeting will be documented and placed in the student's central file.
5. If the student feels they have been treated unfairly, he/she may appeal the decision of the PPC according to the *Student Appeals and Grievances Policy*, located on OASIS.

With promotion for graduation, students are deemed by the University of Wisconsin-Madison Promotion and Progress Committee to have met all requirements to enter practice as a Physician Assistant, including competence in the domain of professionalism.

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## Advanced Placement

Background:

Per ARC-PA accreditation standards A3.13c, A3.16a-c and A3.17a (5<sup>th</sup> ed.) the program *must* define, publish and make *readily available* to *prospective students* admission information to include policies and procedures concerning awarding or granting *advanced placement*.

The PA Program will follow the *Health Profession Student Transfer Policy*, which outlines that transfer students are generally not accepted by UW SMPH Health Profession Programs except in rare instances, to be considered on a case-by-case basis.

Within the PA Program, advanced placement will be considered in exceptional circumstances upon request of a student's PA program of origin and on a case-by-case basis.

Requests will be considered by a sub-committee of the Promotion & Progress Committee and will include review of the following:

- CASPA application and supplementary materials
  - Student must be competitive with the current applicant pool and meet basic requirements of admission to UW-Madison:
    - Application fee and submission of Record of Residence
    - Required immunizations and background check
    - Health insurance
    - Submission of updated transcripts
- Academic preparation and performance at PA program of origin
- Clinical preparation and performance at PA program of origin
- PACKRAT scores and summative evaluations, as available
- Recommendation(s) from PA program of origin

The sub-committee will make a recommendation to the Faculty/Staff Committee as a whole for final approval. PA students following typical admission to and acceptance within the UW-Madison PA Program will not be

granted advanced placement.

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### **Assignment Process for Supervised Clinical Practice Experiences (SCPEs):**

#### **Purpose:**

This process will provide the Physician Assistant (PA) Program clinical year students with general guidelines for the site assignment process.

#### **Background:**

Students are provided with the following guidelines regarding the types of rotations they will complete:

1. Students will complete five 2-month rotations.
2. Students will complete the following rotations:
  - a. Internal medicine: At least 4 weeks of general internal medicine. The remaining 4 weeks can be an Internal Medicine specialty elective.
  - b. Surgery: At least 4 weeks of general surgery. The remaining 4 weeks can be a Surgery specialty elective.
  - c. Family Medicine: Must include behavioral medicine, women's health (prenatal and gynecological care) and general pediatric experiences
  - d. Emergency Medicine
  - e. Elective: May be split into two 4-week rotations. The elective rotation can be in any specialty of interest to the student. The elective rotation is typically the fifth rotation.

Students are not required to find their own clinical rotation sites nor are they responsible for any administrative work involved in developing these sites. Students will complete rotations at established clinical sites; however students may submit requests to develop new sites to the DCE, who determines the appropriateness of developing the sites (see separate policy entitled, *Evaluation of New Preceptorship Sites and Preceptors*).

The DCE is responsible for the implementation of the site assignment policy/process.

#### **Process:**

The criteria used to determine the combination of rotation sites for all students are based on ARC-PA Standards B3.02 – B3.07.

Data is collected in the following ways to ensure ARC-PA standards are met:

1. Preceptor Availability Survey: Completed annually by potential preceptors
2. Preceptor/Preceptorship Site Intake Survey: Completed by preceptor/site
3. Evaluation of Preceptor/Preceptor Site Form: Completed by UW PA faculty or staff when a site visit is made
4. Final Site Critiques: Completed by students at the end of each clinical rotation
5. Patient Encounter Logging: Student logging of patient encounters
6. Midpoint Reflections: Completed each rotation by student via OASIS whether phone, electronic, or in person midpoint visit. Reviewed by DCE or other UW PA faculty.

#### **The Site Assignment Process is conducted as follows:**

##### **Fall of Didactic Year:**

1. Director of Clinical Education (DCE) meets with the students as a group and distributes information about the general guidelines for the site assignment process. Students receive the following materials:

- a. *Preceptorship Assignment Process Overview* (see Addendum 2)
- b. *Preceptorship Preference Survey* (see Addendum 3)
2. Preceptors are surveyed regarding availability for the following academic year
3. DCE assigns students to their rotations based on the information obtained from the *Student Preceptorship Preference Survey*, *Preceptor/Preceptorship Intake Survey* and *Preceptor Availability Survey*

Spring of Didactic Year:

4. Students are notified of their course/site assignments
  - a. Course/site assignments are entered into the students schedules.
5. Once all students have received their site assignments, appointments can be made with the DCE, if needed
6. Clinical sites are notified of their assigned students and are sent the following materials:
  - a. Preceptor Handbook
  - b. Learning outcomes/objectives
  - c. Preceptor/Preceptorship Site Intake Survey (if not completed prior)
  - d. Information on Clinical Adjunct/Preceptor Appointments (Not required)

Prior to Student starting rotation:

7. Preceptorship sites are sent a biosketch on the student, preceptor handbook, rotational learning outcomes/objectives, evaluations and any other requested paperwork pertaining to their clinical rotation

Occasionally during the clinical year changes need to be made to student assignments based on preceptor or student circumstances. These requests for changes are handled on a case-by-case basis.

### **Management of Bloodborne Pathogens Process**

Information for Health Sciences Students: Exposure to bloodborne pathogens can occur in many ways. Although needle-stick and other sharps injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with mucous membranes and non-intact skin. Hospitals and clinics must evaluate and manage exposure incidents that occur in their *employees*, and usually (but not always) provide the same services to students on clinical rotation at their facility. These guidelines are designed to assist you in the event that you sustain a bloodborne pathogen exposure.

What is an “exposure”?

An exposure incident means a specific eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

What are “infectious materials”?

Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, mixtures of fluids where you can’t differentiate between body fluids, unfixed human tissue or organs (other than intact skin), and certain cell, tissue or organ cultures and mediums.

If you have an exposure incident:

1. Seek care for your injury (immediately)
 

*At UWHC, call Employee Health Services during daytime hours, or go to the Emergency Room after hours. At some sites, baseline testing may be offered to you; however, this is no longer recommended for exposed persons and does not need to be done routinely.*
2. Notify the facility’s coordinator for employee health and/or infection control issues (immediately). They will:
  - Make an assessment of your exposure to determine if it is significant. This must be done by someone other than the exposed/injured person.

- Arrange for testing of the source patient, if necessary. This is the responsibility of the site.
  - At UWHC, call Employee Health Services (days) or the ER (nights).
3. Notify your preceptor or clinical instructor (as soon as practical)
  4. Contact your school or program office (the next business day)
    - PA Program (608) 263-5620 or (800) 442-6698
  5. Contact University Health Services for advice, consultation, or follow-up (prn):
    - Joel Malak, RN, BSN, MPH (608) 262-6720
    - Marj Wall, RN (608) 262-0955
    - UHS appointments/info (608) 265-5600
      - 8:30 am - 5 pm weekdays
      - *A clinician is available on call after-hours from 5 pm - 9 pm weekdays, and 12 pm - 9 pm weekends*

Employee health staff in most facilities are generally very experienced in the management of exposures and in the issues that surround them. For follow up care, you should use University Health Services (UHS). UHS provides primary care for students enrolled at UW-Madison, but we do not cover services provided elsewhere. If it is not practical to come to UHS for care, the cost of services incurred is the responsibility of the student or the student's insurance.

It should be noted that the effect of infectious or environmental disease or related disability may impact a student's learning experience. This will be dealt with on a cases-by-case basis.

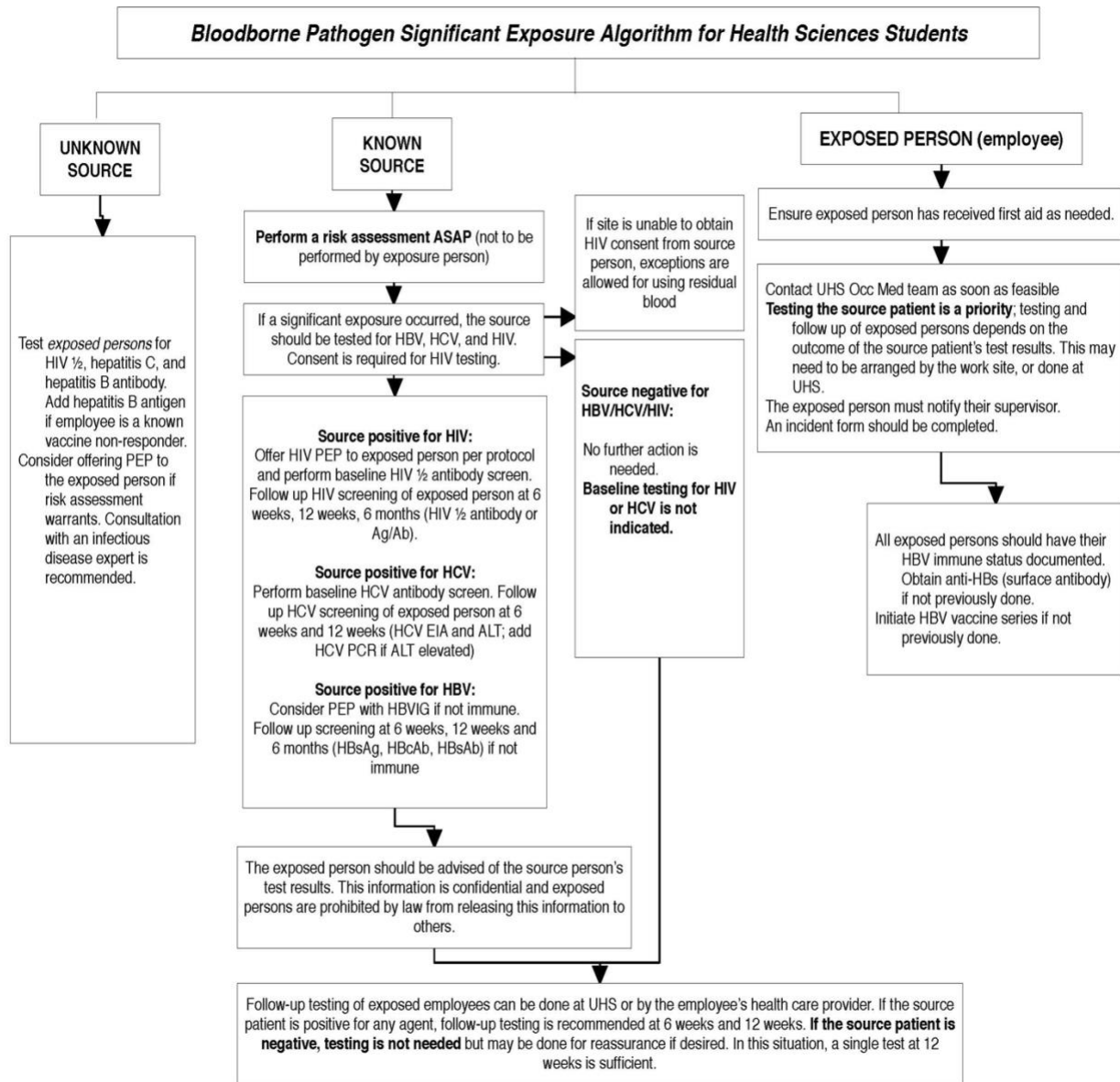
While the exact implementation of procedures will vary from place to place, here are some common themes that will be part of the management of an exposure incident.

CARE OF THE INJURY OR EXPOSED AREA	Prompt and thorough cleaning of the blood spill or splash or of the injury is an important step in preventing blood-borne infection. A tetanus booster may be needed.
REPORTING THE INCIDENT  Staff at the clinical site must make an assessment of the exposure incident: is it a <b>significant exposure</b> ?	Another health professional should assist you, and to make sure the proper steps will be followed to collect the information that is needed to manage the exposure and to care for you. There is a specific definition of <b>significant</b> exposure; it takes into account the type of body fluid, the integrity of the skin surfaces, and the mechanism of the injury. Facilities use an <i>incident report</i> as a tool in evaluating such situations. Some thought should be given to understanding how the incident happened and how it could be prevented in the future. That might not be the first thing on your mind, but it should be part of the process.



<p>EVALUATION OF THE SOURCE PATIENT for bloodborne pathogens.</p> <p>This typically includes:  HIV antibody  hepatitis B surface antigen or panel  hepatitis C antibody</p> <p>Source patient test results should be provided to you</p>	<p>One may not rely on medical or social history to assess the risk of bloodborne pathogens. A practice of testing every source patient is the standard. This usually requires the patient’s consent for testing. You may not obtain the consent yourself, and there should be a mechanism in place for that to be done.</p> <p>Testing the source patient should be done as soon as possible. Time is of the essence, especially with short hospital stays, or exposures in outpatient settings. In particular, the source patient should be tested for HIV within a few hours of the exposure.</p> <p>Since exposures may take place in a surgical or delivery room area, the source patient’s ability to give consent for testing may be delayed.</p>
<p>EVALUATION OF THE EXPOSED PERSON</p> <p>Hepatitis B surface antibody, if needed</p> <p>Post-exposure prophylaxis</p>	<p>Routine baseline testing is <u>not</u> necessary for the exposed person. If you have not had Hepatitis B vaccine and a post-vaccine determination of immune status, that should be done now.</p> <p>Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.</p>
<p>WHAT TO DO IN CASE OF A BLOOD/FLUID EXPOSURE</p> <ul style="list-style-type: none"> <li>• Take care of the injury or exposed area</li> <li>• Report the incident</li> <li>• Clinic site/EHS will test source patient</li> <li>• Follow up to learn source patient test results</li> <li>• If the source patient is negative, no further action is needed</li> <li>• Contact UHS for advice about follow-up tests</li> </ul>	<p>Phone numbers for assistance: (area code 608)</p> <p><b>University Health Services:</b>  Appointments and info 265-5600  Joel Malak, RN, BSN, MPH 262-6720</p> <p><b>UWHC</b>  Employee Health Service 263-7535</p> <p><b>UW School of Medicine and Public Health Student Services:</b>  PA Program (608) 263-5620 or (800) 442-6698</p>

## BBP Post-Exposure Flowchart



## Campus Safety & Dealing w/ Disruptive Students

Purpose:

In partnership with the UW Dean of Students Office (DoSO), the PA Program will make every effort to keep all members of the UW-Madison community safe. Everyone plays a role in maintaining safety and health of all members of the campus community. Faculty and staff serve an important role in working with students on campus. In the capacity as faculty, academic staff or teaching assistant, one may directly encounter troubled or disruptive students in the classroom, office or work area.

## Background:

In interactions with students, faculty/staff may directly encounter troubled or disruptive students in the classroom, office or work area. Faculty/staff may be the first to learn of an emotional or mental health issue, including suicidal thoughts, or the effects of a sexual assault or other crimes. Faculty/staff may confront insensitive or inappropriate remarks. In rare instances, faculty/staff may encounter dangerous or disruptive behavior. In all of these cases, faculty/staff can play a positive role in helping that student to access resources, receive assistance, and be successful at UW-Madison, while at the same time, help to keep the campus safe.

## Policy Statement:

*As disseminated by Dean of Students and Vice Provost for Student Life [dean@studentlife.wisc.edu](mailto:dean@studentlife.wisc.edu)*

Call 911 if a student exhibits dangerous, disruptive or suicidal behavior. The 911 emergency number on campus connects directly to the UW Police Department.

Act with concern if you are worried about a student or witness especially observable changes in behavior, such as sudden prolonged absences or a sharp decrease in class performance. "Acting with concern may include discussing your unease with a colleague or your department chair/supervisor, contacting my staff, consultation with UHS Mental Health Services, talking to the student you are concerned about or calling 911 in an urgent situation.

If a student seems to be having mental health issues, such as being homesick, sad or troubled, please refer them to UHS Counseling and Consultation Services at 608-265-5600, option 2. For more information, visit <https://www.uhs.wisc.edu/mental-health/getting-started/>

In the wake of shooting incidents across the nation, UW-Madison, like many other universities, convenes a group designed to conduct threat assessment on behalf of the entire campus community. It is our belief that the best way to learn of and curb a threat is through extensive communication between administrators and members of the campus community like you. If you are aware of an individual of concern, call 608-263-5700 and ask for the on-call dean. Your care and concern are an important part of keeping our community safe.

UHS offers a Red Folder Program that trains faculty and staff in how to recognize students in distress, respond appropriately and refer them to resources available to UW-Madison students. For more information, please call 608-265-5600.

Additional resources about dealing with these situations are available at <https://uwpd.wisc.edu/crime-data/clery-act/> and <https://students.wisc.edu/>

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## Class Schedule & Attendance

Background: ARC-PA Standard A3.01 – A3.02 The program *must* inform students of program policies and practices.

The PA Program is rigorous and requires full-time participation. Each student is expected to arrive on time to every required class and lab session. Didactic year students will receive a class schedule each semester and all students will be expected to utilize OASIS, which will include class meeting times, exam times, lab sessions and additional meetings. There may be additional required attendance for identified activities at the discretion of the PA Program. Utilization of OASIS and CANVAS will be demonstrated during *New Student Orientation* and all students will be expected to use these systems throughout their educational experience.

Faculty or staff members will do their best to inform students of schedule changes and additional activities in a timely fashion so as to make necessary adjustments in personal schedules. Instructors will make every effort to adhere to the schedules published in the syllabi; however, all instructors reserve the right to make changes and modifications as deemed necessary. As students were informed at pre-admission and matriculation events, i.e., General Information Session, Interview Orientation, and New Student Orientation, flexibility and adaptability are essential characteristics while in the PA program; schedule changes are inevitable and should be anticipated.

This is a professional program. The professional training program will parallel professional practice in that each student is a member of a team and each student's presence on the team is expected. Active participation in lectures, labs and team-based learning experiences cannot be repeated and therefore each student should be present in all required class and lab activities to maximize one's learning experience. For this reason, the PA Program has an established attendance policy.

#### Policy Statement:

Each individual course director will define assessment of professionalism for a particular class and it will be stated in the course syllabus. Professionalism will be assessed with consideration given to those behaviors that are expected of students as outlined by the UW-Madison Physician Assistant Program Professionalism Evaluation Form. Expectations include regular class attendance and being punctual. Failure to meet behavioral expectations (for example, unexcused absences and repetitive tardiness) may affect your grade and is at the discretion of the Course Director. In evaluating absences, the course director may take into consideration extraordinary circumstances or other mitigating factors.

If a student must be absent due to illness or other unavoidable circumstances, the student is expected to notify the Course Director consistent with policy/process that is outlined in course syllabi or in the *Clinical Year Handbook*. The student is responsible for all lectures/assignments covered in the event of absence. It is the student's responsibility to contact the Course Director regarding the absence and to discuss make-up of lecture/assignments/lab/clinic activities.

If students need accommodation due to class conflicts with religious observances, the Course Director should be notified in the first couple weeks of the course during any semester.

Missing exams is strongly discouraged and is discussed in detail in the PA Program Exam Policy.

**Academic Flexibility as a Disability Accommodation:** The University of Wisconsin-Madison is committed to providing equal access for students and has designated the McBurney Disability Resource Center as the office to determine reasonable accommodations, in consultation with students and their professors. The Faculty Notification Letter identifies accommodations that are intended to minimize barriers and provide equal access for students without compromising the essential elements of a course. Letters will be emailed to instructors each semester.

Instructors of record for each course/section have access to McBurney Connect, an online accommodation and case management system that serves as a hub for accommodation information for students with disabilities and instructors. Instructors will receive customized information about classroom accommodations that are specific to each course, as students will select just those accommodations that are needed for each course. Students are still expected to meet with instructors to discuss their accommodations.

Instructors should contact the student's access consultant in the McBurney Center for more information. The access consultant's name and contact information will appear on each Faculty Notification Letter. Instructors can log into McBurney Connect to see a list of students who have requested accommodations for each of their courses, including their Faculty Notification Letters. Please refer to: <https://mcburney.wisc.edu/mcburneyconnect/>

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## Didactic Year Remediation Policy

Purpose: To define the policy and procedure for remediation for course components (course exams/assignments/requirements).

ARC-PA standards:

A3.15. The program *must* define, publish and make *readily available* to students upon admission academic performance and progression information to include:

- a. any required academic standard
- b. requirements for progression in the completion of the program
- c. policies and procedures for *remediation* and deceleration

A3.17 Student files, in paper or electronic format, kept by the program must be readily accessible to authorized program personnel and kept by the program *must* include documentation

- c. of student performance while enrolled
- d. of *remediation* efforts and outcomes
- e. of summaries of any formal academic/behavioral disciplinary action taken against a student

Background:

PA Program faculty are committed to the success of all students admitted to the professional program. Occasionally, students need remediation when they are unable to demonstrate sufficient mastery of course/module knowledge, skills, and/or professional attitudes as determined by course directors or program faculty. In these cases, individualized plans for remediation are designed and evaluated by course/module faculty and may include additional examination, assignments, course/module work, and/or mentoring.

All student policies, including the *Didactic Year Remediation Policy*, are available to students on the UW PA Website, under Resources for Current Students in the Student Handbook. PA students must sign and turn in a *Statement of Review* by the end of the first week of classes confirming they have been read, understand, and have had a chance to ask questions pertaining to posted policies.

Students who believe they have been treated unfairly have a right to a prompt hearing of the grievance. Please refer to the *Appeals and Grievance Policy* for more information.

### Policy Statement:

Students are in need of remediation when they are unable to demonstrate sufficient mastery of course/module knowledge, skills and/or professional attitudes as determined by course/module or program faculty.

*Exam Remediation:* For all courses/modules taught within the PA program (excluding 629 Anatomy and 704 Med Micro: Infectious Diseases of Human Beings), if a student obtains a grade of <70% on an exam, the student will need to take another comparable written remediation exam *within 7 calendar days* of the first exam. This exam remediation timeline will only be changed under extenuating circumstances that are approved by faculty. In all cases, the grade that was received on the first exam will be the grade that is used for final grade purposes. Remediation exams will be performed for competency evaluation and not to alter the student's grade.

If the student obtains <70% on the remediation written exam, then an oral remediation exam will be given by two PA faculty members within 7 calendar days. The two faculty grades will be averaged. If the average of the two grades is

<70%, a 3<sup>rd</sup> faculty may be required to review the oral remediation evaluation (which is video captured for review purposes). The 3<sup>rd</sup> reviewer will additionally score the exam, utilizing the same grading rubric/scale. At this point, all three faculty grades obtained from review of the oral remediation will be averaged for a final oral remediation score. If the oral remediation exam score average is <70%, the student will have failed remediation efforts. In such case, competency has not been established and the student has demonstrated unsuccessful progress in meeting course/module requirements. The student's case will *immediately* be brought to the PA Promotion and Progress Committee for further consideration (prior to completion of the course). According to the *Health Professions Programs (non-MD) Academic Standards Policy*, failure to maintain academic good standing will result in the student being: 1) placed on probation, 2) allowed to remediate by completing additional requirements or course/module work, 3) allowed to decelerate, or 4) dismissed from the program. **Please note**, depending on the gravity of the situation, the decision of the Promotion and Progress Committee can be for dismissal without consideration for probation, remediation, or deceleration. Refer to the *Health Professions Programs (non-MD) Academic Standards Policy*.

Students who receive less than a 70% on an examination or assignment should contact the course/module director as soon as possible following the exam/assignment. It is the student's responsibility to communicate with the course/module director; in the event of failure to do so, the student will be contacted by the director of the course/module in which they need remediation, and/or by their faculty mentor. Adjustments (next steps) will be determined by the faculty and can include referral to the PA Promotion and Progress Committee for consideration. **Please note**, depending on the gravity of the situation, the decision of the Promotion and Progress Committee can be for dismissal from the program without consideration for probation, remediation, or deceleration. Please refer to the *Health Professions Programs (non-MD) Academic Standards Policy*.

Course/Module Requirements Other than Exams: In required course/module components other than exams, individualized plans for remediation are designed and evaluated by the course/module director and may include, as appropriate, assignments, coursework, and/or mentoring. These components must be successfully completed according to an established timeline with the course/module director.

General: Satisfactory completion of remediation in a course is determined by course/module director.

Faculty are required to document remediation during a course by filling out a *Remediation Form* (abbreviated example provided below) and including a copy in the student's permanent academic record.

*Regarding courses taught by other programs/departments, the course director will inform the students of the remediation policies for exams and/or other course components. The PA program has no influence or control over student progress and grading/remediation processes in courses taught by other departments.*

If course/module requirements for any required PA course are not met (e.g., unsuccessful course/module remediation), the course/module director will present the student's situation to the PA Promotion and Progress Committee, prior to completion of the course, to determine appropriate action (e.g. which may include course remediation, deceleration, withdrawal, or dismissal). This decision-making process is outlined in *Health Professions Programs (non-MD) Academic Standards Policy*.

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## Clinical Remediation Policy

Purpose: To define the policy and procedure for remediation for course components (course exams/preceptorships/clinical rotation requirements).

ARC-PA standards:

A3.15. The program *must* define, publish, and make *readily available* to students upon admission academic performance

and progression information to include

- a. any required academic standard
- b. requirements and deadlines for progression in the completion of the program
- c. policies and procedures for *remediation* and deceleration

A3.17 Student files kept by the program *must* include documentation:

- d. of remediation efforts and outcomes

B4.01 The program must conduct frequent, objective, and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components. The evaluations must: a) align with what is expected and taught and b) allow the program to identify and address any student deficiencies in a timely manner

Background:

PA Program faculty are committed to the success of all students admitted to the professional program. Occasionally, students need remediation when they are unable to demonstrate sufficient mastery of clinical rotation examinations, evaluations or rotation requirements as determined by course directors or program faculty. In these cases, individualized plans for remediation are designed and evaluated by course faculty and may include additional examination, rotations, assignments, and/or mentoring.

The *Clinical Year - Remediation Policy* is made available to students during PA Program Orientation week and again during the Clinical Year Orientation with any updates. All policies concerning students are made available to each class for their entire duration with the PA Program. PA students must sign and turn in a *Statement of Review* by the end of the first week of classes confirming they have read, understand, and have had a chance to ask questions pertaining to posted policies.

Students who believe they have been treated unfairly have a right to a prompt hearing of the grievance. Please refer to the *Appeals and Grievance Policy* for more information.

### Policy Statement:

Clinical year students will require remediation for the following reasons:

- Score <70% on the computer exam and/or OSCE stations which are administered after each core rotation
- Score <70% on the clinical rotation based on the Final Clinical Preceptor Evaluation which is completed by the preceptor(s). If the rotation is a split, student must score greater than 70% on both rotations.
- Failure to meet other clinical rotation requirements (Patient Encounter logging, Mini CEX's, Case Presentation, Professionalism)

### **Computer/OSCE Exam Remediation Process**

If a student scores <70% on the computer and/or OSCE exam, they will be expected to remediate the component that they failed within 7 calendar days of the first exam. This exam remediation timeline will only be changed under extenuating circumstances that are approved by the DCE. It will be the student's responsibility to locate a proctor and set up their retake computer exam. The score of the original remediated component will be the score used to calculate the rotation grade. In the event of an OSCE score less than 70% a second reviewer will review the test and an average of the two scores will be taken.

If a student scores <70% on the **repeat** computer and/or OSCE exam, an oral/written exam and/or OSCE remediation exam will be administered within 7 days from the time of the retake or at the discretion of the DCE.

- The oral exam remediation will be graded by 2 PA faculty. The 2 faculty grades will be averaged. If the average of the two grades is <70%, a 3<sup>rd</sup> faculty may be required to review the oral remediation evaluation (which is video captured for review purposes). The 3<sup>rd</sup> reviewer will additionally score the exam, utilizing the same grading rubric/scale. At this point, all three faculty grades obtained from review of the oral remediation will be averaged for a final oral remediation score.
- The oral remediation and written remediation are averaged for the final remediation score. If the final remediation score is <70%, the student will have failed remediation efforts.
- If the student does not pass the oral/written exam and/or the OSCE exam the student will be brought before the PA Promotions and Progress Committee for further discussion. According to the Health Profession Programs (non-MD) Academic Standards Policy 80.03, grades of Incomplete, Unsatisfactory, Fail/No Credit or that otherwise fail to meet conditions set forth by the Health Professional Program may result in required remediation activities, academic probations, a hold on future enrollment, or suspension or dismissal from the Program. **Please note**, depending on the gravity of the situation, the decision of the Promotion and Progress Committee can be for dismissal without consideration for probation, remediation, or deceleration. Refer to the Health Profession Programs (non-MD) Academic Standards Policy 80.03.

If a student scores <70% on two or more computer exams or two or more OSCE exams, this will be brought before the PA Promotions and Progress Committee for a decision on next steps based on the Health Profession Programs (non-MD) Academic Standard Policy. Additionally, if a student fails to meet other clinical rotation requirements this will be brought before the PA Promotions and Progress Committee for a decision on next steps based on the Health Profession Programs (non-MD) Academic Standards Policy.

### **Preceptorship Remediation Process**

The Clinical Year Team monitors students' progress frequently during rotations to ensure that students are meeting rotation requirements. The preceptor(s) of the rotation are required to complete midpoint and/or final evaluation(s) for each student.-This ensures that the program and preceptorship sites are communicating about the progress of students.

If a student scores <70% on the **FINAL CLINICAL PRECEPTOR EVALUATION** (completed by the preceptor), the student will be brought before the PA Promotions and Progress Committee for a decision on next steps based on Health Profession Programs (non-MD) Academic Standards Policy. If more than one preceptor completes an evaluation, the average is taken as the final score. In the event a student is completing a split rotation, the student must obtain a score >70% on both rotations. If a student fails to obtain a score >70% on both split rotations, they will be brought before the PA Promotions and Progress Committee for further discussions based on Health Profession Programs (non-MD) Academic Standard Policy.

### **Clinical Rotation Requirements Process**

If a student does not meet other clinical rotation requirements (ie. Patient Encounter Logging, Case Presentation or other professionalism requirements) the Course Director will determine a remediation plan as needed. If the student continues to not meet the requirement they will be brought before the PA Promotions and Progress Committee for a decision on next steps based on the Health Profession Programs (non-MD) Academic Standards Policy. An example of not meeting other clinical rotation requirements may include but not limited to: failing the case presentations,



repeatedly not completing clinical year requirements or repeatedly not doing so in a timely fashion. The remediation plan is at the discretion of the Course Director.

All student remediation efforts and outcomes will be documented on the Remediation Form and placed in the student's file.

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### **Evaluation of New Preceptor/ship Sites**

ARC-PA Associated Standards: A1.01, A2.16, B3.01 – B3.07, C1.01, C2.02 (5<sup>th</sup> ed.?)

#### **Purpose:**

The purpose of this policy is to define and document processes for initial evaluation of all sites and preceptors used for supervised clinical preceptorship experiences, ensuring sites and preceptors meet program-defined expectations for learning outcomes and self-evaluation to ensure students are able to fulfill program learning outcomes with access to: a) physical facilities, b) patient populations, and c) supervision. (C2.01). In addition, the program must define its ongoing self-assessment process that is designed to document program effectiveness of the clinical curriculum and foster program improvement (C1.01c).

#### **Background:**

Preceptors and preceptorship sites are identified by the Director of Clinical Education (DCE); however, students, outreach coordinators or others may also suggest sites. In addition, a prospective preceptor may contact the PA Program indicating his/her interest in precepting.

Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs (B3.05). Supervised clinical practice experiences should occur with:

- a) physicians who are specialty board certified in their area of instruction
- b) NCCPA certified PAs, or
- c) other licensed health care providers qualified in their area of instruction. (B3.06)

#### **Policy and Process:**

##### *Site Assessment*

Any new preceptor or preceptorship site considered by the PA program must be able to provide supervised clinical practice experiences who enable students to meet program defined learning outcomes for a) family medicine, B) emergency medicine, c) internal medicine, d) surgery, e) pediatrics, f) woman's health including prenatal and gynecology care and g) behavioral and mental health (B3.07). Supervised clinical practice experiences must occur in the following settings: a) emergency department, b) inpatient, c) outpatient, and d) operating room. (B3.04).

In addition, supervised clinical practice experiences must enable all students to meet the program's learning outcomes: a)for preventive, emergent, acute, and chronic patient encounters, b)across the life span, to include infants, children, adolescents, adults, and the elderly, c)for women's health (to include prenatal and gynecologic care), d)for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and e)for behavioral and mental health conditions. (B3.03).

The program must define and maintain effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to a) physical facilities, b) patient populations, and c) supervision. (C2.01) Clinical training sites

must also allow students to participate in all relevant aspects of patient care, with the patients' permission and under the supervision of the preceptors. These specifications are communicated with the preceptor.

New Preceptor/Preceptorships can be assessed in the following ways (via electronic, phone or in person):

- *Preceptor/Preceptorship Site Intake Survey*: Completed **prior** to rotation-by-rotation site  
This online survey is sent to new preceptorship sites prior to the rotation starting. This survey is used to obtain site information, type of practice, practice setting, types of care, and age demographics.
- *Midpoint Reflections*: Completed for each rotation by student via Exxat whether phone, electronic, or in person midpoint visit. Reviewed by DCE or other UW PA faculty **during** the rotation  
Prior to the electronic, phone, or site visit, students are required to complete a *Midpoint Reflection* via Exxat. This form allows the students to reflect on their current progress on their rotation. Information on the site and preceptor can also be gathered from this form. Faculty provide comments/feedback to the students.
- *Midpoint Visits*: Completed for each rotation by student and UW PA faculty via electronic (Exxat), phone, or in person by DCE or other UW PA faculty/staff **during** the rotation
- *Evaluation of Preceptor/Preceptorship Form*: Completed by DCE, UW PA Faculty or Staff **during** the site visit
- *Patient-Encounter Logging*: Student logging of patient encounters logged **during** the rotation
- *Final Site Critique*: Completed by students at the **conclusion** of each clinical rotation

All the above evaluation methods and/or forms are used to assess the preceptorship sites and preceptors in a comprehensive way. If any preceptorship site or preceptor show evidence of not meeting program expectations (ie. Scoring less than 4.0 on overall satisfaction of site or preceptor) or ARCPA expectations further analysis is conducted. The DCE will determine eligibility based on 1) discussions with preceptor/preceptorship regarding necessary adjustments and/or 2) continued monitoring of the site. Further use of a preceptorships site or preceptor is at the discretion of the DCE.

Final approval of a new preceptorship site/preceptor is ultimately determined by the DCE. Once approved new preceptors receive the following materials (per Assignment Policy/Process for Supervised Clinical Practice Experiences (SCPE):

8. Preceptor Handbook
9. Learning outcomes/objectives
10. Information on Clinical Adjunct/Preceptor Appointments (Not required)

### **Other Information**

1. Each preceptorship site must have a written and signed (by authorized individuals of each participating entity) Affiliation Agreement between the PA Program and/or the sponsoring institution and the clinical affiliates used for supervised clinical practice experiences (A1.02). The Affiliation Agreement defines the responsibilities of each party as it relates to the educational program for the students. All Affiliation Agreements are reviewed by UW Legal or other delegates. All sites require onboarding processes which may include: immunizations, criminal background check, application, urine drug screening, physical, TB screening, etc. These requirements are site dependent.
2. Our institution has Clinical Adjunct Faculty/Preceptor appointments for eligible preceptors. An application process (through SMPH) is required for interested preceptors. Preceptors are not required to receive Clinical Adjunct/Preceptor appointments.

For information regarding continued monitoring and evaluation of clinical sites, please see separate policy on '*Ongoing Evaluation of Preceptorship Sites and Preceptors.*'

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## Ongoing Evaluation fo New Preceptor/ship Sites

ARC-PA Associated Standards: B3.02 – B3.07, C1.01, C2.01 (5<sup>th</sup> ed.)

### Purpose:

The purpose of this policy is to define and document processes for ongoing monitoring and evaluation of all sites and preceptors used for supervised clinical preceptorship experiences (SCPE), ensuring sites and preceptors meet program-defined expectations for learning outcomes and self-evaluation measures (C1.01 C2.01). All sites have a comparable evaluation regardless of geographical locations.

### Background:

Preceptor or preceptorship sites must be able to provide supervised clinical practice experiences who enable students to meet program defined learning outcomes for a) family medicine, B) emergency medicine, c) internal medicine, d) surgery, e) pediatrics, f) woman’s health including prenatal and gynecology care and g) behavioral and mental health (B3.07). Supervised clinical practice experiences must occur in the following settings: a) emergency department, b) inpatient, c) outpatient, and d) operating room. (B3.04).

In addition, supervised clinical practice experiences must enable all students to meet the program’s learning outcomes: a) for preventive, emergent, acute, and chronic patient encounters, b) across the life span, to include infants, children, adolescents, adults, and the elderly, c) for women’s health (to include prenatal and gynecologic care), d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and e) for behavioral and mental health conditions. (B3.03).

The program must define and maintain effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to: a) physical facilities, b) patient populations, and c) supervision. (C2.01)

Ongoing monitoring and evaluation of SCPE’s occurs in numerous ways (see policy and process below).

### Policy and Process:

Ongoing communication and evaluation of preceptorship site and preceptors occur in the following ways (via electronic, phone, or in person):

- *Preceptor/Preceptorship Site Intake Survey*: Completed **prior** to rotation-by-rotation site  
This online survey is sent to new preceptorship sites prior to the rotation starting. This survey is used to obtain site information, type of practice, practice setting, types of care, and age demographics.
- *Midpoint Reflections*: Completed for each rotation by student via Exxat whether phone/videoconference, electronic, or in person midpoint visit. Reviewed by DCE or other UW PA faculty **during** the rotation.  
Prior to the electronic, phone, or site visit, students are required to complete a *Midpoint Reflection* via Exxat. This form allows the students to reflect on their current progress on their rotation. Information on the site and preceptor can also be gathered from this form. Faculty provide comments/feedback to the students.
- *Midpoint Visits*: Completed for each rotation by student and UW PA faculty via electronic (Exxat), phone/videoconference, or in person **during** the rotation.

The DCE other PA Program representatives conduct visits (electronic, phone, or in-person) with preceptors and preceptorship sites to confirm preceptors and sites continue to meet PA Program expectations and to maintain relationships. Electronic, phone, or in-person visits may be conducted as part of mid-point evaluation of student performance or in conjunction with preceptor educational development programs.

- *Evaluation of Preceptor/Preceptorship Form*: Completed by DCE, UW PA Faculty or Staff **during** the site visit. The *Evaluation of Preceptor/Preceptorship Form* is completed via Exxat by the DCE, UW PA faculty or Staff when the site is visited.
- *Patient-Encounter Logging: Student logging of patient encounters logged during the rotation*  
The online Exxat system captures data on all student reported patient encounters. The PANCE blueprint and ARCPA Standards B3.03 – B3.07 & C2.01 is used to guide the type of information collected. The *Clinical Year Patient Encounter Goals* document is used for patient encounter logging expectations. The students are encouraged to obtain a minimum number of encounters during their Clinical Year. Students also demonstrate breadth and depth of encounters on the level of visit-and this is also documented within this software.

Reports are generated throughout each rotation to assess student compliance with meeting performance goals. These reports are discussed with the student during their midpoint phone or site visit and also at the end of their rotation during their mentor mentee visit. Students can also generate progress reports to assess their own performance at any time.

While the data is reviewed to monitor student progress towards goals it is also used to assess how well the preceptors/preceptorship sites meet the PA Program's expectations and the ARC-PA standards. The DCE will use this information to assist in assigning subsequent students to sites.

- *Final Site Critique*: Completed by students at the **conclusion** of each clinical rotation  
Students complete a Final Site Critique via OASIS at the duration of their preceptorship. This Final Site Critique is used to assess the preceptorship site and preceptor. The data contained in the Final Site Critique is used by the Director of Clinical Education and Clinical Year Team to assess whether the preceptorship site and/or preceptor meets the PA Program's educational expectations. Preceptorship Sites or Preceptors that score less than 4.0 on overall satisfaction are given further analysis.

All the above evaluation methods and/or forms are used to assess the preceptorship sites and preceptors in a comprehensive way. If any preceptorship site or preceptor show evidence of not meeting program expectations (ie. scoring less than 4.0 on overall satisfaction of site or preceptor) or ARCPA expectations further analysis is conducted. Further analysis may include but is not limited to the following: analysis of individual site critiques over the last 3 years to look for trends, a review of mid-point site visit paperwork, review of any documented student concerns. Further use of a preceptorships site or preceptor is at the discretion of the DCE.

### **Concerns by Student or Preceptor Process**

If contact is made to the program by either a student or preceptor with concerns, a member of the Clinical Year team will follow-up requesting additional information. Examples of concerns may include but are not limited to: inappropriate behavior, supervision issues, professionalism issues, progressions towards rotation objectives and expectations.

The following actions may occur from a member of the Clinical Year team: counseling of the student and/or preceptor, continuous monitoring of student/site while on rotation, student placement at a different site, additional site visits or other intervention. Egregious incidents or incidents against SMPH Mistreatment policy may result in site termination. SMPH Mistreatment Policy can be found at: <https://www.med.wisc.edu/education/mistreatment-discrimination-harassment-of-students/>

Documentation of student/preceptor concerns, interventions and outcomes are documented in Exxat. Documentation may also be placed on the Midpoint Phone or Site Visit Evaluation.

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## General Exam Guidelines

ARC-PA Associated Standard: B4.01 (5<sup>th</sup> ed.)

### PA Program General Examination Guidelines

The following guidelines will apply unless specifically specified otherwise in a course syllabus by a course director. It will be very important to communicate directly with the course director about exam issues. Contact information will be provided in the course syllabus or on the course site.

#### Expectations:

All students are expected to take examinations on the date and time they are scheduled, including examinations that are given outside of the regularly scheduled class times. Being unprepared for an exam due to poor time management is **not** an acceptable excuse for rescheduling an exam. It is the student's responsibility to make all timely, appropriate notifications in the event of an emergency as outlined in the course syllabus.

#### Exam Tardiness:

Examinations are administered with a specified starting and ending time and students are expected to arrive on time; arriving late is disruptive to other students. If significant disruption occurs after the beginning of an exam, the course director or exam proctor may dismiss a student from the exam session, resulting in a zero score for the student for that examination. Students who arrive late to an examination will not be given additional time beyond the scheduled end of the exam without prior approval by the course director.

#### Unapproved Exam Absence:

Any student with an unapproved absence from a scheduled examination will receive a zero score for that examination. This policy applies to all exams.

#### Students with a Documented Disability:

Students with a documented disability requiring exam accommodation must contact the course director at the beginning of the course to discuss testing accommodations. The student may be asked to be evaluated at the McBurney Disability Resource Center (608-263-5174) to help identify appropriate course and testing accommodations. Once identified, these accommodations will be applied in a consistent manner to ensure that the student's needs are met.

#### Religious Observances:

In accordance with UW-Madison Faculty document 488a, faculty are asked not to schedule examinations on dates when a religious observance may cause substantial numbers of students to be absent. However, there may be conflicts between scheduled examinations and religious observances other than those listed on the Program's exam schedules. If this occurs, a student must submit a request to the course director to reschedule the examination according to the applicable procedures below.

#### Other:

It is important to have a fair and quiet testing environment. Students may not ask questions of the course director or exam proctor during the examination. Please be aware that exams may be video recorded, at the discretion of the faculty, to maintain exam integrity.

Students must demonstrate proficiency of the material covered in each unit of each course. Each individual unit for each course must be satisfactorily completed to pass the class. Satisfactory completion of course examinations/assignments is at the discretion of the course director and will be outlined in the course syllabus.

### Computer Exams

1. No personal items e.g., book bags, notes, headphones, food, books, and other written material, are allowed at the computer station. The course director/proctor will provide a blank sheet of paper if needed. **Anyone discovered to be writing anything on your scratch paper prior to the start of the exam will be in breach of the academic misconduct policy and will be disciplined appropriately.**
2. Once the exam has started, no electronic course materials or non-testing websites may be accessed. Access is only allowed to the exam testing software (ex. ExamMaster or Canvas) before and during allotted exam times. **All PowerPoints, notes and other materials must be fully closed (not simply minimized) on your laptop prior to starting the exam.**
3. Students may not ask questions of the course director or exam proctor during the exam or immediately following the exam. Questions will be addressed later (at least 24 hours after the exam) after everyone has completed the exam and the course director has had time to review the exam results.

Policy Statement:

Policy on Rescheduling Examinations:

The PA Program recognizes that emergencies, illness, professional or personal situations occur that may necessitate a change in the examination schedule for a student. It is important that students contact the course director prior to the examination, or as soon as reasonably possible. Rescheduled exams will be set up through the course director. Opportunity for rescheduling is at the discretion of the course director.

In the case of a student's illness or psychosocial reason for requesting an exam delay, the student may be required to be assessed by the appropriate staff in University Health Services, or other appropriate professionals.

Missing an Exam:

If a student cannot attend an examination at the scheduled time, they may be required to take the make-up exam during the final week of classes. This is at the discretion of the course director. This examination may not be same exam that other students have taken but will be equivalent.

Rules regarding an Approved Rescheduled Exam:

1. Students are prohibited from viewing the answer key or discussing the exam or its contents with other students or faculty. This is enforced on honor system, reflective of one's professionalism.
2. It is the student's responsibility to be certain that the rescheduled exam time does not conflict with other educational responsibilities (e.g., courses, small group sessions, other exams, etc.)
3. The student is expected to take the exam on the specified rescheduled exam date. Failure to do so will result in a zero score for that exam unless prior approval is obtained from the course director.

#### Policy on Reviewing Examinations:

The student will have the opportunity to review the results of their on-line exams immediately following submission of the exam. Students will not have access to the exam after leaving the designated testing time/area. There may be exceptions to exam access at the discretion of the course director. Students are strictly prohibited from discussing the exam or its contents with other students or in any way copying, reproducing or sharing content of an examination with other students. Violations of the examination review policy are strongly considered examples of academic misconduct by the program and will be dealt with accordingly (please refer to *University of Wisconsin Policies, Academic Misconduct UWS14*, found in the Student Handbook).

#### Additional Policies Regarding Examinations:

1. *Academic Misconduct* (please refer to the *University of Wisconsin Policies, Academic Misconduct UWS14*, found in the Student Handbook).
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#### **Electronic Course Materials Policy**

All UW-Madison Physician Assistant students are required to electronically agree to the following statement prior to accessing lecture captures via the SMPH Video Library. This statement applies to all electronic course materials including, but not limited to, videos, audio files, PowerPoints and electronic handouts.

*I acknowledge that I am accessing course materials made available by the University of Wisconsin that may be subject to copyright. I agree to use the content for non-commercial personal academic study and review purposes only. I will under no circumstances distribute, share, modify, transmit, reuse, report, sell, or otherwise disseminate the contents of the material. I understand that I must comply with applicable copyright law and the Board of Regents of the University of Wisconsin System copyright policies. Any use of this material outside of the scope of this course may be in violation of federal copyright law.*

#### Lecture Video Access:

Access to lecture videos via the SMPH Video Library will be allowed for the entire time a student is actively enrolled in courses within the School of Medicine and Public Health - this includes SMPH, PA and MPH courses.

#### Course Management System (Canvas) Access:

Access to Physician Assistant Program Canvas courses will be allowed while a student is enrolled in the course AND remain open for the entire time a student is actively enrolled in the Program. If an exception needs to be made students will be given the opportunity to download materials before the course is discontinued. Canvas courses will not be opened to students prior to enrolling in the course. Access to the current offering of a course, even if the student took it prior, will not be granted. This is meant to give students access to the materials that were covered while they took the course.

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## Health Professions Program Immunization Policy

ARC-PA Associated Standard: A3.07a and A3.07b

### Background:

The School of Medicine and Public Health Immunization Policy applies to students entering professional programs. Immunizations must be entered into CastleBranch by the deadline designated. Clinical training sites may require proof of your immunization status. The student's signature provides authorization to release the necessary information without having to obtain additional releases from the student.

Proof of immunization or of measles, mumps, rubella, and Hepatitis B is required. If a student cannot provide proof of immunization, the student must have a blood test (titer) and provide the laboratory results. Documentation of disease or proof of immunization or vaccination is adequate for varicella (chicken pox). Please note that verifying signatures must be provided by a health care provider. The student cannot provide verification.

Continuing UW-Madison students may obtain immunizations or antibody testing through University Health Services or from your own health care provider. Appointments can be made with the immunization clinic by phoning (608) 265-5600. The student should identify that they are a new student in the School of Medicine and Public Health and have their UW campus identification number available when making the appointment. The student should have the Student Immunization Status form with them for their appointment.

Students new to UW-Madison will not be able to schedule an appointment with University Health Services until after June 1 of the year they matriculate into the PA Program. They may obtain immunizations or antibody testing from their own health care provider.

Information about immunization prices and other health care provided at University Health Services can be found on the web at <http://www.uhs.wisc.edu/>. Immunization prices can be accessed by clicking on the Medical Services link, clicking on the Allergy/Immunization link, and scrolling down to immunization prices under other info.

Due to frequent health updates and ongoing changes in international vaccination requirements, students expecting to travel internationally for a service-learning or clinical experience are highly encouraged to visit a specialized travel medicine provider or their primary care provider at least 6-9 months prior to your expected travel to obtain vaccinations. It is also encouraged that they review the CDC country-specific recommendations for international travel 6-9 months prior to their trip: <http://wwwnc.cdc.gov/travel/page/vaccinations.htm>.

Students may need to meet additional immunization requirements associated with the clinical year and will be notified of these upon assignment of Preceptorship site.

Questions or concerns about the information requested should be directed to Juli Loker at 608-263-5620. Students who are not in compliance with the Immunization Policy will not be allowed to participate in required clinical internships.

### Policy Statement:

The following outlines Health Professions Programs Immunization Policy per the University of Wisconsin School of Medicine and Public Health. The guidelines are consistent with current CDC recommendations and are not conducted by PA program personnel.



Students in the Physician Assistant Program at the University of Wisconsin School of Medicine and Public Health are required to submit proof of the following immunizations and vaccinations:

Rubella (German Measles): Document two doses of the vaccine after age 12 months or provide antibody titer results documenting immunity.

Mumps: Document two doses of the vaccine after age 12 months or provide antibody titer results documenting immunity.

Measles (Rubeola): Document two doses of the vaccine after age 12 months or provide antibody titer results documenting immunity.

Varicella (Chicken Pox): Document two doses of the vaccine or a health-care provider verification of the disease or provide antibody titer results documenting immunity.

Hepatitis B: Document three doses of the vaccine or provide antibody titer results documenting immunity.

Tetanus/Diphtheria (Tdap): Document one dose of tetanus/diphtheria/pertussis vaccine within the last ten years. Tdap vaccine can be given regardless of interval since the last Td dose.

Tuberculin skin test: A tuberculin skin test is administered to first-year students within the first month on campus and on an annual basis thereafter by UW-Madison University Health Services. A chest x-ray and clinical evaluation are required at the time of the first positive skin test. Students known to have a positive skin test must provide an annual update of their health status relative to tuberculosis. A new chest x-ray is not required each year unless there are signs or symptoms of tuberculosis or other medical concerns. QuantiFERON screening must be done on first NEW positive. UW Madison will cover the cost of one QuantiFERON screening. Please contact Juli Loker at [loker@wisc.edu](mailto:loker@wisc.edu) if you have had a positive TB screening in the past.

Influenza: Yearly influenza vaccinations are required and are administered by UW-Madison University Health Services.

Students are strongly recommended to have an initial polio vaccine series before they begin school.

To request an exemption from the immunization requirement, a student must provide one of the following:

A signed and dated statement explaining their objection on the grounds that administration of one or more of the required immunizing agents conflict with their religious beliefs unless the Board of Health has declared an emergency or an epidemic of disease. The school will inform the student of the risks to him/her and others of the student's not being immunized.

A signed and dated statement from a licensed physician which states that the student's physical condition is such that administration of one or more of the required immunizing agents would be detrimental to his/her health.

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### **Medical Treatment/Advice to Students**

Purpose: To comply with the following ARC-PA Standard:

A3.09 Principal faculty, the program director and the medical director *must* not participate as health care providers for students in the program, except in an emergency situation.

Background:

Policy was created to ensure compliance with ARC-PA Standard A3.09 and to be referenced when directing/re-directing PA students for medical treatment or medical advice.

**Policy Statement:**

Principal program faculty members, the program director and the medical director are not permitted to offer medical treatment or medical advice to any student enrolled in the PA program. PA students will be encouraged to seek treatment and/or advice from the UW-Madison Student Health Services and/or their primary care physician.

In the case of an emergency, appropriate treatment should be rendered including consideration of calling an ambulance. In the event of an emergency, the event should be documented in an e-mail (including the date, name of the student and details of the event). The e-mail should be sent to the Program Administrator who will forward the information to the UW Risk Management Department.

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**PA Program Academic Standards Policy**

**Purpose:**

The purpose of this policy is to outline the Physician Assistant specific requirements to supplement the *Health Profession Programs (non-MD) Academic Standards Policy (80.30)*.

**Background:**

In compliance with ARC-PA Standards:

- A3.02 The program *must* inform students of program policies and practices.
- A3.17 The program *must* define, publish and make *readily available* to students upon admission academic performance and progression information to include:
  - a. any required academic standards,
  - b. requirements and deadlines for progression in and completion of the program,
  - c. policies and procedures for remediation and deceleration

**Policy Statement:**

In addition to the minimum standards outlined in the *Health Profession Programs (non-MD) Academic Standards Policy (80.30)*, students enrolled in the UW-Madison PA Program are required to complete the courses required for graduation and to earn a grade of C or better in all courses graded on an A-F grading scale and Credit in all courses graded on a Credit-No Credit grading scale.

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**SMPH Academic Standards Policy**

**Purpose:**

This policy outlines the Academic Standards of the UW School of Medicine and Public Health (SMPH) Health Professional Programs. In addition to the requirements outlined in this policy, students must meet the academic standards set by SMPH and the applicable Health Professional Program. Continuation in a Health Professional Program is at the discretion of the Program and the School of Medicine and Public Health. Failure to meet the Program's academic expectations can

result in disciplinary action, up to and including dismissal from the Program. If a student is not making satisfactory progress in regard to academic expectations, the Program will determine if remediation or dismissal is recommended.

Definitions:

Health Profession Program: Any of the SMPH Doctor of Physical Therapy, Master of Genetic Counselor Studies, Master of Physician Assistant Studies, and Master of Public Health Programs (each, a "Program").

Policy:

The minimum standards to remain in good academic standing are as follows:

- Maintain a cumulative grade-point average (GPA) of 3.00 (on a 4.00 scale) or better for courses used to meet degree requirements during and at completion of the Program
- Earn a GP A of 3.0 or better each semester
- Earn a grade of Credit in all courses graded Credit/ No Credit

Note: Grade minima for required courses are program specific.

Grades of Incomplete, Unsatisfactory, Fail/No Credit, or that otherwise fail to meet conditions set by the Health Professional Program may result in required remediation activities, academic probation, a hold on future enrollment, or suspension or dismissal from the Program

Students who have been dismissed from a Program for academic reasons may petition for appeal as set forth in the Health Profession Programs Appeals Process.

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## Policy Regarding Students w/ Disabilities

Purpose:

To outline the process for enrolled University of Wisconsin-Madison Physician Assistant students who have a documented disability as outlined in the ADA and Section 504 of the Vocational Rehabilitation Act of 1973.

Policy Statement:

Federal Law: Pursuant to the *Americans with Disabilities Act (ADA)* and *Section 504 of the Vocational Rehabilitation Act of 1973*, individuals with disabilities are protected from discrimination and assured services and accommodations that provide equal access to the activities and programs of the university.

Overview:

The McBurney Disability Resource Center is an office within the Division of Student Affairs. The Center views disability as an important aspect of the diversity of UW-Madison and are committed to creating an accessible and inclusive educational experience for students.

As part of the student accommodation process, they partner with students, faculty and staff to design accessible environments and to provide academic accommodations so that students can engage, explore and participate in the Wisconsin Idea.

The McBurney Center has an electronic accommodation and case management system called **McBurney Connect** . Through **McBurney Connect**, students generate a **Faculty Notification Letter** for each class section in which they are requesting accommodations. In Summer 2018, the Faculty Notification Letters replaced the laminated student

VISAs (Verified Individualized Services and Accommodations plan) and are sent to course instructors of record via email. Instructors receive customized information about classroom accommodations that are specific to each course, as

students will select just those accommodations that are needed for each class. Students are instructed to meet with faculty to discuss their accommodations on a timely basis.

The role of the McBurney Center is to determine eligibility for services. It is an interactive process that includes the student's description of need, the thoroughness of the [disability documentation](#) (recent, relevant and comprehensive), and an analysis of what reasonable accommodations can be provided that permit the student to meet the essential requirements of the program.

#### Enrolled Students:

The McBurney Center works with UW-Madison students with physical, learning, hearing, vision, psychological, health and other disabilities substantially affecting a major life activity (e.g., walking, communicating, learning, seeing, breathing, reading, etc.). Many students have non-apparent disabilities such as depression, anxiety, autism spectrum disorders, learning disabilities, AD/HD and health impairments such as Crohn's disease or fibromyalgia. Students must be determined eligible for McBurney services. Eligibility will be determined once the student completes an intake appointment and submits documentation.

#### 1. Documentation of disability:

Prior to requesting accommodations for the professional program, students must obtain documentation of their disability from a licensed clinical specialist (excluding family members). The cost of this evaluation is the responsibility of the student.

*This should be done prior to the start of classes, if possible, so reasonable accommodations can be implemented at the beginning of classes.* Students may refer to <https://mcburney.wisc.edu/apply-for-accommodations/> to start/complete the eligibility process.

There are 3 steps to apply for accommodations as outlined on this webpage:

- 1) complete the McBurney Connect Student Online Application,
- 2) schedule and participate in an initial meeting (in-Person, phone or videoconference), and
- 3) start gathering and submitting documentation of your disability(s).

For appropriate types of documentation, please see the website: <https://mcburney.wisc.edu/apply-for-accommodations/>

Again, this should be done prior to the start of classes, if possible, so reasonable accommodations can be implemented at the beginning of classes.

#### 2. Definition of a qualified student with a disability is a student who:

- a. has passed admissions criteria and has been admitted to the program.
- b. can meet all the technical standards, with or without accommodation; and
- c. has documentation of a disability covered under the ADA. This student has the right to participate as fully as possible in the educational program and to request that "reasonable accommodation" be provided at University expense.

#### 3. Determining reasonable accommodation:

A PA faculty member will be designated to work with each student with a disability to plan necessary accommodations. This faculty member is responsible for coordinating accommodations, documenting the process in the student's confidential disability file, and planning frequent reviews with the student to determine

if the accommodations are effective. A plan for reasonable accommodation should be developed with input from, at a minimum, the following 4 parties:

1. The student,
2. PA program faculty,
3. the consultant who documented the student's disability, and
4. the McBurney Center.

In addition, legal counsel, disability advocates, practitioners with disabilities, or other medical training program faculty may be consulted as needed.

Students with accommodations are encouraged to be in contact as soon as possible with the McBurney Center, faculty, and other relevant parties to continually discuss and review accommodations for both the didactic and clinical years.

There is a broad list of accommodations that can be approved and arranged by the McBurney Center. Please see <https://mcburney.wisc.edu/services/> for a complete list of accommodations at the McBurney Center. Test accommodations is a common request that requires faculty involvement; the Faculty Notification Letter provides specific information about the student's recommended test accommodation(s).

4. Confidentiality requirements:

Students requesting classroom accommodations should provide a copy of their Faculty Notification Letter to each faculty member teaching a course in which the student is enrolled. A copy of the Faculty Notification Letter should be retained by the academic director through the duration of the student's enrollment in a course (by semester or year-long) in a locked file separate from the student's other academic records and destroyed when the faculty member is no longer involved in arranging test accommodations or other classroom accommodations for the student.

It is likely that all PA Program didactic instructors will need this information during the didactic year(s) and the Director of the Clinical Year will need this documentation during the Clinical Year. The Clinical Year Team will get approval from the McBurney Center and the student to share the Faculty Notification Letter with preceptors, as necessary.

5. Documentation:

As noted above, a copy of the Faculty Notification Letter should be retained by the academic director through the duration of the student's enrollment in a course (by semester or year-long) in a locked file separate from the student's other academic records and destroyed when the academic director is no longer involved in arranging test accommodations or other classroom accommodations for the student.

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## Referral of Students for Personal Issues

ARC-PA Associated Standard: A3.10 (5<sup>th</sup> ed.) The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.

Purpose:

The PA Program, the School of Medicine and Public Health, and UW-Madison provide opportunities to address students' personal needs, in addition to educational and academic needs. The Program will strive to ensure there is provision of

students' physical and mental needs. Current students are eligible for care at University Health Services (UHS), which includes primary care, health education, preventive medicine, behavioral and mental health, and counseling services. A goal is to provide the appropriate resources to facilitate physical and mental well-being that will support progression and success through their PA educational program.

PA students are required to have health insurance in the event of after-hour needs or off-campus needs.

#### Background:

This policy was created for reference when directing PA students with personal issues that may be impacting their wellbeing and progress in the PA program.

#### Policy Statement:

In the event that faculty or staff become aware of a student who is experiencing personal issues that may be impacting their wellbeing or progress in the PA program, the faculty or staff member should promptly direct the student to University Health Services:

- When a student is experiencing a mental health emergency, call the Mental Health Crisis Hotline @ 608-265-5600 (option 9)
- In immediate life-threatening situations, students should call 911 or get themselves safely to the nearest hospital emergency room.
  - UW Hospital Emergency Room: 600 Highland Avenue, 608-262-2398
  - UnityPoint/Meriter Hospital Emergency Room, 202 S. Park St., 608-267-6206
  - SSM/St. Mary's Hospital Emergency Room, 700 S. Mills St., 608-251-6100
- University Health Services – 333 East Campus Mall/ 608-265-5600
  - Medical Services:
    - MTRF: 8:30 a.m. – 5:00 p.m.
    - Wed: 9:00 a.m. – 5:00 p.m.
    - After Hours Nurse: 608-265-5600 (Option 1)
      - Includes evenings, weekends, and holidays
  - Mental Health Services:
    - 24-Hour Mental Health Crisis Hotline
      - 608-265-5600 (Option 9)
    - MTWF: 8:30 a.m. – 5:00 p.m.
    - Thurs: 9:30 a.m. – 5:00 p.m.
- Students can use [MyUHS](#) or call 608-265-5600 to schedule an appointment. Appointments required for most services.
- UHS has counselors who are specifically assigned to address the needs of students in the health professions and offers a variety of individual, group or couple counseling services, as well as outreach programming, stress management, and psychiatric services. Dr. Travis Fox, dedicated to the health professions programs, communicates with students via e-mail for setting up confidential *Let's Talk* sessions, often using Doodle polls to set up times. Students can also reach Travis Fox by calling 265-5600, option 2, and identifying as a health professions student.
- Examples of areas covered by Counseling Services: interpersonal relationships, anxiety and depression, self-esteem, eating disorders, alcohol and drug concerns, stress management, women's/men's issues, couples and family issues.

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## Social Media Policy

### Purpose:

The purpose of this policy is to provide guidelines for the proper use of public display on social media websites. The following policy has been adapted from the University of Wisconsin School of Medicine and Public Health 2017-2018 MD Student Handbook.

### Background:

The increased use of social media by physicians, PAs, and other health care providers, combined with the ease of finding information online can blur personal and work identities, posing new considerations for professional conduct in the information age. A consistent approach is imperative in order to maintain confidentiality, honesty, and trust in the University of Wisconsin-Madison PA Program.

### Policy:

- Interacting with Patients
  - Students will not interact with current or past patients on email, social networking sites, or any other Internet medium.
- Privacy/Confidentiality
  - Patient privacy and confidentiality must be protected at all times. Students should not post any patient information on social media or social networking sites. This includes social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient. Posting of any patient information on social media or social networking sites may be a violation of federal privacy laws, such as the Health Information Portability and Accountability Act (HIPAA).
- Violations & Sanctions
  - Students who violate this policy will be brought before the faculty for review and disciplinary action which may include remediation, delayed graduation, or other appropriate sanctions up to, and including, dismissal from the program.
- Professionalism
  - Students should be aware that any information they post on a social networking site might be widely disseminated (whether intended or not) to a larger audience including patients. Such posted information may remain publicly available online in perpetuity. When posting content online, students should always remember that they are representing the UW-Madison Physician Assistant Program. Students should take caution not to post information that is unprofessional, ambiguous or that could be misconstrued.
- To use social media and social networking sites professionally, students should adhere to the following guidelines:
  - Follow the same principles of professionalism online as they would offline;
  - Avoid posting any depictions of students intoxicated, misusing alcohol or drugs, or engaging in sexually explicit behavior;
  - Avoid any use of discriminatory language or depiction of discriminatory practices in the context of patient care or discharge of professional responsibilities;
  - Do not post any patient information;
  - Report any online unprofessional behavior to your PA Program mentor or any faculty and staff member within the program.

UW Madison has a university-wide “Social Media Guidelines” policy through the Office of the Vice Chancellor for University Relations. The link can be found here at: <http://universityrelations.wisc.edu/policies/social-media.php>

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## Student Leave of Absence/Withdrawal Policy

### Purpose:

The purpose of this policy is to define policy and procedure for students to request a leave of absence or withdrawal from the UW-Madison PA Program.

### Background:

#### In compliance with ARC-PA Standards:

- A3.02: The program *must* inform students of program policies and practices.
- A3.15: The program *must* define, publish, and make readily available to students upon admission academic performance and progression information to include:
  - d.) policies and procedures for withdrawal and dismissal

### Definitions:

- Leave of Absence (LOA)  
A suspension of coursework for at least one semester such that a student is not enrolled in any courses.
- Student-Initiated LOA  
A LOA where the student elects to suspend coursework. Most often this is done for personal/health reasons.
- Mandated LOA  
The Promotion & Progress Committee suspends a student’s participation in some or all activities.

### Policy Statement:

#### General Policies Governing Leaves of Absence:

- All requests for leaves of absence are approved by the PA Promotion & Progress Committee.
- Students granted leaves of absence are not permitted to enroll in courses offered in the PA curriculum.
- If a LOA is granted after a semester has begun, the student must withdrawal from courses following the University-defined procedure.
- Students on financial aid are encouraged to inquire about the possible impact of a leave on their loan status.

#### Student-Initiated Leave of Absence:

A leave of absence may be granted at the discretion of the Promotion & Progress Committee. within the following guidelines:

1. The student is in academic/nonacademic good standing (as defined in the *Health Professions (non-MD) Academic Standards Policy*)
2. The maximum leave of absence will not exceed one year. Only a decision of the PA Promotion & Progress Committee can grant an exception, which is highly unusual.
3. Re-entry requirement will be determined by the Promotion & Progress Committee and may include repeating courses. Permission to re-enter will be granted on a space-available and case by case basis.

#### Process for Requesting a Student-Initiated Leave of Absence:

Students who find it necessary to request a leave of absence must submit a written request and discuss their situation with the program director, who serves as Chair of the PA Promotion & Progress Committee. Promotion & Progress Committee approval is dependent on the reasons and goals for the leave.

#### Mandated Leave of Absence:



The PA Promotion & Progress Committee is empowered to place students on a mandated leave of absence in cases where there is risk to patient care, student safety, and/or the safety of others. The following guidelines will apply:

1. Re-entry requirements will be determined by the Promotion & Progress Committee.
2. The Promotion & Progress Committee must approve return to coursework.
3. While on a mandated leave of absence a student may not participate in program or patient care activities.

Leave of Absence for Medical Reasons:

- When a leave of absence is requested for medical reasons, a written evaluation from a health care provider may be required.
- When reentry to the PA program is sought after a leave of absence for medical reasons, a written evaluation from a health care provider may be required.
- When the reason for a medical leave is associated with a newly acquired physical or learning disability, the student must be reviewed by the PA Promotion & Progress to evaluate the student's ability to meet the PA Program's Technical Standards before readmission.

Maternity/Paternity Leave of Absence:

Students who have or adopt a child during PA school may take a leave of absence before and/or after the child arrives.

Impact of Leave of Absence on Progress in PA Program:

The degree plan for PA students is sequential and requires that courses be taken in a specific sequence. Courses are only taught once each year. When an approved leave of absence interrupts the degree plan, the PA Promotion & Progress Committee must design a revised degree plan specific to that student. This may lengthen the program and delay graduation.

Withdrawal from the Program:

Students are permitted to withdraw from the program at the student's discretion following the University defined procedure. (Please review procedure for withdrawing from the UW at the link below). Unless a Leave of Absence is requested and granted, withdrawal from any individual course will not allow a student to progress in the program and therefore constitutes withdrawal from the PA program.

[http://registrar.wisc.edu/canceling\\_your\\_enrollment\\_withdrawal\\_info.htm](http://registrar.wisc.edu/canceling_your_enrollment_withdrawal_info.htm)

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## **Student Policy Regarding Employment/Instruction/Administration**

Purpose:

The purpose of this policy is to outline the PA Program policy associated with student employment, instruction and administration while enrolled in the program.

Background:

Accreditation Standards:

- A3.04 PA students must not be required to work for the program.
- A3.05 Students must not substitute for or function as
  - a.) instructional faculty and
  - b.) clinical or administrative staff

Policy Statement:

In compliance with the above standards, the UW-Madison PA Program:

- does not permit professional students to work for the PA Program.
  - does not substitute students for instructional, clinical, administrative or technical support staff
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## Student Records Access Process for Adhering to FERPA

### Purpose:

The purpose of the policy is to outline access to student records and the PA Program process for adhering to Family Educational Rights and Privacy Act (FERPA).

### Background:

Under the Family Educational Rights and Privacy Act of 1974, as Amended:

The Family Educational Rights and Privacy Act of 1974, as amended, requires that students be advised of their rights concerning their education records and of certain categories of public information which the University has designated "directory information." It is UW-Madison policy to comply fully and fairly with the Act. Basic University policy concerning compliance with the Act is contained in a document adopted April 1999 and titled UW-Madison Policy on Student Records. It is available via the Registrar's office at: [Transcripts & Certification](#), Registrar's Office, 333 East Campus Mall #10101, Madison, WI 53715-1384

FPA governs and protects students' rights to their individual educational records. The primary rights protected under FERPA are:

- Students' rights to review and inspect their educational records;
- Students' rights to have their educational records amended or corrected;
- Students' rights to control disclosure of certain portions of their educational records

### Policy Statement:

In accordance with UW-Madison policy, the UW-Madison PA Program complies fully and fairly with the Family Educational Rights and Privacy Act of 1974. An entire copy of the Title 34: Part 99 – Family Educational Rights and Privacy Federal regulations can be located at: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

If students wish to inspect their educational records, requests must be made in writing and presented to the UW-Madison Physician Assistant Program main office at 750 Highland Avenue, RM 1278, Madison, WI 53705. That office will have up to 45 days to honor the request. In some cases, the requested records may not be stored with the Physician Assistant Program. In this case, students will be directed to the appropriate office. Other offices may include the Office of the Registrar, Student Financial Services, Dean of Students or University Housing.

It will be arranged that someone will be present in the room as the student reviews their file. The PA Program is not required to provide a copy of the student file to the student. The only exception to this may be "if circumstances effectively prevent...the eligible student from exercising the right to inspect and review the student's education records." (34 CFR 99.10(d))

Student Rights Under FERPA: <https://registrar.wisc.edu/ferpa-rights/>  
FERPA Tips for Students: <https://registrar.wisc.edu/ferpa-student/>

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## Summative Eligibility Policy

### Purpose:

The purpose of this policy is to specify a set standard of eligibility requirements that would be required for students to sit for the summative examination. Summative evaluation of each student graduating from the UW-Madison PA Program must be accomplished to ensure that each student is prepared to enter clinical practice.

### Background:

ARC-PA requires that all programs must conduct and document a *summative evaluation* of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice.

### Policy Statement:

The UW-Madison summative evaluation is conducted near the end of the clinical year during End of Rotation IV. The summative evaluation assesses each individual learner's competency in medical knowledge, interpersonal skills, clinical and technical skills, clinical reasoning and problem-solving abilities and professionalism and ensures that students are prepared to enter clinical practice. Prior to sitting for the summative examination, the student must meet the following criteria:

1. Student must be in good academic standing, as defined by the Academic Policy: Retention, Deceleration and Promotion.
  - a. If a student is NOT in good academic standing, their academic progress will be reviewed by the Academic Director. A decision to allow the student to sit for the summative examination will be at the discretion of the Promotion and Progress Committee.
2. Student must have successfully completed all program requirements to date, including didactic courses and capstone requirements.
3. Student must have successfully completed all 4 core clinical rotations (Emergency Medicine, Surgery, Internal Medicine and Family Medicine).
  - a. Successful completion is defined as completing all clinical hours, coursework and End-of-Rotation examinations. Successful remediation *must* be completed prior to sitting for the summative examination.

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## Summative Evaluation Policy

### Purpose:

Summative evaluation of each student graduating from the UW-Madison PA Program must be accomplished to ensure that each student is prepared to enter clinical practice. Compliance with ARC-PA Standard B4.03 requires documentation of summative evaluation of every student prior to graduation.

### Background:

ARC-PA Standard B4.03 states that the program must conduct and document a *summative evaluation* of each student within the final four months of the program to verify that each student meets the program *competencies* required to enter clinical practice, including:

- a) Clinical and technical skills,
- b) Clinical reasoning and problem-solving abilities
- c) Interpersonal skills
- d) Medical knowledge, and
- e) Professional behaviors.

According to ARC-PA, the definition of a summative evaluation is “an assessment of the learner conducted by the program to ensure that the learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession. This evaluation must consist of more than a listing and review of student outcomes otherwise obtained in the course of the program.”

Policy Statement:

The UW-Madison summative evaluation is conducted near the end of the clinical year during End of Rotation IV. The summative evaluation assesses each individual learner's competency in medical knowledge, interpersonal skills, clinical and technical skills, clinical reasoning and problem-solving abilities and professionalism and ensures that students are prepared to enter clinical practice. The summative evaluation consists of the following four components (below); a student must achieve a faculty-approved minimal performance (greater than or equal to 70%) on each of the scored components (clinical knowledge, clinical diagnosis and clinical skills components) and each student must be evaluated as 'meeting expectations' for professionalism behavioral indicators for successful completion of the summative evaluation.

1. **Medical Knowledge Component** – a multiple-choice comprehensive exam that emphasizes clinical presentations and a primary care approach to patients. Knowledge is also assessed throughout the entire summative exam, except in the Professionalism assessment.
2. **Interpersonal Skills Component** – a physical examination station using a standardized patient with a specified clinical presentation; this assesses the student's competency in physical exam technique through direct observation, the student's capability for devising and utilizing a focused examination and the student's communication/interpersonal skills while interacting with the patient. This station is followed by a related written note station, which includes the student's development of an overall assessment, differential diagnosis and specific plan that incorporates diagnostics, patient education, instructions and follow-up. This station includes a component which assesses interpersonal, Clinical reasoning and problem-solving abilities and communication skills.
3. **Clinical and Technical Skills Component** – a series of Objective Structured Clinical Examination (OSCE) stations to assess each student's clinical skills; examples may include: a) patient education, b) interpretation of diagnostic testing, and/or, c) other stations as seen fit by the PA faculty.
4. **Professionalism Behaviors Assessment**- a review of each student's professionalism by PA faculty. This review is based upon the PA Program 'Behavioral Indicators of Professionalism' instrument that is consistently used by faculty throughout the didactic and clinical years. Each student will be assessed by two faculty members.

After each of the four components have been assessed, the Promotion and Progress Committee reviews the data and votes on whether the evidence is sufficient to assure that the student is prepared to enter clinical practice. Each student must successfully complete all components of the summative evaluation to graduate. Should a student score <70% on any portion of the summative evaluation, the student's examination will be reviewed by another faculty. An average of the scores will be used to determine competency.

Should a student be unsuccessful (receiving <70% on any component) in passing the summative evaluation on the first attempt, according to program policy, the Promotion and Progress Committee will make the decision as to whether a

student will have the option of repeating the entire summative evaluation, components of the summative that were deemed below competency level, or the student may be dismissed from the program. This is determined by Promotion and Progress Committee vote.

If the decision is made to allow the student to demonstrate competency in any component of the summative evaluation, the following protocol will be followed:

- a) The student will be advised of the timeline to prepare for a retake of a summative evaluation. The timeline will be determined by the Promotion and Progress Committee and will not exceed two months after EOR V. The Promotion and Progress Committee will decide whether the student must repeat an entire summative evaluation or specific components of the evaluation in which the student did not demonstrate competency.
- b) If the student fails the summative evaluation on the second attempt, the Promotion and Progress Committee will make the decision as to whether a student will have the option of repeating the entire summative evaluation, or components of the summative that were deemed below competency level, or the student may be dismissed from the program. If the decision is to allow a retake, the timeline will be determined by the Promotion and Progress Committee and will not exceed three months from the last summative evaluation.
- c) Should the student fail the summative evaluation a third time, that individual will be dismissed from the program.

The results of the summative evaluation as well as the results of Promotion and Progress review are documented in each student's permanent file.

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## Technical Standards

A candidate for the Physician Assistant Program at the University of Wisconsin-Madison must be able to fully perform all essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. We recognize that degrees of ability vary widely between individuals. Those with a disability are encouraged to discuss this with the Student Services Program Manager, Erin McCarthy Orth, so that jointly, they may consider technological and other facilitating mechanisms necessary to train and function effectively as a physician assistant. The UW Madison PA Program is committed to enabling its students to complete the course of study leading to the physician assistant degree by any reasonable means or accommodations. The following skills are required, with or without accommodation.

**Observation:** Candidates must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information through procedures regularly required in a physical examination, such as inspection, auscultation and palpation.

**Communication:** Candidates must be able to communicate effectively in both academic and health care settings. Candidates must show evidence of effective written and verbal communication skills.

**Motor:** The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpation, auscultation) is required. Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as clinic, classroom building, and hospital.

Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory, and clinical experiences.

**Intellectual:** Candidates must be able to measure, calculate, reason, analyze and synthesize. Problem solving, one of the critical skills demanded of physician assistants, requires all of these intellectual abilities. In addition, candidates should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures. Candidates must be able to read and understand medical literature. In order to complete the Physician Assistant degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely fashion in medical problem-solving and patient care.

**Behavioral and social attributes:** Candidates must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgement, and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the health care team are essential. The ability to function in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are all required.

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## **UW-Madison PA Program Mission, Vision, and Guidelines**

### **MISSION STATEMENT:**

The mission of the University of Wisconsin-Madison Physician Assistant Program is to educate primary health care professionals committed to the delivery of comprehensive, preventative and therapeutic health care in a culturally and ethnically sensitive manner, with an emphasis on primary health care for populations and regions in need.

### **VISION STATEMENT:**

The Physician Assistant Program will prepare and educate physician assistants to provide comprehensive quality health care to all. In addition, the program will serve as an academic and professional leader in the physician assistant profession by contributing its strengths in education, distance education, technology, community-based training and grant initiatives.

### **GUIDING PRINCIPLES:**

To hold an attitude of high respect for self and others, and to acknowledge and value the talents and skills of everyone.

To demonstrate a genuine commitment and dedication to improving the health and welfare of patients and respect individual patient circumstances and wishes throughout life and death.

To strive for excellence in all we do.

To maximize resources and through continued, life-long learning and critical-thinking, continue to advance knowledge and skills that will lead to the well-being of all persons.

To demonstrate personal integrity and ethical conduct.

To foster and model professionalism.

To embrace individual differences and to enhance cultural awareness.

To instill the value of leadership, particularly as it relates to meeting healthcare demands in areas of need.

To promote an interprofessional, team-based, collaborative approach in providing high quality, efficient and effective healthcare.

To enhance advocacy aptitude and core advocacy skills with a commitment to patient-centeredness, quality care and access, cultural competency, and health literacy.

To encourage contributions to the PA profession through education, scholarship, leadership, and the promotion of public health.

To engage in interprofessional education that will enhance patient-/population-centered care, collaboration, communication, teamwork, and leadership in the clinical setting.

To educate students at a distance with intent to promote service in regions of need.

To promote an opportunity of international service learning.

#### PROGRAM GOALS:

Train assistants to physicians who are skilled personnel, qualified by academic and clinical training, to provide primary care patient services under the supervision of a licensed Doctor of Medicine or osteopathy.

Provide an achievement-oriented course of study consistent with a professional educational preparation, which will provide graduates with the knowledge of mental and physical disease and the ability to accurately and reliably perform functions and duties ascribed to the profession.

Provide instruction encompassing the many areas of concern including, but not limited to, the social, economic, and ethical aspects of health care.

Provide instruction stressing the role of the Physician Assistant relative to health maintenance and preventive medicine in primary care.

Provide instruction that promotes the development of basic moral, intellectual, ethical, and professional attitudes to generate trust and respect of the patient population served by the Physician Assistant/Physician team.

Provide educational experiences that promote an understanding of the interdependence of health professionals whereby they may participate in shared educational experiences that conceptualize and encourage the interdisciplinary approach to the delivery of primary medical care.

Provide didactic and clinical experiences sufficient to give Physician Assistants the technical capabilities, behavioral characteristics, and judgment necessary to perform in a professional capacity.

Provide educational experiences that prompt an intellectual approach to the science of medicine and foster the active participation of the student in the acquisition of such knowledge.

Promote the intellectual, behavioral, and social skills necessary to provide high quality health care, provide comprehensive services, maintain an atmosphere of trust among the patient, family, and the health care team, and to improve the continuity of care within the health care system.

Promote a behavior of life-long learning incorporating the use of evidence-based learning critical assessment of one's own practice.

To enhance advocacy aptitude and core advocacy skills with a commitment to patient-centeredness, quality care and access, cultural competency and health literacy.

Promote scholarship by advancing medical research and education.

Contribute to the profession by continually advancing scholarship and quality of programs.

#### COMPETENCY-BASED EDUCATION:

Competency-based education focuses on learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). The UW-Madison PA Program is committed to providing a training experience that facilitates development and enhancement of the following curricular objectives and outcomes. Additionally, in accordance with recommendation from PA professional organizations, the program will place emphasis on the preparation of skilled professionals in the areas of the six PA professional competencies (paralleling the six general ACGME competencies): medical knowledge, patient care, practice-based learning and improvement, systems-based practice, professionalism, and interpersonal and communication skills.

#### SUMMARY OF PRIMARY OBJECTIVES:

**HISTORY:** Elicit an appropriate complete, interval, or acute history from patients of any age, gender, or sex in any setting.

**PHYSICAL EXAMINATION:** Perform, as appropriate, a complete or partial physical examination of a patient of any age, sex, or condition in any setting.

**DIAGNOSTIC STUDIES:** Identify, perform and/or interpret routine diagnostic procedures based on history and physical examination findings and be able to assist the physician with other diagnostic procedures as directed.

**DIFFERENTIAL DIAGNOSIS/DIAGNOSTIC IMPRESSION:** Develop a differential diagnosis and diagnostic impression considering the database.

**THERAPEUTICS:** Identify, perform and/or order routine physician delegated therapeutic procedures and as directed, assist the physician with other therapeutic procedures.

**EMERGENCY SKILLS:** Recognize life-threatening emergencies and manage them in the absence of the physician.

**COMMUNICATION:** Communicate in a medically professional manner both orally and in writing.

**ATTITUDE:** Appreciate the health problems of the individual patient as well as those of population groups and approach each with an attitude of professional concern.

**PROFESSIONALISM:** Demonstrate the skills, attributes and behaviors of a competent physician assistant and serve as a member of the professional medical community.

**EVIDENCE BASED LEARNING:** Engage in critical analysis of one's own practice experience, medical literature, and other information sources for the purpose of self- improvement.

**INTERPROFESSIONAL EDUCATION and PRACTICE:** Engage in interprofessional education that will enhance patient-/population-centered care, collaboration, communication, teamwork, and leadership in the clinical setting.

**OBJECTIVE I: PHYSICAL HISTORY**



Elicit an appropriate complete, interval, or acute history from patients of any age, gender, or sex in any setting.

#### LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 1.01 Obtain a clear, concise chief complaint and history of the present illness.
- 1.02 Obtain a complete past medical history including illnesses, hospitalizations, surgery, trauma, and childhood diseases.
- 1.03 Obtain a history of allergies, transfusion reactions, and reactions to medications.
- 1.04 Obtain a pertinent social history including occupation, current life situation, and nutrition, as well as use of tobacco, alcohol, and other drugs.
- 1.05 Obtain a list of current medications along with details as to use, dose, and schedules, including the use of over-the-counter medications.
- 1.06 Obtain a family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
- 1.07 Obtain a pertinent review of body systems.
- 1.08 Record all pertinent historical data on the defined data base in a clear, concise, and relevant manner.
- 1.09 Establish effective rapport with the patient and their family.

#### OBJECTIVE II: PHYSICAL EXAMINATION

Perform, as appropriate, a complete or partial physical examination of a patient of any age, sex, or condition in any setting.

#### LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 2.01 Demonstrate ability to gain the patient's confidence and provide reassurance about the examination.
- 2.02 Demonstrate appropriate use of the instruments for the physical examination.
- 2.03 Perform a complete, logical, and sequential physical examination.
- 2.04 Demonstrate ability to alter the sequence and content of examination according to the special need of the individual patient.
- 2.05 Record all normal and abnormal findings on the defined data base.
- 2.06 Demonstrate professionalism with all patients.

#### OBJECTIVE III: DIAGNOSTIC STUDIES

Identify, perform and/or interpret routine diagnostic procedures based on history and physical examination findings and be able to assist the physician with other diagnostic procedures as directed.

#### LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 3.01 Identify the diagnostic tests available and appropriate for a particular problem, based on history and physical examination findings.
- 3.02 Identify and discuss indications and contradictions of the various diagnostic tests.
- 3.03 Identify and describe the risks, costs, and patient inconvenience of various diagnostic tests.

- 3.04 Demonstrate skills required to collect various routine specimens.
- 3.05 Demonstrate skills necessary to perform (within the scope of federal and state guidelines) and interpret basic laboratory and other tests.
- 3.06 Recognize the signs and symptoms of complications of diagnostic procedures performed or ordered.
- 3.07 Identify, perform, order and/or interpret routine pre- and post-operative diagnostic studies.
- 3.08 Identify specialized tests utilized in obstetrics, pediatrics, and geriatrics.

OBJECTIVE IV: DIFFERENTIAL DIAGNOSIS/DIAGNOSTIC IMPRESSION

Develop a differential diagnosis and diagnostic impression considering the data base.

LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 4.01 Develop a differential diagnosis and diagnostic impression at each stage of data collection.
- 4.02 Demonstrate ability to organize and integrate data from the medical history, physical examination, and diagnostic studies.
- 4.03 Demonstrate sound medical judgment in formulating a differential diagnosis and reaching a diagnostic impression.
- 4.04 Demonstrate the skills necessary to accurately record and present data in a manner appropriate to the setting.
- 4.05 Describe the common medical problems and their modes of presentation.

OBJECTIVE V: THERAPEUTICS

Identify, perform and/or order routine physician delegated therapeutic procedures and, as directed, assist the physician with other therapeutic procedures.

LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 5.01 Administer intravenous infusions utilizing appropriate equipment.
- 5.02 Administer injections by a variety of routes including intradermal, subcutaneous, intramuscular, and intravenous.
- 5.03 Explain normal nutritional requirements and dietary treatment of health problems including weight reduction, diabetic, low fat, low cholesterol, and low sodium diets.
- 5.04 Describe the drugs used most frequently in treatment or health problems including basic modes of action, indications, contraindications, and complications.
- 5.05 Discuss the management of common medical problems.
- 5.06 Perform various therapeutic skills involved in all medical fields including obstetrics and gynecology, pediatrics, geriatrics, surgery, and orthopedics.
- 5.07 Perform wound closures and wound care.

OBJECTIVE VI: EMERGENCY SKILLS

Recognize and manage life-threatening emergencies in the absence of the physician.

LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 6.01 Recognize signs and symptoms of common emergencies and take appropriate action to sustain life.
- 6.02 Apply basic techniques of cardiopulmonary resuscitation.
- 6.03 Assist with or perform other techniques frequently indicated in life-threatening situations.
- 6.04 Describe the use of and indications for standard emergency medications and administer if appropriate.
- 6.05 Describe triage procedures in mass casualty situations.
- 6.06 Respect the decision of the patient and/or family for no advanced life support procedures.

#### OBJECTIVE VII: COMMUNICATION

Communicate in a medically professional manner both orally and in writing to patients and their families, and other healthcare professionals.

#### LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 7.01 Effectively present a synopsis of the patient's present illness, pertinent positive and negative findings, and the diagnostic and therapeutic regimen instituted.
- 7.02 Communicate effectively with both patient and family by using a vocabulary familiar to all concerned.
- 7.03 Counsel patient and family regarding the health problem including an explanation of the disease process, therapy and its rationale, therapeutic options, prognosis, and health care services available.
- 7.04 Write in S.O.A.P. format, clear, concise, and relevant progress notes including diagnostic, therapeutic, and patient education plans.
- 7.05 Fill out routine laboratory test, EKG, and x-ray request slips and note pertinent data.
- 7.06 Discuss preventive health care measures with the patient and family.
- 7.07 Explain the format for writing an interval note, including electronic documentation.
- 7.08 Explain format for dictating or writing a discharge or narrative summary.
- 7.09 Give emotional support to both patient and family.
- 7.10 Counsel the surgical patient regarding surgical risks and complications, surgery, and the consideration of a second opinion.

#### OBJECTIVE VIII: ATTITUDE

Demonstrate an understanding of the health problems of the individual patient as well as those of population groups. Approach each with the concern of a professional.

#### LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 8.01 Discuss the physical, psychic, social, and economic distress created by the health problem.
- 8.02 Maintain the objectivity necessary to permit logical perspective, assessment, and solution of the health problem.
- 8.03 Develop a personal philosophy, including your own definition of, perceived role in, and goals regarding health care.
- 8.04 Recognize the importance of patient education in effecting change in the health status of both individuals and groups.
- 8.05 Discuss the difficulty frequently encountered by patients in their attempts to comply with therapeutic regimens and the health care delivery system.

- 8.06 Explain the usefulness of prepared patient education materials as well as the importance of documenting such teaching/counseling efforts in the individual patient's medical record.
- 8.07 Respect the right of the patient as health care consumer to be informed regarding his physical status, therapy, costs, therapeutic alternatives, prognosis, and services available.
- 8.08 Respect the patient's rights to individuality and privacy and treat confidential information gained with professional discretion.

#### OBJECTIVE IX: PROFESSIONALISM

Possess the skills, attributes, and behaviors necessary to function as a physician assistant and as a member of the professional medical community.

#### LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 9.01 Adhere to and follow statutes and regulatory guidelines.
- 9.02 Successfully complete the PANCE exam.
- 9.03 Recognize the importance and responsibility of participating as a member of the professional medical community.
- 9.04 Demonstrate effective communication to patients, families and other medical professionals.
- 9.05 Recognize the importance of being respectful to patients' individual needs and cultural diversity.

#### OBJECTIVE X: EVIDENCE-BASED LEARNING

Engage in critical analysis of one's own practice experience, medical literature and other information sources for the purpose of self-improvement.

#### LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 10.01 Understand the hierarchy of sources and the steps of evidence-based medicine and its importance in patient care.
- 10.02 Utilize critical thinking and research skills in the process of lifelong learning.
- 10.03 Locate clinical evidence using primary and secondary sources.
- 10.04 Recognize types of clinical questions and formulate a clinical question in PICO format utilizing a patient scenario.
- 10.05 Describe common study designs, understanding the major strengths and limitations of each.
- 10.06 Interpret medical literature to maintain a critical, current, and operational knowledge of new medical findings.
- 10.07 Assess studies for validity.
- 10.08 Convey scientific information accurately and effectively; particularly sharing evidence with patients.
- 10.09 Recognize types of clinical questions and formulate a clinical question in PICO format utilizing a patient scenario.

#### OBJECTIVE XI: INTERPROFESSIONAL EDUCATION

Engage in interprofessional education that will enhance patient-/population-centered care, collaboration, communication, teamwork, and leadership in the clinical setting.

## LEARNING OUTCOMES

By the end of their PA education, students will be able to:

- 11.01 Place patient care and population care at the center of interprofessional health care delivery.
- 11.02 Integrate the knowledge, skills, abilities, and experiences of other professions to provide quality and safe patient care through informed decision-making.
- 11.03 Respect and embrace the unique roles/responsibilities, values, and cultures of other health professions.
- 11.04 Work cooperatively with all who receive care, provide care, and work to improve care through research, prevention, and health services.
- 11.05 Act with honesty and integrity in building trusting relationships with patients, families, colleagues, and members of other professions/teams.
- 11.06 Demonstrate effective communication to facilitate team function and quality care.
- 11.07 Apply teamwork skills to support collaborative practice and team effectiveness in interprofessional health care.
- 11.08 Utilize self-reflection toward self-improvement to enhance team skills.
- 11.09 Apply problem-solving and effective decision-making toward the efforts of the team in a specific care situation.
- 11.10 Provide patient- and population-centered care that is ethical and equitable.

The UW-Madison Physician Assistant Program is dedicated to the preparation and education of knowledgeable, competent, professional, and compassionate physician assistants to meet the healthcare needs of Wisconsin (and beyond) through excellence in education, research, patient care and service, while significantly contributing to and advancing the PA profession.

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## SMPH POLICIES & PROCEDURES

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### Advancement and Graduation Standards

Purpose:

The purpose of this policy is to establish that all health profession program students must meet the requirements of their program to advance and graduate from UW SMPH.

Definition:

Health Profession Program: Any of the SMPH Doctor of Physical Therapy, Master of Genetic Counselor Studies, Master of Physician Assistant Studies, and Master of Public Health Programs (each, a "Program").

The written academic and professional requirements of a particular Health Profession Program apply uniformly to all students enrolled in that program.

The requirements of a Health Profession Program comprise that Health Profession Program's single set of standards which must be met in order to graduate.

Health Profession Program students must meet the requirements of the program under which they matriculated in order to advance in that program and graduate.

Health Profession Program students must maintain compliance with standards of professional conduct as established by their program.

Information on degree requirements shall be included in each Health Profession Program's Student Handbook.

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## **Antidiscrimination Policy**

### **Purpose:**

The purpose of this policy is to express UW SMPH's commitment to providing an environment free of discrimination on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

### **Definition**

**Discrimination :** Conduct that adversely affects any aspect of an individual's UW SMPH employment, education, or participation in UW SMPH activities or programs, or has the effect of denying equal privileges or treatment to an individual on the basis of one or more characteristics of that individual's protected status or category as defined in University of Wisconsin System Regent Policy Document 14-6: Discrimination , Harassment, and Retaliation

### **Policy:**

UW SMPH follows the University of Wisconsin System Regent Policy Document 14-6: Discrimination, Harassment, and Retaliation.

No student may be denied admission to, or participation in or the benefits of, or be discriminated against in any service , program, course or facility of UW SMPH on the basis of race, color, creed, religion, age, sex, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy, marital or parental status, or any other category protected by law, including physical condition or disability as defined in Wisconsin Statutes §51.01 (5).

Incidents of alleged discrimination against students will be reviewed on a case-by-case basis by the UW SMPH assistant dean for students or appropriate program director in accordance with the procedures enumerated in the program's Student Handbook. Due consideration will be given to the protection of individual First Amendment rights to freedom of speech, expression, and academic freedom.

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## **Caregiver Background Check**

Under the authority of Wisconsin Act 27, known as the Caregiver Law, background checks are required of licensed caregivers and others associated with health and childcare facilities in Wisconsin, including students receiving clinical training at these facilities. For more information about Wisconsin Act 27, please see the Department of Health and Family Services website <https://www.dhs.wisconsin.gov/caregiver/index.htm>.

All students in the School of Medicine and Public Health are required to go through a background check. The information obtained by this check will be used by the program's clinical training facilities to determine the individual's eligibility to train within the facility. Background checks will be conducted in any state(s) in which an applicant has resided within the last three years.

Background check reports are received by the School of Medicine and Public Health (SMPH), and the results may be sent to clinical training facilities. Results that contain certain types of convictions, arrests, or a history of improper behavior that demonstrate the potential for harm to a vulnerable population, will be evaluated by the facilities to determine the individual's eligibility for training at that site. The Caregiver Law identifies numerous "serious crimes" that automatically bar an individual from participation in clinical experiences, unless the individual completes the Wisconsin Department of

Health and Family Services rehabilitation review process. The list of “serious crimes” can be found at: <https://www.dhs.wisconsin.gov/publications/p0/p00274.pdf>.

The initial background check will be in effect for four years. If, during that four-year period, the individual notifies the program that he/she has been convicted of a crime, or is under investigation for a crime, or if the program learns of this information from another source, another background check will be conducted. Likewise, if an individual remains in the program for more than four years, another background check is required. Please note that an individual who is deemed ineligible to participate in clinical training based on the results of the check may not be able to complete the requirements for the degree.

University of Wisconsin – Madison School of Medicine and Public Health has partnered with Castle Branch to manage its background checks. All fees associated with background checks are the student’s responsibility. Upon admission into the PA Program, students are given a link to CastleBranch to initiate the process.

Additional background checks may be required by some clinical sites. The fees associated with these background checks will be the student’s responsibility.

You may contact Juli Loker at 608.263.5621 or email [loker@wisc.edu](mailto:loker@wisc.edu) for assistance.

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## **NON-MD Professionalism & Misconduct Policy**

### Purpose

Health Profession Program students are expected to make good judgments and ethical decisions in academic and professional environments. This policy and related guidelines provide uniform guidance to Health Profession Program students, along with potential repercussions in the event of an infraction.

### Definitions

Health Profession Program: Any of the SMPH Doctor of Physical Therapy, Master of Genetic Counselor Studies, Master of Physician Assistant Studies, and Master of Public Health Programs (each, a "Program").

### Policy

The Programs expect the highest level of academic integrity and professional, ethical, and respectful conduct in all interactions. Students should conduct themselves according to the standards expected of members of the health profession to which they aspire.

All Program students are subject to the rules and regulations contained in the University of Wisconsin System Administrative Code (UWS) chapters 14, 17, and 18, governing student academic and nonacademic conduct and disciplinary procedures, and to all other applicable state and federal laws as well as any Program-specific policies.

Students should avoid even an appearance of improper behavior or lack of ethical standards in their role as health professional students, in all professional settings, and in their personal lives. Students may be disciplined or dismissed from their Program for misconduct or disregard for professional conduct expectations regardless of their academic standing.

In addition to Program level penalties for misconduct or lack of professionalism, a student may face UW disciplinary action for the same offense as noted in UWS 14, 17 and 18 including probation, suspension, or expulsion.

Students are responsible for reading the information here as well as the information published on all the relevant web sites. Lack of knowledge of this information does not excuse any infraction.

#### Health Profession Programs (non-MD) Academic and Non-Academic Misconduct Guidelines

Note: Terms used in this procedure document are defined in Health Profession Programs (non-MD) Professionalism and Misconduct Policy (above.)

This document includes examples of Academic and Non-academic Misconduct; however, it is important to understand that these examples are not all-inclusive, and in fact represent a few brief illustrations. Not all violations are considered equal and the severity of the penalty will determine the sanction. Serious offenses may lead to prompt dismissal from the program. Every attempt will be made to fairly and consistently apply the misconduct guidelines in all situations.

**Academic misconduct:** Academic misconduct (UWS 14.03(1)) is an act in which a student:

- seeks to claim credit for the work or efforts of another without authorization or citation;
- uses unauthorized materials or fabricated data in any academic exercise;
- forges or falsifies academic documents or records;
- cheats on an exam;
- intentionally impedes or damages the academic work of others;
- engages in conduct aimed at making false representation of a student's academic performance; or
- assists other students in any of these acts.

Examples of violations:

- cutting and pasting text from the Web without quotation marks or proper citation;
- paraphrasing from the Web without crediting the source;
- using notes or a programmable calculator in an exam when such use is not allowed;
- using another person's ideas, words, or research and presenting it as one's own by not properly crediting the originator;
- stealing examinations or course materials;
- changing or creating data in a lab experiment;
- altering a transcript;
- signing another person's name to an attendance sheet;
- hiding a book knowing that another student needs it to prepare for an assignment;
- collaboration that is contrary to the stated rules of the course; or
- tampering with a lab experiment or computer program of another student

**Non-Academic Misconduct** - SMPH may discipline a student in non-academic matters in the following situations:

- conduct which constitutes a serious danger to the personal safety of a member of the university community or guest;
- stalking or harassment;
- conduct that seriously damages or destroys university property or attempts to damage or destroy university property, or the property of a member of the university community or guest;
- conduct that obstructs or seriously impairs university-run or university-authorized activities, or that interferes with or impedes the ability of a member of the university community, or guest, to participate in university-run or university-authorized activities;
- unauthorized possession of university property or property of another member of the university community or guest;
- acts which violate the provisions of UWS 18, Conduct on University Lands;
- knowingly making a false statement to any university employee or agent on a university-related matter, or for refusing to identify oneself to such employee or agent;



- violating a standard of conduct, or other requirement or restriction imposed in connection with disciplinary action.

Examples of violations:

- engaging in conduct that is a crime involving danger to property or persons, as defined in UWS 18.06(22)(d);
- attacking or otherwise physically abusing, threatening to physically injure, or physically intimidating a member of the university community or a guest;
- attacking or throwing rocks or other dangerous objects at law enforcement personnel, or inciting others to do so;
- selling or delivering a controlled substance, as defined in 161 Wis. Stats., or possessing a controlled substance with intent to sell or deliver;
- removing, tampering with, or otherwise rendering useless university equipment or property intended for use in preserving or protecting the safety of members of the university community, such as fire alarms, fire extinguisher, fire exit signs, first aid equipment, or emergency telephones; or obstructing fire escape routes;
- preventing or blocking physical entry to or exit from a university building, corridor, or room;
- engaging in shouted interruptions, whistling, or similar means of interfering with a classroom presentation or a university-sponsored speech or program;
- obstructing a university officer or employee engaged in the lawful performance of duties;
- obstructing or interfering with a student engaged in attending classes or participating in university-run or university-authorized activities;
- knowingly disrupting access to university computing resources or misusing university computing resources.

University of Wisconsin School of Medicine and Public Health (SMPH) Health Profession Programs (non-MD) Professional Behavior Code

Note: Terms used in this procedure document are defined in Health Profession Programs (non-MD) Professionalism and Misconduct Policy (above.)

The Professional Behavior Code includes examples of violations; however, it is important to understand that these examples are not all-inclusive, and in fact represent a few brief illustrations. Not all violations are considered equal and the severity of the penalty will determine the sanction. A serious breach of ethics, including dishonest acts, unethical behavior, discrimination, or confidentiality, may lead to prompt dismissal from the program. Every attempt will be made to fairly and consistently apply the Professional Behavior Code in all situations.

**Honesty and Integrity:** Students shall demonstrate honesty and integrity as shown by challenging themselves in academic pursuits; honesty and ethics in research and Institutional Review Board applications-including honesty in interpretation of data and documenting research activities, protecting subject/client confidentiality, and complying with regulations concerning protected health information. Students shall follow-through and pull their weight in group activities and understand where collaboration among students is or is not allowed; not plagiarize others or past work (self-plagiarism), cheat, or purposefully undermine the work of others; and avoid conflicts of interest for the duration of their time in the program. As a professional, honesty and integrity also extends to personal behavior in life outside of the academic setting by realizing that students are representatives of the program, UW-Madison, and the profession as a whole.

Examples of violations:

- Plagiarism
- Falsifying application materials to the university or the professional program
- Making an assertion that intentionally deceives or misleads
- Obtaining assistance with coursework submitted as one's own, copying the answers of another student on an examination or using unauthorized print or technology-assisted resources during an exam

- Providing another student with unauthorized materials or answers on an examination to aid that student with his/her coursework
- Denying other students authorized preparatory material
- Feigning illness or crisis to postpone an examination
- Accessing or having possession of unauthorized medical records when not directly involved in patient care
- Falsifying patient records
- Discussing patients in public, including public areas of hospitals and clinics
- Failing to be truthful and forthright in all dealings with patients, faculty, fellow students, staff, and the public

**Interpersonal and Workplace Relationships:** Students shall interact with peers, faculty, staff and those they encounter in their professional capacity (e.g., patients) in a manner that is respectful, considerate, and professional. This includes and is not limited to attending all scheduled meetings, honoring agreed upon work schedules, being on-time and prepared for work/meetings, contributing collaboratively to the team, keeping lines of communication open, offering prompt response to inquiries, and employing respectful use of available equipment/technology/ resources. Chronic or unexplained absences are unprofessional in the workplace and could be grounds for dismissal or removal of funding. To facilitate the free and open exchange of ideas, any criticism shall be offered in a constructive manner, and students shall show respect for a diversity of opinions, perspectives and cultures.

Examples of Violations:

- Interfering with the learning process by belittling a presenter or classmate, carrying on an audible conversation during a lecture or making or receiving cell phone calls
- Discriminating against, stalking or harassing patients, fellow students, faculty, or staff
- Making comments, or using humor, with fellow students, instructors, staff, patients and the public in a manner that could be considered offensive or intimidating
- Engaging in violent, abusive, indecent, profane, unreasonably loud, or other behavior that causes a disturbance on university property, in a clinical setting, or in public
- Arguing for a higher grade after an instructor or clinical preceptor has made a final decision.
- Interacting with the program or dean's office staff in a rude or demanding way
- Dating a patient or otherwise exploiting the trainee/patient relationship
- Making inappropriate or demeaning references about patients or others, such as appearance, ethnicity, physical appearance, background, intelligence, mental status, etc.

**Commitment to Learning:** Students are expected to meet their educational responsibilities at all times. Be actively prepared for class and be ready for questions and answers. Be on time for every class and always show courtesy during class or if you have to leave class early. If possible, students should notify the instructor at least one day in advance of a planned absence. Students who are unable to attend class are responsible for finding out what occurred that day and should not expect instructors to give them individual instruction. Recognizing that the pursuit of knowledge is a continuous process, students shall show commitment to learning by persevering despite adversity and seeking guidance in order to adapt to change. Students shall strive for academic excellence and pursue and incorporate all critique, both positive and negative, in the acquisition of knowledge in order to understand and respect the community in which they work. Students must meet all obligations for participation in program-based orientations and activities during the clinical rotations or fieldwork experiences. During preceptorships, clinical rotations, or fieldwork, students are expected to participate at the level required by the preceptors to whom they are assigned. They can anticipate required attendance beyond the usual classroom/clinical schedule in order to fully participate in all patient- care activities.

Examples of Violations:

- Missing or being late for an examination; failure to contact the instructor
- Attendance or punctuality behaviors for classes, orientations, or End of Rotation activities that violate standards set by instructors or preceptors
- Being under the influence of alcohol or non-prescription drugs while participating in any educational activities

- Creating a disturbance in the classroom or clinical setting
- Failing to contact your clinical preceptor and program faculty/staff for permission to take care of personal business that interrupts your clinical duties

**Professional Appearance in the Classroom and Professional Setting:** Students represent their Program and profession in the classroom and the professional/clinical setting. They shall maintain a physical appearance and personal hygiene that is conducive to developing effective relationships with instructors, physicians, staff, fellow students, and patients. In the classroom, dress may be casual, but should promote a positive image of the Program. In fieldwork/clinical settings, clothing and appearance should be appropriate for the work environment and professional duties (including safety protocols and protective clothing in environments that require them).

Examples of violations:

- Wearing wrinkled, dirty, or inappropriate clothing
- Having offensive body odor
- Having an odor of cigarette smoke or other tobacco products
- Continuing to wear jewelry or perfume/cologne despite being notified that it is potentially offensive to patients or clients

## **NON-MD Student Appeals Policy**

Purpose:

This Policy codifies the right of any student appeal their dismissal from a Health Profession Program (non-MD) at the UW SMPH for failure to meet academic standards or for professional/academic misconduct.

Definitions:

Health Profession Program: Any of the UW SMPH Doctor of Physical Therapy, Master of Genetic Counselor Studies, Master of Physician Assistant Studies, and Master of Public Health Programs (each, a "Program").

Policy:

Students who are dismissed from a Program have the right to appeal that decision for review at the Program level by the Review Committee. The student and Review Committee will follow the "SMPH Health Profession Program Appeals Procedure."

Students who are denied reinstatement after a Program level appeal may file an SMPH level appeal in accordance with the procedure set forth in the "Health Profession (non- MD) Student Appeals Hearing Committee: Structure, Function and Operation."

University of Wisconsin School of Medicine and Public Health (SMPH) Health Profession Student (non-MD) Program Level Appeals Procedure

Note: Terms used in this procedure document are defined in Health Profession Program (non-MD) Student Appeals Policy (above.)

Any student wishing to appeal a dismissal decision must submit a petition for appeal within seven (7) calendar days of receiving written notification of dismissal from the Program Director. Written notification of dismissal may be provided by the Program Director either by hand or by certified letter. Petitions for appeal must be submitted via email, by hand,

or by certified letter. Petitions submitted after 7 days will not be considered. For clarity, a student receiving written dismissal notification on a Tuesday has until midnight on the following Tuesday to submit their petition.

Petitions for appeal must outline the student's basis for appeal, including a statement of the specific reason(s) for disagreement with the dismissal or explanation of the extenuating circumstances that interfered with the student's academic performance and/or professionalism.

The student's status shall remain that of dismissed throughout the appeals process, and they shall have no active standing in SMPH during the appeal process.

The Review Committee shall be comprised of members selected by the Program.

The student's in-person attendance at the appeal hearing is mandatory. The Program Director will endeavor to schedule the hearing within four (4) weeks of the student's request for an appeal and at a time that is mutually agreeable to the student and all Review Committee members.

A quorum of at least two-thirds (2/3) voting Review Committee members must be able to attend the appeal hearing in person.

At least three (3) full business days before the appeal hearing, the student must submit a written statement, maximum three (3) pages (excluding relevant appendices) to the Program Director, describing the basis of the appeal, steps taken to alleviate the circumstances that led to dismissal, and a proposed plan for improvement along with any supporting documentation or evidence.

The student may be accompanied by one support person during the appeal hearing. This person and his or her relationship to the student must be identified in the written statement.

The Program Director will provide the Review Committee members with copies of the student's notification of dismissal, a summary of the basis of the dismissal, the student's petition for appeal, and any materials provided by the student at least one full business day before the hearing.

The Review Committee members shall have access to the student's relevant SMPH records before the hearing.

The student's support person may speak to the student during the appeal hearing to provide support and consultation, but not address the Review Committee.

Only voting and ex officio members of the Review Committee and the student and his or her support person may be present during the appeal hearing.

The Program Director shall act as Chairperson of the Review Committee. The appeal hearing will proceed as follows:

- Introduction of the student and committee members
- Chairperson assigns one person to take minutes and describes the basis of the dismissal, including applicable policy
- The student has a reasonable amount of time (15 minutes) to make a statement to the Review Committee and present supporting evidence
- The Review Committee can ask the student relevant questions
- The student may make a final statement and is then dismissed
- The Review Committee deliberates in closed session

Appeals determinations are made by simple majority vote of the Review Committee. The Program Director does not vote except in instances when the Review Committee is otherwise tied on whether to grant the appeal. The Program Director cannot overrule a majority decision of the Review Committee.

If the appeal is granted, the Review Committee will establish the student's obligations for reinstatement in the Program.

The Program Director will notify the student of the Review Committee's decision by telephone and/or email within 24 hours of the appeal hearing, to be followed within five (5) business days by a written letter. The Program Director shall also notify the student's faculty advisor and the Senior Associate Dean for Academic Affairs, or their designee.

Details discussed during the appeal hearing and the outcome are private and will only be disclosed as permitted by the Family Educational Rights and Privacy Act ("FERPA") 20 U.S.C. s. 1232g.

Written documentation of the Review Committee's decision will be summarized in minutes for the meeting and will include:

- Brief Summary of Events
- Brief description of the Process
- Findings of the Review Committee
- Decision of the Review Committee
- Minutes will be reviewed for accuracy by the chair within one week of the hearing and maintained confidentially by the Health Professional Program, with a copy in the student's secure record

If the Review Committee denies the appeal for reinstatement, the student may file an appeal in accordance with the process set forth in the "University of Wisconsin School of Medicine and Public Health (SMPH) Health Professional (non-MD) Student Appeals Hearing Committee: Structure, Function and Operation."

Health Profession (non-MD) Student Appeals Hearing Committee: Structure, Function and Operation

Note: Terms used in this procedure document are defined in Health Profession Program (non-MD) Student Appeals Policy (above.)

A student who appeals a dismissal from their Program per the Health Profession Student (non-MD) Program Level Appeals Procedure and is denied reinstatement may request a hearing to appeal the Review Committee's decision by contacting in writing the SMPH Senior Associate Dean for Academic Affairs, or their designee, within fifteen (15) business days of the date of the decision.

The written appeal request must specifically identify the basis for appeal, such as specific reason(s) for disagreement with the dismissal or explanation of the extenuating circumstances that interfered with the student's academic performance and/or professionalism.

A Case-Specific Appeals Hearing Meeting will be convened within fifteen (15) business days of the student's request for an Appeal Hearing to minimize disruption to their desired course of study in the event of a successful appeal. However, a student may request up to fifteen (15) additional business days to prepare their appeal at the time of their request. Exceptions may be considered by the committee chair due to emergency circumstances upon consultation with university legal counsel.

Voting members for a Case-Specific Appeals Hearing Meeting will be drawn from an appointed SMPH At-Large Appeals Hearing Committee that consists of two academic leaders representing each of the Programs (academic leaders include SMPH Associate Deans, Assistant Deans, Program Directors, Associate Program Directors, and Student Service Directors). Members from the At-Large Appeals Hearing Committee will be contacted to identify a working cohort that can be convened in a timely fashion for a Case-Specific Appeals Hearing Meeting when appeals from students are requested.

Three (3) voting members from the At Large Appeals Hearing Committee will be convened for a Case-Specific Appeals Hearing Committee meeting. The voting members will represent three (3) different Programs (including Doctor of Medicine) for each case. There will be NO representation on the convened Case-Specific Appeals Hearing Committee from the Program that the student is or has been recently enrolled in. For example, if a student from Physical Therapy is recommended for dismissal by that Program due to academic standing and/or professionalism issues based on existing policies and procedures as outlined in its student handbook, Physical Therapy faculty/staff will NOT be members of the convened Case-Specific Hearing Appeals Committee for that student's appeal.

The Senior Associate Dean for Academic Affairs or their designee will serve as the non-voting chair for the At-Large Appeals Hearing Committee. The office of the Senior Associate Dean for Academic Affairs will serve as the coordinating office to convene the Case-Specific Appeals Hearing Committee and as the neutral contact for the convened committee members, the Program leadership, and the student.

At least three (3) full business days (excluding weekends and holidays) prior to the Case- Specific Appeals Hearing Committee Meeting, the Program recommending dismissal must submit to the office of the Senior Associate Dean for Academic Affairs a document describing the basis of the decision to dismiss the student. The Program's document will be distributed to members of the convened Case-Specific Appeals Hearing Committee and to the student for review. The document may not exceed three (3) pages, but relevant appendices may be attached. Related policies from the student handbook must be attached if they are being used as a basis for dismissal.

At least three (3) full business days (excluding weekends and holidays) prior to the Case- Specific Appeals Hearing Committee Meeting, the student should submit to the office of the Senior Associate Dean for Academic Affairs a document outlining the basis for their appeal. The document will be distributed to members of the convened Case-Specific Appeals Hearing Committee and to the Program leadership for review. The document may not exceed three (3) pages, but relevant appendices may be attached. Related policies from the student handbook must be attached if the student's appeal alleges that policies were not followed.

The Case-Specific Appeals Hearing Committee will still convene and render a decision even if no materials are received from the student regarding the appeal or in the event the student does not attend the hearing. The student may appear in person to present information at the Case-Specific Appeals Hearing Committee Meeting even if materials are not submitted in writing prior to the meeting.

The Student may bring one advisor or representative of the student's choice to the Case- Specific Appeals Hearing Committee Meeting. The advisor may be a lawyer. The advisor may counsel the student but may not address the committee except as authorized by the non-voting chair. The student is expected to present their own case and respond directly to any questions asked during the meeting.

The student, and their advisor or representative will be invited to attend a portion of the Case-Specific Appeals Hearing Committee Meeting. The student may present their appeal orally and will be expected to answer questions from committee members. The student will have the opportunity to provide any additional information they have to support the appeal. The student, and the student's advisor, may be present when the Program leadership presents its position to the committee.

The involved Program leadership will provide its case for dismissal to the convened committee and will be available to answer questions. They may discuss appendix information used to support its decision. They may be present for the student presentation to the committee.

After the student and the Program leadership have presented their information to the committee, they (and the student's advisor) will be excused from the meeting. The committee and the chair will discuss the case. The committee will vote to make a recommendation to the chair in closed session. The non-voting chair will accept the committee's

recommendation based on majority committee vote unless the non-voting chair finds that the information in the record does not support the findings and recommendation of the committee; appropriate procedures were not followed by the committee; the decision was based on factors proscribed by state or federal law.

The non-voting chair may return the matter for reconsideration by the same committee or a different committee or may modify the decision on their own. The decision by the non-voting chair is final with no further right of appeal.

The non-voting chair will inform the student, the Dean of the SMPH, and the relevant Program Director of the final decision. Initial notification may be by email or phone and will be confirmed within seven (7) calendar days of the decision in a follow-up letter summarizing the outcome of the meeting and the basis for the decision.

Written documentation of the final decision will be summarized in minutes for the meeting and will include:

- a brief Summary of Events (student's position and Program's position)
- brief description of the Process.
- and the Final Decision.

Minutes will be reviewed for accuracy by the Chair and maintained confidentially in the office of the Senior Associate Dean for Academic Affairs. Details of the Case-Specific Hearing Committee Meeting and the outcome are private and will only be disclosed as permitted by the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. s. 1232g.

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## **Resolution of Health Professions Program Student Grievances**

### **Purpose**

This document states the policy granting UW SMPH Health Profession Program students the right to request a grievance hearing if the student feels he or she was graded or evaluated unfairly. This document further provides the formal procedures for objective, consistent review, and adjudication of such grievances if they cannot be resolved through preliminary informal measures.

### **Definitions**

**Health Profession Program:** Any of the UW SMPH Doctor of Medicine, Doctor of Physical Therapy, Master of Genetic Counselor Studies, Master of Physician Assistant Studies, and Master of Public Health Programs (each, a "Program")

**Grievance:** a complaint made by a student alleging that the student received a grade or academic evaluation that was arbitrary, capricious, or discriminatory - i.e., unfairly based on race, gender, religion, personal animus, or any other factor(s) other than objective assessment of the student's academic performance and/or the student's compliance with his or her Program's Professional Behavior Code.

**Grievance Board:** the committee of UW SMPH faculty and staff that provides formal review and adjudication of Grievances when informal resolution measures are unsuccessful.

### **Policy**

SMPH students have the right to fair and equitable treatment with respect to grading and evaluation and may dispute a grade that they feel was awarded unfairly.

Students are expected to make reasonable efforts to resolve Grievances informally and directly, but if those efforts fail, any student may file a request for a Grievance hearing.

The student and Program will follow the SMPH Health Profession Program Grievance Procedure for formal resolution of any Grievance.

#### UW School of Medicine and Public Health SMPH Health Profession Program Grievance Procedure

Note: Terms used in this procedure document are defined in UW SMPH Policy (number): Resolution of Health Profession Program Student Grievances.

#### Informal Resolution

Students should first attempt to resolve a Grievance informally with the SMPH faculty or staff member directly involved in the matter within thirty (30) days of receiving the disputed grade.

If the student feels the Grievance was insufficiently addressed, or, due to the nature of the grievance, is uncomfortable interacting directly with the SMPH faculty or staff member involved, the student should contact the person responsible for the course, e.g., the course director or clerkship/clinical director/administrator, for resolution according to individual course grading policies on grade disputes.

If the course-level review process does not resolve the Grievance, the student may request a review by the appropriate Program Director or Assistant Dean for Students.

The student's request for review must be in an email or written letter and include the reasons the student believes the grade or evaluation was unfair.

The Program Director or Assistant Dean for Students will attempt to resolve the Grievance through informal mediation with the parties involved within ten (10) business days of receiving the student's written request for review.

Following this review, the person responsible for the course makes the final decision.

The course director will inform the student of the final decision by telephone and/or email within 24 hours of the decision, to be followed within five (5) business days by a written letter.

If the Grievance has still not been resolved to the student's satisfaction, he or she may request a formal Grievance hearing as outlined below.

#### Formal Resolution

Any student wishing to request a Grievance hearing must do so in an email or written letter to their Program Director or Assistant Dean of Students. The request must be submitted within seven (7) calendar days of receiving written notification of the final decision by the course director as outlined above. Petitions received after this time will not be considered. For clarity, a student receiving written grade/evaluation notification on a Tuesday has until midnight on the following Tuesday to submit their petition.

Requests for Grievance hearings must outline the student's basis of the Grievance, the person(s) against whom the Grievance is filed ("Respondent(s)"), the informal resolution efforts made thus far, and the remedy or correction requested.

The Program Director or Assistant Dean of Students will review the student's written statement for timeliness and completeness and to determine whether grounds for reconsideration have been reasonably established. If grounds for reconsideration have not been established, the final decision of the course director will be upheld. If grounds for



reconsideration have been established, the Program Director or Assistant Dean of Students will notify the student and Respondent(s) and provide the Respondent(s) with a copy of the student's request for a hearing.

The Grievance Board shall be convened for a hearing within four (4) weeks of the student's request, at a time that is mutually agreeable to the Grievance Board members and both parties. A quorum of at least two-thirds (2/3) voting Grievance Board members must be able to attend the hearing in person.

The Grievance Board shall be comprised of the following members:

- Senior Associate Dean for Academic Affairs
- Associate Dean for Medical Student Education and Services
- Associate Dean for Public Health
- Associate Dean for Graduate Medical Education
- Director Continuing Professional Development
- Doctor of Physical Therapy Program Director
- Genetic Counseling Program Director
- Master of Public Health Associate Program Director
- Physician Assistant Program Director
- Administrative Director of Academic Affairs

The Senior Associate Dean for Academic Affairs shall serve as Chair of the Grievance Board and does not vote unless the Grievance Board is tied. The Chair cannot overrule a majority decision of the Grievance Board.

At least ten (10) business days prior to the hearing, both parties will provide the Chair of the Grievance Board with any additional documentation to be presented at the hearing. Each party may have one support person at the hearing whose name and relationship to the party must be identified in writing to the Chair at this time.

At least five (5) business days prior to the Grievance hearing, the chair will provide the parties and the Grievance Board members with the following:

- The names of the parties
- The nature of the issues to be heard and any relevant policies
- The date, time, and place of the hearing
- The names of each party's support person if any

To protect the confidentiality of the parties, the Grievance hearing shall be closed to the public unless otherwise agreed in writing by both parties. The student, Respondent(s) and any support people may attend the entire Grievance hearing other than the Grievance Board's deliberations.

The parties may confer with their respective support person, but the support person may not address the Grievance Board, question witnesses, or otherwise participate in the hearing.

The chair must recognize individuals before they speak. Once recognized, a party may speak without interruption, though the chair may announce and enforce time limits on each party to present its case.

The Grievance hearing will proceed as follows:

- Introduction of student, Respondent(s) and Grievance Board members.
- Chair assigns one person to take minutes, describes the nature of the issues at hand, including relevant policy, and reviews the hearing procedures, including time restraints, if any.
- The student makes their statement relevant to the Grievance and answers questions from the Grievance Board and Respondent(s);

- The Respondent(s) makes their statement relevant to the Grievance and answers questions from the Grievance Board and student.
- Each party may refute any statement by the other party and make a closing statement.
- Chair excuses parties and support people; and
- The Grievance Board deliberates in closed session.

Determinations of the Grievance Board are based on a "preponderance of the evidence" standard where the student bears the burden of proof. Specifically, the student must demonstrate that it is more likely than not that the grade or evaluation was based upon factor(s) other than objective assessment of the student's academic performance and/or the student's compliance with their Program's Professional Behavior Code. The Grievance Board should strive to reach consensus on a workable solution with a final determination made by simple majority as a last course of action.

If the Grievance Board finds that the student's Grievance has merit and that redress is possible, it will direct the Program Director or Assistant Dean of Students to implement an appropriate remedy. If the Grievance Board finds that the Grievance is without merit, it will so inform the Senior Associate Dean for Academic Affairs and the decision of the course director will stand final.

The Program Director or Assistant Dean of Students will notify the student of the Grievance Board's decision by telephone and/or email within 24 hours of the Grievance hearing, to be followed within five (5) business days by a written letter.

Details discussed during the Grievance hearing and the outcome are private and will only be disclosed as permitted by the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. s. 1232g.

Written documentation of the final decision will be summarized in minutes for the meeting and will include:

- Brief Summary of Events (student's position and Respondent(s) position)
- Brief description of Process
- Findings of the Grievance Board
- Recommendations of the Grievance Board

Minutes will be reviewed for accuracy by the chair within one week of the hearing and maintained confidentially by the Health Professional Program, with a copy in the student's secure record.

## **SMPH Student Mistreatment Policy**

### **Purpose**

The purpose of this policy is to articulate UW SMPH's zero-tolerance stance on the mistreatment of students, to delineate reporting procedures, to articulate the institutional response to reports of mistreatment, and to ensure that mistreatment reporters experience no retaliation.

### **Definitions**

Mistreatment: In accordance with the American Association of Medical Colleges, UW SMPH defines mistreatment as:

- Public belittlement or humiliation
- Threats of physical harm or actual physical punishment
- Requirements to perform personal services (e.g., shopping)
- Being subjected to unwanted sexual advances
- Being asked for sexual favors in exchange for desired grades

- Being denied opportunities for training because of gender, race, ethnicity, or sexual orientation, physical ability, or age
- Being subjected to offensive remarks based on gender, race, ethnicity or sexual orientation
- Receiving low grades or negative evaluations because of gender, race, ethnicity, or sexual orientation

Retaliation: Adverse action taken against an individual in response to, motivated by, or in connection with an individual's complaint of mistreatment, participation in an investigation of such complaint and/or opposition of mistreatment in the educational or workplace setting

Student Mistreatment Triage Committee: A committee comprised of four, dean-appointed members holding senior leadership positions at UW SMPH; this committee triages reports of student mistreatment and ensures that reports are thoroughly investigated and resolved in a fair and timely fashion by the appropriate party; this committee also documents incident resolution information and informs the incident reporters of outcomes when appropriate.

## Policy

- UW SMPH prioritizes a safe, supportive, and professional learning environment, and as a result does not tolerate mistreatment of its students, by any individual, at any UW SMPH educational or training site.
- Anyone who witnesses or experiences student mistreatment at a UW SMPH educational or training site is strongly encouraged to report it.
- All UW SMPH faculty and staff who witness student mistreatment at UW SMPH educational and training sites are required to report it.
- No individual who in good faith reports or complains of mistreatment or provides information relevant to a mistreatment investigation or proceeding may be subjected to retaliation.
- False claims of mistreatment or unprofessionalism will not be tolerated. A person will be held accountable for making a frivolous or malicious complaint of harassment. Colleagues who on good faith assist others in raising a complaint of harassment by offering advice, moral support, or giving testimony or documentary evidence in support of a complaint of harassment are protected.
- To report a mistreatment incident, individuals may use any of the following resources:
  - The UW SMPH online reporting form, which allows the reporter to remain anonymous if so desired: [www.med.wisc.edu/studentmistreatment](http://www.med.wisc.edu/studentmistreatment)
  - Any of the following UW SMPH personnel:
    - Assistant Dean for Students
    - UW SMPH Human Resources Manager
    - Program Director for appropriate health professional program
    - Any member of the Office of Student Services for appropriate program
    - Any member of the Office of Multicultural Affairs
    - Any course director
    - Any course instructor
    - Any course administrator
    - The UW SMPH ombudsperson
    - Any member of the Student Mistreatment Triage Committee
    - Any of the following UW-Madison personnel:
      - UW-Madison Bias and Hate Incident Reporting
      - Office of Compliance
      - Title IX Coordinator
      - Dean of Students Office
- In addition to the reporting resources above, mistreatment incidents concerning UW Madison PA Program

students may be reported to:

- Director of Student Services/Title IV Coordinator – Erin McCarthy Orth
  - Any member of the PA Program faculty or staff
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- Upon receiving a report of student mistreatment, the above personnel are required to complete the UW SMPH online reporting form if a report has not yet been submitted. Personnel submitting a report via the online form shall respect the wishes of any student to remain anonymous.
  - Reports entered into the online reporting form will be automatically uploaded into a database that the Student Mistreatment Triage Committee will use for tracking and quality improvement.
  - The Student Mistreatment Triage Committee will investigate reports of mistreatment and ensure that incidents of mistreatment are addressed in a manner that is timely and fair to the concerned parties.
  - The Student Mistreatment Triage Committee will document incident resolution information and inform incident reporters of outcomes when appropriate.
  - All students (new and continuing), resident teachers, faculty teachers, and SMPH administrative staff will receive training on identifying and reporting mistreatment on an annual basis.
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## **POLICY ON FLU VACCINATION**

### **PURPOSE**

To provide policy and procedures for annual seasonal influenza (flu) vaccination of employees. The Centers for Disease Control and Prevention (CDC) recommends annual influenza immunization for all health care workers to prevent the spread of influenza. As a healthcare organization, the University of Wisconsin School of Medicine and Public Health (SMPH), as part of UW Health, recognizes and supports the benefits of an annual influenza program. Influenza vaccination is a key component in the prevention of influenza to patients and co-workers along with appropriate hand hygiene and standard precautions, including cough etiquette.

### **POLICY**

All covered persons are required to either receive an annual vaccine or provide a medical or religious waiver by December 1 of each calendar year. SMPH employees and students can receive the vaccine through the University flu vaccine clinics or through their own health care provider.

### **PERSONS AFFECTED**

This policy applies to all faculty, staff, and students, both part-time and full-time, including temporary, per diem and Graduate Medical Education trainees. This policy also applies to all volunteers who regularly work in UW Health facilities, contract employees, medical students, and students on clinical rotation in UW Health facilities. For purposes of this policy, all persons affected shall be referred to as "employees" even though no employment relationship may exist. Affiliation agreements and contracts should place the responsibility for this requirement on the school or agency.

### **PROCEDURE**

All employees are required to receive an influenza vaccine or provide documentation of medical or religious waiver by December 1 of each year. Waivers do not need to be submitted annually.

- Medical Waiver: A medical waiver must be signed by the health care provider and returned to the Dean's Office Human Resources by December 1. Waivers will be considered confidential medical information and not shared with departments or supervisors.
- Religious Waiver: A religious waiver must be completed, signed and returned to the Dean's Office Human Resources by December 1.

Falsification of waivers may be cause for discipline in accordance with university policies.

Records will be maintained documenting vaccinations and waivers. If a national vaccine shortage occurs, UW Health leadership may modify, suspend, or revoke all or part of this policy.

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## UW POLICIES

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### Annual Security/Fire Safety Report

- <https://uwpd.wisc.edu/content/uploads/2020/11/2020-ASR-FINAL-112020.pdf>

### FERPA Brochure

- <https://registrar.wisc.edu/ferpa/>

### Academic Integrity/Academic Misconduct

- [https://docs.legis.wisconsin.gov/code/admin\\_code/uws/14.pdf](https://docs.legis.wisconsin.gov/code/admin_code/uws/14.pdf)

### Nonacademic Misconduct

- [https://docs.legis.wisconsin.gov/code/admin\\_code/uws/17/](https://docs.legis.wisconsin.gov/code/admin_code/uws/17/)

### Conduct on University Lands

- [https://docs.legis.wisconsin.gov/code/admin\\_code/uws/18/](https://docs.legis.wisconsin.gov/code/admin_code/uws/18/)

### UW Safe Learning & Work Environment Guide

- <https://compliance.wisc.edu/safe-learning-work-guide/>

### When Classwork & Religious Observance Conflict

- <https://secfac.wisc.edu/academic-calendar/#religious-observances>

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## RESOURCES

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### STUDENT SERVICES

#### WISCARD – UW Student ID

<https://wiscard.wisc.edu/>

#### Dean of Students Office

70 Bascom Hall, 500 Lincoln Drive

Madison, WI 53706-1380

Email: [dean@studentlife.wisc.edu](mailto:dean@studentlife.wisc.edu)

Phone: 608-263-5700

Web: <https://doso.students.wisc.edu/>

### **Report Harassment or Unprofessional Behavior**

<https://www.med.wisc.edu/education/mistreatment-discrimination-harassment-of-students/student-mistreatment-reporting-form/>

### **Bursar's Office**

<https://bursar.wisc.edu/>

Information and resources on student tuition billing and payments, refunds, remissions, and loans serviced by UW-Madison

### **Office of Student Financial Aid**

333. E. Campus Mall, #9701

Madison, WI 53715-1382

Email: [finaid@finaid.wisc.edu](mailto:finaid@finaid.wisc.edu)

Phone: 608-262-3060

Web: <https://financialaid.wisc.edu/>

### **SMPH Financial Aid Advisor**

Emma Crawford

Phone: 608-263-3060

[emma.crawford@wisc.edu](mailto:emma.crawford@wisc.edu)

**UW-Madison FAFSA School Code:** 003895

FAFSA: <https://studentaid.ed.gov/sa/fafsa>

### **Using Student Center to Track Financial Aid**

<https://finaid.wisc.edu/pdf/studentcenter.pdf>

### **McBurney Disability Resource Center**

702 W. Johnson Street, Suite 2104

Madison, WI 53715-1007

Phone: 608-263-2741

Email: [mcburney@studentlife.wisc.edu](mailto:mcburney@studentlife.wisc.edu)

Web: <https://mcburney.wisc.edu/>

### **Gender and Sexuality Campus Center**

716 Langdon Street, Red Gym 123

Madison, WI 53706

Phone: 608-265-3344

Email: [lgbt@studentlife.wisc.edu](mailto:lgbt@studentlife.wisc.edu)

Web: <https://lgbt.wisc.edu/>

### **Campus Multicultural Student Center**

716 Langdon Street, Red Gym 2<sup>nd</sup> Floor

Madison, WI 53706

Phone: 608-262-2503

<https://msc.wisc.edu/>

### **SMPH Office of Multicultural Affairs**

750 Highland Avenue, HSLC 2130

Madison, WI 53705  
Phone: 608-265-4867  
Email: [oma@med.wisc.edu](mailto:oma@med.wisc.edu)  
<https://www.med.wisc.edu/about-us/diversity/students/>

**NACHP (Native American Center for Health Professions)**

750 Highland Avenue, HSLC 1110  
Phone: 608-262-7218  
Email: [nachp@hslc.wisc.edu](mailto:nachp@hslc.wisc.edu)  
Web: <https://www.med.wisc.edu/education/native-american-center-for-health-professions/>

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**HEALTH & WELLNESS**

**University Health Services**

333 East Campus Mall  
Web: <https://www.uhs.wisc.edu/>  
Phone: 608-265-5600

**After-Hours Nurse Line**

608-265-5600 (option 1)

**SHIP (Student Health Insurance Policy)**

Web: <https://www.uhs.wisc.edu/ship/>  
Phone: 608-265-5232  
Email: [shipmail@uhs.wisc.edu](mailto:shipmail@uhs.wisc.edu)

**Trans Health @ UHS**

<https://www.uhs.wisc.edu/front/trans-health/>

**UHS Mental Health Services**

<https://www.uhs.wisc.edu/mental-health/>

**24-Hour Mental Health Crisis Services**

608-265-5600 (option 9)

If your situation is immediately life threatening, call 911 or get safely to the nearest hospital emergency room.

**SilverCloud**

<https://www.uhs.wisc.edu/mental-health/silvercloud/>

SilverCloud is an online, self-guided, interactive mental health resource that provides UW-Madison students with accessible treatment options 24 hours a day. SilverCloud does not require a referral from a mental health or medical provider. For questions, email [silvercloud@uhs.wisc.edu](mailto:silvercloud@uhs.wisc.edu).

**You@WISC**

<https://www.uhs.wisc.edu/front/you-2/>

You@WISC is a student connection portal with tools, content, and resources specific to UW-Madison student life designed to build resilience within students and foster campus connections. Succeed. Thrive. Matter.

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## ACADEMIC RESOURCES

### Course Enrollment Information

<https://registrar.wisc.edu/course-enrollment/>

### MyUW

<https://my.wisc.edu/web/expanded>

### OASIS

<https://uw.oasisscheduling.com/index.html>

### Canvas Student Training Course

<https://canvas.wisc.edu/courses/13>

### Canvas

<https://canvas.wisc.edu/>

**MEDIC** – A student-led organization that runs seven free health clinics throughout the Madison area.

<https://www.med.wisc.edu/education/medic/>

### UW SMPH Video Library

<http://videos.med.wisc.edu/>

### UW SMPH Video Library – Livestream

**Password:** paprogram

<http://live.videos.med.wisc.edu/>

### Student Academic Success Services (SASS)

<https://www.med.wisc.edu/education/md-program/student-resources/academic-support/>

- **Sharon Marks**  
Learning specialist  
2264 Health Sciences Learning Center  
608-263-8280  
[sharon.marks@wisc.edu](mailto:sharon.marks@wisc.edu)
  - **Krista Zimonick**  
Learning specialist  
2262 Health Sciences Learning Center  
608-265-9666  
[kzimonick@wisc.edu](mailto:kzimonick@wisc.edu)
  - **Megan Malone**  
Learning specialist  
2266 Health Sciences Learning Center  
608-265-5030  
[megan.malone@wisc.edu](mailto:megan.malone@wisc.edu)
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## TRANSPORTATION SERVICES

### UW Transportation Services

<https://transportation.wisc.edu/>

### Campus Bus Routes

The UW campus bus routes are fare-free for all riders. All campus bus stops (with real-time pick-up info) can be found on the [interactive campus map](#):

- Routes [80](#) and [84](#) provide daytime service. [Service calendar for Routes 80 and 84](#)
- Routes [80](#), [81](#), and [82](#) provide nighttime service. [Service calendar for Routes 81 and 82](#)

### SAFEWALK

<https://transportation.wisc.edu/safewalk/>

### Madison Metro

<https://www.cityofmadison.com/metro>

### Student Bus Pass

<https://www.asm.wisc.edu/resources/buspass/>

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## CAMPUS RESOURCES

### University Bookstore

<https://www.uwbookstore.com/home>

### UW Athletics

<https://uwbadgers.com/>

### Memorial Union & Union South

<https://union.wisc.edu/>

### UW Events Calendar

<https://today.wisc.edu/>

### Wisconsin Hoofers

<https://union.wisc.edu/events-and-activities/outdoor-uw/wisconsin-hoofers/>

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## COMMUNITY RESOURCES

### City of Madison

<http://www.cityofmadison.com/>

### Living in Madison

<https://madison.wisc.edu/>

**Isthmus** - Madison's free weekly newspaper (local news, calendar of events, restaurant directory)

<https://isthmus.com/>

**Access Community Health Centers**

<https://accesscommunityhealthcenters.org/>

**Second Harvest Foodbank**

<https://www.secondharvestmadison.org/>

**DAIS** (Domestic Abuse Intervention Services)

<https://abuseintervention.org/>

**Rape Crisis Center**

Web: <https://thercc.org/>

Phone: 608-251-7273

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