

# MONMOUTH UNIVERSITY

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## PHYSICIAN ASSISTANT PROGRAM

### **MU PA Program Student Handbook**

**Updated July 2022**

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**Note: This updated version of the PA program student handbook replaces all earlier versions and is applicable to all present student cohorts**

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## Disclaimer

The information contained in this manual is specific to the PA program and should be used in conjunction with the Monmouth University (MU) Student Handbook and Graduate Catalog.

The MU Student Handbook covers the following information which is not duplicated in this present handbook:

- Student Code of Conduct
- Policies
  - Advertising and Solicitation Policies, Alcoholic Beverages Policy, Campus Sexual Assault Victim's Bill of Rights, Closing, Community Statement on Civility, and Computer Resources for Students and Use Policy
  - COVID-19 Statement
  - Disability Services, Equal Opportunity, Harassment and Nondiscrimination Statement, Family Educational Rights and Privacy Act (FERPA), Human Relations Philosophy and Policy Statement, and Interpersonal Violence Statement
  - Firearms and Fireworks Policy, Fundraising, Gambling, Good Samaritan Practice, Hazing, Sexual Harassment and Misconduct Policies, Substance Abuse Policies
  - Title IX

The MU Graduate Catalog covers the following information which is not duplicated in this present handbook:

- Mission Statement of Monmouth University
- Responsibilities and Policies of the University
  - Equal Opportunity, Harassment, and Nondiscrimination Statement
  - Family Educational Rights and Privacy Act (FERPA)
  - Directory Information
  - American with Disabilities Act and Section 504 of the Rehabilitation Act of 1973
  - Human Relations Philosophy and Policy Statement
- Directory of Important Offices and Services with Contact Information
- General Information on the University
- Admissions Information, including Admissions Requirements for the MS-PA Program
- Tuition and Fees
- Financial Aid
- Academic Programs, Support Services, and Regulations
  - Academic Support Services
  - Graduate Assistantships
  - Grades
- Grade Reports; Student Complaints About Grades; Change of Grade Requests
  - Academic Definitions
  - Curriculum of Record
  - Academic Regulations
- Academic Honesty; Attendance
  - Academic Procedures
  - University Emergency Closing
  - University Email
- Information Specific to the School of Nursing & Health Studies and the MS-PA Program
- Graduate Course Descriptions

In the event of an inconsistency between this manual and the Monmouth University Student Handbook or the Graduate Catalog, the more rigorous policy shall govern. The material published in this handbook is for use by prospective and current MU PA students to inform them of current policies and procedures. While every effort is made to provide accurate and correct information at the time of publication, the Program reserves the right to change the content noted in this handbook including but not limited to policies and procedures, schedules and calendar dates,

degree requirements, standards for progression and graduation. Importantly, this handbook is meant to provide guidance for students and faculty on the usual procedures for day-to-day conduct in the PA program. It does not represent an exhaustive list of all possibilities that might arise for students and faculty in the training and administration of the program. Unique situations may arise and will be handled in a manner that ensures fairness and mutual respect in all cases. All final decisions are at the discretion of the Program Director.

**Importantly, policies and procedures outlined in this student handbook are subject to change throughout student enrollment in the program. When policies and procedures are changed, students will be informed of the changes and fully expected to abide by all new policies and procedures.**

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## Program Faculty and Staff (Accreditation Standard A2.02 and A2.04)\*

### **Frank Damiani, MD**

Specialist Professor, Principal Faculty  
Oversees Competency Based Medical Education (CBME)  
Oversees Objective Standardized Clinical Examinations (OSCEs)  
[fdamiani@monmouth.edu](mailto:fdamiani@monmouth.edu)  
732-923-4686

### **Joseph DePasquale, MD, MS, FACP, FACG**

**Medical Director**  
[jdepasqu@monmouth.edu](mailto:jdepasqu@monmouth.edu)  
732-923-4505

### **Cecilia Henriques**

**Office Coordinator, Clinical Education**  
Co-Chair, Inclusion & Diversity Committee  
[chenriqu@monmouth.edu](mailto:chenriqu@monmouth.edu)  
732-923-4513

### **Gina LaMandre, MS, PA-C**

**Academic Coordinator**  
Specialist Professor, Principal Faculty  
Chair, Policies and Curriculum Committee  
Co-Chair Inclusion & Diversity Committee  
Specialist Professor, Principal Faculty  
[gilamand@monmouth.edu](mailto:gilamand@monmouth.edu)  
732-923-4511

### **Stephanie Lynch, MS, PA-C**

**Clinical Coordinator**  
Specialist Professor, Principal Faculty  
Faculty Advisor, MU PA Student Society (MUPASS)  
[slynch@monmouth.edu](mailto:slynch@monmouth.edu)  
732-923-4586

### **Erin O' Donoghue, MS, PA-C**

Specialist Professor, Principal Faculty  
[eodonogh@monmouth.edu](mailto:eodonogh@monmouth.edu)  
732-923-4679

### **Pauline Papapietro, MS, PA-C**

Interim Program Director  
Specialist Professor, Principal Faculty  
[ppapapie@monmouth.edu](mailto:ppapapie@monmouth.edu)  
732-923-4508

### **Cynthia Plantamura, BA**

**Office Coordinator**  
[cplantam@monmouth.edu](mailto:cplantam@monmouth.edu)  
732-923-4505

## Adjunct Faculty

### **Alp Haider, DAvMed, MBBS**

Adjunct Professor, Pharmacology & Pharmacotherapy [ahaider@monmouth.edu](mailto:ahaider@monmouth.edu)

### **Bernardo Mucha, MD [bmucha@monmouth.edu](mailto:bmucha@monmouth.edu)**

Adjunct Professor, Human Anatomy and Human Anatomy Lab

\*See Appendix I for the Program's organization chart.

# Accreditation

## Middle States Commission on Higher Education (MSCHE)

Monmouth University is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104 (<https://www.msche.org/>). MSCHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation.

## Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency for all PA programs in the United States. The ARC-PA “protects the interests of the public and [PA] profession by defining the standards for [PA] education and evaluating [PA] educational programs within the territorial United States to ensure their compliance with those standards.” <http://www.arc-pa.org/>

*The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted Accreditation-Continued status to the Monmouth University Physician Assistant Program sponsored by Monmouth University. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.*

*Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be March 2029. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.*

*The program’s accreditation history can be viewed on the ARC-PA website at <http://www.arc-pa.org/accreditation-history-monmouth-university/>.*

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## Introduction

The Master of Science in PA (MS-PA) Program Student Handbook is designed to provide you with the program-specific policies and information that you need to know as a PA student at Monmouth University. You are responsible for reading the material in this handbook. This student handbook does not represent an exhaustive list of all possibilities that might arise for students, staff, and faculty in the training and administration of the MS-PA program.

## Vision, Mission and Goal Statements and Outcomes

The program’s vision and mission statements can be found on our website at the following link: <https://www.monmouth.edu/graduate/ms-physician-assistant/curriculum/>. The program’s goals and outcomes can be found on our website at the following link: <https://www.monmouth.edu/graduate/ms-physician-assistant/program-outcomes/>.

## MS-PA Program Admission and Matriculation Requirements

Program admission and matriculation requirements are detailed in the [Graduate Catalog](#) and on the [program’s website](#). The information detailed on the program website is to be considered the most up to date information. The MS-PA Program does not grant advanced placement to any applicant or student.

## Technical Standards

The technical standards have been developed in consideration of the demands of didactic and clinical training in graduate health sciences and clinical practice as a clinical clerkship student. Along with other program prerequisites and requirements, all candidates and students must be able to independently, with or without reasonable accommodation, meet our Program specific technical standards. Once matriculated, all students must continue to meet these standards throughout the entirety of their program. Failure to meet all technical standards at any time in the program may

preclude participation in the program and program activities, resulting in dismissal or deceleration/delay of graduation from the program.

The technical standards are organized in the following categories:

- Observation
- Communication
- Sensory and Motor
- Intellectual-Conceptual, Integrative and Quantitative Abilities
- Behavioral and Social Attributes

### **Observation**

- Students must have the appropriate skills of observation along with the use other senses (hearing, smell, touch, spatial relationships) in order to participate in classroom, laboratory, and clinical settings.
- Students must be able to observe and interpret accurately a patient's verbal and nonverbal signs.
- Students must be able to observe the patient up close and at a distance.

### **Communication**

- Students must possess the ability to effectively communicate in oral and written English. The individual must be able to speak, to hear, and to observe patients in order to elicit information. In addition, students must be able to respond in written and oral exams, interact with peers and instructors during small group discussions, and when needed, write legibly in required documents.
- Students must be able to converse with patients with a sense of compassion and empathy. They must be able to communicate information about a patient's condition effectively and succinctly to other members of the health care team.

### **Sensory and Motor**

- Students must have adequate gross and fine motor function and coordination along with the use of their senses in order to elicit information from their patients. Many sensory skills are used during physical examination maneuvers of inspection, palpation, percussion, auscultation, and other special techniques.
- These motor skills are required to perform an adequate examination and patient evaluation as well as using diagnostic instruments.
- The performance of venipuncture, intravenous catheter placement, suturing and other diagnostic procedures are other examples needing motor function.
- Sufficient physical stamina is required such that students can sit for long periods of time during didactic lectures and be able to move through physical environments such as clinics, hospitals, and classroom buildings. Students must have the ability to respond quickly to emergent clinical situations and be able to carry out functions that include bending, lifting, carrying, and running.

### **Intellectual, Conceptual, Integrated, and Quantitative Abilities**

- Required skills for PA practice include comprehension, measurement, calculation, reasoning, analysis, and synthesis. Students need to be able to independently interpret medical histories, identify significant findings from the physical examination, and distinguish normal from abnormal laboratory findings.
- Students must possess these skills in order to successfully meet the demands of didactic and clinical learning.
- It is essential that students have the ability to integrate new knowledge into formulating diagnoses and plans when working with fellow students, instructors, and preceptors. Assimilation of new knowledge should additionally occur through reading the medical literature. Students must recognize their own limitations in knowledge and be able to communicate this to others.

### **Behavioral and Social Attributes**

- Students must possess the intellectual and emotional fortitude to promptly carry out and complete all assignments and to exercise good judgment. Students must work supportively with their peers in order to maintain a professional atmosphere that encourages active, cooperative learning. It is required that students



be emotionally stable in order to withstand stress associated with intensive learning settings and uncertainties associated with the didactic and clinical environments.

- During the admission process and throughout the educational experience, students will be assessed for the qualities of integrity, ethical standards, motivation, and compassion and concern for others.
  - Students are expected to accept constructive criticism from instructors, clinical preceptors, and patients.
  - They must also have the interpersonal skills to interact cooperatively with faculty, staff, students, patients, and members of the health care team.
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## **Program Graduate Competencies (i.e., Learning Outcomes)**

Program learning outcomes represent the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that we believe are necessary for clinical practice. To ensure the outcomes have been achieved, students will undergo several evaluation methods throughout the curriculum and prior to graduation to confirm that they are competent in the areas listed below. Evaluation methods include written examinations, oral examinations, practical examinations, objective structured clinical examinations (OSCEs), professionalism assessments, and faculty and clinical preceptor evaluations.

In developing our learning outcomes, we incorporated information from a variety of sources including the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) and the nationally recognized [Competencies for the PA Profession](#) that was originally developed and adopted 2005 and revised and readopted in 2012 by the American Association of PAs (AAPA), ARC-PA, National Commission on Certification of PAs (NCCPA), and the PA Education Association (PAEA). Additional sources included our faculty's knowledge and input from our medical director, clinical preceptors and advisory board members. Although our learning outcomes carry the same headings as the national competencies for practicing PAs, these have been honed and adapted to represent skills acquired during the educational process, geared towards entry level practice, and made specific to the Program. Additionally, the program has developed benchmarks for each learning outcome to assess the program's effectiveness in meeting graduate competencies. Benchmarks and outcome data are posted on the MS-PA program website.

The MS-PA program has the following learning outcomes:

### **1. Medical Knowledge**

- a. Synthesize and apply fundamental knowledge in clinical sciences to patient presentations when developing a differential diagnosis, patient management plan, health maintenance and disease prevention.
- b. Obtain, investigate and critically analyze appropriate patient history, physical, and diagnostic findings in order to derive a definite diagnosis.
- c. Understand and apply evidence-based guidelines to the care of the patient when recommending patient management plans and screening methods.
- d. Demonstrate familiarity with signs, symptoms, diagnosis and management of common conditions seen in the patient, understanding associated etiologies, risk factors, underlying pathologic process, epidemiology, diagnostic criteria and treatment modalities.
- e. Determine appropriate management strategies for patients with chronic conditions, and those needing short and long-term rehabilitation, psychiatric intervention, safety measures against abuse and violence or end of life care.

### **2. Interpersonal & Communication Skills**

- a. Maintain ethical and respectful communication skills including verbal, nonverbal, written, and electronic documentation when eliciting and providing information to the patient, patient family, physicians, and health care staff.
- b. Maintain ethical, respectful, and appropriate relationships with patients, patient family, physicians, and other health care staff.

- c. Demonstrate the ability to maintain accurate patient records and documentation as well as provide accurate, clear, logical, and efficient oral case presentations.
- d. Maintain composure and emotional stability and demonstrate adaptability and flexibility when working effectively as a member of a health care team to provide care to the patient.

### **3. Patient Care**

- a. Perform pertinent and accurate history, physical, assessment, and plan demonstrating patient-centered care and use of age-appropriate evidence-based guidelines and recommendations.
- b. Develop and implement patient care plans identifying recommended age-appropriate screenings across the lifespan to promote disease prevention and health maintenance.
- c. Perform medical and surgical skills and procedures commonly utilized in the patient population.
- d. Display empathetic behavior with a diverse patient population while providing sound patient education and recommendations.

### **4. Professionalism**

- a. Demonstrate adherence with legal regulations identifying personal limitations and commitment to continuing medical education and professional growth.
- b. Form respectful professional relationships with patients, patient family, physician supervisors, and other health care staff demonstrating sensitivity to culture, age, gender, and sexual identity.
- c. Demonstrate initiative and commitment by providing evidence of professional.

### **5. Practice-based Learning & Improvement**

- a. Apply critical analysis of study designs and statistical methods to the appraisal of clinical studies and medical literature to accurately integrate evidence related to diagnostic criteria and therapeutic effectiveness for the care of the patient.
- b. Demonstrate appropriate response to feedback and criticism, providing evidence of self- motivation by rectifying gaps in medical knowledge.
- c. Utilize common resources, technology, electronic medical records, databases, and evidence- based guidelines to establish current and best patient care practices.

### **6. Systems-based Practice**

- a. Demonstrate an awareness of financial limitations and rising healthcare costs to provide patient centered care that is cost effective but doesn't compromise quality.
- b. Advocate for systems-based factors that serve as a barrier to patient care by identifying resources and support to improve patient compliance and outcomes.
- c. Develop awareness to concepts of health population and support the socioeconomic status, geographic location, culture, race, age, sexual identity, and disability status of the patient.
- d. Identify and respond to the situations, circumstances, and actions that contribute to medical errors to improve patient care.

### **Functions and Tasks Graduates Should Be Able to Perform**

The expected outcomes of the program are to produce graduates who will possess the knowledge, skills, and abilities necessary to provide those services appropriate to the primary care setting. These outcomes will include, but are not limited to, the following:

1. Make an initial approach to a patient of any age group in any setting to elicit an accurate and detailed or problem-oriented history.
2. Perform an appropriate physical examination.
3. Record and present pertinent data in a professional and meaningful manner.
4. Integrate basic sciences in making diagnoses and understanding treatment procedures.
5. Develop effective communication skills as required for history taking, patient education and counseling, and for conveying pertinent medical information to other members of the health team.

6. Diagnose health problems objectively through a problem-oriented approach.
7. Development of moral, ethical, and social attitudes.
8. Work cooperatively and professionally with other members of the health care team.
9. Develop technical competency and medical skills in treating individuals and enable graduates to function at a level appropriate to their professional role and capabilities in assisting individuals of all ages in various stages of health.
10. Initiate requests for imaging studies and analyses of blood, urine, and stool specimens when appropriate.
11. Collect specimens for, perform, or assist in the performance of routine diagnostic studies as appropriate. In addition, be able to interpret the results of these diagnostic studies. These include but are not limited to:
12. Urinalysis including microscopic analysis, urine culture and sensitivity
13. Complete blood count including indices, differential, sedimentation rate and coagulation tests
14. Examination of stool for ova and parasites and occult blood
15. Culture and sensitivity of various exudates: throat, wound, vaginal, cervical, and sputum
16. Electrocardiography
17. X-ray studies
18. Know how to perform routine therapeutic procedures such as:
19. Cardiopulmonary resuscitation
20. Artificial respiratory ventilation
21. Control external hemorrhage
22. Care for and suture wounds
23. Apply and remove splints
24. Insert urinary catheters
25. Assist at surgery
26. Administer medication orally or by injection
27. Administer intravenous fluids
28. Perform visual and auditory screening
29. Assist in the formation of therapeutic plans including further diagnostic studies and patient education
30. Instruct and counsel patients regarding physical and mental health on matters of diet, disease, therapy, and normal growth and development
31. Assist the physician in the hospital setting by making patient rounds, recording patient progress notes, accurately and appropriately transcribing and/or executing standing orders and other specific orders at the direction of the supervising physician, and compiling and recording detailed narrative summaries.
32. Provide assistance in the delivery of services to patients requiring continuing care (home, nursing home, or other extended care facilities) including review and monitoring of treatment and therapy plans.
33. Perform independent evaluation and treatment procedures essential to provide an appropriated response to life-threatening emergency situation.
34. Facilitate physician's referral of appropriate patients by maintaining an awareness of the community's various health facilities, agencies, and resources.
35. Become involved in community service.
36. Contribute service to the PA Profession.
37. Recognize limitations of abilities of PAs.

## **MS-PA Program Curriculum**

The Master of Science in PA (MS-PA) Program at Monmouth University is a professional degree program intended to prepare students academically and professionally for responsibilities and services as an entry level PA. The program consists of 95 credit hours divided into two phases that span seven semesters completed over three years of study. The Didactic Phase represents the preclinical phase and spans three semesters. The Clinical Phase, incorporating additional didactic training and a series of in-depth clinical clerkships in a variety of primary care and medical specialty fields, board review, and summative evaluations, spans four semesters. Each cohort progresses through the program as a group with all courses required for all students in the same sequence - apart from a decelerated student who would be repeating a course and restarting the program with a new cohort. Upon successful completion of the program, students are awarded the Master of Science degree in Physician Assistant (MS-PA) and will be eligible to sit

for the Physician Assistant National Certifying Exam (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA). Upon successful completion of the PANCE, individuals are then eligible to apply for state licensure and, upon receiving state licensure, able to apply for facility credentialing if required.

Details of the MS-PA Program curriculum, including course sequence, can be found on the Monmouth University Website at the following link:

<https://www.monmouth.edu/registrar/documents/m-s-in-physician-assistant.pdf>. Course descriptions are noted in the [University's Graduate Catalog](#).

### ***Didactic Phase***

Students will complete three semesters of didactic coursework prior to the clinical phase. Students must successfully pass all coursework and pass an end of didactic curriculum summative exam to progress to each subsequent semester. Students must maintain a cumulative 3.0 GPA to progress to the clinical phase of training. Coursework sequence and descriptions are available at the links noted above. The three-semester didactic phase is delivered in Fall 1, Spring 1, and Fall 2 semesters.

Examples of the Didactic Phase weekly block schedules can be found in Appendix II.

### ***Clinical Phase***

The clinical phase occurs over four semesters including the Spring 2, Summer 2, Fall 3, and Spring 3 semesters. Students will complete a rigorous clinical preparatory curriculum in their second Spring semester. This curriculum involves further didactic and lab training specific to the clinical clerkships with focused training in one or more of the following areas: geriatric medicine, public health medicine and preventative care, substance use disorder treatment, and urgent care medicine. This training will occur simultaneously with brief clinical immersion activities in some or all of those areas covered. Additionally, in this same semester, students will take their clinical management course that is designed as a hands-on course in evaluating and management patients from presentation to discharge and improving patient education, oral case presentation, and differential diagnosis skills. At the end of the second Spring semester, students will enter their first full-time supervised clinical practice experience (SCPE; i.e., clinical clerkship rotation).

Altogether, and beyond the clinical immersion activities described above, students will complete nine full-time SCPEs, including 7-8 core clerkship rotations and 1-2 selective clerkship rotations. Rotations generally last for 5-weeks and are each followed by 1-5 days of call back activities when students return to campus for post-SCPE examinations, presentations, and further didactic and lab training. Core and selective clerkship rotations do not occur in any specific order. The program makes every attempt to have the last month of training filled with board review activities in preparation for the PANCE, although this is not always possible and is dependent on the clinical clerkship placements.

The core clerkships are ARC-PA accreditation required experiences and include the following practice specialties:

- Behavioral Medicine and Psychiatry SCPE Clerkship
  - Setting: May be inpatient, outpatient, or a combination of inpatient and outpatient experiences
- Emergency Medicine SCPE Clerkship
  - Setting: Emergency Department
- Family Medicine SCPE Clerkship
  - Setting: Outpatient Family Practice
- General Surgery
  - Setting: Combination of Inpatient, Outpatient, and Perioperative (i.e., preoperative, intraoperative, and postoperative)
- Internal Medicine SCPE Clerkship
  - Setting: May be inpatient, outpatient, or combination of inpatient and outpatient experiences
  - Note: In addition to the outpatient internal medicine experience, the program is working on establishing a full-time hospitalist rotation for all students which may increase the core clerkships from 7 to 8 and decrease the selective clerkships for 2 to 1.
- Pediatric Medicine SCPE Clerkship:

- Setting: Outpatient Pediatric Practice (may also include some inpatient experiences)
- Women’s Health Medicine (including gynecological, prenatal, and obstetric care)
  - Setting: Combination of Inpatient, Outpatient, and Perioperative/Delivery

Selective clerkships include a broad variety of medical specialties and settings. At the end of their 2<sup>nd</sup> fall semester, students are given the opportunity to note their preferences for the selective clerkships. Importantly, these rotations are titled ‘selective’ rather than ‘elective’ for two main reasons: (a) the rotations are dependent upon the sites and preceptors available to the program (i.e., not all preferences are able to be fulfilled due to site and preceptor limitations); (b) the program reserves the right to require students to complete rotations in a non-preferential area to best meet the needs of the student or the needs of the program.

All of the program’s SCPE’s are located in the same region as the program, including the NY Metropolitan Area and the state of NJ with the vast majority of sites located within 60 miles of our campus. Unlike many other programs, students do not have to relocate for clerkships. There is an opportunity for students to suggest additional sites and the policies and procedures for this are outlined elsewhere in this handbook.

Students are responsible for their own transportation to and from clerkships and any related travel expenses (e.g., transportation, gas, tolls). If the student should lose their transportation prior to or during a clinical clerkship rotation (e.g., due to a disabled or lost vehicle), it is the student’s responsibility to find alternate transportation. Although the program does attempt to place students in clerkships closer to their residence location when those sites are further than a one-hour commute from the graduate center, this cannot be guaranteed. Due to clinical rotation site limitations, the program is not able to accommodate students requesting specific commutes, locations, or environments for clinical clerkship rotations unless this is part of an approved disability services accommodation, and it is feasible to do so for the program.

### **Program Expectations and Policies Specific to the Clinical Phase of Training**

The following information pertaining to Supervised Clinical Practice Experiences (SCPEs) is in addition to or expansion of, and not necessarily a replacement of policies outlined in SCPE Course and Clerkship syllabi.

- Clerkship Hours
  - Expectations for clerkship hours are an average of 40 hours per week and five days per week depending on the specialty and site (excluding days of required on-campus activities such as call-back sessions). Students are required to achieve a minimum of 2000 clinical hours prior to graduation with most students completing up to 2500 hours during their clinical phase of training.
  - Clerkship hours include on-site training and education (e.g., grand rounds), meeting with preceptors and other members of the healthcare team, direct patient evaluation, development of treatment and management plans, routine activities related to patient care, documentation, etc.
  - SCPE Clerkship hours are dependent upon the clerkship and site. Some clerkships will include early morning, evening, and weekend hours.
- Clerkship Patient Encounters
  - As evidence has long supported that the quality of patient encounters - rather than the number of patients seen during a clerkship rotation - is significantly more beneficial for student learning and preparation, the program does not have expectations for number of patients seen, conditions evaluated, or procedures performed. Rather, students are expected to meet specific learning outcomes, including essential skills, associated with each clerkship.
- Clerkship Learning Outcomes
  - Expectations for learning outcomes and instructional objectives, including essential skills for each clerkship, are noted in the specific SCPE Course and Clerkship syllabi.
- Clerkship Preferences
  - Specific to the program’s selective clerkships, students are permitted to list preferences (e.g., location and specialty). Importantly, this only applies to the selective clerkships.
  - Although the program attempts to meet appropriate and feasible student preferences, preferences

are in no way guaranteed. All clinical clerkship rotation placements are dependent upon available clinical sites and preceptors and only at site that meet accreditation requirements, program requirements, and program expectations for the specific clerkship rotation.

- Clerkship Schedules
  - By ARC-PA Accreditation standards, the program must secure all clinical sites and preceptors in sufficient numbers to allow all students to meet learning outcomes (Standard B3.01).
    - The program goes to great lengths to secure rotation sites and preceptors for all clinical clerkship rotations for all students. Securing sites and preceptors encompasses a great deal of work by the program director and clinical team including recruiting sites and preceptors, meeting with site coordinators, preceptors, and senior leadership of medical facilities, vetting sites to ensure they meet all requirements (e.g., safety requirements), vetting preceptors to ensure they meet all requirements (e.g., unrestricted license to practice and board certification), orienting preceptors on specific learning outcomes for SCPEs, completing legal affiliation agreements, and, when appropriate, seeking clinical affiliate faculty appointments for preceptors. It generally takes 3-6 months to develop a site from 1<sup>st</sup> contact to finalization of affiliation agreement and subsequent student placement.
  - For the reasons noted above, once completed, all clinical clerkship rotation schedules are final.
    - Students are not permitted to change rotations, switch rotations with another student, or decline rotation placements.
    - The clinical clerkship rotations are required curriculum in the program. Much as with required didactic courses, students cannot request to skip or change a course, course time, or course location.
  - Importantly, the clerkship schedule does not always follow the regular University academic calendar. Because of time constraints associated with the clerkships, some clerkships start and end outside of the normal academic calendar. To ensure all students meet program expectations for all clerkships, it is necessary to schedule clerkship activities on some state, federal, and religious holidays. The general rule is that if the clinical site and preceptor are working, students are expected to be participating in the clerkship.
    - Students who intend to observe a religious holiday should inform the clinical team as early in the semester as possible of an anticipated absence. Regardless of the reasons for the absence, students are required to make up any missed clinical clerkship time during the same rotation.
- Attendance for Clerkship Activities
  - As with all didactic courses, attendance for all clerkship activities, including but not limited to clinical preparatory coursework, clinical immersions, SCPEs, and call-back-sessions is mandatory.
  - As noted above, students are required to make-up any missed activities, even if receiving an excused absence, during the same rotation.
    - For planned absences during clerkships, students must:
      - First, inform the clinical coordinator to receive permission to discuss with their clinical preceptor.
      - Second, upon receiving permission from the clinical coordinator, discuss with their clinical preceptor to plan for make-up time and activities.
      - Third, must make-up 100% of the missed time during the scheduled clerkship.
- Logging of Clinical Time and Patient Encounters
  - All students are required to log all their clinical hours and all clinical patient encounters in EValue for every day of clerkship and every clinical patient encounter.
  - The logs must be completed on at least a weekly basis.
  - Failure to keep up with logging hours, patient encounters, and procedures completed in a timely manner will result in a reduced grade for those SCPE clerkship rotations and may result in a failing grade for the rotation(s) and the need to repeat rotations potentially resulting in delay of graduation.
- End-of-Rotation Examinations and Competency Based Evaluations
  - Students will take their end-of-clerkship written examinations and competency-based evaluations (e.g., OSCEs) on the Monday following the last day of that clerkship (or, scheduled sometime during

that callback week).

- Outside of pandemic related issues, all end-of-rotation examinations will be delivered on campus.
- Students are required to take the examinations at the announced scheduled time. In some cases, students may be excused from an examination due to illness. However, if it appears a pattern exists for missing examination dates, students will be subject to the program's professionalism and student conduct policies resulting in, at a minimum, receiving a zero score for missed examinations.
- Call-Back-Sessions
  - Most clinical clerkship rotations will be followed by an on-campus call-back-session. These sessions are mandatory, and students must attend in person regardless of the location of the preceding and subsequent clinical clerkship rotations, unless, due to extenuating circumstances, the session is held virtually (e.g., for students on quarantine due to COVID-19 exposure or positive testing or due to University/School/Program requirement to be virtual for pandemic-related circumstances).
  - Call-back-sessions and schedules will be discussed in greater detail as students near their clinical phase of study.

## **Academic Support and Student Services (Accreditation Standard A1.04 & A1.05)**

MS-PA program students have the same support services as other students of the University. For details on academic support and student services, please refer to University webpages at the following links:

- The Division of Student Life: <https://www.monmouth.edu/student-life/student-life-division/>.
- Center for Student Success: <https://www.monmouth.edu/css/>
- Counseling and Psychological Services: <https://www.monmouth.edu/counseling/>
- Health Services: <https://www.monmouth.edu/health-services/>
- Off-Campus and Commuter Services: <https://www.monmouth.edu/off-campus-and-commuter-services/>
- Office of Substance Awareness: <https://www.monmouth.edu/substance-awareness/>

Due to the stressful experience inherently associated with PA programs, faculty highly recommend all students take advantage of the University's counseling and psychological services. These services are provided at no extra cost to students.

## **Instructional and Reference Materials (Accreditation Standard A1.09)**

In addition to the student support services noted above, Monmouth University MS-PA students and faculty have access to multiple learning resources via the [Guggenheim Library databases](#), that will prove invaluable as they progress throughout the program. Such resources include but are certainly not limited to:

- Access Medicine (includes the following resources):
  - A Library of over 100 Medical and Health Science Textbooks (including many of the MS-PA Program required texts)
  - Quick Reference Guides (2-minute medicine, Differential Diagnosis, Diagnostic Tests, Inpatient Medicine and Primary Care Guidelines, and the Quick Medical Diagnosis & Treatment 2021)
  - Drug Monographs
  - Multimedia Resources (Auscultation Classroom, Diagnostic and Imaging Studies, Pathophysiology Animations, Pod classes, Lectures, Patient Interview and Patient Safety Modules, Pharmacology Resources, Physical Exam Resources, Procedural Videos)
  - Multiple Medical Cases
  - Study Tools (Clerkship Topics, Flashcards, Learning Games, Review Questions)
  - Patient Education Materials
- Up to Date
  - *Up to Date* is a comprehensive evidence-based resource on the most current information related to clinical medicine topics across 25 medical specialties.

- Additional Guggenheim Memorial Library Databases Specific to Medicine
  - Biology Database
  - Biomedical Reference Collection: Comprehensive
  - CINAHL Complete
  - Cochrane Library
  - Health Databases
  - Journal of the American Medical Association
  - MedlinePlus
  - PA Exam Prep
  - Proceedings of the National Academy of Sciences
  - PubMed

## **Commitment to Diversity and Inclusion (Accreditation Standard A1.11d)**

The University and the MS-PA program are deeply committed to equity, diversity, and inclusion. At the University level, details on the advancement of diversity and inclusion efforts can be found on the University website at the following link: <https://www.monmouth.edu/diversity-and-inclusion/>. At the program level, the MS-PA program has holistic admissions processes, curriculum specifically focused on equity, diversity and inclusion (including but not limited to Culturally Appropriate Care, Health Disparities, Health Equity and Bias, Health Literacy, LGBT Inclusion, and Social Determinants of Health – for more information on the resources utilized by the program see the Physician Assistant Education Association’s website at <https://paeonline.org/diversity-and-inclusion-resources/>), and initiated a Diversity and Inclusion Committee with student members from all three cohorts. Details on the MS-PA Program Diversity and Inclusion Committee can be found in the program committee section of this handbook.

### ***MU MSPA Program Statement on Social Justice and Antiracism***

Social justice advocacy is a critical component of the Monmouth University Master of Science in Physician Assistant program and relevant to both our curriculum and our profession. In all courses, you are to reflect the [values of the PA profession](#), including but not limited to ensuring the health, safety, welfare, and dignity of all human beings and recognizing and promoting the value of diversity. Our program actively facilitates multicultural perspectives, highlighting awareness, understanding, and knowledge of diversity and social justice issues. Throughout the program, any verbal or written communication should be consistent with the respect, appreciation, and acceptance that are the foundation of the medical profession and, in particular, the PA profession.

Further, actions and language should reflect the [Guidelines for Ethical Conduct for the PA profession](#) and be consistent with the [pledge of the AAPA to support diversity and combat racism](#). As human beings deeply concerned with social justice issues, we are each charged with protecting the disadvantaged and respecting the culture, values, beliefs, and expectations of others, consistently practice nondiscrimination, and actively support and promote antiracism. Further, as medical clinicians, medical educators, and lifelong students, we are each charged with constantly learning and working to ensure that all persons receive the healthcare and promotion for well-being that is the inalienable right of all persons.

The MSPA program at Monmouth University firmly stands against all forms of discrimination and racism and will continue to work to address anti-discriminatory and anti-racist policies & practices. We believe representation matters and support the hiring of diverse faculty, staff, and administrators and the intentional admission practices to diversify and support our students.

## **Academic Standards and Policies Specific to the MS-PA Program (Accreditation Standard A3.01 and A3.02)**

Standards of acceptable performance for the program and program courses are communicated to students in writing via this handbook and course syllabi.

All MS-PA program policies apply to all students, principal and full-time faculty, and the program director regardless of location. Policies listed are subject to change. (Accreditation Standard A3.01)

### ***Academic Advisors***

All students are assigned an MS-PA program faculty advisor who monitors student progress and recommends resources



if their advisee experiences academic difficulties (importantly, students do not need referral from program faculty to receive any University student support services). Students are required to meet with their assigned academic advisor at least twice per semester. Failure to do so may result in a formal professional violation that will be included in their student file. Students can request a change in their academic advisor by emailing the program director who, in discussion with the student, will determine the best course of action.

### ***Academic Policies and Requirements for Promotion & Graduation***

Attaining the MS-PA degree will require the successful completion of all didactic and clinical phase coursework. Specifics regarding course requirements are noted in course syllabi. Unless otherwise noted in the syllabi, failing to complete all required course assignments may result in a failing grade for that course and subsequently prevent the student from progressing to the next semester and may result in deceleration or dismissal.

#### Grades

Performance in courses is commonly assessed by written and/or practical examinations, oral presentations and/or research papers. In designated courses throughout the program, grades will be recorded as a percentage. At the end of each course the percentage scores will be converted, following the Professionalism Demeanor Multiplier (PDM – described below), to a grade, A through F.

Specifically, the MS-PA program uses the following grading conversion scale for all course grades:

Final Course Percentage	Letter Grade	Quality Points
≥95%	A	4.0
90% - 94%	A-	3.7
87% - 89%	B+	3.3
83% - 86%	B	3.0
80% - 82%	B-	2.7
77% - 79%	C+	2.3
73% - 76%	C	2.0
< 73%	F	0

#### Satisfactory Progress, Academic Warning and Probation, Dismissal, Leave of Absence & Withdrawal (Accreditation Standard A3.15d)

Policies and procedures regarding satisfactory progress, academic warning and probation, dismissal, leave of absence, withdrawal, and deadlines are covered in the Monmouth University Graduate Catalog. Specific to the MS-PA program, if a leave of absence, withdrawal, or dismissal does occur resulting in student deceleration (i.e., rejoining the program at a later date to restart the curriculum), such will be permitted only once in the program and students must return to the program within one year of the last day attended.

Importantly, many state licensure agencies, credentialing agencies, and facilities require the program to report if students were placed on academic probation. Reporting such issues, which, again, is a requirement placed on the program, may delay licensure and credentialing.

### ***Policies and Procedures for Grievances and Appeals***

The MS-PA program follows the MU Student Handbook and the Graduate Catalog information on student grievances and appeals. Information on student complaints about grades and change of grades requests can be found in the Graduate Catalog at the following link: <https://catalog.monmouth.edu/graduate-catalog/academic-programs-support-services-regulations/grades/grade-reports/>. Student grievances regarding equal opportunity, harassment, and nondiscrimination can be found at the following link: <https://catalog.monmouth.edu/graduate-catalog/responsibilities-policies-university/>.

# ***Policies and Procedures for Infection Control/Prevention and Exposure Response (Accreditation Standard A3.08)***

## COVID-19 Response Plan and Procedures

Monmouth University has developed a comprehensive and regularly updated plan related to the COVID-19 pandemic; details can be found on the University website at the following link: <https://www.monmouth.edu/covid-19/>. The website covers comprehensive information in various sections including:

- Latest Updates and University Communications
- Covid Compliance Information
- Covid testing Information
- Location and hours of on-campus COVID Testing Centers
- COVID-19 Campus Dashboard: Tracks cumulative confirmed COVID-19 cases on campus
- Vaccination FAQs
- Who to Contact if you test positive for COVID-19

All students, faculty, and staff are required to follow all University, School, and Program policies related to COVID-19. Failure to do so may result in consequences up to and including dismissal.

Contact Information for MU student support services can be found at the following web links: [Health Services](#); [Office of Student Life](#); [Admissions Questions](#); [Academic Support \(including academic support for remote learning\)](#); [Financial Aid](#); [Office of Equity and Diversity](#); [Office of Substance Awareness](#).

## Infection Control and Exposure Response

The safety of all students, staff, faculty, and patients is of primary concern. Therefore, during orientations for both didactic and clinical education phases, PA students are presented with information on personal security and fire safety, in addition to infection control, HIPAA, and OSHA. Furthermore, PA students will be required to complete any clinical site-specific safety or security training requirements in preparation for supervised clinical practice experiences. Students must be aware that risk exists for exposure to infection and environmental disease during the didactic and clinical phases of the program. PA students, staff, and faculty must adhere to all established University safety protocols.

- Didactic-phase students must notify their course director as soon as possible of any exposure to bodily fluids, chemical hazards, or potentially serious infectious diseases.
- Clinical-phase students must notify their SCPE clerkship preceptor and the MS-PA Program Clinical Coordinator as soon as possible of any exposure to bodily fluids, chemical hazards, or potentially serious infectious diseases.
- All faculty, staff and students will utilize Standard Precautions (Methods of Prevention as outlined below) during all activities that present a risk of exposure to blood/body fluids or chemical hazards. Failure to do so will be grounds for disciplinary action.
- Students must follow the exposure response plan detailed below in the case of any exposure to blood/body fluids, chemical hazards, or potentially serious infectious diseases.
- Compliance with all safety practices is a not just good procedure, it is also a mark of your professionalism. Failure to observe and practice Standard Precautions may result in adverse/disciplinary action for unprofessional behavior.

## **Methods of Prevention**

Standard precautions (Methods of Prevention) are the minimum safety and infection prevention practices that apply to all patient care and laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered. These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others.

- Hand Hygiene
  - Good hand hygiene is critical to reduce the risk of spreading infection.
  - Current CDC guidelines recommend use of 70% or greater alcohol-based hand rub for hand hygiene except when hands are visibly soiled (e.g. dirt, blood, body fluids), or after caring for patients with

known or suspected infectious diarrhea, in which cases soap and water should be used. Key situations where hand hygiene should be performed include:

- Before touching a patient, even if gloves will be worn.
  - Before exiting the patient's care area after touching the patient or the patient's immediate environment.
  - After contact with blood, body fluids or excretions, or wound dressings.
  - Prior to performing an aseptic task (e.g., placing an IV, preparing an injection).
  - If hands will be moving from a contaminated-body site to a clean-body site during patient care.
  - After glove removal.
- Use of personal protective equipment (PPE):
    - Exam gloves will be worn when there is risk of contact with or when handling blood or body fluids or when there is a potential for contact with mucous membranes, non-intact skin or body orifice areas, or contaminated equipment. Facial masks, protective eyewear and/or gowns (as well as gloves) will be worn when performing/assisting procedures with a risk of body fluid or other hazardous material splashes or sprays.
    - Appropriate face masks (i.e., reusable cloth masks, medical face masks or KN95) and/or goggles or face shields are required for all clinical-phase activities and for on-campus activities.
    - For details, refer to the University's Covid-19 Response Plan and Procedures section of this document.
  - Safe injection practices:
    - No recapping of needles unless required by the specific procedure being performed.
    - Use of self-sheathing needles and/or needleless systems when available.
    - All needles and other disposable sharps will be placed in designated puncture resistant containers as soon as possible after their use.
  - Safe handling of potentially contaminated surfaces or equipment:
    - Environmental cleaning: Areas in which patient care activities are performed will be routinely cleaned and disinfected at the conclusion of the activity.
  - Medical equipment safety: Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer's instructions. If the manufacturer does not provide guidelines for this process the device may not be suitable for multi-patient use.
  - Respiratory hygiene/Cough etiquette:
    - Cover mouth/nose when coughing or sneezing.
    - Use and dispose of tissues.
    - Perform hand hygiene after hands have been in contact with respiratory secretions.
    - Consider using a mask to prevent aerosol spread.
    - Sit as far away from others as possible.

### **Exposure Response**

Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents, e.g., bleach, is not recommended.

### **Incident/Injury Form:**

The student must notify her/his supervisor immediately and complete notice of incident forms in use by the clinical site as well as the Student Incident/Injury Form which is posted EValue.

- Medical Evaluation:
  - It is very important that medical evaluation take place immediately because treatment decisions must be made within 2 hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within 2–4 hours. It is also extremely important to evaluate the donor's risk status immediately.
  - The student should report IMMEDIATELY to his or her Clinical Preceptor and also contact the Clinical Coordinator within 24 hours of exposure.
  - If the exposure occurs at an off-campus clinical site, the student should follow the Infection Control

policy of that facility. Outside of these hours, the student should go IMMEDIATELY to the nearest urgent care or emergency room.

- Note: If the incident occurs at a hospital or large medical facility, that facility's Employee Health Clinic may be able to do the initial clinical evaluation.
- Program Participation:
  - Continued participation in the activities of the PA program will not be affected by any injury or illness that occurs while enrolled provided the student continues to meet all Technical Standards and fulfill all defined requirements for program progression and is not directly infectious by way of routine contact.
- Financial Responsibility:
  - Students will be financially responsible for all costs incurred during compliance with this policy including but not limited to any medical care, testing, and treatment.

### ***Policies and Procedures for Remediation and Deceleration (Accreditation Standard A3.15c)***

The MS-PA program is specifically formatted to educate students in advanced clinical sciences, enabling graduates to become successful and highly competent Physician Assistants. Because of the difficulty and volume of the information presented, PA programs are well known as some of the most challenging graduate level programs. As such, the below remediation policy was developed with recognition of the following:

- Physician Assistants need to be self-directed career-long learners of the medical sciences.
- A major portion of any Physician Assistant educational program involves independent studying.
- Because of the pace of accelerated PA programs, little opportunity exists for in-class instructional review of previously presented material.
- The educational process proceeds, week to week, building on previously presented and learned material.
- Presentations and lectures in the program should be considered supplemental to readings.
- In order to be successful, students need to continually master presented material on a day-to-day, week-to-week, month-to-month, and/or module-to-module basis.

Throughout the program, evidence of information mastery is monitored via student performance on written, oral and practical evaluations. Students are encouraged to contact the relevant faculty or instructor at any time to improve their mastery of the material. Student progress is monitored by the Academic Coordinator in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation as described herein.

In some cases, a different and course-specific remediation policy may be applied and, if so, this will be clearly noted in the course syllabus. Course Directors will be available to facilitate remediation when needed. If a Course Director is not available, the Program Director will assign the role to another faculty member.

Importantly, all student conduct/professionalism policies apply to remediation, including policies related to examinations. For remediations that involve papers, projects, or similar activities, and unless informed differently by the course director, students are expected to work on any remediation assignments alone, and without assistance from others. Failure to do so is considered a violation of student conduct/professionalism policies and subject to consequences up to and including dismissal.

#### **Remediation**

In the MS-PA program, remediation is defined as the re-study and/or retraining of material for which the student has not evidenced competency and occurs in the following ways: (a) remediation of evaluation (e.g., quiz, written or practical examination, OSCE) without potential for grade change; (b) remediation of evaluation for grade change; (c) remediation of course for grade change.

#### Intention of the Remediation Policy

Remediation is the re-teaching and re-learning of material for which the student has not achieved mastery. Remediation does not necessarily include post-remediation evaluation/testing. The goal of remediation is to identify,

based on course instructional objectives and evidenced by poor performance on examination(s), areas of weaknesses of material, and, once identified, to assist the student in overcoming those weaknesses and develop mastery of the material. Course Directors may allow remediation with other assessment tools/methods at their discretion.

#### Remediation of Evaluation without Potential for Grade Change

Remediation of evaluation without potential for grade change incorporates student self-directed study of material based on the received S&O Report for that evaluation. This is considered an informal remediation. To promote the most success in the program and on the PANCE, the program urges students to remediate any evaluation for which they score <73% via remediation for grade change if possible during the didactic portion of the program or self-remediation via post-examination strength and opportunity reports. Additionally, the program strongly recommends students to self-remediate any evaluation for which they score <80%. During the clinical phase of the program any score of less than 80% on an end of rotation (EOR) evaluation will require remediation.

#### Deceleration

Specific to the MS-PA program and as defined by ARC-PA, deceleration is defined as stopping progress in the MS-PA program and remaining matriculated in the program and returning at a later time. Deceleration can be instituted for academic or non-academic reasons, or related to professionalism violations. A deceleration for non-academic reasons a student will cease progress in the program and rejoin at a later date. This can occur at a later date within the same cohort or they can return with the next cohort of admitted students. When a deceleration occurs related to poor academic performance, as noted in the Graduate Catalog, students would be dismissed from the program and then apply to return to retake one or more courses and continue in the program with a new cohort. Reapplying after academic deceleration does not guarantee re-entry into the program. As per Monmouth University Graduate Catalog and Student Handbook policy students who have been academically dismissed have the right to appeal that decision in writing to the graduate academic and standards review committee.

#### **Didactic Phase Evaluation and Remediation**

The following policies, in addition to the above, apply to didactic phase evaluations and remediation.

- A passing grade for any evaluation/assignment is represented by achieving a grade of 73% or greater. Any grade <73% constitutes failure of an evaluation/assignment and requires either informal or formal remediation.
- To receive credit, all remediation assignments and retesting of examinations/evaluations must be completed and submitted by the Course Director's chosen deadline.
  - Late remediation assignments, examinations/evaluations, regardless of how late, will not be accepted for credit and, as such, students will receive the original final grade on their examination/evaluation.
- Quizzes cannot be remediated for grade change.
- Students must complete all remediation prior to the start of the next semester unless receiving an Incomplete for the course.
  - The Course Director, after meeting and discussing with the student, will decide on the remediation timeline during the specific semester. At the discretion of the Course Director, remediation(s) may be completed during the semester or during the semester break but must be completed prior to the start of the next semester.
- Remediation for a failed examination involves a three-step process including:
  - Step 1: Identification of weakness area
    - Students will receive a summary of exam results via a strengths and opportunities report. The results will include details such as the topic, subtopic, task area, and source.
  - Step 2: Development of remediation study plan based on the identified area(s) of weakness.
  - Step 3: If applicable, evidencing proficiency of failed material
- Not all remediation will include post-remediation assessments. This will be detailed in course syllabi. If a post-remediation assessment does occur, students will be reassessed by the Course Director after completion of the remediation. The assessment activity may vary, at the discretion of the Course Director and depending on the nature of deficiency and degree of remediation necessary. The activity may include, but not be limited to:
  - Make-up written, oral, or practical examination

- Written completion of selected course instructional objectives with reference citations
- Written response to selected examination items with reference citations
- Problem based learning exercise(s) focused on area(s) of weakness
- Written self-reflection exercise(s)
- Maximum points applied is capped at a score of 73%, the original examination score would only be improved to 73%.

### **Clinical Phase Remediation**

SCPE course grades are comprised of End-of-Rotation Examinations (EOREs), case-based performance evaluations (e.g., objective structured clinical examinations; OSCEs), logging of patient cases and clinical experience hours, preceptor evaluations, and professionalism.

Remediation processes in the clinical phase:

- Remediation policies for clerkship components are specified in the Supervised Clinical Practice Experiences course syllabi.
- For End of Rotation (EOR) Exams and End of Program Summative Exams
- End of Rotation Exams:
  - All students must achieve an 80% or higher to pass an EOR exam.
  - If a student scores < 80% on an EOR exam and has passed all the other components of the SCPE, they can retake that EOR exam at a later date during clinical year prior to graduation.
  - If the student scores < 80% on the retake of the same EOR exam, the student must repeat the clerkship. This may result in a significant delay of graduation as a clinical site must be procured when available.
  - If the student scores <80% on the EOR of a clerkship that has been repeated, the student will then be subject to dismissal.
  - Maximum points applied is capped at a score of 80%, i.e. the original examination score would only be improved to 80%.
  - A maximum of two clerkships can be repeated secondary to failure or the student will be dismissed from the program.
  - In such cases the student's graduation is delayed, the student is responsible for any subsequent tuition and fees related to the extra coursework.
- End of Program Summative Exam:
  - All students are required to pass both the end of program comprehensive summative written and case based performance evaluation with a score of 80% or higher to graduate.
  - If a student scores less than 80%, they will be allowed to remediate and reattempt until they pass. Attempts to pass will be allowed on a weekly basis and may result in delay of receiving diploma.
- OSCEs and cased-based preceptor evaluations
  - All students are required to pass both the OSCEs and cased based preceptor evaluations with a score of 73% or higher.
  - If a student scores <73% the OSCE must be repeated.
  - If a student scores <80% but >73% on an OSCE they will be assigned remediation. The activity may include, but not be limited to:
    - Make-up written, oral, or practical examination
    - Written completion of selected course instructional objectives with reference citations
    - Written response to selected examination items with reference citations
    - Problem based learning exercise(s) focused on area(s) of weakness
    - Written self-reflection exercise(s)
  - If a student scores <73% on a case-based preceptor evaluation they will be required to repeat the clerkship which may result in delay of graduation. A maximum of two clerkships can be repeated secondary to failure or the student will be dismissed from the program.
  - In such cases the student's graduation will be delayed; the student is responsible for any subsequent tuition and fees related to the extra coursework.

## ***Policies and Procedures for Student Complaints, Mistreatment, Discrimination, & Social Harassment (Accreditation Standard A1.02j; A3.15f-g)***

Specific policies regarding student complaints, mistreatment, discrimination and harassment are addressed in both the Monmouth University Student Handbook (<https://www.monmouth.edu/student-handbook/equal-opportunity-harassment-and-nondiscrimination-statement/>) and the Monmouth University Graduate Catalog (<https://catalog.monmouth.edu/graduate-catalog/responsibilities-policies-university/>).

Additional policies and procedures can be found on the Monmouth University website at the following weblinks:

- <https://www.monmouth.edu/student-handbook/sexual-harassment-faculty-member/>
- <https://www.monmouth.edu/student-handbook/sexual-harassment-non-faculty-member/>
- Monmouth University Title IX Sexual Harassment Policies: <https://www.monmouth.edu/sexual-misconduct/documents/title-ix-sexual-harassment-policy-guidelines.pdf>

### **Student Complaint for Classmate Code of Conduct Issue**

Students are expected to do their utmost to help maintain a high level of conduct among fellow students, monitoring themselves for adherence to program policies, particularly policies regarding student conduct and professionalism. This mirrors what is expected of licensed practitioners in medical/healthcare settings. The following policies and processes apply:

- If a student witnesses another student not adhering to program policies on student conduct and professionalism, if not an egregious violation and safe to do so, students are requested to speak with the individual. If the issue fails to resolve, students are then expected to report the issue to their course director and/or faculty advisor.
- If an egregious violation (e.g., issues of cheating and/or plagiarism, issues adversely affecting the safety and welfare of others involved in the University and/or clinical sites), students are expected to report the incident immediately to their course director and/or faculty advisor.
- Importantly, the program and faculty are generally unable to address hearsay or unverifiable reports of student conduct and professionalism violations. Anonymous reports or complaints will not be accepted (this does not apply to course and faculty evaluations which, in most circumstances, are anonymous).
- Reports of cheating must be reported within 24 hours of the act so the complaint can be appropriately addressed.
- The program and faculty will not inform other students (including students who initially reported the incident) of any actions taken or disposition of issues towards another student at any time.
- The program and faculty will not share the names of reporters to other students in the program. However, reporters may be called before the student progression committee and/or graduate studies committee to verify the complaint.

## ***Policies and Procedures Regarding Attendance***

The MS-PA program has a mandatory attendance policy for all program activities (e.g., classes, labs, examinations and evaluations, clerkship activities, call-back sessions). PA students are expected to be in attendance for all didactic and clinical activities. The MS-PA program's block schedule specifically includes time when students are not involved in class or lab activities such that, if needed, students can attend to outside appointments (e.g., medical appointments).

### **Covid-19 Pandemic Policy:**

\*Due to the rapidly changing nature of the Covid-19 pandemic, all policies regarding contact tracing and quarantining will be dictated by university protocols. Please note these policies are subject to change at any time.

## **Timely Access to Services Addressing Personal Issues Which May Impact Student Progress in the MS-PA Program (Accreditation Standard A3.10)**

The MS-PA program is committed to the personal and academic success and well-being of all students, including timely access to services addressing personal issues which may impact progress in the PA program. Although it is ideal if students receive services outside of their classroom hours, and, as noted below, time is included in the schedule for

such activities, given the course load in the program this is not always possible. In such cases when timely access is otherwise not possible due to severity, access, or after-hours availability, the MS-PA program permits students class release time to receive services from healthcare providers and the Powell Resource Center - including academic success services, counseling, and disability support services. The student must make every effort to schedule appointments outside of scheduled class time.

Detailed information regarding the Monmouth University Department of Disability Services can be found on their website at the following link: <https://www.monmouth.edu/disability-services/>. Additionally, see Appendix III for the Disability Services Contract.

### **Personal Days**

Recognizing the incredible time commitment in the didactic phase of the program and understanding that many students will greatly benefit from a rare day off without risking academic success, the MS-PA program faculty have adopted a policy permitting one personal day off per semester for didactic phase students. Personal days do not apply to the clinical phase of the program. Personal days do not need to be excused by program faculty, but students must adhere to the following:

- Students must notify the academic coordinator by email at least 24 hours in advance of the absence. The academic coordinator will then notify the course director.
- A maximum of one personal day per semester is permitted and can only be taken in the didactic phase of the program.
- Partial personal days (e.g., missing one course) count as full personal days (i.e., time cannot be saved or banked).
- Students are fully responsible for any materials presented on missed days. The faculty should not be expected to redeliver a lecture or activity for students who are absent from activities, regardless of whether that absence is a personal day or excused absence.
- A personal day cannot be taken on the day of any written, practical or lab examinations or on a day when team-based learning activities are planned.
- A personal day cannot be taken on the day of lab activities and/or group assignment activities in any coursework.
- A personal day cannot be taken in succession with school breaks, holidays, or requested excused absences.
- The MS-PA program reserves the right to deny personal days for students at risk of or on academic and/or behavioral probation, and for students taking two or more absences during one or more semesters.
- Violation of any of the above policies will result in an unexcused absence and enforcement of MS-PA program policies as detailed in this handbook.

### **Absences from Required Activities**

Unless otherwise noted in the block schedule, other than posted holidays, semester breaks, personal days, and when released from the program, students should expect to be present on campus from 8:00am to 5:00pm EST, Monday through Friday. Additionally, students should expect to attend required lectures and labs in the evening and/or weekend hours for make-up classes and remediation. In such cases of afterhours activities, the program will inform the students at least 48 hours in advance. Attendance is mandatory for all afterhours activities.

The block schedule, which should always be viewed as subject to change, is emailed or posted prior to the start of each semester. If time-off is not indicated in the calendar schedule, students are expected to be on-campus for program required classes and activities. Given the amount of semester breaks, holidays, personal days, and scheduled time-off, additional absences may significantly adversely affect a student's learning and subsequent mastery of material.

In the event of illness, family issue (e.g., family illness, child's illness), or emergency or crisis, the student is to notify the academic coordinator or clinical coordinator and preceptor for missed activities in the didactic and clinical phases, respectively.

For requested absences for personal reasons other than as described above, students must submit an email requesting the absence at least two weeks in advance to the academic coordinator if occurring in the didactic phase or the clinical



coordinator if occurring in the clinical phase of study. Submitting an absence request in no way guarantees the absence will be approved. If the absence is not approved, students are expected to be participating in all scheduled program activities as planned. Failure to do will represent an unexcused absence and be subject to all policies for unexcused absence outlined in this handbook.

The following policies apply to all other absences:

- For absences occurring during schedule examinations, evaluations, and quizzes, please refer to the Examination Policies section of this handbook.
- For all absences, students must submit the appropriate form to each Course Director holding classes/activities during the time of the absence.
- An extended absence of >3 days will be addressed by the Program Director in consultation with all MS-PA program principal faculty.
- Submitting an absence form does not guarantee approval of an excused absence. Excessive requests of three or more per semester will result in a professionalism evaluation.
- PA students are expected to be in attendance for all scheduled meetings with faculty and staff in the MS-PA program. It is considered unprofessional for students to cancel scheduled meetings with faculty/staff for other meetings/activities without prior approval of at least 24 hours' notice, unless an emergency.
- PA students are expected to be present for all clinical rotation activities, including supervised clinical practice experiences **and** call-back-session activities and according to the clinical schedule provided by the preceptor in each rotation.
- The student should notify the **Clinical Coordinator and their Preceptor** of any absence.
- An extended absence of > 3 days from clinical rotation will be addressed by the Clinical Coordinator and the Program Director and will result in repeating the clerkship.
- For more information on excused and unexcused absences and consequences during the clinical phase of training, refer to the SCPE syllabus.
- PA students are expected to remain available on campus for all scheduled activities in the program, including but not limited to remediation activities and advisor meetings. Failure to do so is considered unprofessional behavior and subject to professionalism policies.
- Repetitively requesting (i.e., >2 per semester) to be off campus or absent from scheduled activities is considered unprofessional behavior and subject to professionalism policies.
- For the didactic phase of the program, more than five excused absences is considered to be an issue with professionalism or the ability to meet all of the MS-PA program's technical standards and, as such, may result in students being placed on Professional Probation and associated consequences up to and including deceleration or dismissal from the program.
- For the clinical phase of the program, even though students are required to make-up all absences, more than one excused absence each semester is considered to be an issue with professionalism or the ability to meet all of the MS-PA program's technical standards and, as such, may result in students being placed on Professional Probation and associated consequences up to and including deceleration or dismissal from the program.

### ***Policies and Procedures Regarding Employment While Enrolled in the Program*** **Employment While Enrolled Strongly Discouraged**

Because of the pace and rigor of the program, students are strongly discouraged from working while in the program. Please keep in mind that PA education is well known to be among the most difficult of graduate education experiences. Experience has taught us that students holding employment during enrollment struggle significantly more than other students in regard to academic success.

The following guidelines are meant to help the student in deciding about work during their participation in the PA program:

- Employment while enrolled is strongly discouraged.
- Students who work are encouraged to make this known to their academic advisor.
- Students who are working and find themselves in academic difficulty will be advised to consider

terminating that work.

- Coursework and all required activity schedules will not be altered to conform to employment. Your education must remain your primary responsibility when balancing work and school.

### **Policy Prohibiting Working for the MS-PA Program or Clinical Sites (Accreditation Standard A3.04 and A3.05)**

Besides graduate assistant opportunities (see MU Graduate Handbook) a student may not, at any time during enrollment, be employed by the program or serve for or function as instructional faculty. Additionally, students cannot, at any time during enrollment, substitute for clinical or administrative staff including but not limited to when on Supervised Clinical Practice Experiences (SCPEs) or other clinical practice activities.

### ***Policies and Procedures Regarding Grading and Graded Evaluations***

It is the policy of the Program that no grade rounding (up or down) will occur. All assignment and exam grades are carried out to four decimal places and the final numeric course grade will likewise be carried out to four decimal places. The grade earned by the student will therefore be the final numeric course grade. The final course letter grade will be the equivalent of the student's final numeric grade. As an example, as noted above, a letter grade of A = a point grade of 90-100; if Student 'Y' receives a final numeric course grade of 89.9999 and Student 'Z' receives a final numeric course grade of 90.0000, Student 'Y' will receive a B letter grade since he/she did not reach the minimum threshold of 90.0000 required for an A and Student 'Z' will receive an A as he/she did meet that threshold. The faculty has decided that this is a more objective evaluation of individual student performance in courses such that a student's grade reflects EXACTLY the grade she/he has earned in the course.

Grading policies and procedures are identified within course syllabi. In some cases, specific course grading policies and procedures may differ; in such cases, specifics will be noted in syllabi. All rubrics related to grading evaluations are noted within course syllabi.

### **Challenging of Exam/Quiz Grades**

As an exam item analysis is performed on all multiple-choice question examinations, an analysis is performed on all practical examinations, and a similar analysis is performed on short answer and essay examination questions, students are **not permitted to challenge examination items for grade change, examination grades, or course grades.**

If a course includes Individual Readiness Assessment Tests (IRATs)/Group Readiness Assessment Tests (GRATs), the GRAT is considered remediation for the IRAT and, given this, students are not permitted to challenge IRAT/GRAT quiz grades.

- For non-IRAT/GRAT quiz grades, a quiz item analysis is performed similar to that of examinations and given this, students are not permitted to challenge quiz grades.

### **Examination Process and Specific Examination Policies**

#### Introduction

With a goal of establishing and maintaining examination security and best preparing students for the National Commission on Certification of Physician Assistants (NCCPA) Physician Assistant National Certification Examination (PANCE), the Program incorporates similar test-taking policies and procedures as the NCCPA. These policies include test-taking procedures, absence and tardiness policies, assessment of exam and exam item validity, and remediation.

#### General Policies and Procedures

- The program carefully schedules all examinations with consideration of class schedules, room availability, timing of other examination, etc. As such, once an examination is scheduled, students may not request changes in examination dates or times.
- Writing or reproducing an exam or any components of an exam (including, but not limited to, the verbal sharing of evaluation items) represents a student conduct/academic integrity policy violation and full and appropriate consequences will be applied in all occurrences.
- At the time of administration of an examination, PA students must follow all the instructions of the examination proctor and adhere to all program examination policies.

- A student who fails to follow the proctor's instructions and/or fails to follow all program examination policies, may result in the student being dismissed from the examination. If dismissed, the student will automatically receive a grade of zero on the examination and will not be permitted to retake the examination for a grade change.
- Any violation of examination and/or student conduct policies, including but not limited to cheating, during an examination will result in an automatic grade of zero for that examination and the student will not be permitted to retake the examination for a grade change.
- When taking an examination, students are only permitted to have at their exam taking table/station the following items:
  - Computer/Tablet on which the student will be taking the examination
  - One small 8"x11" dry erase board
  - One fine dry erase marker
- When taking an examination, and unless permitted by the exam proctor, students are not permitted to have the following items or follow different procedures unless having University approved accommodation:
  - Audio-visual recording devices, hats, paper, smart watches, cell phones – even if turned off, backpacks, wallets, purses, or similar items, notebooks, notepads, tissues, handkerchiefs, or similar items.
  - The exam proctor will provide students with tissues if requested.
  - Any other items determined by the exam proctor(s) to potentially risk exam security.
  - All prohibited items must be placed in a location determined by the exam proctor.
  - Screen-shots from a laptop during an examination at any phase of the program is strictly prohibited. It should be noted that the exam software will alert the proctor should this occur and will result in a PDAT violation.
  - The viewing of external content of any nature during an examination is strictly prohibited. It should be noted the exam software will alert the proctor should this occur and will result in a PDAT.
- Student bags and backpacks and non-permitted items (ie. Smartphones or smartwatches) will be placed against the wall at the front or side of the room and away from student access.
- Unless approved prior to the start of the exam, students will not be permitted to leave the room once the exam has started, including, but not limited to, for use of the bathroom.
- If an exam is longer than 90 minutes, students will be permitted scheduled breaks to use the restroom and water fountains.
- Violating student conduct & professionalism policies at any point during an examination or quiz will result in an automatic grade of zero for that evaluation and this grade cannot be challenged or appealed.

### Time Allotted for Examinations

The NCCPA has a 1-minute per question time allotment for the PANCE (e.g., a 60-question exam is allotted a total duration of 60 minutes). Recognizing that our students are entry-level PA students gaining greater proficiency as they progress through their studies, the program transitions students to the 1-minute duration rule as follows:

- In the first semester, students will be allotted 90 seconds per written examination question (e.g., a 60-question examination will be allotted a total duration of 90 minutes).
- In the second semester, students will be allotted 75 seconds per written question (e.g., a 60- question examination will be allotted a total duration of 75 minutes).
- In the third semester and beyond, students will be allotted 60 seconds per question (e.g., a 60- question examination will be allotted a total duration of 60 minutes).
- Examination/Quiz time may be extended with University approved accommodations via the Department of Disability Services.
  - Detailed information regarding the Monmouth University Department of Disability Services can be found on their website at the following link: <https://www.monmouth.edu/disability-services/>. Additionally, see Appendix III for the Disability Services Contract.

### Examination Analysis, Grading, Grade Posting, and Remediation

The MU MS-PA program utilizes an assessment program software called ExamSoft that helps faculty build and deliver written assessments, better ensure exam securing prior to, during, and after examination delivery, better analyze

examinations for effectiveness and integrity, and deliver reports to students on individual strengths and weakness for completed written examinations. A similar process is utilized for quizzes and examinations delivered via eCampus.

Given this, the program has the following policies:

- No written computerized examination grades are final until the examination analysis process has been completed.
  - The outcome of examination analysis may result in exam questions being discarded or alternative answers accepted (e.g., rekeying of the correct answer or accepting more than one correct response).
  - If a question is discarded, the grade of the examination will be calculated on the remaining questions.
  - In rare cases, all students may be given credit for a discarded question.
  - As each examination is analyzed for exam item validity, students are not permitted to challenge examination questions for a grade change or challenge final examination grades, doing so will result in a PDAT violation.
- Unless otherwise noted in the course syllabus, students will not have the opportunity to submit “extra-credit” work or complete an alternative process offering an opportunity to receive a higher score than originally achieved on graded evaluations/assignments (e.g., quizzes, examinations, practical evaluations, papers, projects).
  - Upon completion of a computerized examination, students will automatically and immediately see their raw percentage score on the examination.
- The raw percentage score represents the pre-analysis examination grade and not the final examination grade.
  - A passing grade for any evaluation/assignment in the didactic phase is represented by achieving a grade >73%. Any grade <73% constitutes failure of an evaluation/assignment and requires remediation for content.
  - Once final examination grades are posted, the course director will post grades in eCampus and release exam results to students, including a Strengths and Improvement Opportunities Report.
- The Strengths and Improvement Opportunities Report identifies areas in which re-study is recommended to master the material assessed by the examination.
- Delivery of the strengths and weakness report is considered the first step of the student remediation process.
- The second step of the remediation process would occur when the student re-studies material identified by the report as representing a weakness.
- It is important to understand that remediation does not necessarily include post-remediation assessment.
- Generally, due to the pace of the PA program, faculty do not offer in-class post-examination review sessions. However, at their discretion, faculty may review subject matter for questions which were determined to be valid but missed by the majority of students.

#### Absence at Time of Examination

- If a student is absent from a scheduled exam, a legitimate excuse must be offered prior to administration of the exam or, in the case of a true emergency, as soon as possible. See the section on this handbook on absences.
- Examinations will be rescheduled only if the absence is formally excused and with the specific permission of the Course Director(s).
  - Notifying the Academic Coordinator and Course Director in no way guarantees that the absence will be excused, and that postponement of an examination will be permitted. If not formally excused, the student will receive a grade of zero on the missed examination.
- In some cases, reporting of final exam grades to the class may be delayed until all students have taken the exam.
- The date, time, and content of make-up examinations will be determined by the Course Director.
  - Unless otherwise determined by the Course Director, make-up examinations must be taken within seven days of the original scheduled date.
  - Although make-up examinations will test the same knowledge content as the original examination, the style (e.g., written, oral, skills testing) and type of questions may differ from the original examination as determined by and at the discretion of the Course Director.
- Unless otherwise approved by the Director of Didactic Education, in consideration of recommendations from

Course Directors, students are not permitted to receive an excused absence for more than one exam in each course in any semester and more than one final exam in any semester.

- Specific to the clinical phase of the program, unless otherwise approved by the Clinical Coordinator, students will not be permitted to receive an excused absence for more than one end-of-rotation examination for any supervised clinical practice experience (SCPE) course throughout the entire clinical phase of the program.
- Repeated requests for or absences from examinations (i.e., greater than three episodes in the didactic phase of the program and greater than one episode in the clinical phase of the program) is considered to represent an issue with student conduct, professionalism, and or the meeting of technical standards and, as such, may result in consequences as specified other sections of this handbook.

#### Tardiness at Time of Examination

- Time allocated for time examination will not be extended if a student arrives late to an examination
- All exams during the program are timed, during didactic year there will be a 15 minute grace period allotted for an exam. For example: if an exam is timed at 60 min the student will have a 75min block of time to take that exam. Please note that this is not an extension on Examsoft. Therefore if a student arrives 30 minutes late for that exam, they will have only 45 minutes on that exam regardless of the amount of time left on Examsoft.
- Arriving late to an exam may result in a PDAT violation
- At the discretion of the Course Director, tardiness due to legitimate and unforeseen reasons may be considered an excused absence, permitting a student to take a make-up examination. Please see the policies above regarding Absence at Time of Examination.
  - Repeated episodes of tardiness (i.e., >3 episodes in either the didactic phase of the program or clinical phase of the program) is considered to represent an issue with student conduct, professionalism, and or the meeting of technical standards and, as such, may result in consequences as specified other sections of this handbook.

#### Late Assignments

Some courses include student assignments with due dates. Due dates will be specified in course syllabi. The following policies apply to late assignments:

- Unless otherwise specified in the course syllabus, all assignments are due on the due date by 4:00pm North American Eastern Standard Time (NAEST) and, when applicable, North American Eastern Daylight Time (NAEDT).
- Unless otherwise indicated in course syllabi, assignments submitted any time past deadline, even if submitted on the posted due date for the assignment, will have the final grade for all late assignments automatically reduced by 15%.
- Unless otherwise indicated in course syllabi, the final grade for late assignments will be further reduced by 15% for each day the assignment is past deadline (including weekends, holidays, and semester breaks).
- Repeated episodes of submitting late assignments (i.e., >3 episodes in either the didactic phase or clinical phase of the program) is considered to represent an issue with student conduct, professionalism, and or the meeting of technical standards and, as such, may result in consequences up to an including dismissal from the program.

### ***Policies and Procedures Regarding Immunizations, Tuberculosis Testing, and COVID-19 Testing***

All students are required to provide proof of immunization prior to matriculation in the MS-PA program\*. All students must provide documentation that the following immunizations and Tb testing has been completed prior to matriculation and maintain immunizations and complete annual Tb testing throughout their training.

For immunizations, the MS-PA program adheres to the [Centers for Disease Control and Prevention Recommended Vaccines for Healthcare Workers](#).

- COVID-19 Vaccination: Documented evidence of COVID-19 vaccination or exemption submitted to the Monmouth University Student Health Portal.
  - Please refer to the University’s website regarding updates on vaccination requirements.
  - Importantly, some clinical sites may require COVID-19 vaccination without opportunity for exemptions for student learners to participate in activities at the site. Such policies are site-specific and may exceed Monmouth University policies. In such cases, although the program will make every effort to place students on an alternate clerkship rotation, the program may not have an alternate clinical rotation to place unvaccinated students potentially resulting in delay of graduation.
  - Presently, Monmouth University required weekly testing for unvaccinated students. Please refer to the [Monmouth University COVID-19 resources webpage](#) for details in this regard.
  - Some clinical sites require daily to weekly onsite testing for unvaccinated student learners. If this is required, this will meet the Monmouth University requirement for weekly testing. See the Monmouth University COVID-19 resources [FAQ page](#) for details on how to submit the results of your testing at a clerkship site.
- Hepatitis B Series: Documented evidence from a medical practitioner of serologic proof of immunity, or evidence of contraindication\*. Please note the Hepatitis vaccination is a series of 3 vaccines completed over 6 months’ time.
- Flu (Influenza): All students are required to receive and maintain annual influenza immunization. For incoming students, proof of immunization, or evidence of contraindication\*, must be received by the Fall of their matriculation year and annually thereafter.
- MMR (Measles, Mumps, & Rubella): Documented evidence from a medical practitioner of serologic proof of immunity, or evidence of contraindication\*
- Varicella (Chickenpox): Documented evidence from a medical practitioner of serologic proof of immunity or evidence of contraindication\*
- Tdap (Tetanus, Diphtheria, Pertussis): Documented evidence from a medical practitioner of Tdap vaccine within last 10 years or contraindication to vaccination\*
- Tuberculosis Testing: Documented evidence from a medical practitioner of negative two-step PPD testing and, if needed, negative Chest X-Ray results if PPD positive, or evidence of contraindication\*. Following initial two-step PPD, one-step PPD required annually.
- Meningococcal: Recommended for those who are routinely exposed to isolates of N. meningitidis per CDC recommendations. Not required by program but may be required by some clinical sites.
- Students are responsible for all expenses related to immunizations and proof of immunizations.

\*Contraindications to the above will be considered on a case-by-case basis, only with documentation from a medical provider, and must be discussed prior to matriculation. Personal/Religious reasons for declining immunizations will be considered on a case by case basis and must be discussed prior to matriculation. It is important to understand that participating in some clinical experiences may be prohibited from some institutions/practices without completion of immunization requirements.

### ***Policies and Procedures Regarding Refunds of Tuition and Fees (Accreditation Standard A1.02k)***

Details on refunds of tuition and fees can be found on the University website at the following link: <https://www.monmouth.edu/bursar/refund-policy/>.

### ***Policies and Procedures Regarding Securing Clinical Sites and Preceptors (Accreditation Standard A1.10) and Soliciting Clinical Preceptors & Clinical Sites (Accreditation Standard A3.03)***

Consistent with accreditation standards, the MS-PA Program does not request or require present or future students to provide or solicit clinical sites or preceptors; the program has secured all supervised clinical experience practice (SCPE) sites and preceptors for all matriculated students. At no time do students need to assist in finding their own SCPE preceptors or sites. All clinical sites for required core clerkships are located in the United States and all within driving

range from the campus. The vast majority of clinical sites are within a 90-minute drive from the Graduate Center campus and, in most cases, within a 60-minute drive; students will not need to relocate for their SCPE clerkships.

### **Option for Recommending Clinical Preceptors or Clinical Sites**

In adhering to ARC-PA accreditation standards, the Program secures all clinical rotation sites and preceptors to meet supervised clinical practice experience requirements. However, students are permitted to suggest additional sites and preceptors. Occasionally, students have strong relationships (e.g., past medical providers, employers) with medical providers and clinical sites that would be a good fit for including as one for the program's Supervised Clinical Practice Experiences (SCPEs). Although, students are prohibited from inappropriately soliciting providers and sites to secure clerkships (i.e., "cold-calling"), the program is accepting of students suggesting preceptors and sites for which they have a previous relationship prior to matriculation in the program, or to providers who have expressed interest to matriculated students asking to be involved in SCPEs. Generally, the site development process can take several months to complete.

The following policies and procedures apply to such cases:

1. Students are absolutely prohibited from:
  - a. Soliciting providers and sites to which they (a) have no prior relationship, (b) that have not expressed a desire to participate as SCPEs, (c) for preceptors with whom they have or are currently working with on a clerkship (i.e., students are not permitted to request preceptors take them for an additional, extended, or altered clinical clerkship rotation).
  - b. If students are unsure the appropriateness of soliciting a site/preceptor, they should contact a member of the program's clinical team to ask for guidance before soliciting providers/sites.
  - c. Students discovered to be soliciting SCPE preceptors or sites will be considered in violation of the program's student conduct and professionalism policies and will be subject to all applicable consequences up to and including dismissal from the program.
  - d. Discussing any financial matters with potential preceptors/sites including, but not limited to the potential or lack of potential for stipends.
  - e. Offering any payment (monetary or otherwise) to potential or existing preceptors/sites.
2. Student suggested sites must still meet all program requirements for SCPE preceptor and site development.
  - a. All clinical sites must be:
    - i. Appropriate sites that meet the program required clerkship specialties including core and elective medical rotations.
    - ii. Located in the United States and U.S. territories
    - iii. Regardless of location, students must still be able to return to the campus for call- back day activities (e.g., end of clerkship examinations/OSCEs). Special accommodations (e.g., remote examinations) will not be provided to students on the basis of travel issues unless specifically related to COVID-19 travel restrictions.
  - b. All preceptors must either be:
    - i. A PA who is certified by the National Commission on Certification of Physician Assistants (NCCPA), holds an unrestricted state license to practice as a PA-C, and has a collaborating physician who meets the below requirements.
    - ii. An MD or DO physician who is board certified in the specialty area of practice and has an unrestricted license to practice in the state/location of the clinical facility.
    - iii. A maximum of 2 preceptors/sites can be suggested per student
3. Suggesting a preceptor or site in no way guarantees that the preceptor or site will be included as a SCPE.
4. Student suggested sites often do not reach fruition as a SCPE for a multitude of reasons including but not limited to:
  - a. Failure to meet minimum requirements of the program
  - b. Failure to finalize the required affiliation agreement
  - c. Demands for site/preceptor stipend payments that is unable to be met by the program
5. Students must suggest prospective sites 6 months prior to the start of the clinical phase of training.

6. The process for students to suggest sites to the program is as follows:
  - a. Students first must receive approval from the Clinical Coordinator to reach out to a potential site and/or preceptor
  - b. If approved, students have the potential preceptor complete the MU MS-PA Program Site Development forms including:
    - i. Preceptor Information Form
    - ii. Site Demographics Form
    - iii. Site Certificate of Insurance (COI) meeting Monmouth University requirements
    - iv. Agreement to Participate as a SCPE Preceptor
  - c. Once completed, the Program Site Development forms are to be returned to Ms. Cecilia Henriques to begin the process of review by the program's clinical team.
  - d. The program's clinical team will then reach out to the site to set up virtual or in-person meetings to discuss the potential for becoming a SCPE and to have the Affiliation Agreement completed.
  - e. The Affiliation Agreement is subsequently submitted to the Monmouth University General Counsel for review.
  - f. Once the affiliation agreement has been approved, and all site development forms and activities have been completed and approved, the clinical team will then work on integrating the site into the program's clinical phase.
  - g. If approved and appropriate, preceptors and sites will be worked into the students normal SCPE rotation schedule.

### ***Policies and Procedures Regarding Student Background Checks and Comprehensive Drug Screening***

All students are required to successfully complete a national background check within one month of matriculating into the program.

- Some clinical sites may require completion of additional background checks, fingerprinting, and drug screens to participate in the clinical rotation.
- Background checks and drug screens must be completed via the program-identified vendor.
- Students are responsible for all expenses related to background checks, fingerprinting, and drug screens.

### ***Policies and Procedures Regarding Student Records (Accreditation Standard A3.17)***

Student records are retained by the University and MS-PA program in accordance with University policy. All FERPA policies are followed regarding student records – students and other unauthorized persons do not have access to the academic records or other confidential information of other students. Specific to MS-PA program students, records are kept in electronic form in the following resources:

- Admissions Materials: Housed in the University's SLATE system, including CASPA records
- Health Screening and Immunization Materials, Clerkship Materials, Certificates (e.g., ACLS): Housed in the MS-PA Program's EValue System
- Semester Progression and Graduation Materials, Remediation Materials (if applicable), Disciplinary Action Materials (if applicable), Advising/Encounter Forms, References, etc: Housed in the University eRetrieve System
- Course Grades, GPAs, and Degree Awarded: Housed in the University's Registrar system.

### ***Policies and Procedures Regarding Students Participating in Care of School/Program Faculty and Staff While on Clinical Rotations***

If students are completing clinical activities in facilities that faculty and staff may be utilizing for their own medical care, at no time are students permitted to participate in the care of the faculty or staff person, including but not limited to, accessing the individual's medical record or participating in discussions regarding the individual's medical care. Students are responsible for immediately notifying their clinical preceptor(s) once they become aware of such a conflict.



## ***Policies and Procedures Regarding Teaching Out Currently Matriculated Students (Accreditation Standard A1.02h)***

In the event of program closure and/or loss of accreditation, the University will either matriculate out the remaining students or assist students in obtaining matriculation at another institution. In the event that the Program will need to matriculate out students, it is the program director's responsibility, with oversight from the Dean of the School of Nursing and Health Studies, to ensure that the students' education is completed.

## ***Policies and Procedures Regarding Timely Access and/or Referral of Students to Services Addressing Personal Issues***

The MS-PA program is committed to the personal and academic success and well-being of all students, including timely access to services addressing personal issues which may impact progress in the PA program.

In the case of an urgent or emergent medical need, students should pursue medical services emergently regardless of program activities. Although, other than in the case of a true emergency, faculty are not permitted to provide healthcare to students, they may assist students in securing referral for appropriate care if needed.

Importantly, students do not need faculty/program referral for any University services, including but not limited to, Health Services, Counseling and Psychology Services, Academic Support Services, and Student Support Services.

Although it is ideal if students receive non-emergent/non-urgent services outside of their classroom hours, and time is built into the weekly schedule for such activities, given the high course load in the program this is not always possible. In such cases when timely access is otherwise not possible due to severity/emergent nature of issue, the MS-PA Program permits students class release time to receive services, including services from healthcare providers and student support services. The following policies apply to such instances:

- For planned absences, students must contact the Academic Coordinator, if in the didactic-phase, or the Clinical Coordinator, if in the clinical phase, to receive an excused absence.
- For unplanned absences, students must contact the above-named individuals as soon possible.
- Regular or repetitive (i.e., excessive absences) may result in consequence up to and including deceleration or dismissal from the program.

If a student has an emergency or urgent need, the student is required to reach out to the Director of Didactic Education or designated individual if in the didactic phase of the program, or Clinical Coordinator or designated faculty member if in the clinical or summative phase of the program. Students should reach out to the designated individual within 24 hours if possible and, if not possible, as soon as possible. In such cases, the student should send an email to the designated individual as follows:

- In the subject line of the email type, "EMERGENCY" or "URGENT NEED"
- In the body of the email:
- Concisely describe the concern or incident without specifically stating any sensitive personal or medical information
- List a phone number where you may be contacted (the designated individual will attempt to contact you at this number).

## ***Policies and Procedures Regarding Transportation to and from Campus/Clinical Sites***

### **Policy Prohibiting Driving with Faculty/Staff**

For safety reasons, and in circumstances other than an emergency, students are not permitted to drive with program faculty, including the Program Director, Medical Director, Principal Faculty, and Instructional Faculty (including but not limited to clinical preceptors) or staff of the Department or Program.

### **Transportation to and From Campus and Clinical Sites**

Students are responsible for their own transportation, and any related expenses, to and from campuses, clinical sites, conferences, and other educational activities. If students are unable to secure their own transportation to program-required activities, they must immediately inform the Program Director or, if in the clinical phase of training, a member of the clinical team. In rare circumstances, students may be provided an excused absence for a maximum of one day due to non-weather-related transportation issues. Other circumstances (e.g., loss of vehicle, loss of driving license) extending beyond one day may result in an unexcused absence and subsequently require a leave of absence, program deceleration, or dismissal from the MS-PA program.

### ***Policies and Procedures Regarding Faculty/Staff Recommendations and References***

For all requested recommendations and references, regardless of written or verbal form, students must complete and sign the University's FERPA Release for Faculty/Staff Letter of Recommendation or Reference. The form is available to students and faculty on the program's EValue homepage and available by contacting the program's office coordinator. Importantly, state licensing boards, credentialing agencies, residencies/fellowships, and employers have been requiring more and more specific and comprehensive information detailed on program and faculty references, letters or recommendation, and verification of education forms. Frequently requested details include information pertaining to remediation, academic progress, probation, deceleration, and professionalism.

### ***Policy and Procedures for Videoconference Classes/Meetings***

With the pandemic, some classes may be delivered via Videoconferencing (i.e., Zoom). For security reasons, students need to sign into the Monmouth University Zoom account and must ensure their Zoom application is up to date. To sign into the Monmouth University Zoom Video Conferencing system, follow the instructions at this link: <https://monmouth.zoom.us/>. Further instructions can be found on the University's Remote Learning resources webpage at the following link: <https://my.monmouth.edu/fyi/rrl/Pages/default.aspx>. When signing in you must sign in using your full name and cohort (e.g., First Name Last Name, PA-S1 for a first-year student).

Students should not be driving or participating in other activities when attending a remote class/activity. Students are required to have their videos on so the instructor can see each student and have their microphone muted unless responding to a question or participating in an activity. All policies related to professionalism, as detailed below, apply to remote learning/videoconferencing/teleconferencing just as if on-campus for in-person activities.

Due to FERPA regulations, Monmouth University recommends against the recording of Zoom sessions if students are involved in any part of those recordings.

### ***Policy Regarding Maintaining Up-to-Date Personal Records in the EValue System***

Many 'personal records' are maintained in the EValue system. It is the student's responsibility to upload required items in PDF form (not images) in the EValue System by the deadline dates indicated. Failing to maintain up-to-date records in the EValue system is considered a professionalism issue. Required items are noted in the EValue system and include, but are not limited to:

- Resume/CV
- Proof of Required Immunizations
- Proof of Immunity to Specific Diseases (e.g., Rubella, Rubeola, Varicella)
- Proof of Medical Clearance for Participation in Program
- Proof of Required Subscriptions
- Proof of Certifications (e.g., BLS, ACLS)
- Proof of Background Checks and Drug Screening (if applicable)
- Proof of Completed Training Courses (e.g., FERPA, OSHA, Bloodborne Pathogens, Universal Precautions)

When uploading documents, students should use the following format for identifying the document: Last Name\_First Initial\_Document Name\_Date.pdf

# ***Policies Regarding Student Conduct & Professionalism and Use of the Professional Development Assessment Tool (PDAT)***

## **Introduction**

Student Conduct includes all University student conduct and honor code policies/standards and program specific professionalism policies/standards as outlined in the MU Student Handbook, MU Graduate Handbook, and MS-PA program (outlined below).

**In accepting admission to the MS-PA program, each student agrees to review and to abide by all policies and procedures of Monmouth University, the School of Nursing and Health Studies, and the MS-PA program. Additionally, each student also agrees to abide by all policies and procedures outlined by individual clinical sites/organizations with which they may be assigned for clinical experiences.**

In addition to controlling their own behavior, students are expected to do their utmost to help maintain a high level of conduct among fellow students.

University, School, and Program policies are set forth in writing to give students general notice of prohibited conduct; they are not designed to define misconduct in exhaustive terms, so they should be read broadly. **All enrolled students are required to review and, when applicable to the PA student, continuously abide by the [Guidelines for Ethical Conduct for the PA Profession](#) (reprinted in Appendix IV). Additionally, all students are required to abide by all University Student Conduct Codes and Regulations as noted in the MU Student Handbook and MU Graduate Catalog.**

## **Professionalism and the PA Student**

Here in the MS-PA program, one of our goals in educating students is to graduate healthcare providers who are not only clinically sound, providing the highest quality of care within their scope of practice, but also well-respected professionals within the medical community. Each student must demonstrate the ability to work effectively within a professional environment among various types of healthcare settings.

The PA student must demonstrate sound judgment, intellectual honesty, and privacy and confidentiality standards in accordance to HIPAA protocols. Breaching professionalism, particularly when exhibiting any behavior that might pose a threat to the student or to others, may lead to dismissal from the program. PA students must be aware that even as students they are viewed - by both patients and medical providers - as part of the medical community. As such, PA students are expected to display the highest standards of professionalism. It is critical, therefore, that the development of professional behavior be assessed just as academic and clinical skills are measured.

Importantly, many state licensure agencies, credentialing agencies, and facilities require the program to report professionalism issues of applicants who completed the PA program. Reporting such issues, which, again, is a requirement placed on the program, may delay licensure and credentialing and potentially cause issues securing employment. It is vital that all students understand this issue to help ensure they maintain professionalism throughout their studies in the program.

## **Professionalism Exhibited Through Attendance**

See the MS-PA Program Policies on Attendance.

## **Professionalism Exhibited Through Professional Attire and Appearance**

The MS-PA program is a graduate professional program and, as such, students are expected to dress appropriately in both the University setting and at clinical sites.

- Dress Code for Didactic Activities
  - The dress code for the MS-PA program non-lab class-related activities requires adherence to either business casual attire or dark blue scrubs. If wearing scrubs, the scrub top must have the approved student identification (i.e., first and last name followed by "PA-S") and PA program logo on the upper left chest.
  - For some but not all lab activities (e.g., clinical skills lab), students must wear appropriate attire for the

activity that permits the specific clinical examination to be performed (e.g., cardiovascular exam). Such attire includes MS-PA program approved scrubs or, at the discretion of the course director, gym shorts and sports bras when appropriate.

- Occasionally, the program will permit “dress-down” days. On such dress-down days, students are still required to dress appropriately but may wear jeans and collared shirt (e.g., polo-shirt) or approved scrubs instead of business casual attire. Unless Monmouth University, School, Program, or PA professional organization logoed attire, no attire should have logos, images, messages, or advertising.
- Business Casual Attire
  - Business casual is attire that is clean, with limited wrinkles, and appropriate to present a professional appearance (including for a chance meeting with your clinical preceptor, professional colleague, potential employer, or a patient).
  - Clothing such as slacks, khakis (chino-style pants) or a skirt, a blouse, button-down or polo shirt with a collar; sweaters are also appropriate. Suitcoats, blazers, and neckties are not required.
  - MU logoed shirts and sweaters are appropriate as are discipline specific (e.g., AAPA, VAPA) logoed attire.
  - Closed-toe shoes are required for skills lab, research lab and clinic environments. Open toes shoes cannot be worn in the skills labs, sim lab, or clinical facilities.
  - Jeans are not considered business casual; however, programs will have special ‘jeans’ day and events when jeans are permitted.
  - Skirts, if worn, must be knee length.
  - Certain jewelry is inappropriate in lab and clinical settings (e.g., necklaces outside of shirt or blouse, nose rings, hanging earrings, bangles, non-medical bracelets, sharp-edged or large protruding rings). Additionally, gauge earrings may need to be removed or covered.
- Attire for Remote Activities (e.g., Zoom Meetings)
  - Students should follow the Professional Attire and Appearance guidelines for all remote meetings just as they would for in-person class meetings.
- Dress Code for Clinical Activities
  - Business attire is the general rule. However, different clinical environments require different attire – the dress code may be determined by clinical sites and students will be required to follow clinic-specific dress codes (e.g., scrubs).
  - Regardless of attire, during any clinical encounters, PA students must have visible identification that indicates they are a Monmouth University MS-PA student.
    - Such identification includes wearing the program issued name tag that clearly identifies themselves as an MU PA student, and, when supplied by clinical sites, wearing their facility issued identification badge. (Accreditation Standard A3.06)
- Nails, Nail Length and Nail Coloring:
  - Nails must be short so as not to cause discomfort to patients during exams and procedures.
  - You should not be able to visualize the nail edge when looking at the finger from the palmar surface.
  - Colored nail polish that prevents the performance of capillary refill examination is inappropriate during peripheral vascular examinations, practical examinations, and competency-based performance evaluations (e.g., OSCEs).
  - Acrylic and gel fingernails are prohibited in didactic and clinical settings.
- Hair Length and Appearance:
  - The hair should not fall forward to touch a patient or contaminate a sterile field when examining or treating patients.
  - From a clinical perspective, long hair poses a safety risk. In certain settings, hair must be off the face and, if long, in a ponytail or similar configuration.
  - Facial hair, if present, should be neat, clean, and well-groomed.
  - Due to personal infectious disease risk, some facilities may not permit mustaches or beards.
- Perfume and Cologne:
  - Given the potential patient and classmate sensitivities, perfume and cologne are to be avoided in all settings.

- Tattoos:
  - Tattoos considered offensive, as determined by course instructor, patients and/or site supervisors, must be covered. Additionally, some clinical sites may require students to cover all tattoos on exposed surfaces. Student must follow the policies of clinical sites.
- Covering the 4 'B's'
  - It is vital that, at all times - regardless of movement or positioning and regardless of the setting - chosen attire covers the 4 'B's' (i.e., belly, breasts, back, and buttocks).
- Inappropriate Attire includes:
  - Clothing inappropriate for the activity/setting
  - Clothing or lack of clothing that is, as determined by faculty, staff, and clinical preceptors to be too-revealing, too-tight, too-transparent
  - Baseball hats
  - Flip-flops or similar footwear
  - Open-toed shoes when in a clinical, lab, or research environment
  - Other attire that is deemed inappropriate by principal faculty and/or instructional faculty (e.g., preceptors).
  - In some clinical settings, scrubs are considered professional attire and appropriate in those settings. Each clinical facility differs in this regard and many require certain types or colors of scrubs to be worn. As with other policies, students must comply with Facility-specific policies in this regard.

### **Professionalism Exhibited Through Professional Conduct**

The PA student should show respect to all other individuals (e.g., faculty, preceptors, patients, peers) by:

- Remaining attentive.
- Arriving on time and not leaving early, thereby not disturbing class or clinic by entering after a presentation or patient encounter has begun or leaving before a presentation or patient encounter have been completed.
- Observing all policies and procedures of the MU Student Handbook and Graduate Catalog, and MS-PA Program Student Handbooks.
- Observing all policies and procedures specific to SCPE sites.
- Using personal electronic communication devices, including, but not limited to cell phones, tablets and laptops, for educational purposes only during class or clinical activities.
- Demonstrating professional behavior at all times in classrooms, campus, and clinical settings.
- Obtaining consent for utilizing audio and video equipment.
- Seeking and following instructional input from faculty/preceptors.

### **Professionalism Exhibited Through Maintaining Patient Confidentiality and Privacy**

The PA student is expected and required to always adhere to health information privacy for all clinical encounters, including but not limited to, clinical skills courses, simulation lab activities, and all clerkship activities, in accordance to HIPAA guidelines. Maintaining confidentiality towards classmates, standardized patients, simulated patients, and 'real-world' patients is equally important and required at all times. Failure to adhere to this policy will result in consequences up to and including dismissal from the MS-PA program.

### **Professionalism Exhibited Through Following Social Media Guidelines and Guidelines of Use of Electronic Information**

Social media are internet-based applications which support and promote the exchange of user-developed content. Electronic social mediums can take the form of websites, blogs or online journals. The principle aim of these guidelines are to identify your responsibilities to the MS-PA program in relation to social media and to help you represent yourself, the University, and the program in a responsible and professional manner.

Everyone who participates in social media activities should understand and follow these simple but important best practices:

- You are responsible for the material you post on personal blogs or other social media. Be courteous, respectful, and thoughtful about how other Personnel may perceive or be affected by postings. Incomplete, inaccurate,

inappropriate, threatening, harassing or poorly worded postings may be harmful to others. They may damage relationships, undermine the program's reputation, discourage teamwork, and negatively impact the program's commitment to patient care, education, research, and community service.

- Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Future employers can often have access to this information and may use it to evaluate you. Take great care and be thoughtful before placing your identifiable comments in the public domain.
- Protect patient privacy. Disclosing information about patients without written permission, including photographs or potentially identifiable information is strictly prohibited. These rules also apply to deceased patients and to posts in the secure sections of your social media pages that are accessible by approved friends only.
- If you post content, photos or other media, you are acknowledging that you own or have the right to use these items and could be violating copyright or trademark materials.
- Code of conduct, technical standards, and professionalism policies apply to student use of social media. Violations of these codes, standards, and policies will result in consequences up to and including dismissal from the program.

### **Professionalism and Academic Integrity, Dishonesty and Plagiarism**

The students of the Monmouth University PA program and MU community are held to the highest standards with regard to academic honesty and integrity.

Violations of academic honesty and integrity include intentional cheating on exams, copying the work of another student, discussion of examination questions and sharing of questions with peers, falsifying clinical data, falsifying attendance records or performance records, and plagiarism.

Plagiarism includes submitting written materials without proper acknowledgment of the source; deliberate attribution to, or citation of, a source from which the referenced material was not in fact obtained; submitting data which have been altered or contrived in such a way as to be deliberately misleading. Note that it is your responsibility to educate yourself about what constitutes cheating and plagiarism up front. If you are not sure, speak with your professor about this matter before you turn in your work. Students found to be cheating, plagiarizing and/or involved in unauthorized collaboration on any assignment, paper or examination will receive a grade of 'F,' with no opportunity to resubmit for partial credit. Furthermore, such violations will not be tolerated and if a student is found to be in violation after an investigation they are subject to dismissal from the PA program and Monmouth University. Students should refer to the Monmouth University Student Handbook for guidance related to academic honesty and other relevant policies.

<https://www.monmouth.edu/student-handbook/student-code-of-conduct/#b-conduct-rules-and-regulations>

### **Professionalism and the Professional Development Assessment Tool (PDAT)**

Students are expected to achieve and maintain the highest level of professionalism. Given the dramatic importance of professionalism in the PA profession, the MS-PA program includes a professionalism component to every final course grade.

*The Professional Development Assessment Tool (PDAT)* is the assessment tool that is used by the MS-PA Program to assess competency in the area of professionalism. The PDAT provides as objective a rubric as possible for assessing multiple components of professionalism; the combined score of each component in the rubric results in a final score called the *Professional Demeanor Multiplier (PDM)*.

- Satisfactorily meeting all areas of professionalism, the expectation for all students, results in a PDM of 1.0. Failing to meet all areas of professionals, results in a reduced PDM of 0.722.
- Some of the PDAT professionalism items may not pertain to all courses. If a particular course does not include one or more professionalism items as indicated in the PDAT, an automatic 'satisfactory' score will be awarded for those specific items.

Course grades consist of two major final components: (a) the Pre-PDM Grade, the result of a student's combined work

during the course (e.g., scores on papers, quizzes, exams, projects); and (b) the Final Course Grade, the result of the Pre-PDM Grade multiplied by the PDM.

- A student's course grade will be negatively affected if that student does not meet expectations of professionalism in one or more areas.
- A student's course grade will be unaffected if a student meets expectations in all PDAT areas.

Professionalism and student conduct, in addition to reviewing the professional code of conduct are reviewed in detail during the program's boot camp sessions. Given this, students are fully expected to abide by all professionalism and student conduct policies and expectations throughout the program beginning on the first day of class. The program, course directors, advisors, and faculty are not required to review issues with students prior to awarding a negative PDAT score. However, course directors may choose to do so at their discretion. As with other grading components, PDAT scores are final once submitted.

<b>MS-PA Program's Professional Development Assessment Tool (PDAT)</b>		
<b>Professionalism Ideal</b>	<b>Satisfactory (0.053 points)</b>	<b>Unsatisfactory (0.038 points)</b>
1. Adheres to institutional policies and procedures, including upholding the honor code as published in the University Student Handbook and Graduate Catalogue*		
2. Maintains AHA BLS/ACLS certification per program protocols		
3. Maintains current immunizations, COVID-19 testing (if required) and Tb testing per program and University protocols		
4. Attends and arrives on time for all scheduled activities		
5. Maintains professional behavior throughout duration of all scheduled activities*		
6. Submits all required documents and assignments on time and by posted deadlines		
7. Adheres to the program dress code requirements		
8. Admits to errors, assumes responsibility for mistakes, and conveys information honestly and tactfully		
9. Demonstrates sensitivity to power inequality in professional relationships		
10. Maintains composure during difficult interactions		
11. Maintains thoroughness and attention to detail		
12. Modifies behavior based on feedback		
13. Requests help when needed		
14. Responds promptly to communication requests		
15. Acknowledges limits of one's own knowledge		
16. Responds receptively to diverse opinions and values		
17. Demonstrates humility		
18. Maintains the confidentiality of test materials*		
19. Adheres to HIPAA protocols in maintaining confidentiality*		
<b>Total points for each item (sum each column)</b>		
<b>Total Points (sum of all columns):</b>		
<b>Note: Some of the above may also fall under Program required technical standards which, if not adhered to throughout the entire program, may result in student deceleration or dismissal.</b>		
<b>*Failing to adhere to above items marked with an asterisk may represent egregious violations resulting in program-specific behavioral probation, deceleration, or dismissal.</b>		

### ***Policy Regarding Program Faculty Participating as Healthcare Providers for Enrolled Students (Accreditation Standard A3.09)***

Principal faculty, the program director, and the medical director are not permitted to participate as healthcare providers for students in the program, except in an emergency situation.

### ***Policy Regarding Student Liability Insurance***

Liability insurance for students on clerkship placements is covered by the [University's compliance and risk management office](#).

## **Student Participation in Leadership and Evaluation of the MS-PA Program**

We take great pride in our students and provide students with opportunities to participate in the program committees and in the evaluation of the program.



## ***Student Officer Roles***

The MS-PA program has several student officer roles. Class officers are elected by their classmates during the first semester and remain in those roles until graduation. Roles are cohort specific (i.e., each cohort will have different class officers). Students can voluntarily resign from leadership/committee and mentorship roles at any time. Students placed on academic probation may be removed from leadership/committee and mentorship roles. Students with conduct/professionalism issues will be removed from leadership/committee and mentorship roles. If a student resigns or is removed from a leadership/committee role, class elections will be reconducted. The program has the following class officer roles:

- Class President
  - Presides over class meetings
  - Sets the meetings' agendas and submits them to the secretary for copies and distribution
  - Coordinates activities of the membership and keeps members informed of the activities
- Class Vice President
  - Assists the president, presides in her or his absence, and informs the membership of various student issues and activities
- Class Historian
  - Keep a photographic record of the cohort's journey from matriculation to graduation
  - Assist in the development of a cohort 'yearbook'
  - Share photos with the program for publishing on the website and in brochures

## ***Standing Committees with Student Membership:***

In addition to student officer roles, the program also includes student members on the following program- specific committees:

- Admissions Committee
- Curriculum and Policy Committee
- Inclusion & Diversity Committee
- Monmouth University PA Student Society

### **Admissions Committee**

- **Charge** - The role of the Admissions Committee is as follows:
  - To evaluate entry criteria and admissions processes for appropriateness, effectiveness, and compliance to ARC-PA accreditation standards
  - To formulate evidence-based admissions selection processes that attempt to best select student candidates based on background qualifications, motivations, intentions, and individual goals which promote success in the program and future practice as PAs
  - To review applications within CASPA, answer applicant questions, and make recommendations at each program faculty meeting regarding interview invitation decisions (student members excluded from this role).
  - To develop, implement, and evaluate student candidate interview sessions.
  - To ensure, when possible, student and alumni involvement with the Admissions Committee processes.
  - To ensure that the program information, advertisements, and website accurately reflect entry criteria and student candidate selection preferences and competitiveness guidelines in accordance to program mission and ARC-PA accreditation standards.
  - Make recommendations at the program faculty meetings to propose or revise admission policies and procedures.
  - To review and evaluate the program's compliance to ARC-PA accreditation standards as outlined in the program's Accreditation Compliance Spreadsheet.
  - Assist in writing program self-study reports regarding admissions processes and outcomes.
- **Membership:** The committee consists of one or more principal faculty, two student members, and one or more alumni members. The student and alumni member roles are to review and provide input on admissions rubrics

and processes for candidate selection and participate, when possible, on student candidate interview processes.

- Student members must be in good academic standing and not have been placed on behavioral/professional probation at any time in the program. Student members cannot also serve on the Curriculum and Policies Committee or MUPASS but may also serve on the Inclusion and Diversity Committee.
- Admissions student members' participation in student candidate interview days include attending the student candidate presentation sessions, providing campus tours, speaking to student candidates about the program, and recruiting classmates for participation in student candidate interview sessions. At no time are students permitted to see the candidate admission files or be privy to personal, financial, or academic information of candidates - unless that information is freely and voluntarily (i.e., without request) disclosed by candidates.
- Faculty and alumni members of the Admissions Committee are appointed by the /Program Director.
- Student members of the Admissions Committee are appointed by class election as noted in the program Student Handbook.
- **Chair:** The chair must be a principal faculty member who is appointed by the /Program Director. The Chair is responsible for coordinating committee activities and ensuring minutes are taken for each session and reporting on the committee's activities at each program faculty meeting.
- **Meeting frequency:** The committee will meet on no less than once every semester.

### Curriculum & Policies Committee

- **Charge** - The Curriculum Committee is charged with:
  - Assisting in the design, mapping and monitoring of a didactic and clinical education curriculum, course evaluations, and the development, implementation, and evaluation of program policies and procedures that are consistent with the program goals, values, and learning outcomes and the program-specific mission, all in concert with the ARC-PA accreditation standards. Specifically, the committee:
  - Gather data from course directors, regarding student course/faculty evaluations, and data from the course evaluations, student performance in the academic course, faculty member's self-assessment of the course effectiveness and feedback from the Curriculum Committee are analyzed as part of the continuous review process of the Curriculum Committee (student and alumni members excluded from this role).
  - Gather data related to student performance in clinical education phase courses; data may be mined from rotation logs, outcomes on rotation exams, clinical site visits, and preceptor and student evaluation of clinical sites on a continuous basis. Topics encountered by the Clinical Education Committee requiring full faculty discussion and action will be referred to the general faculty meeting through direct communication with the Chair/Program Director (student and alumni members excluded from this role).
  - Annually review student and preceptor handbooks to ensure compliance with policies, including but not limited to, ensuring the safety and welfare of the students and program compliance with ARC-PA standards.
  - Review and evaluate the program's compliance to ARC-PA accreditation standards as outlined in the program's Accreditation Compliance Spreadsheet.
  - Make recommendations at the program faculty meetings to propose or revise curricular components and program policies and procedures.
  - Assist in writing program self-study reports pertaining to the didactic and clinical curriculum and outcomes.
- **Membership:** The committee is comprised of one or more principal faculty, two student members, and one or more alumni members. At no time should non-faculty members ever be privy to student specific information (e.g., grades, academic standing).
  - Student members must be in good academic standing and not have been placed on behavioral/professional probation at any time in the program. Student members cannot also serve on the Admissions Committee or MUPASS but may also serve on the Inclusion and Diversity Committee.

Student members of the Admissions Committee are appointed by class election as noted in the program Student Handbook.

- Faculty and alumni members of the Admissions Committee are appointed by the /Program Director.
- **Chair:** The chair must be a principal faculty member who is appointed by the /Program Director. The Chair is responsible for coordinating committee activities and ensuring minutes are taken for each session and reporting on the committee's activities at each program faculty meeting.
- **Meeting Frequency:** The committee will meet on a no less than once per semester basis.

### **Inclusion and Diversity Committee**

- **Charge** - The role of the Student Activities Committee is as follows:
  - Identifying and evaluating policies, procedure and curriculum that directly addresses issues of inclusion and diversity to specifically promote the development and implementation of initiatives promoting greater inclusion and diversity in the program including:
  - Evaluating program admissions criteria and processes and program policies and procedures with a goal of promoting greater inclusion and diversity within the program
  - Evaluating, developing, and enhancing curricular components addressing issues of inclusion and diversity in healthcare, including but not limited to:
    - Current and past healthcare disparities and inequalities
    - History of discriminatory and prejudicial practices in healthcare
    - Practices promoting inclusion and diversity for all persons resulting in Improved healthcare outcomes
    - Cultural awareness including but not limited to identifying, acknowledging, and addressing personal biases and prejudices Identifying, acknowledging, and eliminating microaggressions in healthcare.
    - Evaluating, developing, and recommending curricular and extracurricular student activities (e.g., clinical experiences during the didactic phase) with a goal of enhancing greater cultural awareness regarding diverse patient populations, the underserved, and persons at risk of abuse and mistreatment.
  - Make recommendations at the program faculty meetings to propose or revise curricular components and program policies and procedures.
  - Assist in writing program self-study reports pertaining to the didactic and clinical curriculum and outcomes.
- **Membership:** The committee consists of one or more principal faculty and/or staff, an unlimited number of students, and one or more alumni members.
  - Faculty and alumni members of the Inclusion and Diversity Committee are appointed by the /Program Director.
  - All interested students are invited to join the committee. Student members must be in good academic standing and not have been placed on behavioral/professional probation at any time in the program.
- **Chairs:** The committee will have up to two chairs. One Chairperson must be a principal faculty member. The other chair role may be filled by a staff member of the program. Both chairs are appointed by the /Program Director. The Chairpersons are responsible for coordinating committee activities and ensuring minutes are taken for each session and reporting on the committee's activities at each program faculty meeting.
- **Meeting frequency:** The committee will meet on a no less than once per semester basis.

## **Monmouth University PA Student Society (MUPASS)**

- See the MUPASS Bylaws in Appendix V for details.

## ***Student Evaluation of Program Curriculum, Faculty, Instructors and Overall Program***

In our commitment to the process of continuous quality improvement, students are involved in course and faculty evaluations. We consider it a student's professional responsibility to complete these evaluations when requested. Evaluations are an integral part of the MS-PA program's continuous self-analysis processes and serve to evaluate the program's success in meeting its objectives and outcomes across the curriculum. Evaluations will include, but not be limited to:

- Student Evaluations of Faculty and Guest Lecturers
- Student Evaluations of Courses and Course Directors
- End of Didactic Phase Student Evaluation of Program
- Clinical Site and Preceptor Evaluations Completed by Students
- End of Program Student Evaluation of Program
- Evaluations Completed by Graduates and Employers

## **Health and Safety (Accreditation Standard A1.02g)**

Please also refer to health and safety guidelines noted throughout this handbook, including but not limited to the section on infection control and prevention.

### **Campus Safety**

Specifics on campus safety and security, including the University's Guide for a Safe Campus, can be found on the Monmouth University website at the following link: <https://www.monmouth.edu/student-life/campus-safety/>. Specifics on safety initiatives can be found on the Monmouth University website at the following link: <https://www.monmouth.edu/student-life/campus-safety/safety-initiatives-recent-highlights/>. Additionally, students can access the Monmouth University Safety Guide at the following link: <https://www.monmouth.edu/mupd/documents/monmouth-university-safety-guide.pdf>.

### **Crisis Management**

Specifics on the University's crisis management processes and security level alert can be found on the University website at the following link: <https://www.monmouth.edu/student-life/campus-safety/crisis-management/>.

### **Safety and Security When on Clinical Clerkships (also see the Student Clinical Handbook)**

Specific to Supervised Clinical Practice Experience (SCPE) clerkships, newly developed sites are evaluated for safety on a minimum of three occasions: (a) by program faculty prior to establishing clinical rotations, via the SCPE Site Visit Evaluation Report form including the facility safety checklist (or similar tool); (b) by students, via the mid- and end-of-rotation Student Evaluation of Clinical Rotation Site form (or similar tool); (c) by program faculty when performing site visits with students via the SCPE Site Visit with Student Evaluation Report form (or similar tool). For established sites, a minimum of one site visit per year is required to assure appropriateness and safety of the site. Students will not be placed or permitted to continue experiences at sites having any identified safety concerns until those issues have been rectified.

### **University Health Services**

The Monmouth University Department of Health Services provides free, accessible ambulatory healthcare for all Monmouth University students and eligible employees. Services range from interventional, therapeutic care for acute episodic illnesses to preventative health screening and education. Details on University Health Services can be found on the University website at the following link: <https://www.monmouth.edu/health-services/>.

## ***Emergency Contact for Emergencies***

The University reserves the right to contact students' parent(s), guardian(s), or significant other in the event of any

accident, illness, mental distress, or disruptive behavior.

### ***Health Insurance, Immunizations and Tb Testing (Accreditation Standard A3.07)***

Students are strongly encouraged to retain and maintain health insurance throughout their enrollment. See admission requirements for information on health insurance, immunizations and Tb testing.

### ***Student Incident and Injury Form***

For all incidents resulting in injury, students are required to complete and submit the Student Incident and Injury Form or similar document (posted in EValue) within 24 hours of the incident/injury. If occurring during the clinical phase of training, the completed form must be emailed to the Clinical Coordinator. If occurring during the didactic phase of training, the completed form must be emailed to the Academic Coordinator.

### **OSHA and HIPAA**

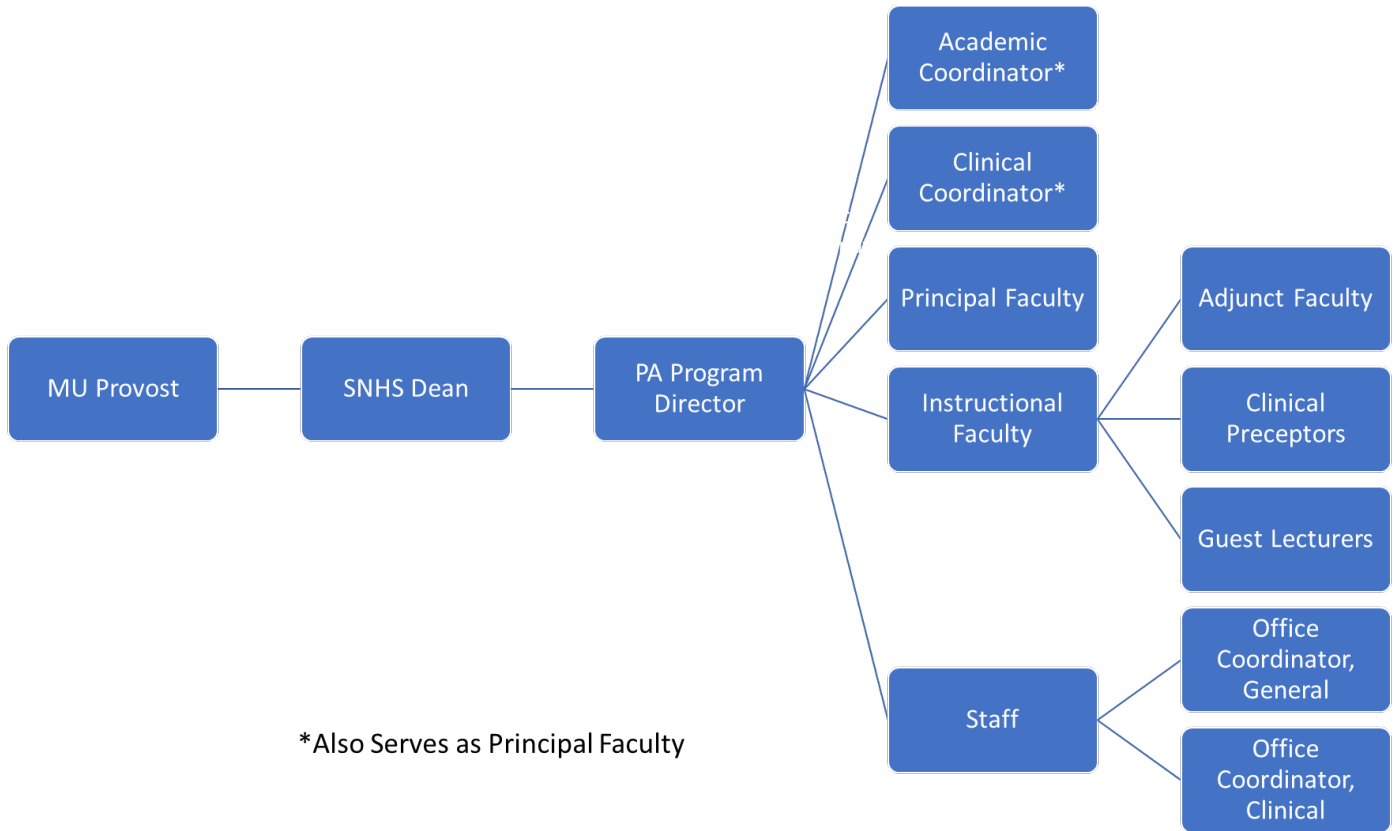
The Occupational Safety and Health Administration (OSHA) was created by Congress to “assure the safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance”. <https://www.osha.gov/about.html>

All students are expected to review the following OSHA Safety and Health Topics

- Healthcare website: <https://www.osha.gov/SLTC/healthcarefacilities/>
- All modules of the OSHA Worker Safety in Hospitals web site: <https://www.osha.gov/dsg/hospitals/index.html>

All students are required to successful complete HIPAA and OSHA trainings.

# Appendix I: MS-PA Program Organizational Chart



## Appendix II: Examples of Semester Block Schedules

MU PA Program – Weekly Schedule – Class of 2024 – Fall 1 Semester					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Exam Block 8:00-12:00	No Activities (Free Time)	Make up Activities Remediation Activities Meetings with Faculty Advisors	Make up Activities Remediation Activities Meetings with Faculty Advisors	No Activities (Free Time)
8:30		PHA 616 (3 sch) Physiology/Pathophysiology 8:30-12:00			PHA-637 (5 sch) Topics in Medicine & Surgery I 9:30-12:00
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00	LUNCH (Free Time)				
12:30	LUNCH (Free Time)				
1:00	PHA 603 (5 sch) Introduction to Patient Assessment 1:00-5:00	PHA-601 (5 sch) Anatomy 1:00-3:30	PHA 603 (5 sch) Introduction to Patient Assessment 1:00-5:00	PHA-601 (5 sch) Anatomy Cadaver Lab Sections 1:00-5:30	PHA-637 (5 sch) Topics in Medicine & Surgery I 1:00-3:30
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00	No Activities After 5:00 (Free Time)	No Activities After 5:30pm (Free Time)	No Activities After 5:00 (Free Time)	No Activities After 5:30pm (Free Time)	
5:30	No Activities After 5:00 (Free Time)	No Activities After 5:30pm (Free Time)	No Activities After 5:00 (Free Time)	No Activities After 5:30pm (Free Time)	

Unless marked as "Free Time" or informed otherwise by the Academic Coordinator, students are expected to be available and on campus for all times when activities are scheduled, including time slots for make-up activities, remediation activities, and meetings with faculty advisors, even if they do not believe they have extra activities schedules.

MU PA Program – Weekly Schedule – Class of 2023 – Fall 2 Semester					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Exam Block 8:00-12:00	No Activities (Free Time)	Make up Activities Remediation Activities Meetings with Faculty Advisors 8:00-10:00	Make up Activities Remediation Activities Meetings with Faculty Advisors 8:00-9:30	No Activities (Free Time)
8:30					
9:00		PHA 624 (4 sch) Behavioral Medicine & Psychiatry 8:30-12:00	PHA-628 (3 sch) Clinical Skills II 10:00-12:00	PHA-615 (6 sch) Topics in Medicine & Surgery III 9:30-12:00	PHA-615 (6 sch) Topics in Medicine & Surgery III 9:30-12:00
9:30					
10:00					
10:30					
11:00		LUNCH (Free Time)			
11:30	Exam Block Make-Up Activities Remediation Activities Meetings With Faculty Advisors 1:00-5:00	PHA-627 (2 sch) Research I 1:00-3:00	PHA 615 (6 sch) Topics in Medicine & Surgery III 1:00-3:30	PHA-628 (3 sch) Clinical Skills I 1:00-4:00	Make-Up Activities Remediation Activities Meetings With Faculty Advisors 1:00-5:00
12:00		Make-Up Activities Remediation Activities Meetings With Faculty Advisors 3:00-5:00	Make-Up Activities Remediation Activities Meetings With Faculty Advisors 3:30-5:00	Make-Up Activities Remediation Activities Meetings With Faculty Advisors 4:00-5:00	
12:30					
1:00		No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)
1:30					
2:00		No Activities After 5:00 (Free Time)	PHA-632 (2 sch) Ethics 7:00-9:00 via Zoom	No Activities After 5:00 (Free Time)	No Activities After 5:00 (Free Time)
2:30					
3:00	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	
3:30					
3:30	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	
4:00					
4:30	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	
5:00-7:00					
7:00-9:00	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	No Activities (Free Time)	

Unless marked as "Free Time" or informed otherwise by the Academic Coordinator, students are expected to be available and on campus for all times when activities are scheduled, including time slots for make-up activities, remediation activities, and meetings with faculty advisors, even if they do not believe they have extra activities schedules.

## Appendix III: Monmouth University Department of Disability Services Student Contract



# MONMOUTH UNIVERSITY

DEPARTMENT OF DISABILITY SERVICES FOR STUDENTS

## STUDENT CONTRACT

- To utilize my approved Testing Accommodations, I will submit a Semester Requests in Accommodate each semester.
- I understand accommodations are activated on the date the Semester Request is submitted. Accommodations are not retroactive.
- To utilize my Testing Accommodations I will schedule a Test Room Booking in Accommodate **at least 3 business days prior to the scheduled exam.**
- I understand that I must adhere to all policies related to the DDS Test Center. This includes, but is not limited to, arriving at the scheduled time, as well as starting and finishing exams within the allotted time.
- I understand that I am required to take the exam when it is being administered to the rest of the class, unless the testing time conflicts with another scheduled class time.
- I understand that if I need to reschedule an exam due to illness or an emergency, I must adhere to the professor's exam make-up policy stated in the syllabus.
- I understand that personal items and all electronic devices not needed for the exam (cell phones, laptops, iPads, smart watches, etc.) must be turned off and stored in the cabinet outside the DDS Test Center.
- I understand that students are not permitted to take a break during the exam unless it is an approved accommodation.
- I understand that food and drink may be permitted in the DDS Test Center. However, I will not keep any liquids near or around the computers and/or printers. I am responsible for cleaning up after myself.
- I understand that as a student at Monmouth University, I must adhere to both the University's Academic Honesty Policy, as well as the Student Code of Conduct.
- I understand that in order to protect the academic integrity and security of each examination, all examinations are proctored and/or monitored by closed circuit televisions.
- I understand that if I have questions and/or concerns about an exam, I will contact a **DDS Staff Member.**

Department of  
Disability Services for Students  
732-571-3460/dds@monmouth.edu

I have read and understand the guidelines and agree to follow all guidelines in order to receive accommodations.

# Appendix IV: Guidelines for Ethical Conduct for the PA Profession



## **Guidelines for Ethical Conduct for the PA Profession**

(Adopted 2000, amended 2004, 2006, 2007, 2008, reaffirmed 2013)

### **Introduction**

#### **Statement of Values of the PA Profession**

#### **The PA and Patient**

- PA Role and Responsibilities
- The PA and Diversity
- Nondiscrimination
- Initiation and Discontinuation of Care
- Informed Consent
- Confidentiality
- The Patient and the Medical Record
- Disclosure
- Care of Family Members and Co-workers
- Genetic Testing
- Reproductive Decision Making
- End of Life

#### **The PA and Individual Professionalism**

- Conflict of Interest
- Professional Identity
- Competency
- Sexual Relationships
- Gender Discrimination and Sexual Harassment

#### **The PA and Other Professionals**

- Team Practice
- Illegal and Unethical Conduct
- Impairment
- PA-Physician Relationship
- Complementary and Alternative Medicine

#### **The PA and the Health Care System**

- Workplace Actions
- PAs as Educators
- PAs and Research
- PAs as Expert Witnesses

#### **The PA and Society**

- Lawfulness
- Executions
- Access to Care / Resource Allocation
- Community Well Being

#### **Conclusion**



## **Introduction**

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

PAs are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

## **Statement of Values of the PA Profession**

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- PAs recognize and promote the value of diversity.

- PAs treat equally all persons who seek their care.
- PAs hold in confidence the information shared in the course of practicing medicine.
- PAs assess their personal capabilities and limitations, striving always to improve their medical practice.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- PAs work with other members of the health care team to provide compassionate and effective care of patients.
- PAs use their knowledge and experience to contribute to an improved community.
- PAs respect their professional relationship with physicians.
- PAs share and expand knowledge within the profession.

## The PA and Patient

### **PA Role and Responsibilities**

PA practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

PAs are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

PAs should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

## **The PA and Diversity**

The PA should respect the culture, values, beliefs, and expectations of the patient.

## **Nondiscrimination**

PAs should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

## **Initiation and Discontinuation of Care**

In the absence of a preexisting patient–PA relationship, the PA is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

A PA and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

## **Informed Consent**

PAs have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on **Confidentiality**.)

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

## **Confidentiality**

PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on *Informed Consent*.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

## **The Patient and the Medical Record**

PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

## **Disclosure**

A PA should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

## **Care of Family Members and Co-workers**

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

## **Genetic Testing**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

## **Reproductive Decision Making**

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.



## **End of Life**

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

PAs should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

## The PA and Individual Professionalism

### **Conflict of Interest**

PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

### **Professional Identity**

PAs should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. PAs should uphold the dignity of the PA profession and accept its ethical values.

## **Competency**

PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

## **Sexual Relationships**

It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

## **Gender Discrimination and Sexual Harassment**

It is unethical for PAs to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

## The PA and Other Professionals

### **Team Practice**

PAs should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

## **Illegal and Unethical Conduct**

PAs should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

## **Impairment**

PAs have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

## **PA–Physician Relationship**

Supervision should include ongoing communication between the physician and the PA regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

## **Complementary and Alternative Medicine**

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

## The PA and the Health Care System

### **Workplace Actions**

PAs may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

### **PAs as Educators**

All PAs have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

## **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

PAs involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

## **PAs as Expert Witnesses**

The PA expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

## The PA and Society

### **Lawfulness**

PAs have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community.

### **Executions**

PAs, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

### **Access to Care / Resource Allocation**

PAs have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

## **Community Well Being**

PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

## **Conclusion**

AAPA recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. PAs wrote these guidelines for themselves and other PAs. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

# **Appendix V: The Monmouth University PA Student Society (MUPASS) Bylaws**

## **ARTICLE I. Name**

The name of our student society is Monmouth University PA Student Society herein referred to as the student society.

## **ARTICLE II. Purpose**

The purpose of the student society shall be to serve as the official organization for the students of the Monmouth University PA program, to promote academic achievement and clinical excellence, and to promote the PA as a member of the health care delivery team.

## **ARTICLE III. Membership**

Section 1. All PA students enrolled in the program shall be eligible for membership in the student society.

Section 2. Active members shall be defined as full-time students, maintaining a GPA of 3.0, paying dues, and retaining voting privileges. Inactive members shall be defined as students who have left the program in good standing, show continued interest in the student society, but are ineligible to vote.

Section 3. Students leaving the program for any reason shall retain membership in the student society for the remainder of the current academic year but shall be designated as inactive members but are ineligible to vote.

Section 4. It shall be encouraged that society members become active student members of AAPA and of their state constituent chapters.

Section 5. All other Monmouth University students, faculty, administrators, and staff may join the student society as affiliate members. These members must maintain a GPA of 3.0. These members will receive announcements of all meetings and/or student society activities but are ineligible to vote.

Section 6. Membership eligibility will not discriminate on the basis of race, gender, creed, color, national origin, sexual orientation, physical capabilities, or religious affiliation.

Section 7. All students must be in good standing according to the Monmouth University Student Code of Conduct.

Section 8. Voting members, are defined as active members of MUPASS who are also full-time students in the Monmouth University PA program are.

## **ARTICLE IV. Dues and Fees**

Section 1. There are no annual dues or fees for the society.

## **ARTICLE V. Officers and Their Duties**

Section 1. The officers of the student society shall be: president, vice president, secretary, treasurer, a state chapter student representative, outreach chair, student diversity representative (SDR), Assembly of Representatives Representative (AOR), House of Delegates (HOD) Representative, and any other positions

that the student society deems necessary. These include President-elect, State Chapter Representative- elect, HOD-elect, AOR-elect, and Social Media Chair (SMC). All officers and representatives/delegates must be student members of the American Academy of PAs (AAPA). In addition, there shall be a faculty advisor (appointed by the student society officers).

Section 2. The President shall be a second-year PA student who previously held the position of President- elect. They shall preside over the monthly meetings, set the meetings' agendas, and submit the same to the secretary for copies and distribution, coordinate the activities of the committees, and keep the membership informed of the activities of these committees. The president only votes in case of a tie.

Section 2a. The President-elect shall be a first-year PA student shall hold this position for one year at which time they will assume the role of President as a second-year student. The President-elect shall be responsible for assisting the President in carrying out student society functions as well as developing an understanding of the role of President. This includes attending all meetings, maintaining an updated member roster, and assisting with coordination of activities and correspondences as needed by the President.

Section 3. The Vice President shall be a first-year PA student and shall assume the duties and responsibilities of the President when the President is unable to do so. The Vice President will serve as head of the fundraising committee for both the student society and its sponsored charities and organizations, as well as head of apparel design and orders, representative of both the program and student society. Furthermore, the VP will be an ex-official member of all the General Assembly committees, aid the President in the fulfillment of his/her duties and responsibilities, and encourage constituent participation and membership.

Section 4. The Secretary shall be a first-year PA student and shall record and maintain up-to-date minutes of each meeting, distribute copies of the minutes to all club members at each meeting and maintain attendance records of all members. The Secretary shall also serve as the Mentorship chair of the Student Society Mentorship program.

Section 5. The Treasurer shall be a first-year PA student and shall assume the duties and responsibilities of the President when the President and Vice President are unable to do so, maintain proper and accurate financial accounting for the student society, deposit funds in the name of the society as agreed upon by society members, distribute funds as agreed upon by society members, provide yearly state of finances reports to the membership, provide report on account balances during meetings as requested by society members and aid the President in the fulfillment of his/her duties and responsibilities.

Section 6. The State Chapter Student Representative shall be a second-year PA student, who previously held the position of State Chapter-elect. The State Chapter Student Representative shall be the liaison between the student society and the constituent chapter. They shall attend all state chapter board of directors meetings and report back to the student society; increase interaction between the student society, state chapter, Student Academy, and AAPA national office; inform the new incoming class about the importance of professional involvement and membership within the AAPA and the state chapter; and coordinate CME events, state and regional conferences for the benefit of the students.

Section 6a: The State Chapter-elect shall be a first-year PA student and shall hold the position for one year, at which time they will assume the role of State Chapter Student Representative as a second-year student. As State chapter-elect, the student is responsible for monitoring the NJSSPA website,

participating in conference calls, and assisting the current State Chapter Student Representative in coordinating educational events.

Section 7. The Outreach Chair (OC) shall be a first-year PA student responsible for coordinating activities and public relations efforts between his or her student society, internal graduate programs, and the undergraduate campus, especially pre-PA and pre-health students. The OC shall convey any and all concerns, issues, and external affairs to the SAAPA directors of external affairs.

Section 8. The Student Diversity Representative (SDR) shall be a first-year PA student responsible for distributing information to students regarding diversity issues that may affect the delivery of healthcare to various populations. The SDR shall coordinate local activities and community outreach projects with his or her student society and external groups, including but not limited to other medical professionals, such as physicians, physical therapists, occupational therapists, nurses, and speech therapists; city, county, state, and national organizations; and other community-related organizations. The SDR also will monitor the SAAAPA website for announcements and business related to the student diversity committee reporting to the student society any and all new developments related to that committee.

Section 9. The Assembly of Representatives (AOR) Representative shall be a second-year PA student responsible for the distribution of all Student Academy information to his/her program. The AOR representative shall serve as point of contact for the Student Academy Board of Directors and committees. If possible, the AOR representative shall also attend the annual AOR meeting at the AAPA annual conference to elect new officers of the Student Academy, to establish and amend policy of the Student Academy, and to conduct business as necessary.

Section 9a. The AOR-elect shall be a first-year PA student responsible for assisting the AOR representative in all duties including listening in and taking notes on all AOR conference calls in order to report back to the Student Society. If possible, the AOR-elect shall also attend the AOR meeting at the AAPA annual conference to learn how to properly vote, establish and amend PA policies of the Student Academy. The AOR elect will also collaborate ideas with the AOR representative to write and establish new policies to present to the Student Academy.

Section 10. The House of Delegates (HOD) Representative shall be a second-year PA student who shall attend the annual AAPA legislative meeting held at the national conference and vote on business as brought forward by the HOD. The student HOD representative will report back to the student society with any new legislation being considered or voted upon by the HOD.

Section 10a. The HOD-elect shall be a first-year PA student and shall hold the position for one year, at which time they will assume the role HOD student delegate as a second-year student. As HOD-elect, the student will work in conjunction with the HOD student delegate. If possible, the HOD-elect shall attend the annual AAPA legislative meeting held at the national conference and become familiar with the parliamentary process and procedures.

Section 11. The Faculty Advisor shall provide insight and direction into the proper, ethical and professional standards of the PA. He/she shall have no voting privilege.

Section 12. The Social Media Coordinator (SMC) shall be a first-year PA student serving as head of the Public Relations committee responsible for planning, implementing and monitoring Student Society social media in order to promote club awareness and improve marketing efforts. The student SMC shall work



with all Student Society board members and be responsible for sharing social media content with other Monmouth University faculty members and students at regularly scheduled intervals.

## **ARTICLE VI. Elections**

Section 1. Offices to be Filled – Elected offices of the Monmouth University PA Student Society include president, vice-president, treasurer, secretary, state chapter student representative, outreach chair, House of Delegates Representative (HOD), student diversity representative, and Assembly of Representatives (AOR) representative.

Section 2. Terms of Office – Each officer will serve a one-year term commencing January 1<sup>st</sup> of the elected year and terminating January 1<sup>st</sup> of the following year. The purpose of this is to ensure adequate orientation time and maintain continuity in officer positions. Those positions which require a second-year student have been determined to require additional experience best fulfilled by a second-year PA student in good academic standing (See Article VI Section 3).

Section 3. Eligibility and Qualifications of Candidates — All student society officer nominees shall be active members of the student society and the American Academy of PAs and have and maintain a GPA of 3.0 or greater.

Nominees must submit in writing their intent to run for office along with a personal profile by the election deadline by the third week of the fall semester.

Nominee profiles shall be distributed to all members of the student society no later than one week prior to election date.

Nominees for second-year positions of AOR, HOD, and President must have either: (1) held office in the previous year to be considered, OR (2) expressed adequate interested as determined by the board members to be adequately prepared for the position. The State Chapter Representative-elect may be held by either a first or second-year student who shall presumably inherit the role of State Chapter Representative in the following year.

Section 4. Time of Elections – Elections will be held no later than October 1<sup>st</sup>. Officers of the previous year and the faculty advisor shall be responsible for distributing and tabulating ballots. Tabulation must be done immediately, and the elections results posted, and winners notified. In event of a tie, a runoff election shall be held immediately.

Section 5. Once elections are completed, the student society online registration form must be completed and returned to the AAPA national office within 30 days.

Section 6. Vacancies in office – In the event of a vacancy in the office of president, the vice president shall become the president to serve the unexpired term. In the event of a vacancy in any other position, the new officer shall be elected by a majority vote of the remaining MUPASS Board of Directors from a slate of qualified candidates prepared by the Board of Directors. All terms of office shall expire at the time of the next regularly scheduled student society elections.

## **ARTICLE VII. Officer Training**

It will be the responsibility of the outgoing officers to train and familiarize the new officers with their duties and responsibilities and the materials needed to perform their jobs. This includes maintaining an open line of communication throughout the training period. Training and transitioning will occur over a period of time no shorter than 30 days and no longer than 90 days.

## **ARTICLE VIII. Removal of elected or appointed position**

Section 1. Candidates for elected and appointed leadership positions are in good standing at the time of election or appointment. Once elected or appointed, all students holding leadership positions must remain “a student in good standing” (see ARTICLE III, Section 2.). If a student is found to be “not in good standing,” the student will be removed from office by the faculty advisor within two weeks and Board of Directors will be notified and a replacement will be named according to the process described in ARTICLE VI, Section 6.

Section 2. Officers can be impeached for not fulfilling their duties as described in ARTICLE 5 or when not making decisions for the benefit on the club. Any member of the organization has the power to initiate impeachment

procedures. Procedures for removal are as follows: Charges must be presented in written form to all Officers for review. If the Officers determine that there are enough grounds, the charges will be brought before the voting members. The voting members will review the charges and vote on the removal of the officer. Removal from office requires a two-thirds vote of the eligible voting members. Before the removal procedure is carried out, the officer must be notified (written or verbally) and must be given the option to be present during the procedure.

Section 3. Officers have the option to submit a request to step down from their position in the event that they no longer wish to fulfil the role they have been appointed or if their grades begin to suffer. The officer must provide a minimum of 30 days' notice such that the board may elect a replacement officer.

#### **ARTICLE IX. Meetings**

Section 1. The student society shall meet monthly for the transaction of society business. The date and location of these meetings will be decided by the board and announced to the student membership.

Section 2. Additional meetings may be called at the discretion of the president provided no less than one week's notice has been given to the membership in writing or by phone.

Section 3. A quorum vote is executed when 75% of the voting membership participates.

#### **ARTICLE X. Committees**

Section 1. The standing committees of this society shall be the Public Relations Committee and the Fundraising Committee. Other committees shall be formed as necessary by the board with an established function and an established time of dissolution.

Section 2. Each committee chair shall be appointed by the president.

Section 3. All committees shall report their proceedings to the board at the monthly meetings and submit a written report at the end of the leadership year.

#### **ARTICLE XI. Amendments and Parliamentary Procedure**

Section 1. The Parliamentary source used by the student society shall be Sturgis's Standard Code of Parliamentary Procedure. In all proceedings, the bylaws of the student society shall take precedence.

Section 2. The bylaws may be amended by a majority vote, provided all amendments proposed are submitted to the president at the preceding month's meeting and are in turn submitted to all members at least two weeks prior to the vote.

Section 3. Any amended bylaws shall be approved at a monthly meeting and voted upon at the following monthly meeting.

Section 4. Proposed amendments are ratified after they are given approval by the Student Government Association.

RATIFIED, Nov. 10, 2014

AMENDED, Oct. 1, 2018