

LINCOLN MEMORIAL UNIVERSITY

**SCHOOL OF MEDICAL SCIENCES
PA PROGRAM IN HARROGATE**

**DEPARTMENT OF PHYSICIAN ASSISTANT
STUDIES 2024-2025 ACADEMIC YEAR**

STUDENT HANDBOOK

LAST UPDATED 5/2024

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

HERITAGE

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

EQUAL OPPORTUNITY, AFFIRMATIVE ACTION, AND NONDISCRIMINATION POLICY

Lincoln Memorial University is an Equal Opportunity and Affirmative Action educational institution. In support of its Mission Statement, LMU is committed to equal opportunity in recruitment, admission, and retention for all students and in recruitment, hiring, training, promotion, and retention for all employees. In furtherance of this commitment, Lincoln Memorial University prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, veteran status, sexual orientation, marital status, parental status, gender, gender identity, gender expression, and genetic information in all University programs and activities.

Lincoln Memorial University prohibits retaliation against any individual for 1) filing, or encouraging someone to file, a complaint of discrimination; 2) participating in an investigation of discrimination; or 3) opposing discrimination. "Retaliation" includes any adverse action or act of revenge against an individual for filing or encouraging someone to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination. The Office of Institutional Compliance investigates allegations of prohibited discrimination, harassment, and retaliation involving members of the LMU community.

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

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

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

STUDENT HANDBOOK

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WELCOME TO THE LMU-HARROGATE PHYSICIAN ASSISTANT PROGRAM

Dear student,

The faculty, staff, and I are excited about the opportunity to work with you over the next 27 months to prepare you for your future as a clinician. While the curriculum will be challenging, I know that you will find all of us ready to assist you through each phase of your training. Additionally, the faculty and staff want to help you take full advantage of all the resources and rich experiences available to you here at LMU-Harrogate.

This handbook should serve as an overview of our PA Program. Contained within are the policies and procedures of the Program that require your compliance. A short overview of these policies and procedures will be presented during the orientation session you will receive once you arrive on campus. Still, you must read and familiarize yourself with the entirety of the handbook to include any statements/policies that you might find and seek any clarification you may require. Additionally, you might find areas where the LMU Railsplitter Community Standards Guide is referenced, so it is important for you to review that document as well as it holds information relevant to your education.

If you have any questions, please contact your faculty mentor or me at any time. Again, on behalf of the LMU-Harrogate PA program faculty and staff, congratulations, and best wishes on a successful academic experience.

Respectfully,

Elizabeth Barnes, MSPAS, PA-C

Elizabeth Barnes, MSPAS, PA-C

Assistant Dean, Program Director LMU-Harrogate PA Program

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

ACCREDITATION

University Regional Accreditation

Lincoln Memorial University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award Associates through Doctoral degrees. You can contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Lincoln Memorial University.

Professional Accreditation

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation-Continued** to the Harrogate Physician Assistant Program (Harrogate PA Program) sponsored by Lincoln Memorial University. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*. Accreditation-Continued remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn by the ARC-PA for failure to comply with the ARC-PA *Standards*. The approximate date for the next comprehensive review of the LMU-Harrogate PA Program by the ARC-PA will be **March 2025**. The ARC-PA Standards are available at (<http://www.arc-pa.org/accreditation/standards-of-accreditation/>), or at: Accreditation Review Commission on Education for the Physician Assistant, Inc., 12000 Findley Road, Suite 275, Johns Creek, Georgia 30097, or call (770) 476-1224.

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

LMU MISSION AND PURPOSE

Lincoln Memorial University is a comprehensive values-based learning community dedicated to providing quality educational experiences at the undergraduate, graduate, and professional levels. The University strives to give students a foundation for a more productive life by upholding the principles of Abraham Lincoln's life: a dedication to individual liberty, responsibility, and improvement; a respect for citizenship; recognition of the intrinsic value of high moral and ethical standards; and a belief in a personal God. While primarily committed to teaching, the University supports research and service. The University's curriculum and commitment to quality instruction at every level are based on the beliefs that graduates must be able to communicate clearly and effectively in an era of rapidly and continuously expanding communication technology, must have an appreciable depth of learning in a field of knowledge, must appreciate and understand the various ways by which we come to know ourselves and the world around us, and must be able to exercise informed judgments. The University believes that one

of the major cornerstones of meaningful existence is service to humanity. By making educational, service, and research opportunities available to students, LMU seeks to improve life for the students it serves. While serving students from throughout the state, nation, and many other countries, the University retains a commitment to enrich the lives of people and communities in the Appalachian region. Revised July 6, 2017; approved by Board of Trustees, November 10, 2017

LMU INSTITUTIONAL GOALS

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

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

LMU-HARROGATE PA PROGRAM MISSION STATEMENT

The Lincoln Memorial University- School of Medical Sciences Physician Assistant Program's Mission is to educate future Physician Assistants to provide quality healthcare with an emphasis in primary care to the medically underserved of Appalachia and beyond.

LMU-HARROGATE PA PROGRAM GOALS

- Critical Thinking
 - Promote early and ongoing clinical decision-making skills throughout various learning experiences demonstrated in student performance in the clinical year.
- Professionalism:
 - Create an atmosphere where integrity is valued, and professionalism is expected and modeled by students during the clinical year.
- Diversity of Student Population:
 - Recruit, select, and matriculate a population of students with a diverse set of experiences, exposures, and ideas to promote an environment of knowledge sharing and drive innovation.
- Sensitivity and Respect:
 - Create and promote an atmosphere of early and ongoing respect for patients, regardless of their disability, gender, race, culture, age, socioeconomic, sexual orientation, and physical or mental abilities, and special health care needs throughout various experiences demonstrated in student performance in the clinical year.

LMU-HARROGATE PA PROGRAM COMPETENCIES

Upon completion of the LMU PA program in Harrogate, graduates will have proven competency in areas of medical knowledge, interpersonal communication skills, clinical reasoning and problem-solving abilities, clinical and technical skills, and professional behaviors required for entry into PA practice:

Medical Knowledge:

- a. Demonstrate the ability to access, evaluate, and assimilate current medical research
- b. Compose a medical research paper utilizing accepted standards for medical writing
- c. Identify normal and abnormal findings on patient history and physical examination
- d. Identify medical conditions based on etiologies, risk factors, pathology, and epidemiology
- e. Manage medical, psychiatric, and surgical conditions using pharmacologic and non-pharmacologic modes of treatment

Clinical Reasoning and Problem-Solving:

- a. Provide appropriate counseling regarding specific medical conditions
- b. Recommend appropriate preventive screening and preventative care measures
- c. Develop a complete patient-centered treatment plan based upon the patients' medical conditions

- d. Recommend appropriate pharmaceutical management for patients' medical conditions
- e. Correctly select and interpret laboratory tests and diagnostic study findings
- f. Integrate clinical findings with diagnostic study data to formulate differential diagnoses

Clinical and Technical Skills:

- a. Obtain the appropriate elements of focused and comprehensive patient histories
- b. Obtain the appropriate elements of and properly perform physical examinations
- c. Properly perform specific minor medical and surgical procedures

Interpersonal Communication Skills:

- a. Appropriately document-focused and comprehensive patient histories and physical examination findings
- b. Clearly communicate pertinent patient information in oral presentations and multiple types of note formats
- c. Clearly communicate patient treatment plans and preventative care recommendations
- d. Demonstrate appropriate body language and active listening skills during interactions

Professionalism:

- a. Demonstrate sensitivity, respect, and responsiveness to patient diversity
- b. Demonstrate professionalism in interaction

Procedures:

Demonstrate knowledge of the following procedures on simulation devices and/or human subjects:

- a. Airway management
- b. Universal precautions as they pertain to patient care and OSHA requirements
- c. Injection administration
- d. Sterile technique
- e. Identification of common surgical instruments
- f. Tympanic membrane foreign body removal, including cerumen
- g. Insertion of urinary and nasogastric catheters

Demonstrate proficiency in performing the following procedures on simulation devices and/or human subjects:

- a. Surgical scrubbing, gowning, and gloving
- b. Venipuncture and intravenous catheterization
- c. Administration of local anesthesia
- d. Laceration repair
- e. Abscess incision and drainage
- f. Skin lesion biopsy
- g. Intra-articular injections
- h. Orthopedic splinting and/or bracing

ADMINISTRATION, FACULTY, AND STAFF

LMU Administration

Jason McConnell, DBA – Interim President of the University

President's Cabinet

General Counsel – Ryan Brown, J.D.

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

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

Executive Vice President for Finance – Debra Moyers, DBA

Vice President for University Advancement – Frank Woodward, DPA

Dean DeBusk College of Osteopathic Medicine – Christopher Loyke, D.O., FACOFP

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

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

Vice President of Facilities Planning, Management, & Safety Services – David Laws

Board of Trustees

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Dorothy G. Neely – Tazewell, TN

(Joseph) Mark Padgett – Sarasota, FL

*Noah Patton – Tazewell, TN

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Jerry W. Zillion – Germantown, MD
*Alumni Representative

Academic Administrators

Dean School of Business – Kelsey Metz, Ph.D.
Dean School of Mathematics and Sciences – Adam Rollins, Ph.D.
Dean School of Medical Sciences – Paula Miksa, DMS, PA-C
Dean Paul V. Hamilton School of Arts, Humanities, and Social Sciences – Martin Sellers, Ph.D.
Dean College of Dental Medicine – Denise Terese-Koch, DDS, FAGD, MBA, EDD
Dean College of Engineering – Ryan Overton, Ph.D., PE
Dean Caylor School of Nursing – Tammy Dean, DNP
Dean Carter and Moyers School of Education – Teresa Bicknell, EdD

School of Medical Sciences (SMS) Administration

Dr. Paula Miksa, DMS, PA-C - Dean School of Medical Sciences

LMU-Harrogate PA Program Administration, Faculty and Staff

The Faculty of the Harrogate PA Program

- Elizabeth Barnes, MSPAS, PA-C, Assistant Dean and Program Director
- Nicole Shields, MD, FAAFP, Medical Director
- Lauren Anderson, DMS, PA-C, Director of Didactic Education and Assistant Professor
- Adrian Qualls, MMS, PA-C, Academic Coordinator and Assistant Professor
- Melissa Day, DMS, PA-C, Director of Clinical Education and Associate Professor
- Melissa Wiley, DMS, PA-C, Clinical Coordinator and Assistant Professor
- Joan Ward, MSPA, PA-C, Director of Assessment
- Karen Adair, MPAS, PA-C, Assistant Professor, Didactic Faculty
- Tonya Apperley, DMS, PA-C, Associate Professor, Clinical Faculty
- Brittany Belcher, MMS, PA-C, Assistant Professor, Didactic Faculty
- Jessica Gibson, MMS, PA-C, Assistant Professor, Didactic Faculty
- Karie Hall, MMS, PA-C, Assistant Professor, Didactic Faculty
- Stacy Hall, MMS, PA-C, Assistant Professor, Didactic Faculty
- Dana Johnson, PharmD, Assistant Professor of Pharmacology, Didactic Faculty

The Staff of the Harrogate PA Program

- Alicia Beason, Admissions Coordinator
- April (Nichole) Frederick, Didactic Education Assistant
- Teresa Gulley, Clinical Education Specialist
- Mary (Kaye) Mason, MBA, Clinical Site and Rotations Manager

- Candice Miller, Hospital Relations and Rotations Coordinator
- James Parker, Associate Admissions Coordinator
- Annette Smith, Program Administrative Coordinator

SECTION II: PA STUDENT POLICIES AND PROCEDURES

LMU STUDENT POLICIES AND PROCEDURES

All PA Students must comply with LMU student policies and procedures published in the LMU Railsplitter Community Standards Guide which can be accessed electronically (<https://www.lmunet.edu/student-life/handbooks>).

Maximum Duration of Program

The program must be completed within a time frame not to exceed fifty-four (54) months from date of initial matriculation. Under no circumstances can this time be extended. Any student who exceeds 54 months and one day will be administratively dismissed from the program.

PA PROGRAM STUDENT POLICIES AND PROCEDURES

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

TECHNICAL STANDARDS AND COMPETENCIES

The LMU-Harrogate PA Program seeks candidates who will be able to serve the needs of society by becoming skilled and effective Physician Assistants. The LMU-Harrogate PA Program requires candidates for admission and continuing students to meet specific technical standards. These technical standards ensure that graduates of the LMU-Harrogate PA Program possess the cognitive and technical skills necessary to achieve the levels of competency required of graduates of the LMU-Harrogate PA Program by the faculty, accreditation agencies, and the standards of Physician Assistant practice. The technical standards exceed the curriculum's academic criteria and apply to candidates for admission and continuing students. To acquire the knowledge and skills to function in a wide variety of clinical situations and to render a broad spectrum of patient care, candidates for admission and continuing students in the LMU-Harrogate PA Program must meet the established technical requirements in the

following six areas: General Health; Observation and Visual Integration; Communication; Motor and Sensory; Intellectual, Conceptual, Integrative and Quantitative Abilities; and Behavioral and Social Attributes.

General Health: Students must be able to work long hours in both the classroom and clinical settings with potential exposure to various body fluids, communicable diseases, radiation, and toxic substances. Students must maintain a general state of physical and mental health necessary to operate under the typical demands and performance requirements of the Program and the PA profession. This includes standard preventative health measures such as annual immunizations. The LMU-Harrogate PA Program requires all students enrolled in the program to maintain health insurance coverage from matriculation through graduation.

Motor and Sensory: Patient care often requires upright posture with sufficient total body strength, mobility, and cardiovascular endurance. Students must be able to tolerate physically taxing workloads and sit, stand, and walk for long periods in both the classroom and clinical settings. Students must have adequate gross and fine motor function and coordination (including hand-eye coordination and manual dexterity) to elicit vital physical examination information from patients via inspection, auscultation, palpation, and percussion and to use appropriate diagnostic techniques and instruments to complete movements made to provide routine and emergent medical care and to perform common diagnostic procedures. Additionally, the student must be able to detect subtle cues and non-verbal communication from the patient during these examinations. Examples include, but are not limited to, assisting patients in range of motion, performance of cardiopulmonary resuscitation, administration of intravenous medications, management of simple and complex wounds, routine obstetric and gynecologic care, and assisting in surgical procedures. Students must be able to observe demonstrations, visual presentations, lectures, performance/collection of laboratory studies and microbiological specimens, and experiments in medical and clinical settings. Students must also possess adequate sensory skills to provide patient care, including normal or corrected to normal functional vision and hearing acuity, visual integration, and olfactory, tactile, and proprioceptive capabilities. Functional vision includes the following:

- Allowing for observation of patients nearby and at a distance
- Using depth perception and peripheral vision to assess for symmetry/asymmetry
- Distinguishing infectious and/or inflammatory changes of gross tissues and tissue textures

Communication: Students must be able to speak, hear, and observe patients to gather pertinent data, describe their observations (including activity and function, mood, and posture), and be able to perceive nonverbal communication. Students must communicate effectively, efficiently, and sensitively in English with patients, families, and colleagues from diverse social and cultural backgrounds, orally and in writing, with clarity and accuracy. In oral and written formats, students must communicate effectively with other students, faculty and clinical instructors, clinicians, patients, and family members.

Intellectual, Conceptual, Integrative and Quantitative Abilities: Students must exhibit skills in problem-solving, critical thinking, measurement, calculation, comprehension of three-dimensional relationships, and structural and spatial relationships consistent with medical practice. Students must be able to comprehend, retain, analyze, and integrate a large amount of information related to medicine and process this information efficiently and effectively, allowing for timely and appropriate patient care. Students must be able to engage in long hours of study, self-identify areas of weakness, utilize appropriate resources for remediation of deficits, and self-reflect and process constructive feedback for improving knowledge and skills.

Behavioral and Social Attributes: Students must possess the emotional health required to fully use their cognitive and intellectual abilities, exercise reasonable judgment, and promptly complete all academic and patient care duties and responsibilities across the lifespan. Developing mature, sensitive, and effective relationships with patients and other healthcare team members is essential. The ability to function in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are all required. Students must demonstrate empathy, sensitivity, and the ability to quickly establish rapport with patients from diverse backgrounds with different cultural beliefs and various acute and chronic medical and surgical conditions. Students must exhibit adequate interpersonal communication skills, compassion, concern for others, honesty, and integrity. Students must tolerate physically demanding workloads (which may involve nights and weekends), noisy environments, and long hours, maintain emotional stability in challenging, stressful, and changing circumstances, and deal effectively with uncertain and possibly emotionally charged situations. Students must be able to accept constructive criticism and respond with a professional and respectful demeanor.

All students enrolled in the Program must be able to independently, or with reasonable accommodation, demonstrate these health standards, cognitive and motor skills, and professional behaviors for Program matriculation, progression, and graduation. Students with disabilities are responsible for contacting the Office of Accessible Education Services (www.LMUnet.edu) to request accommodation(s). To the best of its ability, the Program attempts to develop mechanisms by which otherwise qualified applicants for admission and enrolled students can be accommodated. However, the Program's Technical Standards for Enrollment and Progression must be met and maintained to ensure that all parts of the Program's curriculum are delivered to all students and that students provide safe and effective patient care. Clinical Affiliates that provide SCPEs expect students to have met the Program's Minimum Technical Standards for Enrollment and Progression and to perform assigned duties promptly, as such ability is critical and essential to safe and effective patient care. Therefore, students are not granted extra time during assessments of physical examination and clinical procedure skills, note writing, simulated patient encounters, and completion of patient care duties during SCPEs. Similarly, trained intermediaries are not approved in the assessments listed above or in SCPEs. Students must submit a Medical Clearance Form completed and signed by a licensed health care provider and uploaded by the student to the Program's student documentation portal, confirming whether they meet the Minimum Technical Standards for Enrollment and Progression and are medically cleared to participate fully in the Program's curriculum prior to matriculation and prior to beginning SCPEs. These forms are NOT to be returned to the Program and MUST be uploaded to the documentation portal. Students must notify the PA Program Director as soon as possible if there is any change in their ability to meet these technical standards.

EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS POLICY

Personal Responsibility

Health professions students and providers are responsible for caring for all patients assigned to them regardless of diagnosis. Failure to accept responsibility violates a basic tenant of the health care profession: placing the patient's interest and welfare first. Attention to current personal immunizations, standard precautions, and other prevention measures minimize personal risk. Each student must be responsible for knowing their status and taking proper precautions.

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

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

Pregnant, Lactating, and Temporarily Disabled Students and Hazards

Learning and practicing medicine involves exposure to infectious agents and other hazards that may cause disease or disability – the potential for injury increases when a person is pregnant, lactating, or temporarily disabled. The most significant hazards exist while working directly with patients, which may result in serious injury to any person or fetus involved. Exposure to formalin, toxic drugs, abortifacients, infectious agents, inhalation anesthetics, radiation, and other agents presents additional hazards. Therefore, any student enrolled in the LMU-Harrogate PA Program Clinical Phase who becomes pregnant, is lactating, or is suffering from a temporary disability must complete the following requirements to continue participation in the LMU-Harrogate PA curriculum and clinical year activities:

1. Immediately notify the Director of Clinical Education and Program Mentor of the condition.
2. Contact their treating health care provider immediately to obtain recommendations for minimizing exposure to hazards associated with participation in the LMU-Harrogate PA Program curriculum.
3. Provide the Director of Clinical Education with a signed statement from the treating physician that defines permitted limits of exposure to possible hazards during pregnancy, lactation, or temporary disability.
4. Provide the Director of Clinical Education with updated recommendations from the treating healthcare provider for each semester during which they are pregnant, lactating, or temporarily disabled.
5. Notify the Director of Clinical Education of any change in recommendations from their treating healthcare provider.

The Program Director and/or Director of Clinical Education will decide, in consultation with the Office of Accessible Education Services, whether accommodations for the treating healthcare provider's recommendations are possible without fundamental program changes and while meeting essential academic requirements of the LMU-Harrogate PA Program. Time off due to pregnancy, lactation, or temporary disability may delay progression in the LMU-Harrogate PA Program curriculum.

The LMU-Harrogate PA Program recognizes that pregnant, lactating, and temporarily disabled students have rights, bear the responsibility for decisions concerning their health, and should expect due consideration from Program faculty and staff. At the same time, the student must complete all

requirements of the LMU-Harrogate PA Program curriculum by following a schedule or plan without fundamental change to the curriculum while meeting essential academic functions, which deem the risks assumable by that student and treating healthcare provider. Any LMU-Harrogate PA Program faculty member, including Clinical Preceptors, may refuse to allow a pregnant, lactating, or temporarily disabled student to be actively involved in any activity when they consider the potential for accidents or exposure to hazards too high, and the treating healthcare provider has not cleared the student. Copies of all documents pertaining to pregnant, lactating, or temporarily disabled students' assignment shall be maintained in the student file.

Immunizations, Tuberculosis Screening, Health Status and Urine Drug Screening Policy

The Program's immunization/vaccination and tuberculosis screening requirements are consistent with the Centers for Disease Control and Prevention's (CDC) recommendations for health care workers. Prior to matriculation, students must have a licensed health care provider verify the student's immunization/vaccination, tuberculosis screening, and urine drug screening status relative to the requirements listed on the Program's webpage. Program faculty and staff do not have access to any other student health records outside of vaccination records at any point in their training.

Students with a religious exemption or medical contraindication may request exemption from immunization/vaccination requirements by contacting the Program Director. The Program will work to accommodate these exemptions but makes no actual or implied guarantee that the ability to progress through the program and/or graduate will not be hindered.

Students are responsible for all costs associated with obtaining the Program's and/or Clinical Affiliate's requirements. Matriculating and enrolled students must submit their immunization and titer records, tuberculosis screening results, and urine drug screen results to a specified online central screening service by the Program's submission due dates. The company that provides that service at the time of publication of this handbook is EXXAT. The Program will provide EXXAT a list of matriculating students who, in turn, will provide access to the forms for the healthcare provider to complete with the matriculation packet. Matriculating students are notified of submission due dates via university-issued student email accounts.

To provide enrolled students with sufficient time to complete all requirements for clinical rotations, students are sent appropriate forms, and are notified of submission due dates for the Clinical phase, during the Summer II semester of the Didactic Phase. This notification occurs via university-issued student email accounts. Failure to submit completed and signed documents by the Program's due dates may delay progression or the start of SCPEs, as applicable. Before beginning SCPEs, students must again have a licensed healthcare provider verify the student's health history and physical health and provide a medical clearance. Similarly, students' immunization/vaccination, tuberculosis screening, and urine drug screening status must be re-checked and re-verified. This information will be entered through EXXAT Approve and coordinated by the clinical team. Program faculty and staff may access EXXAT information only to ensure compliance and eligibility to progress to SCPEs.

Student Health Insurance Policy

All students entering graduate-level health programs must have health insurance before matriculation and lasting through graduation. Students are responsible for costs associated with services rendered. Students who seek medical attention may do so with any facility of their choosing based on their needs and health insurance coverage. Health insurance coverage fees are incorporated into tuition. Students who are enrolled in a health insurance plan outside of LMU can submit for waiver of the health

insurance cost through the financial aid office, which will review the student's existing health insurance plan to ensure adequate coverage. When adequate coverage is verified, the financial aid office can then issue a waiver thereby removing health insurance fees and reducing the financial liability.

Infection with Influenza and other Communicable Diseases Policy

Any student displaying "flu-like" or COVID-19 symptoms must follow the current COVID-19 notification procedures as posted on LMU's website (<https://www.lmunet.edu/covid/>). Students testing positive for influenza or COVID-19 must notify the Contact Tracer for the School of Medical Sciences, Ms. Norma Wells (Norma.Wells@LMU.net) as well as the Clinical Preceptor and Clinical Site (Clinical Phase) as soon as possible. Students are not permitted to attend any in-person sessions, including lectures, small group assignments, OSCE/Simulation, or SCPE, as directed by the university policy. Students must communicate their eligibility date to return to coursework with the Director of Didactic Education (Didactic Phase) or the Director of Clinical Education (Clinical Phase). Students with influenza infection are excused from class/SCPE to minimize viral exposure to other persons and to promote the infected student's health. The School of Medical Science's Contact Tracer will discuss the appropriate date to return to class/SCPE with the student.

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

STUDENT CODE OF CONDUCT

LMU-Harrogate PA Students are expected to maintain high standards of private and public conduct on-campus, off-campus, and at university-sponsored events. Student code of conduct policies found in the ***Lincoln Memorial University Railsplitter Community Standards Guide, Section 8: Prohibited Conduct – Student Code of Conduct*** (<https://www.lmunet.edu/student-life/handbooks>) also apply to LMU-Harrogate PA Students. Violating these and other generally accepted rules of behavior, whether or not covered by specific regulations, may subject a student to disciplinary action, including but not limited to dismissal. **Claims of ignorance of acceptable behavior or enumerated rules and regulations will not be accepted as an excuse for violation.** Students who residing in LMU housing are expected to follow the policies and procedures as outlined in the ***Lincoln Memorial University Railsplitter Community Standards Guide—Section 2: Residential Housing***.

Students are evaluated by their assigned faculty mentor at least once each semester during the Didactic Phase on their adherence to the Student Code of Conduct and development of professional conduct. This evaluation is documented by the faculty mentor in the student's file each semester. Students are also evaluated on their professional conduct by Clinical Preceptors (Clinical Preceptor Evaluation of Student Performance) and by Program faculty and staff (e.g. submission of required documents and completion of assignments) for each SCPE and during the Summative Evaluation prior to graduation.

Students suspected of violating the Student Code of Conduct may be referred to the Student Progress Committee (SPC) for a progression and/or disciplinary action decision(s) which may include dismissal from the Program.

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

1. [Academic Integrity](#)

The faculty of the LMU-Harrogate PA Program aim to foster a spirit of complete honesty and a high standard of integrity. The attempt of any LMU-Harrogate PA Program student to present as their own work that they have not honestly performed is regarded by the LMU-Harrogate PA Program faculty and administration as a grave offense and renders the offender liable to severe consequences and possible suspension or dismissal. Please review the ***Lincoln Memorial University, Railsplitter Community Standards Guide Section 8: Prohibited Conduct—Academic Integrity*** (<https://www.lmunet.edu/student-life/handbooks>)

2. [Professionalism](#)

An essential aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional behavior exhibited during training predicts future problems with state regulatory boards and the need for disciplinary actions. Since such behavior presents a potential danger to the provision of high-quality patient care and issues for the credibility of the profession, professional conduct shares equal importance with content knowledge and manual skills. The LMU-Harrogate PA Program considers breaches of professional conduct as important as academic deficiencies. To uphold the professionalism standard, students are evaluated in both phases of the program. In the didactic phase, a portion of the student's overall grade in Clinical Assessment and Technical Skills (CATS) course will be based on professionalism. In the clinical phase students are evaluated in each SCPE and receive a score for professionalism.

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

Professional Characteristics

Altruism

- Helps colleagues and team members who are busy.
- Takes on extra work to help the team.

- Serves as a knowledge or skill resource to others.
- Advocates for policies, practices and procedures that will benefit patients.
- Endures inconvenience to accommodate patient needs.

Honor and Integrity

- Admits errors and takes steps to prevent reoccurrence.
- Deals with confidential information appropriately.
- Does not misuse resources.
- Attributes ideas and contributions appropriately for other's work.
- Upholds ethical standards in research and scholarly activity.
- Requests help when needed.
- Assumes personal responsibility for mistakes.

Caring and Compassion

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

Respect

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

Responsibility and Accountability

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

Excellence

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

Adapted from Behaviors Reflecting Professionalism National Board of Medical Examiners

3. Attendance Policy

Didactic Phase:

Attendance Tracking

Students should be in the auditorium with all necessary equipment ready to begin 10 minutes prior to the first lecture. Attendance may be taken aloud via use of roll call, via student IDs which are swiped at the back of the classroom before the session begins, and/or with use of a sign-in sheet. The instructor will direct students on the method of attendance collection. When attendance is taken via roll call, students must be present and respond when their name is read aloud to be counted as present.

Students are expected to only respond when their name is called and should not respond for others.

When ID swipes are used for attendance, students will be directed to swipe their ID badge at the back of the classroom upon entering the lecture hall. Students must not get up once lecture has begun to swipe their IDs, nor prevent class from starting on time due to need to swipe their ID. When sign-in sheets are used, students are not permitted to sign another student's name on the list.

Absences

Students must complete the Time Off Request Form when illness or other personal issues occur during class time. The Time Off Request Form can be accessed online in CANVAS. Requests for time off must be made directly to the Academic Coordinator and Director of Didactic Education. Please note that **all students are required to attend all exams, OSCE, simulations, and/or standardized patient events.** Emergent absences on these days will be considered on a case-by-case basis. Non-emergent absences on these days will not be approved/excused.

- For non-emergent absences to be excused, students must do the following:
 1. Submit a request to the Academic Coordinator for absence approval. The Academic Coordinator will coordinate the absence with the didactic faculty team.
 2. The Director of Didactic Education will be notified when any Time Off Request Form is received less than seven (7) days before the requested time off.
- For emergent absences to be excused, students must do the following:
 - In an emergency, email the Academic Coordinator and the Director of Didactic Education as soon as possible. Students should complete the Time Off Request Form within 48 hours of missed class.
 - Students who miss excessive class time or students with an unexcused absence will be counseled by their faculty mentor and, if the behavior continues, will be referred to the Student Progress Committee (SPC).
 - Any student who misses more than three (3) consecutive days will be required to meet with the Program Director to develop a plan of action upon return to campus.
- Unexcused absences:
 - If a student does not follow the steps above for a non-emergent or emergent absence, the absence will be considered unexcused. Documentation regarding reported emergency illness, death, or injury may be required by the Director of Didactic Education and/or the Program Director.

Clinical Phase:

For absences during the clinical phase, please see the clinical handbook supplement.

4. Confidentiality

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

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

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

5. Family Educational Rights and Privacy Act (FERPA)

The Program complies with the provisions of the Family Educational Rights and Privacy Act (FERPA), 1974, as amended. This law maintains that the Program will ensure the confidentiality of student education records. Identifiable information from a student's educational record will only be accessible to PA Program faculty, staff, and other LMU employees with a legitimate educational need for the information. Student grades are recorded, stored, and secured with the LMU Registrar. The program maintains all other student educational records. Please see <https://www.lmunet.edu/registrar/ferpa/> for detailed information regarding FERPA and the list of disclosures that LMU may make without student consent in accordance with FERPA.

6. Social Media Policy

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

professional standards of the health system/practice.

Therefore, the LMU-Harrogate PA Program holds students, at any stage of their training, responsible for abiding by the same rules of ethical and professional conduct on a social media platform as they would in any other classroom, laboratory, and clinical setting as outlined in this handbook. Students must ensure that no one else can access their social media accounts. Students are responsible for any postings or comments made on their personal account, even if the posting or comment was from someone with access to their account.

The Program's Social Media Policy is as follows:

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

7. Audio and Video Recording

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

8. Classroom Etiquette Policy

To maintain an environment conducive to learning in the classroom and laboratory, the LMU-Harrogate PA Program has established guidelines. Activities that distract from the classroom environment and interfere with the conduct of the educational process are prohibited. Such activities include:

- engaging in discussions unrelated to classroom or laboratory activities
- using an electronic tablet or laptop computer, cell phone, smart watch, or similar device for activities unrelated to classroom or laboratory activities
- using any electronic device during instructional or assessment activities, emailing, instant messaging, cell phone usage (including receiving calls or texts when not on silent mode), use of headsets/ear buds/airpods for music, surfing the internet or gaming sites, aside from direction by faculty as part of the conduct of the classroom
- bringing animals to class
- bringing children in class (except as approved by the university policies as requested by faculty),
- bringing friends and/or family into class (unless approved by the Program Director)
- conducting conversations outside of class participation and distracting peers or faculty from the conduct of the learning process.
- eating or smoking in any classroom or laboratory.

Such activities are not consistent with the LMU-Harrogate PA Program's professionalism expectations. Frequent breaks are given during the day. Students are asked to limit their egress and reentry to the classroom by using break time to attend to any needed activities. The LMU-Harrogate PA Program faculty is responsible for maintaining classroom environment and will ask those who engage in distracting activity to leave the room, as the rights of all students to concentrate without interruption must be respected.

9. Dress Code Policy

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

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

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

Slacks, Pants, and Suit Pants: Inappropriate slacks and pants include jeans (regardless of color), pajama pants, sweatpants, exercise pants, shorts, bib overalls, leggings and any spandex or other form-fitting pants such as people might wear for exercise.

Skirts, Dresses, and Skirted Suits: Skirts and dresses at or below the knee are generally acceptable. Inappropriate skirts, dresses, and skirted suits include: short skirts that ride halfway up the thigh, tight-fitting skirts/dresses, mini-skirts, sundresses, beach dresses, and spaghetti-strap dresses (unless a sweater is worn at all times).

Shirts, Tops, Blouses, and Jackets: Casual shirts, dress shirts, sweaters, golf-type shirts, and turtlenecks are acceptable. Inappropriate shirts, tops, blouses, and jackets include: tanktops, midriff tops, halter-tops, tops with bare shoulders, sweatshirts, t-shirts, and anything with potentially offensive words,

terms, logos, pictures, cartoons, or slogans.

Shoes and Footwear: Footwear is expected to be clean. Heels should be kept to a max height of 2 inches. Open-toed shoes are acceptable only in the classroom/lecture hall setting when worn with business casual attire. Closed-toe shoes are required for all OSCEs, sims, labs, and practicals. Unacceptable footwear includes flip-flops, athletic slides, slippers, and work boots.

Jewelry, Makeup, Perfume, and Cologne: Watches, wedding bands and/or engagement rings are permissible, except when sterile technique is mandated. Students are encouraged to make jewelry selections cautiously so as not to interfere with providing patient care. Jewelry that is deemed distracting, offensive, and/or unacceptable will result in student coaching from a member of the faculty. Classmates, co-workers, and patients may be allergic to chemicals makeup, perfumes, aftershave, and cologne. Use these products with restraint.

Hair and Nails: Hair should be clean and arranged so as not to interfere with providing patient care. The hair should be appropriately styled during laboratory procedures or patient care to prevent unintended body fluid/wound exposures. Fingernails should be kept short and clean.

Tattoos: All tattoos should be non-offensive to any observer. If it is identified as potentially offensive by a faculty member, they must remain covered at all times.

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

Nametags in white lab coats: Students are mandated to have their “first name, last name, PA–S” embroidered on the first line of the left upper portion of the short white coat and “Lincoln Memorial University” embroidered on the second line of their short white lab coat. The white lab coat will be worn during OSCE and 3-D simulations, shadowing opportunities and other LMU – Harrogate activities in the community.

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

[10. Proper Identification as a PA Student Policy](#)

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

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

Program.

11. Criminal Background Check, Drug and Alcohol Screen, and Arrest Policy

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

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

Prior to matriculation into the Program, and again before the beginning of the Clinical Phase, students will be expected to submit criminal background checks and drug and alcohol screenings. Additional criminal background checks, fingerprinting, and drug and/or alcohol screenings may be required during clinical rotations based on requirements of the Clinical Affiliates. **At the discretion of the Program Director, drug and/or alcohol screens may be required at any time in the Program.**

Students shall be responsible for paying all associated costs of criminal background checks, drug and alcohol screening, and finger printing, including retesting for any reason. Positive findings on a background check will be subject to review by the Program Director of the LMU-Harrogate PA Program. The Program reserves the right to prohibit admission or progression in the LMU-Harrogate PA Program based on the results of criminal background checks, drug and alcohol screenings, and/or student refusal to submit to criminal background checks and drug and alcohol screenings. Additionally, clinical sites reserve the right to refuse students based on the results of criminal background checks and/or drug and alcohol screenings.

- Students with positive findings on pre-matriculation criminal background checks or drug and alcohol screenings will meet with the Program Director to determine if matriculation is appropriate. Students with felony convictions or pending felony charges will not be considered for admission. Students with prior driving while under the influence (DUI) or misdemeanor convictions will be evaluated and advised on a case-by-case basis.
- Students with new positive findings on criminal background checks or drug and alcohol screenings at any time during enrollment in the Program will be subject to the policies as outlined in the following section.
- The Program advises all students that graduation from the LMU-Harrogate PA Program does not guarantee ability for state licensure or hospital credentialing to be obtained, especially if the student has any findings on a criminal background check or drug screen.

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

Students under the age of 21 years may not possess, consume, sell, distribute or be in the presence of alcoholic beverages on campus grounds, in University facilities or at University activities. Please see the ***Lincoln Memorial University Railsplitter Community Standards Guide Section 2: Residential Housing*** (<https://handbook.lmunet.edu/>). The student code of conduct/academic/non-academic policies found

in the *Lincoln Memorial University, Railsplitter Community Standard Guide, Section 8: Prohibited Conduct* also applies to LMU-Harrogate PA Students (<https://handbook.lmunet.edu/>)

LMU-Harrogate PA students may not possess, consume, or distribute alcoholic beverages on campus at any time. PA students suspected of being under the influence of drugs and/or alcohol at any program-sponsored or affiliated activity/event may be subject to disciplinary action including dismissal from the program. As a reminder, **drug and/or alcohol screens may be required at any time in the Program at the discretion of the Program Director.**

12. Violations of the Arrest/Criminal Background Check

13. Drug/Alcohol Screening Policies

Students arrested or formally charged with any infraction of the law, other than minor traffic violations, while enrolled as an LMU-Harrogate PA student, shall report such violation or charges to the Program Director of the LMU-Harrogate PA Program within **two business days of the offense**. Students failing to report an arrest will be subject to immediate dismissal. Any report to the Program Director will result in a direct referral to the SPC for evaluation of unprofessional behavior. During the didactic year, the SPC can determine the impact it will have on attendance and ability to participate in the program to evaluate the feasibility of continuation versus the need for deceleration or dismissal. During the clinical year, events of this nature may result in the student being removed from the current SCPE. The SPC may make the decisions listed in Section III of this handbook titled “For Professional Conduct Deficits”. This may result in a delay in beginning SCPEs, a delay in graduation, and/or failure to complete the Program curriculum within 54 months of initial matriculation. Clinical Affiliates reserve the right to refuse to accept or remove any student who is arrested. This may result in a delay in beginning SCPEs, a delay in graduation, or failure to complete the Program curriculum within 54 months of initial matriculation.

- In addition, students who are arrested are expected to seek appropriate medical/behavioral treatment/counseling to determine if the student’s actions may compromise future patient safety. If the student does not seek treatment/counseling voluntarily, the Program reserves the right to mandate evaluation to demonstrate safety to the Program or the public.
- Students arrested for felony charges will be referred to SPC to determine compliance with LMU student code of conduct based on current policies and procedures. The SPC will then determine if a student will be allowed to continue in the program.
- Students found to falsify information about past or current criminal history will be dismissed from the Program.
- Students found “not guilty” of alleged charges, or students who plead to lesser (misdemeanor) charges may, at the discretion of the SPC, be allowed to return to the Program barring any additional professional or other outstanding programmatic issues.

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

SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPE) POLICY

To progress to the clinical phase, students must receive a passing grade in all didactic courses, successfully pass the Didactic Comprehensive Exam (DCE), satisfy any additional requirements as mandated by the SPC, the Reassessment Committee, and/or faculty mentor, and be recommended for progression by the Director of Didactic Education to the Director of Clinical Education.

Student Credentialing for SCPEs

Clinical Affiliates have various requirements for student credentialing that must be completed prior to beginning the SCPE. The Clinical Team provides students with the student credentialing requirements for each assigned SCPE. Students are responsible for all costs associated with student credentialing except for malpractice insurance. The Program provides students with liability insurance coverage. Failure to complete credentialing requirements by Clinical Affiliate and/or Program deadlines will result in a delay or cancellation of the SCPE (which may also result in a delay in graduation and failure to complete the Program curriculum within 54 months of initial matriculation). If a SCPE is cancelled due to the student's failure to complete credentialing requirements, the student will be referred to the SPC for progression and/or disciplinary action recommendations.

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

- Current driver's license
- Proof of health insurance coverage
- Health history and physical examination forms
- Medical Clearance
- Criminal background check
- Urine drug screening results
- Annual Tuberculosis screening results
- Proof of annual influenza vaccination
- Proof of immunity to hepatitis B virus (HBV), measles, mumps, rubella, and varicella
- Proof of Tdap vaccination as an adult or Td booster within the past two years
- Student biography
- LMU-issued photo identification
- Current BLS and ACLS
- Certification of OSHA/BBP and HIPAA training

Informed Consent Regarding Student Involvement in Patient Care

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

Student Supervision Policy

For each SCPE, students are assigned a Primary Clinical Preceptor who is responsible for coordinating and supervising the student's learning activities and assessing student performance during the SCPE. The Program orients the Clinical Site and Primary Clinical Preceptor to the supervision requirements, which are also outlined in the Clinical Affiliation Agreement and Preceptor Manual. Students may be

mandated. The Clinical Site may require students to attend facility orientation. Students may be assigned to alternate Clinical Preceptors at times as necessary (e.g., absence of the Primary Clinical Preceptor or additional learning opportunities with another Clinical Preceptor). Clinical Preceptors are to orient the student to the clinical setting and discuss practice policies and procedures as well as their expectations. Clinical Preceptors provide direct supervision of student encounters with patients and performance of clinical procedures. Clinical Preceptors may gradually increase student autonomy in accordance with current laws, regulations, and standards of educational and medical practice, as well as demonstrated level of expertise. Clinical Preceptors must see every patient evaluated by the student and assess every clinical procedure completed by the student prior to patient discharge. Students must not initiate or terminate care that is not supervised by the Clinical Preceptor.

Documentation in the Medical Record and Prescription Writing Policy

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

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

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

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

Student-Clinical Affiliate Relationship Policy

Students must maintain a professional relationship with all members of the Clinical Affiliate (e.g., Clinical Preceptors, nurses, clinical support staff, etc.) and always adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or member of the Clinical Affiliate in a compromising situation.

Contact with members of the Clinical Affiliate via social media platforms prior to graduation is **prohibited**. If a student and a member(s) of the Clinical Affiliate have a pre-existing personal relationship, a professional relationship must always be maintained.

Adherence to SCPE Policies and Procedures

The **protection of patients is of utmost importance** to the Program and the Clinical Affiliates providing SCPEs. The Program instructs and assesses students on HIPAA, blood-borne pathogens, and universal precautions. When discrepancies exist relative to these three areas, the policies of the Clinical Affiliate supersede Program policy.

Students suspected of violating the policies and procedures of the Clinical Affiliate will be referred to the Student Progress Committee (SPC) for progression and/or disciplinary action recommendations which may include dismissal from the Program. The SPC recommendation may delay graduation and/or result in failure to complete the Program curriculum within 54 months of initial matriculation, leading to dismissal. Students may also be removed from the SCPE prior to SPC referral if patient care is thought to be compromised by the student's actions and/or at the Clinical Affiliate's request.

REMEDATION FOR PROFESSIONAL CONDUCT DEFICITS

Students who exhibit unprofessional conduct as reported to the Program will receive a warning for the first offense. This includes settings where the Program Faculty and/or Clinical Preceptors may utilize standardized rubrics to identify and document student deficits in professional conduct (i.e., OSCE). Subsequent violations will follow the process outlined in the Clinical and Technical Skills (CATS) syllabi and/or Clinical Manual depending on what phase of the program the student is currently in. The SPC will be responsible for making decisions on progression and/or disciplinary action(s) recommendations. Major infractions, even on a first offense, will be referred directly to SPC by the Program Director and will be subject to disciplinary action(s) and/or program dismissal.

STUDENT GRIEVANCE POLICY

All student allegations of student mistreatment are taken seriously by the individual programs housed within the School of Medical Sciences (SMS). SMS expects faculty, staff, and students to demonstrate respect and professional concern by holding one another to the highest standards in learning, without abuse, humiliation, or harassment of any kind. This includes avoidance of exploiting a relationship for personal gain or advantage and demonstration of the highest ethical conduct in all settings. Mistreatment is considered destructive of the principles that guide the mission, vision, and goals of the programs.

Students should contact the Office of Institutional Compliance/Title IX Coordinator (423-869-6315) as soon as possible for any grievance stemming from sexual harassment, racial discrimination, or any other discriminatory act (<https://www.lmunet.edu/office-of-institutional-compliance>)

All instances of student mistreatment, not covered via Title IX, must be reported promptly by the student to the program. Students wishing to report a concern are advised to seek out any faculty member, including the Program Director or Medical Director, to discuss the allegation of mistreatment. All encounters with students regarding concerns of mistreatment will be documented and a copy of the grievance maintained by the program. An informal resolution may be sought in this matter. Students who experience mistreatment in a clinical setting should seek out a member of the Clinical Team. If the matter remains unresolved or if the mistreatment occurs again, the student may file a formal complaint via the Program's Student Progress Committee. This is considered the final step in the process. The

Student Progress Committee will then review the matter and seek out appropriate consultation. The SPC will follow its policies and procedures regarding student notification of the meeting outcome(s).

For additional information, including how to file a student grievance, please see the School of Medical Sciences “Student Grievance Policy: Mistreatment” or contact the Dean of the School of Medical Sciences directly.

EQUAL OPPORTUNITY, AFFIRMATIVE ACTION, AND NONDISCRIMINATION POLICY

The Office of Institutional Compliance handles all complaints of discrimination. Students may contact the Institutional Compliance Officer to report allegations of discrimination by LMU faculty, staff, and members of Clinical Affiliates. <https://www.lmunet.edu/office-of-institutional-compliance>

SEXUAL HARASSMENT AND SEXUAL MISCONDUCT/TITLE IX

Freedom and liberty from unwanted, unwelcome, or coerced sexual contact is the right of every member of the LMU community. Individual responsibility and recognition of the intrinsic value of high moral and ethical standards are guiding principles for every member of the LMU community to foster an atmosphere that does not tolerate unwanted sexual contact or sexual violence. LMU does not tolerate sexual misconduct or other sexual violence committed on or off campus by or against any sector of the LMU community, faculty, staff, students, or third parties. The Title IX Coordinator provides consultation, investigation, and disposition of all inquiries and complaints of alleged discrimination on the basis of sex, including sexual harassment, non-consensual sexual contact, non-consensual sexual intercourse, intimate partner violence, domestic violence, stalking, and any other forms of discrimination on the basis of sex. Students may contact the Title IX Coordinator, titleix@LMU.net; 423-869-6315) (www.LMU.net) to report allegations of discrimination based on sex as listed above.

SAFETY AND SECURITY

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

Campus Police and Security is located on the lower concourse of Tex Turner Arena. All students, faculty, staff, and visitors are encouraged to report criminal activity and any other safety concerns. There is also

an Anonymous Tip Line available by texting number 50911 then type LMUtip followed by your information. Anonymous tips can also be given by calling 423-869-7159. Upon request reports can be submitted through a voluntary confidential reporting process.

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

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

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

SAFETY AND SECURITY DURING SCPEs

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

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

If a student feels unsafe but not in imminent physical danger due to a patient or employee at the clinical site, the student should immediately report this to the preceptor, the office manager, or security. If the situation is not handled immediately by on-site personnel, then the student is to report it to the Clinical Team. The Program takes any student allegation or concern regarding safety seriously and will promptly investigate any safety concerns.

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

Students at the SCPE site should:

- Avoid leaving valuables such as a wallet, checkbook, jewelry, or keys in open view, but instead, if needed, store them out of sight.
- Park in well-lit areas.
- Lock doors and windows when going out.
- Never prop doors open when entering/exiting.
- Avoid storing large amounts of money or credit cards.
- Use the "buddy system" - request a friend/security guard/hospital escort transition between buildings or to vehicle.
- Walk purposefully and look confident.

- Always be alert to the surroundings.
- Avoid shortcuts through isolated areas.
- Report burned out entrance/hallway lights to maintenance.
- Call hospital security immediately with any unusual activity or loitering on hospital grounds.

The Program evaluates the safety of the Clinical Site(s) in which the Clinical Preceptor(s) of the Clinical Affiliate provide care before assigning a student to the Clinical Affiliate for rotations. Each Clinical Affiliate agrees to orient students on the appropriate security and personal safety measures associated with their Clinical Site(s). The Program does not use Clinical Affiliates deemed unsafe. Students must notify the Clinical Team immediately of any safety concerns related to the assigned Clinical Affiliate for rotations.

Students complete many rotations at locations physically distant from the Program's campus. To assist the Program in ensure student safety (e.g., communicating any potential safety concerns, advising students of adverse weather conditions that may require evacuation from the area in which the rotation occurs) while completing rotations, students must notify the Clinical Team as soon as possible with any unexpected absence from their clinical site and/or any change in name, contact information, or emergency contact(s) information.

SHADOWING HEALTH CARE PROFESSIONALS AND VOLUNTEERING POLICY

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

STUDENT EMPLOYMENT POLICY

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

Section III: ACADEMIC EXPECTATIONS AND STUDENT PROGRESS COMMITTEE (SPC)

STUDENT PROGRESS COMMITTEE (SPC)

The purpose of the SPC is to ensure that every graduate of the LMU-Harrogate PA Program has the medical skills, knowledge, and competency as well as the clinical and professional judgment to assume the responsibilities of a Physician Assistant. The SPC monitors student progress and ensures that all students meet the academic, competency, and professionalism requirements necessary for progression through the program and, ultimately, graduation as outlined in the LMU-Harrogate PA Program Student Handbook. At the end of each semester, the SPC reviews the academic progress of all LMU-Harrogate PA Students and must approve each student for progression into the next semester/phase of training.

The PA Program Director appoints the SPC, which is composed of PA faculty and other SMS faculty as applicable. A staff member is present only to document the proceedings and maintain the minutes. Additionally, for circumstances in which more guidance or clarification is required, the SPC may consult with the Program Director and/or Dean of the School of Medical Sciences before making a final decision.

Students will have no input into SPC faculty presence or participation in the proceedings. Should a student feel there is a conflict of interest with a member of the SPC, they may contact the Program Director for intervention prior to any scheduled SPC meetings.

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

ACADEMIC AND COMPETENCY REQUIREMENTS

Didactic Phase – Academic Probation

Progression in the LMU-Harrogate PA Program is contingent upon mastery of program objectives, course content, learning outcomes, and demonstration of professional behaviors consistent with health care professionals. In addition, students must continue to meet technical standards and competency minimum performance. A policy has been added as an initiative to help mentor any student who scores less than a 75.0% on an exam. Refer to Appendix G (At Risk Policy) of this handbook where the policy is outlined in detail.

Students who score less than 75% on any three block exams during a single semester in the didactic year will result in referral to the SPC. The following criteria will be used by the SPC to determine if a student will be placed on Academic Warning or Academic Probation:

- Three at risk scores below 75.0% with no more than one failure (<70.0%) in a single semester will result in academic warning.
- Any exam failure in a semester while on academic warning will result in academic probation
- Three at risk scores below 75.0% including two or more failures (<70.0%) will result in academic probation

Any student who is placed on academic warning that does not subsequently meet the criteria for academic probation will be removed from academic warning at the end of the semester. The student will be notified of removal of academic warning by official communication from the SPC.

Any student placed on Academic Probation will meet with the SPC at the end of each semester to review their academic performance. Students may be eligible for removal from Academic Probation if **all** the following criteria are met:

- Less than 3 exam scores < 75.0%

AND

- No more than one exam failure with score <70.0%

Didactic Phase - Deceleration

During the didactic phase of training, if a student is on Academic Probation and subsequently earns six additional block exam scores less than 70.0% in any one semester, they will be referred to SPC for deceleration. Any didactic course failure (i.e., throughout the entirety of their didactic year) will result in the student being referred to the SPC for deceleration. This meeting will occur promptly after the final course grade has been calculated. At that time, the SPC will recommend decelerating the student to the next matriculating cohort for a retake of all courses per program policy. Additionally, the student must meet with their faculty mentor, Director of Didactic Education, and/or Program Director to assist the student in preparation for their return.

Didactic Phase – Dismissal

Any student who fails two courses in the entirety of their didactic phase of training will be referred to SPC for dismissal from the program.

All students who are decelerated for an academic reason are placed on academic probation immediately upon matriculation into the next cohort. Any student who has been decelerated and subsequently has six failing exam grades (i.e., < 70%) during a single semester will be referred to SPC for dismissal from the program. Any student who has been decelerated and subsequently fails a course will be referred to SPC for dismissal from the program.

Failure of the Didactic Comprehensive Exam (DCE)

Students must pass all didactic cumulative assessments including the didactic comprehensive exam before progressing into the Clinical Phase of education. This 300-item multiple-choice exam is mapped according to the NCCPA PANCE blueprint including organ areas and task areas. The minimum passing score for the DCE is 70%. The Director of Didactic Education reviews the score reports for all students who fail the didactic cumulative examination and submits a report to the SPC. The following process is then followed:

- Students can expect to receive notification of their pass/fail status within 72 hours within the original exam date.
- Students who fail the DCE will be referred to the SPC chair.
- An SPC representative will then notify the student of their scheduled date and time to meet with the SPC committee.
 - **Student appearance at this committee meeting is required.**

- Failure to appear at the SPC meeting will result in forfeiture of the retake examination.
- As noted in the Clinical Medicine III syllabus, failure of the DCE retake will result in failure of the course.
- The SPC will review the student's performance on individual PANCE Blueprint organ systems and inform the student of the 5 lowest performing organ systems.
 - These five organ systems will be included on the student's retake examination which will be scheduled by the SPC on a case-by-case basis.
- The DCE retake examination will occur no more than 21 calendar days from the date of the SPC meeting.
- Following the meeting, the student will receive a decision letter outlining any additional requirements which must be completed to be eligible to sit for the DCE retake examination.

After completion of the DCE retake the student will be notified of their pass/fail status within 48 hours via their LMU assigned e-mail account from the DDE. Students who pass the DCE retake will be permitted to enter the clinical phase of the program and will be contacted by the Director of Clinical Education to establish a clinical year success plan. These students will begin rotations at the start of Block 2. Students who fail the DCE retake will have failed component B of Clinical Medicine III, and therefore will not be permitted to progress to the clinical phase of the program. These students will again be referred to SPC for action which may include academic deceleration and/or program dismissal.

For Professional Conduct Deficits

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

In cases where the SPC does not dismiss the student, the student is placed on Professional Probation and will be reviewed by the SPC for their professional conduct deficit(s). Actions taken by the SPC may result in a delay in beginning SCPEs, a delay in graduation, and/or failure to complete the Program curriculum within 54 months of initial matriculation.

All students who are on professional probation and allowed to continue in the program are mandated to meet with their assigned faculty mentor for ongoing evaluation and follow up visits with the SPC.

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

- Use of other Program/institutional resources
- Use of resources external to the institution

If the student does not successfully complete remediation of professional conduct deficit(s), the student will be dismissed from the Program.

Clinical Phase – Academic Probation

Students who meet the following criteria will be referred to SPC and placed on Academic Probation:

- One or more End of Rotation Exam (EOR) Z scores at or below -2.0
- Three or more End of Rotation Exam (EOR) Z scores at or below -1.5
- Failure of a preceptor evaluation

If a student is on academic probation, elective(s) may be chosen at the discretion of the SPC in consultation with the Director of Clinical Education to improve knowledge deficit(s). Additionally, students placed on Academic Probation during the clinical phase of the program will remain on Academic Probation until all clinical requirements are complete and the student is eligible for graduation.

Clinical Phase – Student Progression

Students must pass all didactic phase courses and the Didactic Comprehensive Exam (DCE) before progressing to the clinical phase.

If a review of the Preceptor Evaluation of Student Performance indicates deficits in either Clinical Performance or Professional Conduct, a change in future site(s) placement may be made whether the student receives a passing grade for the rotation.

Any student who does not meet the expectations of the clinical preceptor as documented on the Preceptor Evaluation of Student Performance will automatically **fail** the rotation, regardless of any numerical score earned.

Termination of a rotation by a Preceptor or Faculty Member because of poor or inadequate performance or lack of professionalism on the part of the student shall be an automatic “F” for that rotation, and the student will be referred to SPC for further action.

If the conduct or performance of the student is deemed unsafe or inappropriate by the Clinical Site or Program Faculty, the student will be removed from the rotation and referred to the SPC for further action.

Clinical Phase – Course Failure

Any clinical year course failure (as defined by the Clinical Manual) will result in the student being referred to the SPC. This meeting will occur promptly after the final course grade has been determined (criteria in Clinical Manual and/or clinical syllabi) and the clinical team notifies the SPC chair. At that time, the SPC will recommend placement on Academic Probation for the duration of the clinical year and retake of the failed course before graduation.

Any two clinical course failures will result in dismissal from the program.

Clinical Summative Evaluation(s) – Remediation

The SPC reviews documentation for every student who fails any component of the Summative Evaluation. At that time, the SPC may recommend any of the following actions/requirements:

- Remediation of the Summative Evaluation
- Delay in graduation for failure to complete competencies.
- Completion of a second PANCE review course prior to taking the PANCE, paid for by the student.
- Independent review of specific content on the PANCE Content Blueprint prior to taking the PANCE
- Mandatory mentoring meetings with Program Faculty
- Use of other Program/Institutional resources
- Progression to graduation

A specific process is followed for students failing the PAEA End of Curriculum Exam (EOC). This exam has a minimum passing score and is taken approximately 3 months prior to graduation to allow time for remediation and one exam retake no sooner than 60 days after the initial examination date. The process for remediation and exam retake surrounding the End of Curriculum Exam (EOC) is outlined in the Clinical Manual and reviewed at Clinical Year Orientation with students prior to the start of the clinical phase of the program.

SPC Action follow-up

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

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

SPC PROCEDURES

The SPC Chair will set the meeting date and time, provide an agenda to the SPC members, and inform any invited student(s) of the date, time, and location of the meeting, as well as the reason(s) for the meeting, by LMU e-mail. The invitation for the student will be sent a minimum of two (2) business days prior to the meeting. Any student invited to meet with the SPC will be required to appear in person at the Harrogate Campus, unless given permission by the SPC Chair to meet via a virtual meeting platform (i.e. Zoom, skype, etc.). If a student fails to appear before the SPC, either in person or virtually, the matter will be resolved in his/her absence. All SPC meeting proceedings are confidential and closed to anyone not part of the SPC proceedings.

Please note, should a virtual meeting be approved by the SPC Chair, then the student is expected to adhere to the following virtual meeting protocol:

- Only SPC members (including a staff member) and individual students will be included in the meeting. The student is expected to show the SPC that there is no one else in the room with them.

For all SPC meetings:

- Students are not allowed to bring personal items to the SPC meeting, including audio/video recording devices, cell phones, and smart watches.
- Meeting minutes are maintained by the Didactic Coordinator and access to the meeting minutes by other than committee members, unless requested for review by the SMS Appeals Committees, is not permitted.
- The SPC members review the academic record and all documents relevant to the student's

- meeting.
- When the student enters the meeting, the SPC Chair verifies that the student knows all SPC members present and can explain the reason for the SPC meeting.
 - The student is offered an opportunity to provide testimony relevant to the meeting.
 - After discussion, the student is asked to leave the room while the SPC members discuss progression and/or disciplinary action options.
 - A decision(s) is submitted to a vote with a simple majority ruling.
 - The SPC Chair is a non-voting member except in the case of a tie vote.
 - Because this is not a criminal court, the level of proof for a decision shall be “more likely than not” and not the strict criminal law standard of “proof beyond a reasonable doubt.”
 - Once the SPC has reached a decision(s), the student is asked to return to the room and the SPC Chair explains the decision(s) and relevant instructions/expectations to the student. This is the conclusion of the SPC meeting.

After the SPC meeting:

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

Definitions of SPC Decisions/Recommendations

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

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

- Students on probation MUST receive SPC approval to attend any local, state, or national professional medical meetings, fundraisers, or club activities.
- Students on probation may NOT participate in mission trips or club activities that require the student to be absent from class or other scheduled curricular activities.
- Students on probation MUST fulfill the requirements of the SPC.

The SPC will meet with students placed on probation periodically (but not less than each semester) to evaluate the student’s progress in the LMU-Harrogate PA Program and compliance with SPC

recommendations. The SPC can remove the student from probation if the student has complied with the SPC requirements and has had no further academic/professional issues as described above at the end of the didactic or clinical year.

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

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

Deceleration: Students who are decelerated in the didactic phase will not progress to the next semester with their current class. Instead, the student will restart the didactic phase of the LMU-Harrogate PA Program with the next matriculating class. Students must enroll and participate fully in all courses with the new class in which they are matriculated.

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

Dismissal Policy

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

Readmission/Reapplication Policy

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

Appeals Process for SPC Decisions

If a student chooses to appeal the SPC decisions/recommendation(s), they must submit a letter explaining the reason for the appeal to the School of Medical Sciences (SMS) Assistant Dean of Academic Affairs (ADAA) within five (5) business days of receiving written notification of the SPC decisions(s). The SMS Dean handles the appeals process in the absence of the Assistant Dean of Academic Affairs.

The SMS Appeals Committee is made up of SMS faculty members from each of the School's programs.

The SMS ADAA may make Limited, one-time reassignments should a conflict of interest arise. All Appeals Committee meeting proceedings are confidential and closed to anyone not part of the Appeals process. In rare cases, the Appeals Chair may ask the student to meet with the Appeals Committee. In such cases, only the student will be allowed to attend; no family members, friends, or legal entities are allowed. Meeting minutes are recorded and maintained by the Appeals Committee Chair. No other forms of recording shall be permitted by the student or committee members. Appeals Committee members should not discuss the student or the case details before or after the meeting with each other or with non-committee members. Only information presented in the scheduled meeting may be considered in the appeals decision.

Appeals must fall into one of the following three categories and be specified in the student's letter:

1. The SPC sanction imposed is disproportionate to the violation
2. The processes utilized by the SPC were flawed
3. New evidence exists that was not available at the SPC meeting, and the evidence would have likely altered the outcome.

The SMS ADAA reviews the SPC recommendation(s) and the student's letter of appeal. If, after investigation, the SMS ADAA determines if the student's appeal meets the above criteria, all materials reviewed by the SPC, the student's letter, and any new evidence is forwarded to the Appeals Committee. The SPC's recommendation(s) regarding a professional conduct deficit(s) remains in effect throughout the appeals process. An SPC recommendation to stop progression in or to dismiss the student from the program for an academic deficit(s) will be suspended throughout the appeals process. For example, if the SPC recommends dismissal for an academic deficit(s) part way through a Didactic Phase semester, the student may continue to attend learning activities and complete course assignments and assessments throughout the appeals process.

The Appeals Committee reviews the SPC recommendation(s), the student's letter of appeal, and any new evidence provided by the student (if applicable) and determines if the SPC's original recommendation(s) should be upheld or if an alternate recommendation is needed. The Appeals Committee does not meet with or consider testimony from representatives for the student or entertain any information not relevant to the reason the student met with the SPC.

Within three (3) business days following the Appeals Committee meeting, the student will receive notification of the Appeals Committee's decision regarding the original SPC recommendation(s) and relevant instructions/expectations via the student's University-issued email account. The ADAA will pass this information to the student via email. Additionally, the Chair of the Appeals Committee will send an official letter to the student through U.S. Mail.

Once the Appeals Committee has met and made its decision, the Chair will have 24 hours to inform the ADAA of the decision. The Appeals Committee Chair also forwards the decision(s) to the SPC Chair.

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

Leave of Absence

LOA is defined as a student-initiated immediate discontinuation of the student's enrollment in the Program where the student is eligible to re-enroll in the Program. Matriculated students may request a LOA when nonacademic circumstances arise that may adversely impact their performance in the Program. Students requesting a LOA must be in good academic standing with a minimal individual course average of 75% at the time of the request. The student must complete and submit their request in writing to the program director via their university-issued email account. The Program Director meets with the student to discuss the LOA request. The Program Director has the authority to approve or decline a LOA request.

The maximum term of a LOA is twelve (12) months or until the beginning of the next matriculating class in the case of a didactic student (whichever comes sooner). In the clinical year, a LOA will not exceed 12 months. If approved, the official date of the start of the LOA is the date of receipt of the student's written request for LOA. The total duration of the Program cannot exceed 54 months. The official date is used to determine any tuition refunds or outstanding balances. Students who are absent from the Program for a total of twelve (12) months or longer (all periods of absence are included in this total) may be required to reapply to the Program.

A LOA may be granted to a student by the Program Director for:

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

All students granted a LOA must inform the Program Director, in writing via their university-issued email account, of their intent to return to the Program as soon as they have an anticipated return date. All students granted a LOA must meet with the SPC before reenrollment to determine if reenrollment is appropriate. The student must take/retake all courses with the new cohort as per university policy.

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

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

Resignation

Resignation is defined as a student-initiated discontinuation of the student's enrollment in the Program where the student is eligible to reapply. The Program uses the term "resign" or "resignation" as opposed to "withdraw" or "withdrawal." Students voluntarily resigning from the Program must submit a resignation letter to the Program Director. Course grades for students who choose to resign may be designated by LMU's registrar as "WD" for "49 withdrawal" on the student's transcript for that course/semester. Resignation from the Program does not waive the student's financial responsibility to LMU. Enrolled students who are granted an LOA or choose to resign from the Program must complete an exit interview with the Financial Aid Officer and return their LMU-Harrogate PA Student name badge

and parking tag to the Campus Police and Security Team. Failure to do so will result in the Program withholding all records pertaining to the student's attendance.

Section IV: APPENDICES

Appendix A

Receipt of LMU-Harrogate Physician Assistant Catalog and LMU-Harrogate Handbook

I hereby acknowledge that I have received a copy of the Lincoln Memorial University School of Medical Sciences PA Program Student Handbook. I further acknowledge that I am responsible for all the information contained within the handbook and I will abide by the policies, rules and regulations set forth therein. I acknowledge receiving a copy of the Lincoln Memorial Railsplitter Community Standards Guide and that I am responsible for the policies, rules and regulations outlined in that publication. I realize in some cases, the rules and regulations of the Lincoln Memorial University School of Medical Sciences PA Program Student Handbook exceed those of the Lincoln Memorial Railsplitter Community Standards Guide (e.g., class attendance, dress code, etc.), and understand in such cases I must comply with those policies stated in the Lincoln Memorial University School of Medical Sciences PA Program Student Handbook.

I understand that failure to comply with the policies, rules and procedures outlined in the Lincoln Memorial University School of Medical Sciences PA Program Student Handbook and/or the Lincoln Memorial Railsplitter Community Standards Guide may result in disciplinary action, suspension, or termination from the Lincoln Memorial University-Harrogate School of Medical Sciences Physician Assistant Program.

I have read, understand, and agree to abide by the Lincoln Memorial University School of Medical Sciences PA Program Student Handbook.

Student Name (Printed Legibly)

Student signature

Date

Appendix B

Participation of Students as Human Subjects

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

I understand that I need to come to laboratories prepared and may be required to partially disrobe. I also understand that shorts will be required when examining the lower extremities.

The upper body will be examined, including the thorax, abdomen, and extremities. Males should remove their shirts and women should wear sports bras so they can remove their shirts.

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

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

Exemptions based on religious/cultural beliefs will need to be made in writing to the Program Director for approval. These exemptions will be communicated to the Director of Didactic Education and Course Director for Clinical Assessment and Technical Skills (CATS) courses.

I have read, understand, and agree to abide by the Participation of Students as Human Subjects policy.

Student Name (Printed Legibly)

Student Signature

Date

Appendix C

Acknowledgement of Typical Demands for the PA Program

Typical Mental Demands

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

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

Typical Physical Demands

The LMU-Harrogate PA student must possess:

- Normal or corrected to normal visual and hearing acuity, hand and eye coordination, and manual dexterity.
- Full range of motion including the capacity to sit for long periods in the classroom.
- The ability to assist patients in range of motion.
- The ability to stand and walk for long periods of time in hospital or clinic settings.
- Capability to work long hours, stressful mental and physical situations, and exposure to various body fluids and communicable diseases.

Typical Working Conditions

The LMU-Harrogate PA student must be able to:

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

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

Student Performance Requirements

The LMU-Harrogate PA student will be required to perform:

- Work in medical, surgical, emergency, OB/GYN, along with outpatient and inpatient settings on campus and off campus.
- Full time didactic and clinical training
- Various medical and surgical procedures
- Pre-, peri-, and post-operative care
- The LMU-Harrogate PA Student will be required to:
- Demonstrate professionalism, ethical demeanor, and an understanding of medical law as it relates to Physician Assistants and the health care field.
- Display an ability for mental and physical stamina by long hours in both the classroom and clinical settings.
- Demonstrate knowledge, skills, and competencies to the level required by faculty.
- Participate in community services.
- Complete other duties to demonstrate aptitude for the Physician Assistant profession.

I hereby acknowledge and agree to the Typical Demands for the PA program.

Student Name (Printed Legibly)

Student Signature

Date

Appendix D

Exam Instructions and Policies

EXAM DAY INSTRUCTIONS

- A. Arrive Early!
- B. Bring your laptop and power cord.
- C. Ensure you have the examination downloaded per instructions sent out via LMU email prior to exam day. An Internet connection needs to be made to upload your final answer file.
- D. Ensure the wireless network access is turned on and is functioning.
- E. Connect to “Open Access” network.
- F. Examination center protocol:
 - a. Absolutely **NO** electronic devices (i.e., cell phones, iPods, watches [electronic or otherwise], electronic headphones, or Bluetooth-enabled devices, etc.).
 - b. Only a personal laptop will be allowed in the exam area. No programs should be opened or running in the background of the laptop prior to entrance into exam area.
 - c. Possession of a cell phone or watch (regular or electronic), even if turned off, will be considered cheating and may result in an automatic zero for the exam.
 - d. Items permitted to be brought into the exam room: pencils, pen, one highlighting marker, a drink in an unlabeled closable container (drink labels on bottles must be removed), tissues, wireless mouse, and foam earplugs.
 - e. No hats, or “hoodies” are allowed in the exam room.
 - f. Note paper will be provided, but must be returned to the examination proctor prior to exiting the examination center, even if blank

- g. Once you enter the exam room, **all information provided in the exam room is confidential**. Do not discuss contents of exams or other information provided the day of the exam with students absent during exam day.
 - i. Any breach of confidentiality is considered unprofessional conduct and will result in immediate referral to the Student Progress Committee (SPC) with a recommendation for dismissal.
 - ii. Additionally, it is inappropriate for students to discuss exam questions following the completion of the exam.
 - iii. Congregation in any common areas to discuss the examination may be considered unprofessional behavior and may result in professionalism mentorships for students who participate in this.
 - h. Once the student enters the exam room, no open programs (i.e., Word, PPT, etc.) or Internet websites should be running on the laptop in the background. Students should NOT open any other programs except Exemplify.
- G. The following tasks must be completed during PREP time before exam BEGIN time:
- a. Students will open Exemplify (the exam should already be downloaded)
 - b. If not already in place, a proctor will pass out one sheet of paper to each student a few minutes prior to exam BEGIN time. Write your name on the paper. **Do NOT** write anything else on this paper until the exam time has started.
 - c. Once you are prompted to begin, type the password provided by your proctor, launch the exam by clicking **“Start Exam”**
 - d. You will see the Secure Exam Starting warning. Click **“Continue”**
 - e. You will now see the Exam Code of Honor Notice. Click **“Next”**
 - f. **Go through all steps until you reach to the “Please Wait” screen. STOP HERE!**
 - g. Type in the code only when you are instructed to start and click **“Start Exam”**

H. Tools:

- a. You will see an information tab at the top that will let you view the honor code and lab values.
- b. At the top of the screen, you will see time remaining. If you click on the clock, you get the option to add a silent alarm.
- c. You will see a highlight symbol. If you click on it, you can highlight text.
- d. Beside the highlighter, you will see a drop-down menu. This is where the calculator is located.
- e. If your computer freezes during the exam, raise your hand for the proctor. **DO NOT EXIT THE EXAM CENTER.**
- f. Students wishing to use the restroom must click on “Exam Controls” in the menu bar of the exam and choose “Hide exam”. Please record your name and time on the Sign Out/In Log located by the exit. The timer on the exam will **NOT** stop during restroom breaks.
 - i. The proctor will monitor restroom usage and will only allow a max of one (1) male and one (1) female students to use the facilities at a time.
 - ii. Absolutely, no talking or leaving the first level atrium (or testing area) during restroom breaks.
 - iii. The designated restrooms are on the first floor next to the auditorium when the exam is held on the first floor.
- g. Students must finish the exam by the END time. When time expires the exam will close automatically and answers will be uploaded. Time cannot be extended. When a student has finished, he/she must submit the exam by clicking on the “Exam Controls” drop down menu, then click on “Submit Exam”.
 - i. You will receive a warning that you are exiting the exam. Click on the box

indicating you are ready to exit and click “Exit.”

- ii. Wait for the green confirmation screen to appear. Please show this screen to your proctor and turn in your scrap paper before exiting the room.
- iii. The “Leave Feedback” button is for Exemplify comments on the Exemplify software NOT feedback on exam questions.
- iv. After checkout, students must leave the common area in front of the examination room and may not under any circumstance use the designated exam restrooms. Any student found violating any exam requirement and/or element of the honor-code will be referred to the SPC.

EXAM DAY POLICIES

A. SOFTWARE SECURITY

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

B. EXAMINATION HONOR CODE

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

Appendix E

Exposure to Infectious and Environmental Hazards

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

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

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

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

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

- **File the claim with your personal health insurance company** as the primary insurance. Do not file a worker's compensation claim. File the claim with First Agency, Inc. as your secondary insurance. Fees and copays are paid through First Agency.
 - **First Agency, Inc.**
 - 5071 West H Avenue Kalamazoo, MI 4009-8501
 - Phone (269)381-6630
 - Fax (269) 381-3055
- **Complete the following documents (found at the end of the appendix) and submit** to the Didactic Education Assistant during the Didactic Phase of training or to the Clinical Education Assistant during the Clinical Phase of training: Student Accident Claim, Authorization to Permit Use and Disclosure of Health Information, Parent/Guardian/Student Information, and Incident Form.
- **Copy the front and back of your health insurance card and submit it** to the Didactic Education Assistant during the Didactic Phase of training or to the Clinical Education Assistant during the Clinical Phase of training.
- **Collect all itemized bills for medical expenses associated with the injury that have not been paid** (itemized bills include the date of service, procedure code and diagnosis code – not balance due statements) including all worksheets, denials, and/or statements of benefits from your primary insurer (each charge must be processed by your primary insurance before those charges can be processed by First Agency, Inc.) and submit to the Didactic Education Assistant during the Didactic Phase of training or to the Clinical Education Assistant during the Clinical Phase of training.

- **Collect a UB-04 or HCFA billing statement** related to the injury from the billing office of the clinical site during the Clinical Phase of training and submit it to the Clinical Education Assistant.
- The LMU-Harrogate PA Program will submit all completed documents to First Agency, Inc.

Blood borne Infectious Diseases Including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV)

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

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) is a blood-borne virus typically transmitted through sexual intercourse, shared intravenous drug needles, and mother-to-child transmission during the birth process or breastfeeding. HIV disease is caused by infection with HIV-1 or HIV-2 retroviruses that attack the host's immune system, most specifically the CD4 cells. Co-infection with other viruses that share similar transmission routes (HBV, HCV, HHV8) is common. Acute seroconversion (when a specific antibody develops and becomes detectable in the blood) manifests as a flulike illness (fever, malaise, generalized rash) and may be associated with generalized lymphadenopathy. This occurs within two to four weeks after infection with HIV. People with acute seroconversion have a large amount of HIV in their blood (high viral load) and are very contagious. However, some people may not develop symptoms.

Following acute seroconversion is a period of clinical latency where HIV is still active but reproduces at much lower levels. This stage may last for years and may not cause any symptoms. AIDS is the most severe stage of HIV infection. In this stage, the immune system is severely impaired (CD4 cell count drops below 200 cells/mm), allowing for the development of opportunistic illnesses. Without treatment, people with AIDS typically survive about three years. Common symptoms of AIDS include fever, chills, sweats, malaise, generalized lymphadenopathy, and weight loss. Their viral load is high, and they are very contagious.

Healthcare workers can acquire HIV infection through occupational exposure. As of December

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

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

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

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

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

Hepatitis B Virus (HBV)

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

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

HBV is the most efficiently transmissible of the blood-borne viruses important in healthcare settings. The risk of HBV infection is primarily related to the degree of contact with blood and the HBeAg status of the source patient. In studies of healthcare workers who sustained injuries from needles contaminated with blood containing HBV, the risk of developing clinical hepatitis if the blood was both HBsAg positive and HBeAg positive was up to 31%. By comparison, the risk of developing clinical hepatitis if the blood was HBsAg positive and HBeAg negative was up to 6%. Before widespread implementation of HepB vaccination, HBV infection was a common occupational risk among healthcare workers. The use of standard precautions and routine HepB vaccination of healthcare workers have resulted in a 98% decline in HBV infections from 1983

through 2010 among healthcare workers.

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

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

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

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

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

quantitative anti-HBs titer prior to matriculation.

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

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

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

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

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

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

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

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

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

ABBREVIATIONS

HCP = healthcare personnel
 HBsAg = hepatitis B surface antigen
 anti-HBs = antibody to hepatitis B surface antigen
 HBIG = hepatitis B immune globulin

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

Hepatitis B and Healthcare Personnel CDC

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

Morbidity and Mortality Weekly Report (MMWR): Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices CDC January 12, 2018

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

Hepatitis C Virus (HCV)

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

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

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

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

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

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

Viral Hepatitis: Hepatitis C FAQs for Health Professionals

<https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#f2>

Hepatitis D Virus (HDV)

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

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

Less Common Bloodborne Pathogens

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

Latex Allergy

Latex refers to the natural rubber latex manufactured from a milky fluid that is primarily obtained from the rubber tree. The U.S. Food and Drug Administration (FDA) requires labeling of medical devices that contain natural rubber. Healthcare workers are at risk of experiencing latex allergies because of the frequent use of latex gloves. Latex proteins also become fastened to the lubricant powder used in some gloves; therefore, when healthcare workers change gloves, the protein/powder particles become airborne and can be inhaled.

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

Appropriate barrier protection is necessary when exposure to bloodborne pathogens or other infectious agents is anticipated. The use of powder-free gloves with reduced protein content will reduce exposure, and subsequent sensitization, to latex. After removing latex gloves, wash hands with mild soap and dry thoroughly. "Hypoallergenic" latex gloves may reduce reactions to the chemical additives in the latex. Any LMU-Harrogate PA Program student, faculty, or staff member with a suspected allergic reaction to latex is required to seek medical attention immediately to prevent delays in treatment.

Latex Allergy: A Prevention Guide CDC June 6, 2014

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

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

August 1998

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

NAME OF SCHOOL: Lincoln Memorial University
ADDRESS: 6965 Cumberland Gap Parkway, Harrogate, TN 37752

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

STUDENT ACCIDENT CLAIM FORM

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

STUDENT'S SCHOOL ADDRESS _____

STUDENT'S HOME ADDRESS _____

S.S.# _____ DATE OF BIRTH _____ SEX _____ GRADE _____

DATE OF ACCIDENT _____ HOUR _____ A.M. P.M.

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

WHERE DID IT OCCUR? _____

PART OF BODY INJURED _____ RIGHT _____ LEFT

ACTIVITY SPORT _____ INTERCOLLEGIATE INTRAMURAL

STUDENT ACCIDENT (describe) _____

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

NAME OF SCHOOL AUTHORITY SUPERVISING ACTIVITY _____

WAS SUPERVISOR A WITNESS TO THE ACCIDENT? YES NO

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

SIGNATURE OF SCHOOL OFFICIAL _____ TITLE _____

DATE OF THIS REPORT _____

IMPORTANT: PLEASE ATTACH ITEMIZED BILLS

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

HOW TO FILE YOUR ACCIDENT CLAIM FORM

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

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

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

PARENT/GUARDIAN/STUDENT INFORMATION FORM

RETURN FORM WHEN COMPLETE TO

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

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

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

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

FATHER/GUARDIAN INFORMATION

MOTHER/GUARDIAN INFORMATION

Father's Name _____
 Date of Birth _____
 Address _____

 Employer _____
 Address _____
 Telephone () _____
 Medical Insurance
 Company or Plan _____
 Address _____
 Policy Number _____
 Telephone () _____
 Is this plan an HMO or PPO? Yes No
 Is pre-authorization required to obtain treatment? Yes No
 Is a second opinion required before surgery? Yes No

Mother's Name _____
 Date of Birth _____
 Address _____

 Employer _____
 Address _____
 Telephone () _____
 Medical Insurance
 Company or Plan _____
 Address _____
 Policy Number _____
 Telephone () _____
 Is this plan an HMO or PPO? Yes No
 Is pre-authorization required to obtain treatment? Yes No
 Is a second opinion required before surgery? Yes No

PLEASE COMPLETE AUTHORIZATION ON NEXT PAGE

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



AUTHORIZATION - To Permit Use and Disclosure of Health Information

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

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

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

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

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

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

Name of Claimant (please print)

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

Signature of Claimant (if claimant is 18 or older)

Date

Signature of Authorized Representative of Next of Kin

Date

Relationship of Authorized Representative or Next of Kin to Claimant

**LINCOLN MEMORIAL UNIVERSITY
INCIDENT REPORT**

Full Name: _____

Street Address: _____

City/ST/Zip: _____

Birthdate: _____

Hire Date: _____ Position Title: _____

Male/Female (circle one)

Date/Time of Accident: _____ AM/PM

Date/Time Reported: _____ AM/PM

Time Employee Began Work: _____ AM/PM

Names of Witnesses: _____

_____ Interviewed: YES NO (attach documentation)

_____ Interviewed: YES NO (attach documentation)

Treatment away from worksite? _____

Emergency Room: Yes / No

Physician or Other: _____

Facility: _____

Address: _____

Was injured person hospitalized overnight as inpatient? Yes / No

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

Name of building or area the injured person was in: _____

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

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

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

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

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

Prevention: Describe how to prevent a similar accident. _____

What action do you need to take? _____

Signature of Supervisor: _____ **Date:** _____

(If applicable)

Signature of Injured Person: _____ **Date:** _____

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

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

By whom and what action was taken? _____

Appendix F

Consent to Release Education Records



Office of the Registrar
6965 Cumberland Gap Pkwy., DAR 102
Harrogate, TN 37752
(423)869-6434

AUTHORIZATION FOR RELEASE OF INFORMATION

This form is to be completed by a student who wishes to authorize LMU to release the student's education record(s) to another person/entity. This authorization may be revoked by the student at any time.

Student Name: Click here to enter text. Student ID #: Click here to enter text.	
LMU email address: Click here to enter text.	
Check One: <input type="checkbox"/> Consent for FULL ACCESS <input type="checkbox"/> Consent for LIMITED ACCESS <input type="checkbox"/> Academic Records (transcripts, grades, GPA, attendance) <input type="checkbox"/> Disciplinary/Conduct Records <input type="checkbox"/> Financial Records <input type="checkbox"/> Student Employment Records <input type="checkbox"/> Other (specify) _____	Purpose for Authorization: (check all that apply) <input type="checkbox"/> Inquire about class attendance <input type="checkbox"/> Inquire about grades, GPA <input type="checkbox"/> Inquire about account balances <input type="checkbox"/> Inquire about student conduct <input type="checkbox"/> Inquire about student work performance <input type="checkbox"/> to redisclose to another person/agency <input type="checkbox"/> Other (specify): _____
Authorization valid for the time period indicated below, unless revoked in writing: <input type="checkbox"/> One time use only. <input type="checkbox"/> A set time period. This authorization expires on the following day: Click here to enter date <input type="checkbox"/> the current academic year.	
Name of Person/Agency to whom access to records may be given: Click here to enter text.	
Address of Individual/Agency: Click here to enter text.	

I understand that some of my records may be protected under FERPA and cannot be released without my written consent. I hereby waive all protections afforded to me under FERPA relating to the records described in this disclosure. This consent is being given knowingly and voluntarily. I may revoke this consent at any time by providing written notice to the Registrar. Photocopies of this release form may only be accepted when presented in person with appropriate identification of the third party. The third party may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

Signature: _____ Date: _____

Submit this form with student's original signature to Registrar's Office (DAR 102).

Appendix G

At-Risk Student Initiative

After each examination during the didactic phase of the curriculum, student grades are reviewed by the Director of Didactic Education and each student's individual faculty mentor. Students who have earned < 75.0% on an examination have not shown mastery of the information and are therefore deemed to be "at-risk." Those students who have been identified to be "at-risk" must adhere to the following remediation requirements:

- The student must contact their mentor within 24 hours of receiving their grade to schedule an initial remediation meeting. All effort should be made for this meeting to occur within three business days of receiving their grade. The purpose of this meeting is to assess test-taking strategies, study skills, and time management. Appropriate referrals may be made based on the discussion during this meeting. Documentation of this meeting will be kept in the student's central file.
- The faculty mentor will provide assignments corresponding to the student's strength and opportunities report supplied by the testing software. The assignment will be based on the individual student's performance. These assignments must be completed by the specified due date as instructed by the faculty mentor.
- For students who score 70.0% or below, oral reassessment of the weaknesses with the assessment committee will be required. The date/time of this assessment will be provided to the student via university email. Students must confirm receipt of the correspondence. The outcome of this reassessment will not result in an adjustment of the examination grade unless otherwise specified in the specific course syllabus. Documentation of this reassessment will be kept in the student's central file.
- Failure to successfully complete any of the above requirements will result in referral to SPC.
- If a student acquires three "at-risk" scores during a single semester, the student will be referred to SPC.

Appendix H

At-Risk Student Initiative for Clinical Students

Clinical Year Enrichment Exercise Instruction

It is imperative that knowledge gaps are addressed in a timely manner to ensure success throughout the clinical year. Enrichment Exercises should not be viewed as a punishment. It is a chance to strengthen weak areas.

All students are encouraged to self-identify topics they struggled with and close those knowledge gaps independently. However, students who have an “At-Risk” score with a Z-Score -1.99 to -0.5 on a CORE EOR exam (**70-75% on PAEA EOR exams and 70-78% on the Ortho EOR exam**) and those scoring an average of ($\leq 75\%$) on the Elective Rosh Review Assessment exams, will be required to complete an Enrichment Exercise.

CORE EOR Exam Enrichment Exercise

Each student will use Lecturio to self-assign topics from the PANCE blueprint. Those topics should correspond to each topic missed on the EOR exam based on the individual PAEA EOR Performance Report.

The process for this is:

1. Go to the corresponding Lecturio EOR Learning Path.
2. Search for the specific topic within the Learning Path using the keyword feedback at the end of the PAEA EOR Performance Report or Strengths and Weakness Report for the Ortho EOR exam.
3. Add the video course or video lesson to your Study Planner, set a due date, and start studying.
4. If you cannot find the specific topic within the Learning Path, use the search bar and add the content to your study planner.
5. If you cannot find the specific topic within Lecturio, use other recommended resources (i.e., CURRENT, Harrison’s, and/or a reliable PANCE review book). Outline these topics in a way that addresses the 7 task areas:
 - a. History taking and physical examination
 - b. Diagnostic studies
 - c. Diagnosis
 - d. Health maintenance
 - e. Clinical intervention
 - f. Clinical therapeutics
 - g. Scientific concepts

6. Take a screenshot of your completed Lecturio Study Planner and paste it into a Word document. Add a list of any topics not found in Lecturio after the screenshot, followed by your outline of these topics addressing the 7 task areas.
7. Submit your assignment to the corresponding Canvas module.

Elective Rosh Review Assessment Enrichment Exercise

Each student will use Lecturio to self-assign 8 PANCE blueprint topics corresponding to identified areas of weakness based on their PACKRAT I, previous EORs, Rosh Review Exams, etc. The process for this is:

1. Go to the FM Lecturio EOR Learning Path.
2. Search for the specific topic within the Learning Path.
3. Add the video course or video lesson to your Study Planner, set a due date, and start studying.
4. If you cannot find the specific topic within the Learning Path, use the search bar and add the content to your study planner.
5. If you cannot find the specific topic within Lecturio, use other recommended resources (i.e., CURRENT, Harrison's, and/or a reliable PANCE review book). Outline these topics in a way that addresses the 7 task areas:
 - a. History taking and physical examination
 - b. Diagnostic studies
 - c. Diagnosis
 - d. Health maintenance
 - e. Clinical intervention
 - f. Clinical therapeutics
 - g. Scientific concepts
6. Take a screenshot of your completed Lecturio Study Planner and paste it into a Word document. Add a list of any topics not found in Lecturio after the screenshot, followed by your outline of these topics addressing the 7 task areas.
7. Submit your assignment to the corresponding Canvas module.

Clinical Year Remediation Instruction

It is imperative that knowledge gaps are addressed in a timely manner to ensure success throughout the clinical year. Remediation should not be viewed as a punishment. It is a chance to strengthen weak areas.

All students are encouraged to self-identify topics they struggle with and close those knowledge gaps independently. However, students identified as having failed (<70%) a CORE EOR exam will be required to remediate.

CORE EOR Exam Required Remediation

Each student will use Lecturio to self-assign topics from the PANCE blueprint corresponding to identified areas of weakness based on their PAEA EOR Performance Report.

The process for this is:

1. Go to the corresponding Lecturio EOR Learning Path.
2. Search for the specific topic within the Learning Path using the keyword feedback at the end of the PAEA EOR Performance Report or the Strengths and Weakness Report for the Ortho EOR exam.
3. Add the video course or video lesson to your Study Planner, set a due date, and start remediating.
4. If you cannot find the specific topic within the Learning Path, use the search bar and add the content to your study planner.
5. If you cannot find the specific topic within Lecturio, use other recommended resources (i.e., CURRENT, Harrison's, and/or a reliable PANCE review book). Outline these topics in a way that addresses the 7 task areas:
 - a. History taking and physical examination
 - b. Diagnostic studies
 - c. Diagnosis
 - d. Health maintenance
 - e. Clinical intervention
 - f. Clinical therapeutics
 - g. Scientific concepts
6. Take a screenshot of your completed Lecturio Study Planner and paste it into a Word document. Add a list of any topics not found in Lecturio after the screenshot, followed by your outline of these topics addressing the 7 task areas.
7. Upload your assignment to the corresponding Canvas module.

Appendix I



SMS Policy SMS:02

Date Effective: July 17, 2023

Title of Policy: Student Appeals

I. PURPOSE

To provide and describe the process by which a student can appeal a decision made by an SMS program Student Progress Committee (SPC). Any SMS student called to a SPC meeting and has a summary action or judgment placed on them for academic and/or professional reasons has the right to appeal that decision. The appeals process is to ensure that proper procedure has been followed, that appropriate precedents and policies have been applied, and to ensure that the judgment is in line with the precipitating event.

II. POLICY STATEMENT

- A. Only judgements or disciplinary actions originating from an SPC decision will be considered in initiating the SMS appeals process.
- B. Appeal requests must fall into one of the following three categories and be specified by the student at the time the appeal is requested:
 1. The SPC sanction imposed is disproportionate to the violation.
 2. The processes utilized by the SPC were flawed.
 3. New evidence exists that was not available at the SPC meeting AND the evidence would have likely altered the outcome.
- C. The Assistant Dean of Academic Affairs (ADAA) will make the student aware of the Appeals Committee membership. A student should never contact a member to discuss the case while the appeal process is ongoing. The contacted member is obligated to report the

timing and nature of the contact to the committee chair. Concerns should only be addressed to the ADAA, including concerns of conflict of interest.

- D. A student may submit a request to the ADAA to replace a committee member for a perceived conflict of interest. If allowed, the ADAA will arrange an alternate committee member who will sit for the assigned meeting only. Students will be made aware that committee member re-assignment may delay the meeting date/time.
- E. In rare cases the Appeals Chair could ask the student to meet with the Appeals Committee. Only students will be allowed to attend if requested. No family members, friends, or legal entities will be allowed.
- F. In all cases, the Appeals Chair will keep the meeting minutes. No other forms of recording shall be permitted by the student or committee members.
- G. Appeals Committee members should not discuss the student or the case details before or after the meeting with each other or with non-committee members. Only information presented in the scheduled meeting may be considered in the appeals decision.

III. DEFINITIONS

The SMS Appeals Committee will review SMS student appeals regarding decisions made by program Student Progress Committees. The Committee consists of five to six full-time SMS faculty members, to include representatives from each PA program at minimum and other SMS programs when feasible. Limited/one-time reassignments may be made by the SMS ADAA should a conflict of interest arise. Members serve a two-year term or as needed assignments, and the Chair is assigned by the SMS Dean for a three-year term.

IV. AUDIENCE

This policy applies to any SMS student called to a Student Progress Committee (SPC) meeting and has a summary action or judgement placed on them for academic and/or professional reasons.

V. COMPLIANCE

If the policy and procedures found herein are not properly followed by the SMS

student requesting an appeal, the appeal will not be considered.

VI. ROLES AND RESPONSIBILITIES

The SMS Appeals Committee will review SMS student appeals regarding decisions made by program Student Progress Committees.

The SMS ADAA will initiate SMS Appeals Committee meetings based on student request and answer any questions regarding policy and procedure. The SMS ADAA may also call Appeals Committee meetings to discuss policy and procedure concerns and/or recommendations that would be sent to the Dean and/or the Leadership Committee for review. Minutes will be taken.

The SMS Associate Dean handles the Appeals process in the absence of the ADAA.

VII. PROCEDURES

1. After a student has received official documentation of an SPC decision, a student may begin the appeals process by contacting the ADAA by email.
2. If a student appeals the SPC decision, they must submit a professional, succinct letter for the appeal to the SMS ADAA, or the SMS Associate Dean if the former is unavailable, within five (5) business days of receiving written notification of the SPC decision.
3. The student appeal letter submitted to the ADAA must outline the category of the student's appeal (see 'C' in policy section) and the student's rationale for the appeal. It should be focused on the facts of the case and/or procedural concerns. It should NOT be accusatory to any individual(s) or comparative to situations inside or outside of the institution. The content of the letter should be the student's alone and not written by other family members or lawyers.
4. The ADAA will review the student appeal letter and determine if the appeal meets criteria and merit. If approved, the ADAA will activate the Appeals Committee and contact the Appeals Committee Chair so that a meeting time can be scheduled. The date and time of the meeting will be relayed to the student by the ADAA as soon as it is available.
5. The ADAA will contact the student and/or set up a meeting to further discuss the details of the appeals process and to answer any questions but is not allowed to act as a counselor or give any advice regarding the specifics of the case.

6. The ADAA will inform the appropriate Program Director that the appeals process has been activated. The ADAA will also request that all information used by the SPC to reach its decision be sent along with complete meeting minutes to the ADAA. The ADAA will compile this information and then pass it on to the Appeals Committee Chair.
7. The Appeals Committee will review the case information as well as the student appeal letter to determine if any breaches of policy or procedure occurred and whether relevant precedent was considered in the SPC's decision. Detailed minutes will be kept for every meeting. The Committee will either uphold the SPC's decision or will uphold the student's appeal.
8. Once the Appeals Committee has met and made its decision, the Chair will have 24 hours to inform the ADAA of the decision. Additionally, the Appeals Committee Chair forwards the decision(s) to the SPC Chair.
9. Within three (3) business days following the Appeals committee meeting, the student will receive notification of the Appeals Committee's decision regarding the original SPC recommendation(s) and relevant instructions/expectations via the student's University-issued email account. The ADAA will pass this information to the student via email. Additionally, the Chair of the Appeals Committee will send an official letter through U.S. Mail to the student.
10. The ADAA will inform the appropriate Program Director and the Chair of the appropriate SPC of the decision of the Appeals Committee to uphold the student's appeal or to uphold the SPC's decision. In the event the Appeals Committee decides to uphold the student's appeal, the SPC Chair will schedule a follow-up SPC meeting to reconsider the student case. If the Appeals Committee decides to uphold the SPC's decision, the student decision letter sent via email and U.S. Mail will instruct the student to complete instructions previously provided by the SPC.

VIII. APPLICABLE REGULATIONS, STATUTES, AND RELATED POLICIES

SACSCOC Standard 10.1 (Academic policies) and Standard 12.3 (Student rights), and ARC-PA Standard A3.15g (policies and procedures for student grievances and appeals).

IX. CONTACT INFORMATION

The office of the ADAA: (423)869-6501. The ADAA may be reached by dialing the School of Medical Sciences main phone number at 423-869-3611 and asking to be transferred to the ADAA.

X. DOCUMENT HISTORY

Original policy adoption: January 8, 2020.

Revision: approved by SMS Dean's Council on June 15, 2023.