# PA Program Policies & Procedures

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PA PROGRAM POLICIES & PROCEDURES

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, 5th edition. The following standards are included in sections A (Administration) and C (Evaluation):

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 Form.
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 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.
5. Evaluation of professionalism during the didactic component of the program will proceed as follows:
   a. Academic Year Coordinator will send out professionalism self-evaluation form to each student to complete one week prior to mentor/mentee meeting. Each student is required to complete this self-evaluation and return to their faculty mentor.
   b. Academic Year Coordinator will send out Professionalism Feedback for each didactic student to all appropriate faculty (two weeks prior to mentor/mentee meeting).
   c. Faculty must complete all student evaluations and return to Academic Year Coordinator 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, the face sheet (Appendix III) and all evaluations will be returned to the Academic Year Coordinator for central filing.
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 occur in similar fashion as compared to the didactic year.
7. Evaluation of professionalism during the clinical component of the program will proceed as follows:
   a. Preceptor evaluations for each student will be collected by the Clinical Year Coordinator and the Director of Clinical Education; the preceptor evaluation forms evaluate specific behaviors of professionalism.
   b. This information will be forwarded to the appropriate mentor. Mentors will review the evaluations PRIOR to EOR meeting.
   c. 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 manner in which 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 on OASIS 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 as a whole during faculty meetings, or to the PA Program Promotion and Progress Committee.
Identified below is the typical Mentor-Mentee meeting schedule:

<table>
<thead>
<tr>
<th>Mentor Meeting (On Campus and wisPACT)</th>
<th>Occurrence</th>
<th>Mentor Meeting (Distance Students)</th>
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<tr>
<td>1 (yr 1)</td>
<td>June</td>
<td>1 (yr 1)</td>
<td>June</td>
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<tr>
<td>2 (yr 1)</td>
<td>October</td>
<td>2 (yr 1)</td>
<td>October/November</td>
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<tr>
<td>3 (yr 1)</td>
<td>February</td>
<td>3 (yr 1)</td>
<td>February/April</td>
</tr>
<tr>
<td>4 (yr 2)</td>
<td>August (EOR I)</td>
<td>4 (yr 2)</td>
<td>October/November</td>
</tr>
<tr>
<td>5 (yr 2)</td>
<td>October (EOR II)</td>
<td>5 (yr 2)</td>
<td>February/April</td>
</tr>
<tr>
<td>6 (yr 2)</td>
<td>December (EOR III)</td>
<td>6 (yr 2)</td>
<td>August (EOR I)</td>
</tr>
<tr>
<td>7 (yr 2)</td>
<td>March (EOR IV)</td>
<td>7 (yr 3)</td>
<td>October (EOR II)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 (yr 3)</td>
<td>December (EOR III)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 (yr 3)</td>
<td>March (EOR IV)</td>
</tr>
</tbody>
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The approach to addressing concerns regarding professionalism outside of the formalized protocol outlined above will be as follows:

1. In an effort 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.
Academic Standards Policy

Purpose and Background:

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).

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, consistently apply and make readily available to students upon admission:
   a) any required academic standards,
   b) requirements and deadlines for progression in and completion of the program.

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 all 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.

Advanced Placement

Purpose and Background:

The purpose of this policy is to clearly state the PA Program policy regarding advanced placement into the UW-Madison PA Program.

Per ARC-PA accreditation standards, the program must define, publish, consistently apply and make readily available to prospective students, policies and procedures to include:

   a) admission and enrollment practices that favor specified individuals or groups (if applicable),
   b) admission requirements regarding prior education or work experience,
   c) practices for awarding or granting advanced placement,
   d) any required academic standards for enrollment, and
   e) any required technical standards for enrollment.

Policy Statement:

No advanced placement will be granted for matriculating students. All PA professional coursework must be completed at the University of Wisconsin-Madison. Transfer students are not accepted into the program with advanced placement but must follow the standard admissions processes and must complete all professional program coursework at UW-Madison.
Assignment Process for Supervised Clinical Practice Experiences (SCPEs)

Purpose and Background:

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

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 (see Addendum 1).

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, 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.

Addendum 1: References for ARC-PA Standards (NEW 5th Addition)

B3.02 Clinical sites and preceptors located outside of the United States must only be used for elective rotations.

B3.03 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
   e) for behavioral and mental health conditions.

B3.04 Supervised clinical practice experiences must occur in the following settings:
   a) emergency department,
   b) inpatient,
   c) outpatient, and
   d) operating room.

B3.05 Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.

B3.06 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.
Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

a) family medicine,

b) emergency medicine,

c) internal medicine,

d) surgery,

e) pediatrics,

f) women’s health including prenatal and gynecologic care, and

g) behavioral and mental health care.

Addendum 2: Preceptorship Assignment Process Overview

Each student will complete five 2-month clinical rotations (also called preceptorships), one during the summer after the didactic phase of the program, two during the fall semester of the clinical year, and two during the spring semester. Of the five rotations, one will be in internal medicine, one will be in family medicine, one will be in surgery, and one will be in emergency medicine. The fifth is an elective rotation that may be split into two 1-month rotations.

The Internal Medicine (IM) rotation will emphasize the treatment of patients with multiple co-morbidities, can include both clinic and hospital settings. The IM rotation can be either all general IM, or a split between general IM and a subspecialty. The Surgery rotation can be either all general, or a split between general and orthopedic or cardiothoracic surgery. The Family Medicine (FM) rotation will emphasize pre-natal/gynecological care and pediatric care in addition to preventive care and the management of chronic diseases. The Emergency Medicine (EM) rotation will take place in an emergency department.

In addition, all students are required to participate in one Orientation and five End of Rotation (EOR) experiences – one at the end of each of the five clinical rotations.

I. PRECEPTORSHIP SITE ASSIGNMENTS

Students will have some input into the preceptorship assignment process; however, the Director of Clinical Education determines the final site assignments. The program will offer and assign sites based upon the requirements of the ARC-PA accreditation standards: http://www.arc-pa.org/wp-content/uploads/2019/11/Standards-5th-Ed-Nov-2019.pdf

Students should be aware that their rotation schedule is an ongoing and dynamic process. In order to sustain quality, new rotation sites are continually being developed while longstanding sites are continually evaluated. You may be asked to switch the order of your rotations, or you may be assigned to a particular site and then be asked to switch to another. The whole process of rotation scheduling is a complex one, and it involves numerous factors that are not always evident to students. Thus, you are asked to retain a perspective of flexibility as you enter your ten months of clinical education.

II. HOUSING, MEALS AND TRANSPORTATION

Housing, meals and transportation are the student’s responsibility. While housing may have been offered at some sites in previous years, there is no guarantee that it will be offered every year. Some preceptors have been quite generous in assisting students by providing housing, and many others may offer students some suggestions or assistance in locating their housing. Students are advised to plan ahead financially in order to meet the cost of housing, meals and travel expenses during the clinical phase. Students are advised to make housing and meal arrangements at least one month ahead of their preceptorship start dates. Students are required to have reliable transportation for each rotation.

III. STUDENTS WITH SPECIAL NEEDS

Every year there are a number of students who face challenges or barriers to participation in the clinical rotations assigned to them. These challenges may include family obligations, financial concerns, etc. Students are asked to
reflect carefully upon what is truly a need, and what is a desire. Needs can usually be met, desires take a much lower priority. Secondly, students should remember that in choosing to attend a rigorous clinical training program, they knew that personal sacrifice would be required of them. Thirdly, students are advised to consider what challenges may confront them during the clinical phase and to begin planning now to eliminate them or reduce their impact. Finally, depending upon the nature of the barrier and the student's/program's ability to reach a workable solution, it may be necessary to postpone a student's graduation in order to complete clinical experiences. It is the program's intention to make the preceptorship assignment process as fair as possible for all students, including those with and those without special needs.

IV. REQUESTS FOR NEW SITE AFFILIATIONS – CAMPUS-BASED STUDENTS

Students may inquire into new clinical preceptorships within specified parameters. Students may approach a potential new clinical site for information gathering purposes only. Students are to work with the Director of Clinical Education in establishing a new site. The clinical site: must meet all University, School of Medicine and Public Health, and PA program requirements; must be discussed with faculty at least six months prior to potential utilization – preferably at least 6-9 months in advance – and must be available to subsequent students in the program, i.e. a new site will not be developed for only one individual student's consideration and use. Students should not attempt to schedule themselves with a potential new site or imply that they are representing the program to establish a new clinical affiliation. Students who request that the program look into developing a new site must be willing to have that experience scheduled in the first semester - new sites offer no guarantee of quality or student satisfaction. A new site, which fails to meet program expectations or requirements, may result in the student repeating all or part of the preceptorship at a known quality site, and potentially delaying graduation. There is prudence in determining which new sites are developed. Usually those sites that are within WI and some neighboring states. These site locations are most likely to be used again for future rotation.

V. SITES FOR DE, WISPACT, DUAL DEGREE STUDENTS

DE students will be placed in their home community as much as possible. If a rotation does not exist in your home community, the DE student may be required to travel outside of your home community. WisPACT students will complete at least 3-core rotations in north-central Wisconsin providing that rotations are available with encouragement of completing rotations in their home community. Dual degree students will complete their MPH project during the elective rotation.

VI. CURRENT PROGRAM INITIATIVES

In keeping with federal initiatives that aim to increase the placement of new graduate health care professionals in primary care, and in medically underserved, culturally diverse and rural settings, the program has implemented the following initiative. Students must complete at least one of their rotations in a medically underserved or rural area, or with a medically underserved population. If you are a POD student please refer to your appropriate checklist for any additional rotational requirements.

VII. ASSIGNMENT PROCESS SCHEDULE

Preceptors will be surveyed during the months of October/November/December regarding their availability for the rotation cycle that begins in June. Students will complete the Preceptorship Preference Form/Survey in the fall semester. The Director of Clinical Education will assign students to preceptorship sites based on the availability of the preceptors and, if possible, on student preferences and housing availability. Students will be notified of their assignments in the spring semester.
VIII. BELIZE ELECTIVE

This is a 4-week elective that occurs approximately March/Apr through Hillside Health Care International (http://www.hillsidebelize.net). Students who are in the Global Health POD will have preference. Students who are interested will be required to fill out an application for the 4 available slots. Cost is roughly $2000 which does not include airfare. International Health Elective Orientation (usually occurs in fall semester) is required along with any other POD Global requirements (PA787, PA662, etc.) Students will be notified early December on committee selection.

**Addendum 3: Preceptorship Preference Form/Survey**

Please complete the following survey form to assist in site assignments for the 20__-20__ Clinical Year.

Please fill in your information below:

Name:

What type of student are you?
- Campus
- DE
- WisPACT

Are you intending to be part of a PoD?
- Yes
- No

**Answer If Are you intending to be part of a PoD? Yes Is Selected**

Which PoD are you interested in?
- Global Health
- Rural Health
- Population Health

Please indicate your GENERAL SURGERY preference below:
- General Surgery (8 Weeks)
- General Surgery (4 weeks) & Sub-Specialty (4 weeks)
- No Preference

**Answer If Please indicate your GENERAL SURGERY preference below: General Surgery (4 weeks) & Sub-Specialty (4 weeks) Is Selected**

Which General Surgery Sub-Specialty are you interested in?
- Cardiovascular
- Orthopedics
- Other ____________________

Please indicate your GENERAL INTERNAL MEDICINE preference below:
- General Internal Medicine (8 weeks)
- General Internal Medicine (4 weeks) & Sub-Specialty (4 weeks)
- No preference
Answer If Please indicate your GENERAL INTERNAL MEDICINE preference below: General Internal Medicine (4 weeks) & Sub-Specialty (4 weeks) Is Selected

Which Internal Medicine Sub-Specialty are you interested in?
- [ ] Endocrinology
- [ ] Cardiology
- [ ] Gastroenterology
- [ ] Pulmonary
- [ ] Hematology/Oncology
- [ ] Other ____________________

Please list all of the communities in which you have housing:

Will you require special consideration for availability of housing?
- [ ] Yes
- [ ] No
- [ ] Comments ____________________

Please list any additional information you would like the CY team to take into consideration regarding site assignments:

_______________________________________________________________________________________________

Campus Safety & Dealing w/ Disruptive Students

**Purpose and Background:**

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.

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

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/](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

**Purpose and Background:**

ARC-PA Standard 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 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 will be demonstrated during New Student Orientation and all students will be expected to use the system 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 General Information Session, Interview Orientation, New Student Orientation and in the student-signed document at Interview Orientation (*Things I need to know about the UW-Madison PA Program...*), flexibility and adaptability are necessary characteristics while in the PA program; calendar 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 class and lab activities in order to maximize one’s learning experience. For this reason, the PA Program has an established attendance policy.

**Policy Statement:**

Based upon this policy, 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. In any case, the student is responsible for all information 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 class/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 particular semester.

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

Clinical Remediation Policy

Purpose and Background:

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

- any required academic standard
- requirements and deadlines for progression in the completion of the program
- policies and procedures for remediation and deceleration

A3.17 Student files kept by the program must include documentation:
- that the student has met published admission criteria including advanced placement if awarded,
- that the student has met institution and program health screening and immunization requirements
- of student performance while enrolled
- remediation efforts and outcomes
- of summaries of any formal academic/behavioral disciplinary action taken against a student
- that the student has met all requirements for program completion

B4.01 The program must conduct frequent, objective and documented evaluations of student performance for both didactic and supervised clinical practice experience components. The evaluations must align with what is expected and taught, as defined by the program’s instructional objectives and learning outcomes.

PA Program faculty are committed to the success of all students admitted to the professional program. Occasionally, students are in need of 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 on OASIS and is distributed during the Clinical Year Orientation. 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**

In the event that 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.

In the event that 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 3rd faculty may be required to review the oral remediation evaluation (which is video captured for review purposes). The 3rd 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.

- In the event that 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.

**Preceptorship Remediation Process**

The Clinical Year Team monitors students’ progress frequently during rotations in order 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. The Clinical Year Team also ensures consistent communication with sites via a “touch-base” email. This ensures that the program and preceptorship sites are communicating about the progress of students.
In the event that 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 an average 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**

In the event that a student does not meet other clinical rotation requirements (Patient Encounter logging, Mini CEX’s, Case Presentation or professionalism) 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.

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.

All student remediation efforts and outcomes will be documented on the Remediation Form and placed in the student’s file.
Clinical Year Remediation Process

Clinical Student

Scores < 70% (failing) on clinical rotation examination (computer/OSCE)

Scores < 70% (failing) clinical rotation evaluation

Failed to meet other clinical rotation requirements (wPAM, CFS, Case Presentation, Professionalism)

Course Director determines remediation plan, as needed

A mid point communication/evaluation is conducted for students, which provides an opportunity to discuss any issues.

Remediates components they failed within 7 working days

Passes Preceptorship if other components passed

A Remediation Form is completed and placed in student’s permanent file

Student subsequently fails exams or evaluation or subsequently fails clinical rotation requirements

Did they score < 70% (failing)

Yes

Did they score < 70% (failing)

No

Retakes exam 50% written, 50% oral and/or OSCE remediation

Did student successfully remediate

Yes

Brought to Promotion & Progress Committee for a decision on next steps, based on the Academic Policy for Retention and Promotion

Passes Preceptorship if other components passed

A Remediation Form is completed and placed in student’s permanent file

No

No
Didactic Year Remediation Policy

Purpose and Background:

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:

d. any required academic standard
e. requirements for progression in the completion of the program
f. policies and procedures for remediation and deceleration

A3.17 Student academic records kept by the sponsoring institution or program, in a paper or electronic format, must be readily accessible to authorized program personnel and 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

PA Program faculty are committed to the success of all students admitted to the professional program. Occasionally, 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 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 considered to be 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 3rd faculty may be required to review the oral remediation evaluation (which is video-captured for review purposes). The 3rd 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 *Academic Policy for Retention, Deceleration, and Promotion*.

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 *Academic Policy for Retention, Deceleration, and Promotion*.

**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.

_In regard to 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 the *Academic Policy for Retention, Deceleration, and Promotion*. 

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*Remediation Form*

- Date of Exam:
- Student's Name:
- Course/Module:
- Faculty Name:
- Faculty Grade:
- Notes:

"Signature of Faculty: ____________________________ Date: ____________"
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.

Evaluation of New Preceptors/Sites

Purpose and Background

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).

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 preceptor. 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 (Addendum 2):** 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 (Addendum 3):** 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 (Addendum 4):** 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 (Addendum 5):** Completed by students at the conclusion of each clinical rotation

All of 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 (i.e. Scoring less than 4.0 on overall satisfaction of site of 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.’

**Reference for ARC-PA Standards (Addendum 1)**

**A1.01** When more than one institution is involved in the provision of academic and/or clinical education,

responsibilities of the respective institutions for instruction and supervision of students must be clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s) must define the responsibilities of each party related to the educational program for students, must specify whose policies govern, and must document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the PA program and each clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.

**A2.16** The program must:

a) verify and document that all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site,

b) verify and document all instructional faculty actively serving as supervised clinical practice experience preceptors hold valid certification that allows them to practice in the area of instruction, and

c) orient all instructional faculty to the specific learning outcomes it requires of students.

**B3.01** The program must secure clinical sites and preceptors in sufficient numbers to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences.

**B3.02** Clinical sites and preceptors located outside of the United States must only be used for elective rotations.

**B3.03** *Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes*
a) for preventative, emergent, acute, and chronic patient encounters
b) across the life span to include, 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) care for behavioral and mental health conditions.

B3.04 Supervised clinical practice experiences must occur in the following settings:
   a) outpatient,
   b) emergency department,
   c) inpatient, and
   d) operating room.

B3.05 Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.

B3.06 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 experienced in their area of instruction.

B3.07 Supervised clinical practice experiences must occur with preceptors who enable student to meet program defined learning outcomes for:
   a) family medicine,
   b) internal medicine,
   c) general surgery,
   d) pediatrics,
   e) ob/gyn, and
   f) behavioral and mental health care.

C1.01 The program must define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process must address: a) administrative aspects of the program and institutional resources, b) effectiveness of the didactic curriculum, c) effectiveness of the clinical curriculum, d) preparation of graduates to achieve program defined competencies, e) PANCE performance, f) sufficiency and effectiveness of principal and instructional faculty and staff, and g) success in meeting the program’s goals.

C2.01 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.
General Exam Guidelines

Purpose and Background:

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 with regard to 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 medical school’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 in order 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. All personal items, e.g., book bags, notes, headphones, food, books and other written material, should be placed at the back of the room prior to the exam. No personal items 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 considered to 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 at a later time (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 in regard to 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.

Health Professions Program Immunization Policy

Purpose and Background:

Per ARC-PA Standard A3.07 the program must have and implement a policy on immunization of students and such policy must be based on current Centers for Disease Control recommendations for health professionals. Programs offering rotations at international sites are expected to have policies that include information on CDC recommendations for international travel.

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](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 a detrimental to his/her 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 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:

1. A signed and dated statement explaining their objection on the grounds that administration of one or more of the required immunizing agents conflicts 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.
2. 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 health.

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.**

<table>
<thead>
<tr>
<th>CARE OF THE INJURY OR EXPOSED AREA</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORTING THE INCIDENT</td>
<td>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.</td>
</tr>
<tr>
<td>Staff at the clinical site must make an assessment of the exposure incident: is it a <strong>significant exposure</strong>?</td>
<td>There is a specific definition of <em>significant</em> exposure; it takes into account the type of body fluid, the integrity of the skin surfaces, and the mechanism of the injury.</td>
</tr>
<tr>
<td>Facilities use an <em>incident report</em> as a tool in evaluating such situations.</td>
<td>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.</td>
</tr>
<tr>
<td>EVALUATION OF THE SOURCE PATIENT for bloodborne pathogens.</td>
<td>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.</td>
</tr>
<tr>
<td>Testing the source patient should 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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV antibody</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EVALUATION OF THE EXPOSED PERSON</td>
<td>Source patient test results should be provided to you</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td><strong>EVALUATION OF THE EXPOSED PERSON</strong></td>
<td>Source patient test results should be provided to you</td>
</tr>
<tr>
<td>Hepatitis B surface antibody, if needed</td>
<td>Routine baseline testing is <em>not</em> 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. Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.</td>
</tr>
<tr>
<td>Post-exposure prophylaxis</td>
<td>Routine baseline testing is <em>not</em> 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. Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.</td>
</tr>
</tbody>
</table>

### WHAT TO DO IN CASE OF A BLOOD/FLUID EXPOSURE

- Take care of the injury or exposed area
- Report the incident
- Clinic site/EHS will test source patient
- Follow up to learn source patient test results
- If the source patient is negative, no further action is needed
- Contact UHS for advice about follow-up tests

Phone numbers for assistance: (area code 608)

**University Health Services:**

- Appts and info: 265-5600
- Joel Malak, RN, BSN, MPH: 262-6720

**UWHC:** Employee Health Service: 263-7535

**UW School of Medicine and Public Health Student Services:**

- PA Program (608) 263-5620 or (800) 442-6698
**Bloodborne Pathogen Significant Exposure Algorithm for Health Sciences Students**

**UNKNOWN SOURCE**
- Test exposed persons for HIV, hepatitis C, and hepatitis B. Add hepatitis B antigen if employee is a known vaccine non-responder. Consider offering PEP to exposed person if risk assessment warrants. Consultation with an infectious disease expert is recommended.

**KNOWN SOURCE**
- Perform a risk assessment ASAP (not to be performed by exposure person).
  - If a significant exposure occurred, the source should be tested for HBV, HCV, and HIV.
  - Consent is required for HIV testing.

**Source positive for HIV:**
- Offer HIV PEP to exposed person per protocol and perform baseline HIV 1 antibody screen.
- Follow-up HIV screening of exposed person at 6 weeks, 12 weeks, 6 months (HIV 1 antibody or Ag/Ab).

**Source positive for HCV:**
- Perform baseline HCV antibody screen. Follow up HCV screening of exposed person at 6 weeks and 12 weeks (HCV EIA and ALT; add HCV PCR if ALT elevated).

**Source positive for HBV:**
- Consider PEP with HBV IgG if not immune.
- Follow-up screening at 6 weeks, 12 weeks, and 6 months (HBsAg, HBsAb, HBeAb) if not immune.

The exposed person should be advised of the source person’s test results. This information is confidential and exposed persons are prohibited by law from releasing this information to others.

**EXPOSED PERSON (employee)**
- Ensure exposed person has received first aid as needed.
- Contact UHS Occ Med team as soon as feasible
- Testing the source patient is a priority; testing and follow-up of exposed persons depends on the outcome of the source patient’s test results. This may need to be arranged by the work site, or done at UHS. The exposed person must notify their supervisor. An incident form should be completed.

**Source negative for HBV/HCV/HIV:**
- No further action is needed.
- Baseline testing for HIV or HCV is not indicated.

- All exposed persons should have their H3V immune status documented.
- Obtain anti-HBs (surface antibody) if not previously done.
- Initiate HBV vaccine series if not previously done.

Follow-up testing of exposed employees can be done at UHS or by the employee’s health care provider. If the source patient is positive for any agent, follow-up testing is recommended at 6 weeks and 12 weeks. If the source patient is negative, testing is not needed but may be done for reassurance if desired. In this situation, a single test at 12 weeks is sufficient.
Medical Treatment/Advice to Student

Purpose and Background:

To comply with the following ARC-PA Standard:

A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation.

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.

Ongoing Evaluation of New Preceptor/ship Sites

Purpose and Background:

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.

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 (Addendum 2):** 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 (Addendum 3):** 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 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 (Addendum 4):** 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 (Addendum 6) 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 (Addendum 5):** 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 or not 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 of 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 of 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/](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.

**Addendums:**

1. References for ARC-PA Standards
2. Preceptor/Preceptorship Site Intake Survey by Site
3. Midpoint Student Reflection by Student
4. Evaluation of Preceptorship Site/Preceptor Form by Program
5. Final Site Critique by Student
6. Clinical Year Patient Encounter Goals

**References for ARC-PA Standards (Addendum 1)**

**B3.01** The program must secure clinical sites and preceptors in sufficient numbers to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences.

**B3.02** Clinical sites and preceptors located outside of the United States must only be used for elective rotations.
B3.03 Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

f) for preventative, emergent, acute, and chronic patient encounters

g) across the life span to include, to include infants, children, adolescents, adults, and the elderly,

h) for women’s health (to include prenatal and gynecologic care),

i) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

j) care for behavioral and mental health conditions.

B3.04 Supervised clinical practice experiences must occur in the following settings:

a) outpatient,

b) emergency department,

c) inpatient, and

d) operating room.

B3.05 Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.

B3.06 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 experienced in their area of instruction.

B3.07 Supervised clinical practice experiences must occur with preceptors who enable student to meet program defined learning outcomes for:

a) family medicine,

b) internal medicine,

c) general surgery,

d) pediatrics,

e) ob/gyn, and

f) behavioral and mental health care.

C1.01 The program must define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process must address: a) administrative aspects of the program and institutional resources, b) effectiveness of the didactic curriculum, c) effectiveness of the clinical curriculum, d) preparation of graduates to achieve program defined competencies, e) PANCE performance, f) sufficiency and effectiveness of principal and instructional faculty and staff, and g) success in meeting the program’s goals.

C2.01 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.
Policy Regarding Students w/ Disabilities

Purpose and Background:

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 the office for students with disabilities and classroom accommodations on the UW-Madison campus. As part of the student accommodation process, they work collaboratively with students and instructors to provide and support effective student accommodations. As a part of the Division of Student Life, they strive to create an inclusive campus environment that allows students to engage, explore, and participate in the Wisconsin Idea.

The McBurney Center partners with students, instructors, staff, student organizations, and others throughout the campus and community.

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. The notification letters have replaced the laminated student VISAs (Verified Individualized Services and Accommodations plan) and will be sent to course instructors of record via email.

The role of the McBurney Center is to determine eligibility for services 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 you complete an intake appointment and submit documentation.

- 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 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 Intake Appointment (In-Person or Phone), and
3. Start gathering and submitting documentation of your disability(s).

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

- **Definition of a “qualified student with a disability”** is a student who:
  
a. has passed admissions criteria and has been offered admission to the program;

b. can meet all of 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.

- **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 specialist 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/](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).

- **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.
• 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.
Probation Process – When a Student is on Probation

Academic/nonacademic probation is a very serious matter and acts as official notice to the student that improvement in performance is required for progression in the program. At the end of each semester, the Physician Assistant (PA) Promotion and Progress Committee reviews all students, including those on probationary status. The Committee may: 1) remove probationary status based on improvement of deficiencies, 2) continue probation, or 3) if a probationary student’s progress fails to adequately address the deficiency, a decision by the PA Promotion and Progress Committee will be made for further disciplinary action, including potential dismissal from the program.

Examples of when a PA student may be placed on probation:

1) a student’s cumulative GPA falls below 3.0
2) a didactic year student fails to earn a grade of ≥70% on a course/modular exam despite remediation attempts
3) a didactic year student is failing to earn a ‘C or better’ in any course or module
4) a didactic student fails to meet didactic course requirements
5) a clinical year student fails to successfully remediate a clinical rotation examination (and also requires the rotation to be repeated)
6) a clinical year student fails a clinical rotation evaluation (and requires the rotation to be repeated)
7) a clinical student fails to meet clinical rotation requirements on one to two rotations (and may also require the rotation(s) to be repeated)
8) a student fails to meet acceptable professionalism standards established by the PA program

The UWSMPH Advancement and Graduation Standards Policy establishes that all health profession program students must meet the requirements of their program to advance and graduate from UW SMPH. The PA Program Academic Standards Policy outlines these standards for the PA program. The Health Profession Program (non-MD) Academic Standards Policy and the Health Profession programs (non-MD) Professionalism and Misconduct Policy, as well as University policies (UWS-14, UWS-17 and UWS-18) provide examples of appropriate academic and professional misconduct that may lead to disciplinary action. The Didactic Year Remediation Policy, the Clinical Year Remediation Policy and the Clinical Year Remediation Flowchart outline the process for identifying and addressing academic and nonacademic deficiencies within courses. Any of these deficiencies will be addressed by the PA Promotion and Progress Committee and may lead to probation (or other disciplinary actions).

Following the decision of the PA Promotion and Progress Committee to place a student on probation, the program director will notify the student of the Committee’s decision in a formal letter. A copy is given to the student and a copy is placed in the student’s permanent file.

At the end of each semester, the PA Promotion and Progress Committee meets to review progress of all students, including any individuals on probation, and a decision is made regarding progression to the next semester or promotion from the didactic to the clinical year. Any student on probation must demonstrate improvement in an identified area(s), acceptable to the Committee, to be considered for progression to the next semester or promotion to the clinical year. At any time, if a probationary student’s progress fails to adequately address the deficiency, a decision by the PA Promotion and Progress Committee will be made for further disciplinary action, including dismissal from the program.

If the student has made improvement in addressing the deficiency (e.g. improvement of GPA, but has not yet met the minimum requirement of a cumulative 3.0 GPA), the PA Promotion and Progress Committee can decide upon continuation of the student with probationary status. The student will receive a letter from the Program Director notifying the student of continued probation and any specific expectations of the PA Promotion and Progress Committee.

Once a student has improved his/her performance to an acceptable standard in the identified area(s) of deficiency, based on decision of the Promotion and Progress Committee, the student will receive a letter stating that probationary status has been removed, along with any identified expectations of the Promotion and Progress Committee and encouragement for continued improvement and success.
Referral of Students for Personal Issues

DURING COVID-19 (Available to community-based learners at all times.)

Call 608-265-5600 opt. 2 and let the Administrative professional know that you are a health professions student and you would like to schedule with me (Travis). Please provide them with blocks of time you are free in the next 3 weeks from the time of your call and they will send me your information via a secure message.

BE ADVISED THEY ARE NOT ABLE TO SCHEDULE AN APPOINTMENT AT THE TIME OF YOUR CALL.

They will forward the information you provide to me and I will be in contact with your appointment day and time.

From Travis Fox: I will schedule people in the order I get them as quickly as I am able and will contact you via secure message. So please periodically check those. You will also be alerted via email that you have a message when I reply. If you become concerned that I missed you because it is taking a while to hear from me feel free to call the MHS number to leave me a message.

Additional opportunity for connection below:

Virtual Processing Spaces: This is an online space for current students (open to all students in the university, not just those in the health professions offered by a variety of MHS clinicians) to connect with each other to cope with isolation, grief/loss, uncertainty about the future, discrimination, and many other things. These spaces are 90min drop-in meetings via Zoom and require a sign-up to join found here: https://www.uhs.wisc.edu/mental-health/outreach-services/#processing

DURING F2F INSTRUCTION

Purpose and Background:

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 (please refer to PA Program Policy on Mandatory Health Insurance) in the event of after-hour needs or off-campus needs.

This policy demonstrates compliance with the following ARC-PA Standard:

- A3.10 The program must have written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.

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:

- UHS has two locations:
  - **Main Clinic**
    - 333 East Campus Mall, Floors 5-8
  - **Lakeshore Drop-In Clinic**
    - Dejope Hall, 640 Elm Dr., Floor 1

- Students can use [MyUHS](http://www.uhs.wisc.edu/) on the UHS website for online appointments; or call 608-265-5600. 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 campus-based programs, stress management, and psychiatric services. Dr. 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.
  - Travis Fox, PsyD
    - Psychologist; Health Professions Psychologist
    - Counseling and Consultation Services

- When non-urgent, students should call ahead for an appointment before going to the clinic. 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
  - Meriter Hospital Emergency Room, 202 S. Park St., 608-267-6206
  - St. Mary’s Hospital Emergency Room, 707 S. Mills St., 608-258-6800

- UHS offers a 24/7 Mental Health Crisis Service when a student is experiencing a mental health emergency, or for those who are concerned about an enrolled student. Regular early-scheduled appointment times are also available. Mental Health Crisis is available at 608-265-5600, option 9.

- Examples of areas covered by Counseling Services are interpersonal relationships, anxiety and depression, self-esteem, eating disorders, alcohol and drug concerns, stress management, women’s/men’s issues, couples and family issues.

- Additionally, UHS has an After-Hours Nurse Advice Line (for urgent medical concerns) at 608-265-5600, option 1, which is available when UHS is closed, including evenings, weekends, and holidays.

- For additional information, please refer to University Health Services: [http://www.uhs.wisc.edu/](http://www.uhs.wisc.edu/)
Social Media Policy

Purpose and Background:

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.

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
Student Leave of Absence/Withdrawal Policy

Purpose and Background:

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. 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:
   e.) 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
Student Policy Regarding Employment/Instruction/Administration

Purpose and Background:

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

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 instructional faculty. ANNOTATION: Students with specific prior knowledge, experiences and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills. Students are not to be the primary instructor or instructor of record for any component of the curriculum.
- A3.06  Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.

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

Student Records Access Process for Adhering to FERPA

Purpose and Background

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).

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

FERPA 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

Prior to coming to campus, new PA students are given access to a brochure informing them of their privacy rights as outlined by FERPA. This brochure can be found in the PA Student Handbook on the PA Program website as well as the New Student Orientation course in Canvas.

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))

Program faculty and staff. There is an online tutorial available through the Registrar’s Office at http://registrar.wisc.edu/resources_and_consultation.htm for new faculty and staff unfamiliar with FERPA. All student clerical employees of the PA Program are required to go through the online FERPA tutorial and to sign a “Statement of Completion” stating that they understand the policies in their entirety. All PA Program student records are securely stored in locked file cabinets with access strictly limited to PA faculty and staff.

Student Rights Under FERPA: https://registrar.wisc.edu/ferpa-rights/

FERPA Tips for Students: https://registrar.wisc.edu/ferpa-student/

Summative Eligibility Policy

Purpose and Background

The purpose of this policy is to specify a set standard of eligibility requirements that would be required in order 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.

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, patient care skills 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.

Summative Evaluation Policy

Purpose and Background: 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 C3.04 requires documentation of summative evaluation of every student prior to graduation.

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 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, e) 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 all 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.
Technical Standards

Purpose and Background: The PA Program is committed to full compliance with state and federal laws and regulations in providing equal educational opportunities to qualified students with disabilities who apply to or matriculate in the program. A “qualified student with a disability” is a student “who meets the academic and technical standards requisite for admission or participation in the institution’s educational program or activity” with or without reasonable accommodations.

In order to fully participate and perform adequately in PA curriculum (didactic and clinical), students must be able to meet the specified technical standards, with or without accommodation.

ARC-PA accreditation standard:

A3.13 The program must define, publish, consistently apply and make readily available to prospective students, policies and procedures to include:

  e) any required technical standards for enrollment

Policy Statement: Please see the attached Technical Standards document, published by the UW-Madison PA program, which defines the technical requirements and attributes that are critical to satisfactory performance in students’ PA education.

This document is intended to provide a framework for the applicant or student to facilitate understanding of the minimum required skills and attributes to fully participate in the program. As outlined in the policy, “implementation of these technical standards is within the purview of the UW-Madison Physician Assistant Program and the program will determine the appropriate interpretation and application of the standards and make decisions on a case-by-case basis.”

When a request for accommodation is received from the McBurney Disability Resource Center, whether at admissions or as an enrollee in the program, the PA program will review the required documentation along with the technical standards and, with the student, will implement reasonable accommodations. The UW Madison PA Program reserves the right to advise a student that reasonable accommodations cannot be provided, would result in a fundamental alteration to the technical standards, require a substantial modification of an essential element of the curriculum, or compromise patient care or the safety of prospective and/or currently enrolled students. Continued enrollment in the UW Madison PA Program will be determined by the academic process applied to all students.

Program policy requires the student to read, understand and attest to meeting these technical standards upon admission to the program and extends throughout their PA training program.

The Technical Standards document is published and readily available to prospective students on the UW-Madison PA Program website and to enrolled students on Canvas.
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.

Antidiscrimination Policy

I. Purpose

The purpose of this policy is to express UW SMPH’s commitment to providing an environment free of discrimination 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.

II. Definitions for The Purpose of This Policy

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.
III. Policy

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

2. 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).
   a. 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.

3. No UW SMPH employee may be discriminated against 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, genetic information, arrest record, conviction record, military service, veteran status, use or nonuse of lawful products off the employer’s premises during nonworking hours, declining to attend a meeting or participate in any communication about religious matters or political matters, or any other category protected by law. This provision includes UW SMPH employment-related actions, including recruitment, interviewing, testing, screening, selection, placement, classification, evaluation, transfer, promotion, training, compensation, fringe benefits, layoffs, and/or dismissal.
   a. Incidents of alleged discrimination against UW SMPH employees will be reviewed on a case-by-case basis by the Office of Human Resources in accordance with the procedures enumerated in the University Staff Grievances Policy, the Academic Staff Grievances and Complaints Policy, or the Faculty Grievances and Complaints policy. Due consideration will be given to the protection of individual First Amendment rights to freedom of speech, expression, and academic freedom.

Links to Related Procedures

University Staff Grievances Policy:
https://kb.wisc.edu/ohr/policies/page.php?id=49662

Academic Staff Grievances and Complaints Policy:
https://kb.wisc.edu/ohr/policies/page.php?id=53380

Faculty Grievances and Complaints Policy:
https://kb.wisc.edu/ohr/policies/page.php?id=53384

Link to Related Guidelines

Office for Equity and Diversity Memorandum on Discrimination Against Students
https://oed.wisc.edu/discrimination-against-students.htm

References

University of Wisconsin System Board of Regents Policy Document 14-6:
https://www.wisconsin.edu/regents/policies/discrimination-harassment-and-retaliation/

Wisconsin Statute § 36.12(1):
https://docs.legis.wisconsin.gov/statutes/statutes/36/12/1
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 for assistance.

NON-MD Academic Standards Policy

I. Purpose

This policy outlines the Academic Standards of the UW School of Medicine and Public Health (UW SMPH) Health Professional Programs (non-MD). In addition to the requirements outlined in this policy, students must meet the academic standards set by UW 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 regards to academic expectations, the Program will determine if remediation or dismissal is recommended.
II. Definitions for The Purpose of This Policy

Health Profession Program (non-MD): 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”).

III. Policy

1. 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 GPA of 3.0 or better each semester
   • Achieve satisfactory performance in any non-graded course.

   Note: Grade minima for required courses are program-specific.

2. 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.

3. 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.

4. Information on the Academic Standards and the Appeals Process shall be included in each Health Profession Program’s Student Handbook.

Related Procedures

1. Health Profession Program (non-MD) Student Appeals Process
2. University of Wisconsin School of Medicine and Public Health (UW SMPH) Health Profession (non-MD) Student Appeals Hearing Committee: Structure, Function and Operation

NON-MD Professionalism & Misconduct Policy

I. 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.

II. Definitions for The Purpose of This Policy

Health Profession Program (non-MD): 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”).

III. Policy

1. 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.
2. 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.

3. 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.

4. 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.

5. 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.

6. Information about Professionalism and Academic/Non-Academic Misconduct shall be included in each Health Profession Program’s Student Handbook.

**Related Guidelines**

1. Health Profession Programs (non-MD) Professional Behavior Code
2. Health Profession Programs (non-MD) Academic and Non-Academic Misconduct Guidelines

**References**


University of Wisconsin System: Chapter UWS 17: Student Non-Academic Disciplinary Procedures: https://docs.legis.wisconsin.gov/code/admin_code/uws/17


**Office of Student Conduct and Community Standards:**

Academic Integrity: https://students.wisc.edu/student-conduct/academic-integrity/ Academic Misconduct: https://students.wisc.edu/student-conduct/misconduct/academic-integrity/

Academic Misconduct Flowchart: https://students.wisc.edu/student-conduct/documents/academic-misconduct-flow-chart/

Dean of Students Office: Non-academic Misconduct Process https://www.students.wisc.edu/doso/nonacadmisconductprocess/

Dean of Students Office: Academic Misconduct Process https://www.students.wisc.edu/doso/misconductflowchart/

Dean of Students Office: Academic Misconduct Information for Students https://www.students.wisc.edu/doso/students/
NON-MD Student Appeals Policy

I. 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.

II. Definitions for The Purpose of This Policy

Health Profession Program (non-MD): 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”).

Review Committee: An ad hoc committee of at least four (4) faculty or staff members of a Program, including the Program Director. The Review Committee is charged with reviewing the appeal of any student dismissed from that Program who has petitioned for appeal, and with determining whether the student shall be reinstated.

III. Policy

1. Students who are dismissed from a Program have the right to appeal that decision for review at the Program level by the Review Committee

2. The student and Review Committee will follow the "SMPH Health Profession Program Appeals Procedure."

3. Information on the Appeals Procedure shall be included in each Health Profession Program's Student Handbook.

4. 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."

Related Procedures:
- Health Profession Student (non-MD) Program Level Appeals Procedure
- Health Profession (non-MD) Student Appeals Hearing Committee: Structure, Function and Operation

Health Profession Student (non-MD) Program Level Appeals Procedure

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

1. 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.
2. 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.

3. 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.

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

5. 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.

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

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. The Program Director shall act as Chairperson of the Review Committee. The appeal hearing will proceed as follows:
   a. Introduction of the student and committee members
   b. Chairperson assigns one person to take minutes and describes the basis of the dismissal, including applicable policy
   c. The student has a reasonable amount of time (15 minutes) to make a statement to the Review Committee and present supporting evidence
   d. The Review Committee has the opportunity to ask the student relevant questions
   e. The student may make a final statement and is then dismissed
   f. The Review Committee deliberates in closed session
13. 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.

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

15. 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.

16. 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.

17. 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."

University of Wisconsin School of Medicine and Public Health (SMPH) Health Profession (non-MD) Student Appeals Hearing Committee: Structure, Function and Operation

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

1. 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.

2. 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.

3. 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.

4. 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 particular student's appeal.

5. The Senior Associate Dean for Academic Affairs or their designee will serve as the nonvoting 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.

6. 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.

7. 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.

8. 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.

9. 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 submit the appeal. The student, and the student's advisor, may be present when the Program leadership presents its position to the committee.

10. 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.
11. 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 1) the information in the record does not support the findings and recommendation of the committee; 2) appropriate procedures were not followed by the committee; or 3) 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.

12. 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.

13. 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 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.

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.

Resolution of Health Professions Program Student Grievances

I. Purpose

This Policy codifies UW SMPH Health Profession Program students’ right to request a grievance hearing in the event that the student feels they were 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.

II. Definitions for The Purpose of This Policy

**Health Profession (non-MD) 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”).

**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 their 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.

III. Policy

1. UW 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.

2. 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.
3. The student and Program will follow the UW SMPH Health Profession Program Grievance Procedure for formal resolution of any Grievance.

4. Information on the Grievance Procedure shall be included in each Health Profession Program’s Student Handbook.

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
  - 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

- 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.
SMPH Student Transfer Policy

I. Purpose

The UW SMPH Health Profession Programs offer innovative and highly integrated courses of study that are not conducive to accepting transfer students. This document sets out the policy 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.

II. Definitions for The Purpose of This Policy

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

Transfer Student: Any student seeking to gain admission to a UW SMPH Health Profession Program when not admitted as an entering first year student and/or having completed one or more years of the program at a different institution

III. Policy

1. Due to the highly integrated and longitudinal natures of the UW SMPH Health Profession Programs’ curricula, beginning immediately upon matriculation, transfer students are not accepted.

2. Written petition for exception must clearly document that the transferring student’s education can only be completed at the UW SMPH and must state why the student’s original institution cannot fulfill the training needs of the student.

3. Master of Public Health (MPH) Students:
   a. Due to the interdisciplinary nature of the MPH Program, certain coursework may be eligible for transfer of credit, waiver, or substitution.
   b. Requests for transfer, waiver, or substitution must be made to the MPH student services coordinator for consideration by the Curriculum Committee.
   c. Students must follow the approval process set out by the MPH Program, and courses submitted for transfer, waiver, or substitution must meet the Curriculum Committee’s stated criteria.

UW POLICIES

Annual Security/Fire Safety Report

FERPA Brochure
-  https://registrar.wisc.edu/ferpa/

Academic Integrity/Academic Misconduct

Nonacademic Misconduct
-  https://docs.legis.wisconsin.gov/code/admin_code/uws/17/

Conduct on University Lands
-  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
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
Phone: 608-263-5700
Web: https://doso.students.wisc.edu/

Report Harassment or Unprofessional Behavior

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
Phone: 608-262-3060
Web: https://financialaid.wisc.edu/

SMPH Financial Aid Advisor
Emma Crawford
Phone: 608-263-3060
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
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
Web: https://lgbt.wisc.edu/

**Campus Multicultural Student Center**
716 Langdon Street, Red Gym 2nd 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
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
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

**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.

**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.

________________________________________________________________________________________________

**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/

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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/
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/

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